LISTENING AND RESPONDING
Listening and responding to individuals experiences of past child abuse

June 2021 - Version 1.0
USER GUIDE
KEY USERS

Mandatory for: All SOS staff – all member associations and General Secretariat staff members.

RELATED POLICIES

Basic policy: Who we are

Core policy: SOS Child Protection Policy
SOS Care Promise
SOS Children’s Village Programme Policy

RELATED DOCUMENTS, TOOLS, SYSTEMS

UN Guidelines for the Alternative Care of Children

Keeping Children Safe: Child Safeguarding Standards

Code of Conduct of SOS Children’s Villages

Working together to protect children: Roles and responsibilities of the GSC in the reporting and responding process

Child safety is everybody’s business. Child safeguarding reporting and responding procedures in member associations

SOS Children’s Villages child safeguarding investigations

“How-to” Guide on Differentiating between Child-to-Child Normal, Problematic, and Abusive Behaviours.

“How-to” Guide on Differentiating between Adult-to-Child Expected, Inappropriate and Abusive Behaviours

RESPONSIBLE FOR CONTENT

Function: International Competence Centre Programme & Strategy

Department: Child Care and Safeguarding Team

DEVELOPMENT PROCESS

Approved by: The Management Team based on the COO recommendation

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Intranet address: TBC
### CHANGE HISTORY

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<td>1.0</td>
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### ABBREVIATIONS USED IN THE DOCUMENT

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<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>COO</td>
<td>Chief Operating Officer</td>
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<td>CP</td>
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<td>ECOM</td>
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### DEFINITIONS OF THE TERMS USED IN THE DOCUMENT

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<tr>
<th>Term</th>
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<tr>
<td>Child protection</td>
<td>Actions that individuals, organisations, countries and communities take to protect children from acts of maltreatment, abuse, neglect and exploitation, including domestic violence, child labour, commercial and sexual exploitation and abuse, HIV/AIDS, and physical violence. It also describes the work organisations undertake in communities or programmes to protect children from the risk of harm due to the situation they live in.</td>
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<tr>
<td>Child safeguarding</td>
<td>All activities an organisation undertakes to ensure that its staff, operations, and programmes do no harm to children and do not expose them to the risk of harm and abuse; that appropriate responses and effective management of child safeguarding concerns are in place; and that any concerns the organisation has about children’s safety in its own programmes and within the communities they work in are reported to the appropriate authorities.</td>
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<tr>
<td>Child safeguarding incident</td>
<td>A situation when a child is harmed as a result of action of SOS Children’s Villages’ staff, associates and/or operations or lack thereof. It includes physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and violation of children’s privacy.</td>
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<tr>
<td>Conflict of interest</td>
<td>This term refers to situations where:</td>
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<td>- An incident includes the management of a particular office or association.</td>
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<td>- There is evidence of negligence on the part of the responsible MA or GSC office to meet the organisational requirements in dealing with the incident.</td>
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<td>Initial incident assessment</td>
<td>Initial analysis of a reported CS incident. It focuses on answering two questions:</td>
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<td>- Is there an immediate risk for the safety of the child and/or the reporter involved?</td>
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<td>- Is there any conflict of interest at the level of the organisation responsible to deal with the incident which requires an escalation to the next level up?</td>
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<tr>
<td>Full incident assessment</td>
<td>Based on the outcomes of the initial incident assessment and the nature of the incident, the full incident assessment is done either at programme or national level. The national CS focal person is always informed about its outcomes. The respective Child Safeguarding Team gathers and analyses all documents and information about the incident available at the time, as well as the risks for individual that experienced the alleged abuse, reporter and/or the organisation (e.g. individual files of the children allegedly affected, HR files of staff members allegedly involved, documents and pictures received along with the reported incident). Necessary information can be also collected through a discussion with relevant staff members and/or the reporter(s). The full incident assessment does not include any investigative interviews with the individual that experienced the alleged abuse, witnesses nor the person(s) who allegedly perpetrated abuse unless it is specifically requested by the responsible child welfare and/or law enforcement authorities. Based on the results of the assessment, decisions about further steps are taken. This can include a CS investigation or other corrective measures.</td>
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<tr>
<td>Child Safeguarding investigation</td>
<td>In order to confirm or reject a reported incident, a CS investigation can be commissioned. In this well-structured procedure with defined roles and responsibilities, evidence in different forms (written documents, interviews, video and audio recordings etc.) is collected. The overall frame of the whole investigation process is defined in the Terms of Reference. Findings of the CS investigation including recommendations are summarised in a CS investigation report.</td>
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<tr>
<td>Programme level</td>
<td>When this document speaks about programme level, it is seen from the perspective of the SOS Children’s Village Programme Policy, i.e. ‘programme’ means all different types of interventions provided by the respective MA in one location. These programme components in one location form together one programme.</td>
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<tr>
<td>Reporter</td>
<td>An individual who reports a CS incident, concern, allegation or suspicion.</td>
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1 This includes situations when individuals who experienced abuse, violence and neglect do not receive necessary psychological support and remain vulnerable to further abuse or replicate abusive behaviour towards their peers. It also includes situations when abusive behaviour among children is not addressed by appropriate actions from the organisation. It also includes situations when SOS staff members fail to meet their duty of care obligations (e.g. no follow up actions on the reported incidents of abuse and neglect).

