



# CHILD PROTECTION POLICY AND CODE OF CONDUCT

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## ETNA CHILD PROTECTION POLICY AND CHILD PROTECTION CODE OF CONDUCT PRESENTATION

ETNA – Analytical Ethnopsychology Project (hereafter: ETNA), is a no profit association aimed at psychotherapeutic/psychiatric help to migrants' population with psychological distress: adults, minors and their families, unaccompanied minors, refugees and asylum seekers, trafficked women, international adoptions. ETNA Associates are psychologists, psychotherapists, and psychiatrists with an elevated command to migrants' rights and mental health. In particular, many of them received a training and have an expertise on minors' issues. ETNA seeks to promote the rights and well-being of children in accordance with national and international standards on child protection and human rights.

To reinforce minors' protection among its therapeutic activity and its projects and to make concrete efforts to prevent any form of violence and abuse against minors, adopted a *Child Protection Policy and Child Protection Code of Conduct*.

The policy has the intent of giving minors knowledge of their own rights and all the possible protections existing in the Associations. All the members of the Association are required to follow the code of conduct even when they are not working directly with minors. All ETNA members, associate, trainees and every person working within the association' activities, even if not directly involved with children, are compulsory required to be aware of the *Child Protection Policy and Child Protection Code of Conduct* and to strictly comply with in carrying out their tasks.

The United Nations Convention of the Rights of the Child (hereafter: CRC) underpin the approach of our Child Protection Policy and Procedure as well as we see each child as:

1. A unique and equally valuable human being (art. 2, non-discrimination);
2. With the right not only to life and survival, but also to development to her/his fullest potential (art. 6, right to life, survival and development);
3. With essential experience to offer and someone with the best understanding of anyone of his/her own situation (art. 12, participation); and
4. Someone who deserves to have her/his best interests met (art. 3 best interest of the child).

The *Child Protection Policy* follows:

- The UN Convention on the rights of the child and the adolescent
- General Comment No. 13 (2011) of the UN Committee on the Rights of the Child – the right of the child to freedom from all forms of violence
- Keeping children Safe Coalition Child Protection Standards
- The mission, the vision and the values of the ETNA Association.

## CHILD PROTECTION POLICY

ETNA is committed to keeping children safe, promotes effective actions aimed to ensure children wellbeing and protection, focusing on psychological treatment and prevention of physical and mental abuses and all forms of violence against children.

ETNA recognizes that all associates coming into contact with children have a fundamental duty of care towards them. ETNA condemns all forms of abuse and violence against children that can be perpetuated outside and inside the organization.

The goals of the Child Protection Policy are:

- To adequately treat, prevent and/or respond to harm to children and child abuse, by providing a tool that sets standards and procedures for ETNA;
- To ensure that all ETNA members of staff, including interns, volunteers, board members and consultants, (from now on called: ETNA Associates) understand the possible harmful effects of our work on children, are able to recognize signs of child abuse and child protection issues for prompt response in the best interest of the child, have the ability and the expertise to take in charge issues related to children abuse and neglect; and
- To ensure that every ETNA member of staff is knowledgeable of and comply with principles of child protection

ETNA Child protection Policy is grounded on:

- ETNA mission, vision and values;
- ETNA Child protection Policy
- The UN Child Rights Convention;
- General Comment No. 13 (2011) of the UN Committee on the Rights of the Child – the Right of the child to freedom from all forms of violence;
- Keeping children Safe Coalition Child Protection Standards.

## STAKEHOLDERS

- Children involved in any ETNA action in Rome
- ETNA Associates in ETNA facilities,
- Sponsors, Donors, and Visitors;
- Biological families, Foster families and Workers in the Reception Centers of children attending ETNA actions.

## DEFINITIONS UNDER THE CHILD PROTECTION POLICY

### ⇒ **Children:**

In line with the CRC, for the purposes of the present Policy, a child means every human being below the age of eighteen years. (CRC Article 1).