2 Please refer to the SOS Child Protection Policy for a definition of the different forms of abuse.
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1 Introduction

SOS Children's Villages must ensure that all children and young people in the care of the organisation are safe from abuse, violence and neglect. Over the years SOS Children’s Villages has strengthened its child safeguarding mechanisms and guidelines, addressing minimum required safeguarding knowledge and standards, and implementation of reporting and responding procedures. However, both prior to and after the implementation of these policies, there were children and young people who experienced abuse while in care or while being supported by SOS Children’s Villages. For various reasons, some individuals, only step forward years after the abuse, to report their experiences of abuse.

Over the years, some children and young people unfortunately did not receive the care and protection that was promised to them. As an organisation, we need to support and enable individuals who have experienced past abuse to step forward and to tell their stories. Not a single member association remains unaffected by this fact. This can be seen in the number of child safeguarding incidents including past allegations that are recorded in the annual SOS Children’s Villages Child Safeguarding Survey. A number of individuals who experienced harm while in the care of or supported by SOS Children’s Villages programmes have come forward to share their experience of rights violations and abuse years after they left the care. Some of them still suffer from the negative impact these experiences have had on their lives. The process of sharing their experience of harm where they are really listened to enables steps to be taken on their individual journey of healing. It is these voices of former children and young people who were in the care of or supported by SOS programmes from which we can learn about failures and weaknesses in our past care practices — in order to improve our practice now and in the future, doing all we can to avoid harm being done to children, both knowingly and unknowingly.

1.1 Scope of this document

This user guide was developed to provide SOS staff members with guidance on how to deal with and appropriately respond to allegations of past abuse, the specific nature of these allegations and the related challenges.

Dealing with allegations of past abuse within the federation has shown that there are particular challenges associated with past abuse cases that require a different approach. Our well-established reporting, responding and investigation procedures are not adequate to deal with allegations of past abuse, because the person who allegedly experienced the abuse is often not in our care anymore, the staff members allegedly involved may no longer be working for the organisation or there are no or limited options to report past abuse to the authorities.

Whatever the circumstances are, it is important that SOS Children’s Villages is prepared for allegations of past abuse, the organisation ensures that all individuals who get in contact to share their harmful experience are treated with the utmost respect. SOS Children’s Villages must listen to and take seriously everyone who comes forward to disclose an alleged abuse, irrespective of the legal responsibility it might or might not have anymore. There is no cut-off date going back in time for cases of past abuse. SOS Children’s Villages is required to look into all reported allegations, regardless of how long ago the harm or abuse took place. The main aim of the process is to support the individual who experienced the abuse to both tell their story and gain appropriate support to help in their healing process, additionally, the process is aimed at piecing together what allegedly happened and then decide on the appropriate organisational response. This may include providing specific support to the individual who experienced the abuse, but also identifying ways to improvement of the existing organisational practises.

This user guide is based on the experiences of different member associations and the General Secretariat in dealing with allegations of past abuse. The approaches and processes established by these member

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3 The Child Protection Policy was endorsed in 2008 and the Code of Conduct in 2011. Additionally, the policy support documents “Child safety is everybody’s business. Child safeguarding reporting and responding procedures in member associations”, and “Working together to protect children. Roles and responsibilities of the GSC in the reporting and responding process.”, were endorsed in 2016, and then updated in 2020 and 2021, respectively.

4 The processes as described in this document apply to all SOS staff, volunteers and associates, in all types of programme services, including situations when the reported allegation of past abuse is relation to an SOS family strengthening staff members or other programme services such as schools and medical facilities. If a reported incident of past abuse is related to the General Secretariat, the incident is responded to by the respective General Secretariat office, in line with the procedures outlined in this user guide.
associations and the General Secretariat have strongly informed our approach to responding to and dealing with allegations of past abuse in the organisation.

Important principles for responding to and dealing with allegations of past abuse are:

- Every individual case needs to be handled thoroughly and respectfully.
- An approach that puts individuals who experienced abuse at the centre, must be applied throughout the process, ensuring that the individual who experienced the alleged abuse is considered in all steps taken and that any response and support that is delivered is done so in a sensitive and respectful way.
- It is vital that the process is led and owned nationally, carefully considering cultural, social and legal environments at every step of the process. The member association designs and implements their responses with a strong understanding of the local context and with respect to the children's rights as stated by the Convention on the Rights of the Child.
- Staff members from the Regional Offices, and in some cases the International Office, provide support and cooperate closely with member associations, and listen actively, trying to understand and respond to local realities.
- National authorities such as line ministries and social welfare authorities are informed of the process and invited to participate in the listening and responding process where appropriate and relevant.
- We are open to involve partners with specific expertise to support us with the implementation of the listening and responding process.
- Adequate resources (time, staff and financial resources) need to be allocated to be able to handle the process with the required quality.

1.2 The role of International Office Regions

The International Office Regions play a strong role in supporting member associations to implement this process as well as to monitor implementation. The International Office Regions:

- Play a vital role in supporting member associations to implement the process once they receive a reported allegation. This often requires step-by-step guidance.
- Play an important role to facilitate networking and exchange on the topic
- Consolidate learnings from the processes of various member associations for safeguarding and programme improvements.
- Link with universities or external partners for regional initiatives to research processes to support healing for persons who are affected by abuse.
- Support member associations to develop concepts to secure funding from the Safeguarding Support Budget
- Monitor the implementation of this process in member associations to ensure high-quality and timely responses.
- In GSC-run countries, International Office Regions are directly responsible for ensuring a high-quality and timely response.

2 Defining past child abuse incidents

A past child abuse incident, often referred to as a historical child abuse allegation, is an allegation of child abuse, violence or neglect that occurred in the past, voiced by a child, young person, or adult. In other words, the allegation was not reported or dealt with at the time or it was reported but not dealt with properly to the satisfaction of involved stakeholders. The person who reports or discloses that they have experienced harm or abuse while in the care of or support by SOS Children’s Villages is an individual who no longer lives in the care of, and is no longer supported by SOS Children’s Villages. If the individual that reports the

5 In the case of a conflict of interest, we follow the same approach as described in the policy support document on Reporting and Responding to the MAs.
6 If the reporter was a witness of the alleged abuse, we must record this report, assess the information provided by the alleged witness and decide on appropriate next steps.
7 In some situations, this may be an external individual who allegedly experienced abuse carried out by an SOS staff member.
child safeguarding incident is a child or young person who is still in the care of, or supported by SOS, then the standard reporting and responding procedures\textsuperscript{8} apply.

Depending on the circumstances, such as the number of years which have passed since the alleged incident happened, the person(s) who allegedly perpetrated abuse and other staff members allegedly involved may not be employed by SOS Children’s Villages anymore, may have passed away, or in some situations, the person(s) who allegedly perpetrated abuse and other staff members allegedly involved may still work for the member association. All three scenarios are referred to as a past or historical case because the individual who experienced the alleged abuse is not in our care anymore and therefore would require a different form of support than a child or young person who is still in our care.

Often, the term “victim” is used when referring to an individual who has recently been affected by violence, abuse or a particular crime, or when discussing the incident/crime. Whereas, the term “survivor” is often used to refer to an individual who is going through or has gone through a recovery process. **However, some individuals identify as a victim, while others prefer the term survivor. The chosen terminology should always be the decision of the individual.** For this reason SOS Children’s Villages uses the terminology of children, young people, men, women or persons that have experienced abuse.

It is important to keep in mind that individuals who have experienced child abuse, violence and neglect may take many years to come forward, and some may not come forward to report an abuse at all. As an organisation we must do what we can to identify and support the individual who has experienced abuse, but it is important that this step of disclosing an experience of abuse remains the individual’s choice.

### 2.1 Time dimensions of child abuse incidents

As outlined above, past child abuse incidents differ from “current” child safeguarding incidents. An important aspect of dealing with past abuse allegations is inherent in its “past” or “historical” dimension. A past abuse incident may date back years or even a number of decades. Therefore, it is important to consider:

- What were the child welfare laws in the past compared to what they are today?
- **Was the type of abuse considered a crime in the past? If not, is it considered abuse today and if so, when did the laws change?**
- **What are the statutes of limitations that apply to the type of abuse that was reported?**
- What were the national policies in place in the past compared to what they are today?
- Was the organisation’s Child Protection Policy already in place?
- **What were the care practices generally accepted in the society at the time?**
- **What was the care environment and working environment at the time?**
- Against which legal background and which organisational standards are the allegations assessed?
- What is the quality of individual children’s files and records of that time and do they exist at all?
- Do the person(s) who allegedly perpetrated abuse or other involved staff member(s) still work for the organisation?
- Was the abuse reported in the past? And, if the abuse was reported, what was the response?
- Was the organisation’s code of conduct already in place?
- Were the allegations investigated in the past? What were the outcomes and recommendations?
- When did the country of historical abuse ratify the UN Convention on the Rights of the Child?
- Where do the alleged child/youth victims of abuse currently live?
- What are their immediate needs?
- What risks do they face?
- **What alternative measures should be taken to protect them?**

These are some of the contextual questions that must be considered when a past abuse incident is disclosed and assessed.

The definition and understanding of child abuse and neglect has developed over the years and it is difficult to assess someone’s behaviour from the past using the current national legislation, internal policies and procedures and worldview of today. It is important to keep in mind that the SOS Child Protection Policy has been in place only since 2008 and the United Nations Convention on the Rights of the Child (UNCRC) since

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\textsuperscript{8} See policy support documents: “Child safety is everybody’s business. Child safeguarding reporting and responding procedures in member associations” and “Working together to protect children. Roles and responsibilities of the GSC in the reporting and responding process”.
1989. It is therefore very important to carry out an incident assessment to inform next steps in responding to
the reported allegation (see section 3.2).

As an organisation, we are open to listen and to give individuals an opportunity to share their experiences of
harm and abuse regardless of whether it happened before or after the Child Protection Policy was
implemented. We support them on their individual journeys to healing, closure and where appropriate,
access to justice. We learn from those experiences and commit to do better. In this way, we live our
organisation value of accountability and our SOS Care Promise commitment to creating a safe environment
for children in all our programmes.

3 Closure Process

We must listen to and take seriously all reported allegations of harm, rights violations, violence and abuse.
The way in which we respond to the individual who discloses the abuse needs to be respectful, empathetic,
and constructive at all times. This is crucial, as the individual’s experiences of abuse may not have been
taken seriously or listened to when they were a child or young person, they may have been scared to talk,
and/or their non-verbal signs were not recognised. Therefore, listening to the individual in a sensitive, non-
judgemental and respectful way as they disclose is essential.