### ⇒ **Child abuse/neglect/other harmful practices**

As developmental psychotherapists, our competence, our experience and our practice frequently tackle child abuse and neglect issues. During our graduate school, post-graduate and ethnopsychological trainings, the matters related to child abuse and neglect recognition, diagnosis and treatment have been deeply studied and investigated, being a major part of children' possible harmful situations. In addition, it must be underlined that our two senior supervisors are recognized experts in the field of child abuse and neglect. Dr. Daniela Tortolani have worked for more than 35 years at the Bambino Gesù Children Hospital department of Neuropsychiatry, which has been the first national unit for child abuse and neglect detection, diagnosis and therapy, and has represented a national and international excellence in the field, also thanks to her commitment and scientific contribution. Dr. Stefania Baldassari also worked in the same department. One of her major commitment has been on increasing the awareness of school workers to the abuse and neglect issue, with a specific training program, books and papers. The majority of unaccompanied minors and of first and second generation minors we receive for therapy in the ETNA service, have experienced an abuse/neglect/maltreatment/harmful practice conditions. During our internal trainings, our group and/or individual supervision and during our practice, either private or in the ETNA service, the protection of children from any form of abuse is crucial and represent one of our major duties.

All the members, associates, trainees and professionals participating to the ETNA activities have had training and have collected experience in the abuse/maltreatment/neglect/harmful practice field to clearly know, understand and apply the rules for tackling these harmful situations. In order to protect children, the definitions, classifications, and rules for defining, diagnosing, reporting a situation of abuse, maltreatment, neglect, harmful practices (as defined below), are made clearly understandable and repeatedly recalled.

In order to better address the matter and to share the same language with all the ETNA associates, the principal definitions are listed below.

### ⇒ WHO definition

We refer to the WHO definition and classification of child abuse and neglect (WHO, 2002<sup>1</sup>, 2006<sup>2</sup>), which is also comprised in the document issued by the National Psychology Board (Consiglio Nazionale Ordine Psicologi, 2017<sup>3</sup>):

*Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.*

### ⇒ Forms of abuse/neglect/exploitation/harmful practice

**Bullying** is when an individual or a group of people frequently and intentionally hurt someone else. It can last over time, leading a considerable distress even into adulthood. Children who are bullied may develop emotional disorders, scholastic problems and suffering from a lack of friends.

There are different types of bullying, depending on the type of behavior or on the targeted victims: physical bullying (e.g. pushing); verbal bullying (e.g. gossiping); non-verbal abuse (e.g. hand signs) emotional abuse (e.g. humiliating); exclusion; racial or sexual bullying; disability abuse.

**Cyberbullying** is bullying that occur online, for example via social media, forum, text or gaming. It can include sharing private information, negative or mean content of the victims, posting rumors or sending them threatening or offensive messages, for the purpose to cause embarrassment or humiliation. Cyberbullying has the same negative effects of bullying.

**Child exploitation** includes child domestic work, child soldiers, the recruitment and involvement of children in armed conflict, sexual exploitation and pornography (see below), the use of children for criminal activities including the sale and distribution of narcotics and the involvement of children in harmful or hazardous work. *“Exploitation is the abuse of a child where some form of remuneration is involved or whereby the perpetrators benefit in some manner – monetarily, socially, politically, etc. Exploitation constitutes a form of coercion and violence, detrimental to the child's physical and mental health, development, and education<sup>4</sup>.”*

**Child sexual exploitation (CSE)** is a form of sexual abuse. It occurs when someone offer drugs, money,

<sup>1</sup> World Health Organisation, (2002), *World Report on Violence and Health*, Geneva, Available at: [https://www.who.int/violence\\_injury\\_prevention/violence/global\\_campaign/en/chap3.pdf?ua=1](https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap3.pdf?ua=1)

<sup>2</sup> World Health Organisation, (2006), *Preventing Child Maltreatment: a guide to taking action and generative evidence*. Available at: [http://whqlibdoc.who.int/publications/2006/9241594365\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf?ua=1)

<sup>3</sup> [www.psy.it/wp-content/uploads/2019/07/Maltrattamento-e-abuso-allinfanzia.-Indicazioni-e-raccomandazioni\\_luglio.pdf](http://www.psy.it/wp-content/uploads/2019/07/Maltrattamento-e-abuso-allinfanzia.-Indicazioni-e-raccomandazioni_luglio.pdf)

<sup>4</sup> Exploitation and abuse. UNHCR. Available at:

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=10&ved=2ahUKEwcnZWataXIhWFDewKHUnhD0oQFjAJegQIABAC&url=https%3A%2F%2Fwww.unhcr.org%2F3bb81aea4.pdf&usq=AOvVaw0lkUk2tzPiOZOeIRrleRq>

gifts and affection for obtain sexual activities. The relationship between perpetrator of CSE and the child or young person exploited may be intended as a friendship or romantic relationship. The contact could be in person or online; the abuser may force or persuade the child to send his/her sexually explicit pictures, to film sexual activities or to have sexual communications. Then, the abuser may use these contents for posting/sharing online or, worse, to threaten the victim and to force him/her to participate to other sexual activities.