For many individuals who experienced abuse while in care of, or supported by, SOS, it is very important to
share their story. Often it is the first time that the individual discloses the abusive experience that they have
kept quiet about for many years, sometimes decades, which, for some, can be a crucial step towards healing
and closure. It is important that the organisation recognises the strength and courage of these individuals for
coming forward to share their experiences. Some individuals want their experience to be heard and
acknowledged, and by doing so, helping to ensure that the same does not happen to other children and
young people in care. Many individuals who disclose their experience(s) of abuse may request or require
support services such as psychotherapy or counselling, while some may also request material and financial
support from the organisation, to improve their living conditions, their employment situation, and/or develop
their training or education.

The following chart outlines the main stages in the process of receiving and responding to an allegation of
past abuse, from its disclosure to case closure. These steps are in line with the normal child safeguarding
procedures as well as part of the closure process.
The stages outlined in the chart are further detailed in the subsequent sections of this document:

- **Initial contact**: outlined in section 3.1 *Initial contact*
- **Initial incident assessment**: outlined in section 3.2 *Initial incident assessment and decisions on further steps*
- **Initial contact with the designated staff member (Contact Person)**: outlined in section 3.3 *Meetings with the designated Contact Person*
- **Emergency or immediate support needs**: outlined in section 3.4 *Support for the individual who experienced the abuse*
- **Psychological Assessment**: outlined in section 3.5 *Psychological assessment*
**Decision on individual support plan:** outlined in section 3.6 Conclusions and recommendations on further support

A number of key stakeholders are involved throughout the process of receiving and responding to allegations of past abuse. These individuals and their roles include:

- **The Contact Person**'s main function and responsibility is to ensure the wellbeing of the individual who experienced the alleged abuse. In countries where there is already an organisational ombudsperson, the contact person role may not be required. The contact person is an individual already in employment by SOS Children’s Villages who takes on this role. The Contact Person can be a psychologist, family therapist, social worker or child and youth care practitioner with experience working with children, young people and adults, who have experienced child abuse. They take part in the first meeting and support the individual to document their experience. They explain the purpose and steps of the closure process and if the individual has questions during the process, they are available to answer these questions. The role of a Contact Person is to avoid the individual who experienced the alleged abuse being made to speak with multiple SOS staff members and to support the individual with any issues they may have throughout the process. Given the specific tasks of the Child Safeguarding Team, it is not advised that the role of the Contact Person is filled by a member of the Child Safeguarding Team.

- **The Child Safeguarding Team** are responsible for carrying out the initial assessment, ensuring the proper process is followed, ensuring that the response is compliant with our internal policies as well as compliant with the national law, and ensuring that the individual who has experienced the alleged abuse receives all the support that they require.

- **A Closure Team is formed if the individual wants to continue with the closure process after reporting.** The role of the Closure Team is to assess information collected by the Child Safeguarding Team, as well as the psychological assessment provided by the mental health practitioner. From this they then recommend further support measures for the individual who experienced the past abuse, and submit these recommendations to the National Director for a final decision. Members of the Closure Team are usually comprised of the National Child Safeguarding Focal Person and the mental health practitioner, and they work closely with the Contact Person.

- **The mental health practitioner** is an independent, external individual who is contracted by SOS to provide support to, and carry out an assessment with, the individual who has experienced the alleged abuse. The mental health practitioner should be psychologist or psychotherapist, who is qualified to work with individuals who have experienced trauma, neglect and violence, and who can provide informed and appropriate support. If a psychologist or psychotherapist is not possible in the respective member association, another qualified expert should be identified. It is important that the mental health expert is free from conflict of interest before taking on this role.

- **National Director** is responsible for making a final decision of the case based on the recommendations from the Closure Team.

Additionally, members of the Closure Team have experience and knowledge on child safeguarding and child abuse as well as gender balance. When identifying the appropriate members of the Closure Team, it must be ensured that there is no conflict of interest in any of the team members. If there is, then the reported alleged incident must be escalated one level up to the Board or the General Secretariat (in the case of the General Secretariat, this applies to General Secretariat-run operations).

### 3.1 Initial contact

It is usually a very difficult and emotional situation for the individual who has decided to contact SOS Children’s Villages to disclose their abusive experience(s) during their care, or while being supported by an SOS programme. It is important to understand and respect the difficulty of this decision, and the emotions that arise during this process. In all cases, it is important to focus on the situation of the individual who experienced the alleged abuse. The staff member that receives the report, often in a phone call, email or
another form, or who is the first point of contact, must immediately assess if they are the appropriate individual to take the call, respond to the e-mail or report. If they take the call, they must only listen and affirm that they are listening to the individual. In this initial contact that the individual makes with the organisation, they may not disclose fully, but only provide enough information for further steps to be taken. It is important that what is disclosed in this initial contact is up to the individual, and no pressure to disclose further or to answer probing questions is made by the staff member. Immediately after this first communication, the first point of contact must document everything they have been told. This record must be handed over to the Child Safeguarding Team for the initial incident assessment (see section 3.2).

The only commitment at this stage that should be made is that the report will be followed up by a designated Contact Person who will manage their case from that point forward. This Contact Person contacts the individual back as soon as possible and offers a face-to-face meeting.

3.2 Initial incident assessment and decisions on further steps

The Child Safeguarding Team who received the allegation (e.g. either the national or programme team) is in charge of the initial incident assessment. As part of the assessment, information with regard to the individual who experienced the alleged past abuse, as well information on the person(s) that has allegedly perpetrated the abuse and other staff members is gathered.

It is important to identify whether the person(s) that has allegedly perpetrated the abuse and other individuals involved in the reported abuse still have contact with children through their employment or association with SOS Children’s Villages, and whether other children or young people are still at risk. It is also important to check organisational records of any other abuse reported during the same time, or that involved the person(s) that has allegedly perpetrated the abuse. If it is identified that children or young people are at risk, an immediate response must be taken in the frame of the organisation’s child safeguarding procedures that are in place today.

If the person(s) that allegedly perpetrated the abuse is still employed or associated with SOS and therefore is a risk to other children and young people, the regular child safeguarding procedures apply. In the case that the person(s) that has allegedly perpetrated abuse is no longer employed or associated with the member association, other measures must be taken.

- **If the individual that reports the child safeguarding incident is a child or young person who is still in the care of, or supported by SOS,** then the standard reporting and responding procedures apply.
- **If the person(s) that has allegedly perpetrated abuse still works or are associated with SOS Children’s Villages,** our regular child safeguarding reporting and responding procedures must be followed, as described in the policy support document, *Child safety is everybody’s business. Child safeguarding reporting and responding procedures in member associations.*
- **If the person(s) that has allegedly perpetrated abuse no longer works or are no longer associated with SOS Children’s Villages,** the Child Safeguarding Team based on information collected in the course of the assessment, as well as the national law, decides on the next steps that need to be taken.

3.3 Meetings with the designated Contact Person

The first meeting is a result of the initial contact and is a continuation of the communication. **If the individual who experienced the alleged abuse agrees, the Contact Person arranges to meet the individual in a face-to-face meeting, unless the individual requires a different method of contact.** This first meeting should be a one-on-one meeting with the Contact Person to enable a safe, confidential and trustworthy environment. It is often beneficial for the initial meeting to take place in a neutral environment and not within SOS premises. It is also important to be aware that the initial meeting as well as further communication with the individual can be very challenging and emotionally demanding. Based on the needs of the individual,

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9 Reports might also be received through the online reporting channel, in a letter, or through other reporting methods.
10 In situations in which it is not possible to share the reported allegation with the national association due to a conflict of interest, and where the incident must be escalated to the General Secretariat, the International Office Region can organize a virtual meeting instead of a face-to-face meeting.
11 The incident assessment must be completed as soon as possible. In accordance with the existing child safeguarding procedures the initial incident assessment must be conducted within 48 hours.
further meetings with the Contact Person may be necessary.

During this phase, the individual is informed about all the options open to them where they can report outside of the organisation, such as statutory bodies. Based on the communication with the individual, the Contact Person can also suggest immediate support to be provided by the member association\(^\text{12}\) such as psychological, material or medical support. It is important that the Contact Person who meets and works with the individual does not make any unrealistic promises. At this stage, the Contact Person’s role is to actively listen with empathy and to collect as much information as possible to inform decisions on the next steps.

During this phase, the Contact Person is responsible to support the individual who experienced abuse to document their experiences. In the meeting(s), the individual writes down, or has their experience recorded, in their own words and language. Each meeting is focused on providing space for the individual to share their story and experience, their opinions and their views, without interruption, input or excessive questioning. In these meetings, the individual is asked if they have any recommendations on how to prevent similar situations from occurring again. Any information that is disclosed, permission is asked, in writing, for it to be shared with the Closure Team. If permission is given\(^\text{13}\) by the individual, the Contact Person shares the information with the Child Safeguarding Team and the National Director within 48 hours of the meeting. The child safeguarding focal person registers the incident in the national child safeguarding register.

Additionally, during this meeting, the closure process is explained in detail to the individual who then

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**When engaging with an individual who is disclosing their experience of past abuse, there are a number of important aspects to consider that will contribute to meaningful engagement and appropriate steps of support.**

**It is important to ensure that the individual is engaged with in a sensitive, understanding and reflective manner, and provided a safe environment in which to engage and disclose.**

- Processes should be led and designed by individuals who experienced abuse.
  - **Have you considered how the individual can help to inform on the engagement, policy and programmes in a way that does not cause further harm?**
  - **Have you asked them what methods work for them?**
- Ensure that support is available for the individual if they are affected by anything during the consultation.
  - **Who might you need to engage with to provide support?**
- Ensure confidentiality, anonymity and that informed consent is received for any engagement and images, quotes or written work that is used.
  - **Have you explained what the engagement entails and explained consent in a way in which the individual understands?**
  - **Have you explained that they can stop engaging at any time?**

**Additionally, it is important that all communication is not only supportive, but also clear, consistent and understood by the individual.**

- Communication should be clear and friendly before and after the process.
  - **Have you explained the process, what will happen and any follow up needed?**
  - **Have you reflected on your own prejudices and biases and how that may affect communication with individuals?**
- Be clear, truthful and realistic with expectations.
  - **Are you being clear about what is expected from the engagement? Is the individual clear about your role and any limitations there are.**

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1\(^\text{12}\)In the case of an identified (or potential) conflict of interest in the respective member association, the International Office Region takes over the incident management with an aim to address the alleged conflict of interest, so that the support can be provided by the member association. However, the responsibility to deal with the alleged past incident of abuse returns back to the member association once the conflict of interest is resolved.

1\(^\text{13}\)If the individual does not grant permission for this information to be shared, the incident must be added to the child safeguarding register for future record purposes. The individual must be informed that without this information being able to be shared further, the process is not able to be continued. However, external support services may be recommended based on an assessment of the basic information that was initially reported.
decides if they want to continue the closure process or not.