**Child trafficking** is a type of child abuse. It occurs when someone forced or persuaded minors to move out from their homes and then, in the arrival country, forced them to work or sold them. Trafficked children may be involved in sexual activities, forced marriage, forced labor or criminal activities. The victims of trafficking may live a condition of neglect, may be physically, emotionally and sexually abused and feel alienated from being away from their families and cultures.

**“Cultural” abuse**, from our clinical experience<sup>5</sup>, is when migrant children are obliged to completely disregard their original culture, to wipe out their roots, and to completely adhere to the host one. “Cultural abuse” is frequently observed in children from international adoptions, where national parents prevent adopted non-national children to maintain any link to their past. Unaccompanied minors are also frequently “culturally abused”. In order to acquire the acceptance into the host community, they feel obliged to disown their original culture and habits. This “split” unconsciously induced a conflict between what children have internalized in the past and actually represents the way they have started to build their identity, and the new requests to adhere to a new psychic asset. As for the other forms of abuse, the cultural one results in sign and symptoms, frequently and wrongly diagnosed as psychiatric disease and syndromes and deserves great attention from the professional in charge of these children.

**Domestic abuse**, or ‘intimate partner violence’, is controlling, intimidating or violent behavior in a relationship. Both men and women may be victims of a physical, sexual or psychological domestic violence. There is a strong impact on children who live in a violent family, that could last a lifetime. Children who witness any type of domestic abuse may suffer of emotional and psychological distress, engage in antisocial and aggressive behaviors, develop scholastic problems or internalizing disorder.

**Emotional abuse** (or psychological abuse) involves the repeated mistreatment of a person. For children, this can include isolate, intimidate, yell or insult them. Children who suffered emotional abuse might have relationship problems, a lack self-assurance and a difficulty to manage and control their emotions. Long-term effects could be damaging just like physical abuse and may lead to engage risky or antisocial behavior or/and to develop mental disorders (e.g. depression or eating disorder).

**Female genital mutilation** (FGM) is an illegal and harmful practice still widespread in several countries for reasons related to religion, culture and community life. It consists in cutting or removed female’s genitals, often without anaesthetic, for no medical reasons but for controlling female sexuality. Effects

<sup>5</sup> Lanti M, Piscicelli S. A glimpse into unaccompanied minors and their resilience and vulnerability factors: collective and individual experiences. In: Proceedings of the XXI Congress of the International Society for Analytical Psychology. In press.



on the body may include risk of infections, infertility, pain in the sexual act and damage to organs, up to the concrete risk of death. From a psychological point of view, the effects for a girl who had a FGM may include emotional disorders (e.g. depression) and engaging self-harm behavior.

**Grooming** is the solicitation of minors, by building an emotional relationship, in order to manipulate and abuse them (children may be sexually abused, trafficked and exploited). It can occur online or in person, by a stranger or a known person. Groomers could pretend to be younger, giving attention to the victims and buying them gift. They might try to make them to feel dependent on them and to take control over them. Children could admire the groomers, take them as mentors or partners, feeling love and loyalty but in the same time turmoil and fear. Short and long-term effects may include for example difficulty sleeping, difficulty to concentrate, depression, withdrawal and post-traumatic stress.

**Harmful practices** are described in the “Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices”<sup>6</sup> as “persistent practices and forms of behaviour that are grounded in discrimination on the basis of, among other things, sex, gender and age, in addition to multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering. The harm that such practices cause to the victims surpasses the immediate physical and mental consequences and often has the purpose or effect of impairing the recognition, enjoyment and exercise of the human rights and fundamental freedoms of women and children. There is also a negative impact on their dignity, physical, psychosocial and moral integrity and development, participation, health, education and economic and social status.” They include: female genital mutilation (see above), child marriage, polygamy, crimes committed in the name of the so-called honour. In order to be aware of the multiple situations covered by this definition, reference to the original document<sup>6</sup> is useful and recommended.

**Neglect** is a form of abuse that refers to the caregiver’s failure to provide for a child’s basic needs and/or placing the child in risky situations. We identify 4 types of neglect: physical n. (e.g. food deprivation); educational n. (e.g. a failure to provide a proper education); emotional n. (a failure to respond to child’s emotional needs); medical n. (not given a proper health care). The effects for children are multiple and impactful and may result in significant changes to the developing brain structure and, in adulthood, to develop psychological disorders, antisocial behavior and/or substance abuse.