3.4 Support for the individual who experienced the abuse

Immediate support for the individual who experienced the abuse can include mental health support or material support, when appropriate. For the individual who experienced the alleged abuse, we should work to identify suitable community services that can be utilised by the individual, such as external psychologists or counsellors. Only in situations where there is no external support services or community support available, then an SOS mental health practitioner can be utilised. It is important to remember that an individual who is no longer in care or supported by SOS may have different support requirements, especially if the incident of alleged abuse took place a number of years ago.

Individuals who come back to SOS Children’s Villages with a disclosure of having experienced child abuse want and need acknowledgement of what has happened to them, from the organisation and the people who work there. They want their experiences to be heard and recorded, and they want the organisation to listen to and hear what they have to say. Some also want access to their records which may contain information about their childhood. The Contact Person support the individual in this process, listens to them, and where requested, helps them to access their records. For some of the disclosing individuals this is sufficient; they need their experiences to be shared and acknowledged, they want the organisation to learn from them, and they want an apology or an official recognition. Often in these situations, the individual does not want to continue the closure process, but wants to provide a record of their experience.

However, some individuals decide to both share their experience, as well as obtain further support from the organisation. In these cases, the closure process continues, with the aim of identifying further appropriate support. The mental health practitioner then steps in to carry out an assessment and aid in the process of identifying appropriate holistic support for the individual.

3.5 Psychological assessment

In this stage of the closure process, the individual who experienced the abuse meets with an appointed mental health practitioner with the purpose of carrying out a psychological assessment. The main aim of this process is not to confirm or reject the individual’s experience. The mental health practitioner meets with the individual multiple times. The specific number of meetings is based on the needs of the situation to allow the mental health practitioner to identify the necessary information to complete their assessment (e.g. to draw preliminary conclusions about what has happened to the individual, the time-frame of the alleged abuse, and the consequences the experience has had on their wellbeing, physical and mental health and other areas of their life).

The mental health practitioner completes an assessment report that provides conclusions on the individual’s psychosocial condition and needs, which, after permission is obtained, is shared with the National Child Safeguarding Focal Person. Additionally, the individual’s full disclosure of their experience of past abuse is also shared with the National Child Safeguarding Focal Person.

3.6 Conclusions and recommendations on further support

This step of the closure process is focused on drawing conclusions and making recommendations relating to whether further support is required and what form the support will take. Based on the mental health practitioner’s report, as well as the additional information which was collected throughout the process by the Child Safeguarding Team, the national Child Safeguarding Focal Person and the mental health practitioner (Closure Team) draws conclusions on the case. The Contact Person is available through this process to provide input and feedback to the Closure Team, whilst keeping the individual informed of the ongoing process, bringing in their comments and addressing open questions that they may have.

The Closure Team assesses the existing needs in terms of support services such as psychological support, counselling, legal support, vocational support etc., and formulates their recommendations, which they must document. At this stage, decisions on the individual support plan are made. Additionally, this stage of the closure process should not only be focused on making recommendations relating to the abuse experienced, but also to strengthen child safeguarding and to make programmatic improvements.

A final report is provided by the Closure Team, which includes support recommendations, and is submitted to the National Director. Based on the information gathered and the recommendations provided by the Closure Team, the National Director decides whether the recommended support is provided and documents this decision. The individual and the National Director agree on and sign an individual support plan. This includes clear actions, a timeframe, a budget if required, and identifies who is responsible for implementation. The
agreement also includes boundaries of the frame of the agreement, as well as the conditions under which
the support can be terminated (e.g. educational support can be terminated if the person decides to leave the
school).

All support that is provided is aimed at aiding the individuals to overcome the traumatic
experiences of the past and to support in building resilience, and that where necessary, enabling
them to take steps towards a self-reliant life based on a tailor made individual plan agreed with the
individual and the member association.

Support services provided can include:
  • Psychological support such as psychotherapy and counselling should be the primary
    response
    o In all cases, SOS Children’s Villages offers psychological support to the individual
      according to the assessment of the psychologist/mental health practitioner.
    o General psychosocial support (outside of psychological support) is also provided. It is
      recommended to provide this type of support for a minimum of 6 months.
    o Referrals to other organizations that may be able to meet particular needs of the
      individual will be made if need be, in order to provide holistic support to the individual.
  • Self-reliance support as per a tailor made individual plan focused on enabling the person to
    gain access to community services.
    o Access to educational support, vocational training or other skills oriented support to
      gain a minimum qualification.
    o Access to medical and health services
    o Access to financial services and small business loan schemes
  • Access to support needed to seek justice or restorative justice
    o Legal support
    o Reconciliation steps and processes between directly involved stakeholders
    o Other agreements and decisions needed to repair the harm caused by the abuse

All services are accessed from the community or country and offered according to a level and standard
determined by the member association.

It is important to see that the support being provided also addresses the individual’s feelings in terms of
feeling recognised and acknowledged, which can evoke a sense of belonging again and promote the
healing process.

3.7 Acknowledgement
An important part of the communication is the organisation’s official acknowledgement of the individual’s
disclosure, experience and feelings. An official acknowledgement is given in a letter signed by the National
Director and given to the individual. It is important to keep in mind that the aim of the closure process is not
to confirm or reject the reported incident, and that recognition of the individuals reported abuse is formulated
in a way that it will not be taken as evidence for further legal actions against the organisation. It is important
that the organisation acknowledges the difficult emotions, feelings and related challenges that the individual
has experienced.

It may happen that the individual is not satisfied about the outcome of the process. In such cases, it is the
role of the organisation to provide them with the options that are open to them, including approaching the
statutory authorities. SOS Children’s Villages should provide the individual with the information that would
enable them to do so.

3.8 Case closure
The case is closed when the individual support plan is fully implemented. In the situation that the individual
does not follow the individual support plan and the conditions for termination of support are fulfilled, the
National Director can decide to end the support and must communicate this decision, in writing, to the
individual.
Throughout the implementation of the support plan, the individual is aided by the Contact Person who is responsible for the coordination and implementation of the support. Additionally, the Contact Person is available to answer any further questions that may arise.

The outcome of each step of the process must be well documented. This must be verified by the National Director before they sign the closure notice.

4 Support for other children and staff members in the programme

Past child abuse incidents may have lasted for long periods of time, and in some cases they took place over a number of years. When taking actions to respond to an incident of past abuse in a programme, it is important to have a broader perspective. It is important to consider who may have known about the wrongdoings but did not speak out. Witnessing abuse and violence but not being able to speak out can cause trauma, so these individuals may also need the space and support to talk about their experience.

The mental health practitioner in the SOS programme assesses this need. The mental health practitioner talks with children and young people, SOS parents and other staff members in the programme. Based on these discussions, an assessment is made and the mental health practitioner identifies any outstanding need for further psychological support.

Support services provided can include:

- Individual counselling and therapeutic interventions;
- Information and awareness raising sessions focused on trauma and PTS (Posttraumatic Stress) that abuse can give rise to;
- Group counselling;
- Training sessions on how to prevent and respond to incidents of child abuse.

As well as the healing process for the children and staff in the programme, it is also important to address the issue of complicity and silence, and issue of no one speaking out about the abuse at the time. If a staff member witnesses an incident of child abuse but does not report this, the staff member has committed an act of severe negligence, as well as a breach of the Child Safeguarding Policy and the Code of Conduct. It is important that the organisations’ child safeguarding procedures are in place in all member associations14 and in the General Secretariat. Every staff member, associate, volunteer and partner is required to report any child safeguarding suspicion, concern, allegation or incident immediately. The individuals’ accountability for ignoring the abuse needs to be assessed against the circumstances at the time, and relevant actions can then be decided. We protect whistle blowers’ confidentiality, should there be any threats as a result of reporting, we support the individual in reporting to the National Child Safeguarding Focal Person, police or other relevant authorities.

5 Documentation and learning cycle

Learnings can be taken from the disclosure of the experiences shared by individuals who experienced abuse, how they were supported, or not supported at the time of the abuse and/or if they had reported the abuse at the time, the processes that did and did not take place in response. Partners can play an objective role in this process. We must do a critical review of what the individual has told us and what lessons we can take from this. We must use the information to look at what we can do to mitigate the identified risks, and if other risks can be identified. These learnings need to inform our practice in a constant learning cycle.

When drawing learnings from individual experiences we must consider:

- What was the environment in which the child or young person lived?
- What contributed to the environment where abuse could take place?
- What barriers were there preventing or hampering disclosures?
- What would have increased the ease of disclosure?
- Who supported the child or young person?
- What type of support did the child or young person have?

Additionally, it is important to consider:

14 Member associations means national associations receiving international funding as well as fundraising associations.
If the incidents were reported or known at the time, what factors influenced the way in which the organisation responded to the incidents of abuse?
What gaps need to be addressed to further minimise the risk that children and young people experience abuse?
If there are multiple cases of abuse from one location, what must we consider and what learnings can we draw from this?
Does the individual who experienced the abuse have input on the learnings the organisation can draw from the experiences? Do they have input on prevention, improvements or changes?

It is crucial that any learnings that are identified in child safeguarding and past incidents are actively addressed and considered by the local and national child safeguarding teams, specifically, the child safeguarding focal persons and the National Director. It is also vital to share the learnings with authorities and partners as far as it applies to them. It is the responsibility of these individuals, partners and authorities to ensure that the learnings of child safeguarding and past incidents are taken up, in order to keep children and young people safe and to improve the overall quality of care provided.

These learnings shall inform:
- The strengthening of the organisations application of a putting individuals who experienced abuse at the centre, specifically focusing on the improvement of holistic approaches for recovery and reconciliation that address the needs on the individual who experienced the abuse.
- The development and/or strengthening of an organisational culture that reflects that of a non-authoritarian, safe and healthy working environment and one in which staff, children and young people are able to speak out. Additionally, they shall inform the development of value-based conduct.
- The prevention of child abuse, violence, neglect and other harmful practices through awareness raising, trainings, healthy working conditions and adequate support for all SOS staff members
- The continuous improvement of our child safeguarding structures, processes and procedures.

The aim of all processes, including reporting, responding and support services, relating to child safeguarding incidents and past abuse, are to ensure that children and young people in the care of or supported by SOS programmes are safe at all times. It is the organisation's responsibility to guarantee the safety of the children, young people and staff members. Each member association is accountable for any harm that is inflicted by staff on children and young people, and additionally, every single staff member is accountable for their own actions.

The aim of all processes relating to child safeguarding, reporting and responding, is to ensure a minimum standard of safeguarding and protection from abuse, harm and neglect for all children and young people in the care of or supported by SOS programmes. Additionally, these processes are in place to promote and strengthen a healthy and safe organisational culture and to ensure that there is the application of a zero tolerance approach for any kind of child abuse, violence or neglect. It is important that when gaps or weaknesses are identified in these processes, or in our response and support measures, that learnings are gathered and steps taken to implement the necessary changes and improvements.