**Pathology of care** includes various forms of abuse related to the caregiver (usually the mother) inappropriateness or psychical illness. The Munchausen syndrome by proxy (MSP), prototype of this kind of abuses, is a disorder in which the caretaker of the child either makes up fake symptoms or causes real symptoms to make it appear as though the child is injured or ill. The term “by proxy” means

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<sup>6</sup> Joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/general comment No. 18 of the Committee on the Rights of the Child on harmful practices. Available at: [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/TBSearch.aspx?SymbolNo=CEDAW/C/GC/31/CRC/C/GC/18](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?SymbolNo=CEDAW/C/GC/31/CRC/C/GC/18)



“through a substitute.” It is primarily a mental illness of the caregiver. The warning signs in a child include: a history of repeated injuries, illnesses, or hospitalizations; the symptoms reported by the caregiver don’t fit any disease and/or don’t match test results; and they seem to improve under medical care but get worse at home. Child abuse results partly from the direct actions of the mother -for example, giving drugs to make the child unconscious - and partly from those of doctors, who arrange invasive investigations or needless treatments for a child at the mother's instigation. Other form of “iper-care” related abuse are: perceived illness, doctor shopping, enforced invalidism, and fabricated illness.

**Physical abuse** is the use of physical force for the purpose to hurts or harm a child. This includes hitting, slapping, shaking, kicking, drowning, burning, strangling, biting and scratching. Physical abuse can lead to significant physical trauma and to poor physical or mental health, including developmental delay, risky behaviors, emotional disorders, eating disorders, chronic illness.

**Sexual abuse** is when a child is sexually abused, forced or tricked into sexual activities. Children might not understand that what's happening is abuse or that it's wrong, and often children might be afraid to tell someone. Sexual abuse can happen anywhere and it can happen in person or online. There are two form of sexual abuse: 1) contact abuse: sexual touching of any part of a child's body (clothed or not); using a body part or object to rape or penetrate a child; forcing a child to take part in sexual activities; making a child undress or touch someone else. Contact abuse can include touching, kissing and oral sex; 2) non-contact abuse is where a child is abused without being touched by the abuser (in person or online): exposing or flashing; showing pornography; exposing a child to sexual acts; making a child masturbate; forcing a child to make, view or share child abuse images or videos; making, viewing or distributing child abuse images or videos; forcing a child to take part in sexual activities or conversations online or through a smartphone. Sexual abuse can have both short- and long-term effects. The major symptoms are: anxiety and depression, eating disorders, post-traumatic stress, difficulty coping with stress, self-harm, suicidal thoughts and suicide, sexually transmitted infections, pregnancy, feelings of shame and guilt, drug and alcohol problems, relationship problems with family, friends and partners.

## PRINCIPLES

This policy is set up by a set of principles that are derived from the UNCRC and from the Comment No. 13 (2011) of the UN Committee on the Rights of the Child, and includes:

- No violence against children is justifiable; all violence against children is preventable;
- A child rights-based approach to child caregiving and protection requires a paradigm shift towards respecting and promoting the human dignity and the physical and psychological integrity of children as rights-bearing individuals rather than perceiving them primarily as “victims”;

- The concept of dignity requires that every child is recognized, respected and protected as a rights holder and as a unique and valuable human being with an individual personality, distinct needs, interests and privacy;
- Children's rights to be heard and to have their views given due weight must be respected systematically in all decision-making processes, and their empowerment and participation should be central to child caregiving and protection strategies and programs;
- The right of children to have their best interests be a primary consideration in all matters involving or affecting them must be respected, especially when they are victims of violence, as well as in all measures of prevention.

### SCOPE

The Child Protection Policy applies to all ETNA Associates who must comply with its requirements, to ensure that all children involved in Actions directly implemented or supported by ETNA are kept safe from all forms of abuse and violence.

### OBJECTIVES

To make all ETNA Associates aware about all aspects of child protection and all the procedures about the prevention, disclosure, reporting and responding of abuses.

To ensure that all ETNA Associates are well supported in meeting their Child protection responsibilities and engage positively with children and communities.

To avoid and prevent cases of abuse, violence and neglect from happen in the context of any actions directly implemented or supported by ETNA

To guarantee that safe environments for children are created in all aspects of ETNA work, whether fundraising or program implementation, where children are respected, protected and empowered as their capacities evolve

To contribute to generate awareness in children about their rights and the role they pay in the prevention, identification, disclosure and management of abuses.

To guarantee that fair, secure and transparent reporting channels are put in place in all types of programs that fulfill the right of stakeholders to be heard.