6 SOS Children’s Villages International ‘Safeguarding Support Budget’
– Immediate support for children and other persons that have experienced abuse including historical and to fill capacity gaps

Based on the April 29, 2021 Senate decision, funding is to be available to provide direct individual support for children, young people, staff and other people that experienced past abuse in SOS Children’s Villages. It enables affected persons to heal, find closure and build capacity to become self-reliant. The aim is to ensure holistic support, justice and incident management for each child, young person or person that has experienced abuse.

This ‘Safeguarding support’ budget includes immediate support:
Initial assessment and then immediate support in each MA for all children, young people and other persons that have experienced abuse incidents ensuring preparedness to support individuals. Where needed support is also provided for internal or external investigations and legal support. The budget also includes support for human resources strengthening in MAs and the GSC that support children, young
people and staff with all types of incidents, including child safeguarding and sexual harassment. Priority is given to MAs in countries with high risk profiles (in the risk cluster), or MAs that experience a sudden increase in the number of past abuse cases. MAs in other country clusters outside of EUNA eligible for a smaller amount of one off funding.

Safeguarding Support Budget Framework

- Initial assessment and then immediate and practical support by each MA – based on MA rapid concept notes regarding preparedness to address historical cases and considering the new GSC user guide ‘Listening and responding to individuals experiences with past child abuse’ released in June 2021.
- To launch investigations and legal steps to ensure support for people that have experienced abuse and whistle-blowers.
- Preparedness also to support individual plans of children and young people in care and others affected by abuse.
- To fill immediate gaps in the needed local social work / mental health capacity.
- Temporary incident management support to address an increase in historical abuse cases.

Core of Framework

Stability and mental health support combined with individual tailored solutions

Experience in dealing with allegations of past abuse reveals particular challenges that require a different approach. Well-established reporting, responding and investigation procedures are not adequate to deal with allegations of past abuse, because the person who allegedly experienced the abuse is often not in the care of the organisation, the staff members allegedly involved may no longer be working for the organisation or there are no or limited options to report past abuse to the authorities.

As detailed in the new GSC user guide ‘listening and responding to individuals experiences with past child abuse’ children, young people and persons that experienced past abuse may need different forms of support. The first and crucial step in this process is the overall stabilisation of the person affected, and this has a core mental health component. From past experiences, it is important to be sensitive to the needs of the individual whose abuse experience has interfered with their autonomy. Individual tailor-made support needs to be carefully developed together with the individual based on their needs and the context in which they live. It is important to consider the following seven points in making safeguarding support funding decisions:

- Support needs to be individualized, supportive, realistic, and empowering to the individual.
- Establish a timeframe for the support, which is spelt out clearly for everyone.
- Ensure proper closure of support process when it is complete.
- Link individuals with other existing partners for focused support if needed.
- Those in charge of this process should have no conflict of interest.
- This is not “compensation” for past abuse, but need based individual support. Financial compensation should be an absolute last resort based on what is reasonable in the context of the country. Emphasis should be providing tailored individual support based on an individual plan.

Geographic scope: To be reviewed according to concept notes received

- All MAs outside of the EUNA region. Priority is given to MAs that have experienced a rapid increase in historical abuse incidents reported.
- MAs operating in 15 countries with highest risk profiles (in the risk country cluster) including 3 ICSR MAs where more support is projected.
  - €100T per MA is earmarked for concept notes provided in the year 2021.
This includes special investigative, support or other approaches taken locally, regionally or internationally according to need.

- 20 additional MAs with a maximum of €50T per MA earmarked for concept notes with 10 MAs in 2021 and the balance by the first quarter of 2022. This includes MAs in other country clusters where cost cannot be covered by existing balances.
- A 'immediate support' balance is reserved for additional MA and GSC concept notes in 2022 based on 2021 experience.
- Special budget for urgent safeguarding staffing, mobile teams and other gaps from now until 2024. A flexible budget is available for solutions that suit the special requirements of each MA or region.

Approval and Funding Process

- Allocation of funds to each MA based on rapidly developed concept notes using the existing programme planning process with a fast track approval directly from IORs to funding PSAs.
- Concept notes are approved by the National Director and recommended by the GSC IDR and CVI representative. The concept note is then provided to the interested PSA for funding approval.

Example of possible expert support based on EUCM experience

MHPSS (Mental Health or Psychosocial Support) experts* or service providers in each programme location that could support reporters and individuals who experienced abuse (e.g. psychologists, psychotherapists, psychiatrists, counsellors, people from organisations working with individuals who experienced abuse, etc.)

- There should be male and female experts represented in each location
- There should be experts with specialisation on work with children as well as adult clients
- At least some of the experts should have experience of working with trauma and/or survivors of abuse
- Accessibility of these experts should be ensured by being close to location of our programmes and offering services in languages of our target group in order to reflect ethnicity and language needs of the reporters and individuals who experienced abuse
- At least one of the experts should not be affiliated with our organisation – e.g. no former staff member, external expert contracted by the CV for work with beneficiaries, supervision of staff etc.
- Identify at least one hotline for children and at least one hotline for adults (e.g. targeting mental health or individuals who experienced abuse) that the reporters and individuals who experienced abuse could consult anonymously, if such hotlines are available in the country

*Make sure that none of the internal or external experts on the list was involved in any case of suspected or confirmed abuse in the past, is currently not under any child safeguarding investigation and has no conflict of interest.