### IMPLICATION FOR ETNA

ETNA Associates are bound to the respect of the ETNA Child Protection Policy.

The ETNA Associates must ensure that the ETNA office has in place local procedures that are consistent with ETNA Child Protection Policy. It should also be ensured that this policy is made available in children well understood languages.

By respecting ETNA Child protection policy, ETNA commits itself to:

- Promote the open and free discussion about all issues related to child protection and keeping children safe from abuse and violence
- Provide adequate information to its associates about ETNA Child Protection Policy
- Adopt written guidelines for appropriate and inappropriate behavior of adults towards children and of children toward other children
- Establish clear roles and responsibilities regarding the monitoring of the respect and the enforcement of ETNA Child Protection Policy
- Ensure that children are informed about their rights to be heard and to grow up free from all forms of physical and psychological violence
- Guarantee high professional standards to be applied during the selection of associates
- Provide adequate training to associate on child protection and to include child protection as regular topic in all training programs
- Foreseen specific supervision mechanisms for associates directly working with children as a space for open and free discussion about Child protection concerns coming from any ETNA directly implemented or supported action
- Promote a safe, free and open environment where children are encouraged to discuss their concerns and rights and to express their point of view
- Put in place a system of partnership with families and communities that are appropriate to support the Children Protection Policy
- Never expose children to, or place them at risk of, harm. This while carrying out activities directly with children as well as when taking images/pictures or generating stories of children
- Provide to all associates clear procedures for reporting any child abuse and child protection concerns
- Ensure child-friendly reporting mechanisms, so that children can report in confidence and safety about experienced maltreatment, abuse and violence
- Guarantee that any child abuse/child protection concern is treated and investigated keeping the highest degree of confidence
- Guarantee that the denouncer, potential offender and victim, all are kept safe and are provided with needed psycho-social support

- Investigate any concern about the conduct of ETNA associates according to applicable local office procedures and ETNA Child Protection Policy; investigation may result in disciplinary action for ETNA associates and in the immediate termination of Partnership Agreement
- Foresee all needed measures for ensuring child protection and security in case of proven child abuse and neglect and report to concerned Authorities
- Periodically review the Policy, according to the feedback and experience

#### CHILD PROTECTION CODE OF CONDUCT

##### ⇒ I do:

- Treat all children and young people with respect regardless of race, colour, sex, language, disability, religion, political or other opinion, national, ethnic or social origin, birth or other status;
- Encourage children, young people, parents, employees and volunteers to speak up about issues that affect them;
- Refrain from using corporal punishment on children;
- Immediately report concerns or allegations of child abuse;
- Comply with local, national and international child protection laws;
- Advise my supervisor in any situation where my actions could be misinterpreted;
- Advise my supervisor if I am involved in any situation which would be likely to bring the organisation into disrepute.

##### ⇒ I do not:

- Use inappropriate language – whether of an offensive, discriminatory, demeaning, abusive or sexual nature – when speaking with or whilst in the presence of a child or young person;
- Engage in behaviour to shame, humiliate, belittle or degrade a child or young person, or otherwise emotionally abuse a child or young person;
- Act in a sexually provocative manner or engage children in any form of sexual activity, including paying for sexual services;
- Hold, kiss, cuddle or touch a child in an inappropriate, unnecessary or culturally insensitive way;
- Condone or participate in, behaviour with children which is illegal, unsafe or abusive;
- Discriminate against or in favour of particular children to the exclusion of others;
- Hire children for domestic or any other labour which is inappropriate for their age or development, interferes with their education or play, or places them at risk of injury;
- Access or create sexually abusive images of children;

- Use computers, mobile phones, video or digital cameras or any other technology for the purpose of exploiting or harassing children.

### ⇒ Use of children images

ETNA intend not to make use of children images, but, when needed for a specific and powerfully argued situation, the following rule are to be applied:

- At a minimum, obtain and document verbal consent from children and/or their parent or guardian and explain how the photograph or film will be used. Written consent should be obtained, where possible.
- Ensure photographs, films, videos and DVDs present children in a dignified and respectful manner and not in a vulnerable or submissive manner. Children should be adequately clothed and not in poses that could be perceived as sexually suggestive.
- Ensure images are honest representations of the situations and the facts.
- Ensure the identities of children and young people in photographic and electronic images are not disclosed.
- We do not actively ask children to do or say anything that might make them feel displayed as 'objects of pity' (e.g. to speak about their past or ask for donations).

We handle children's names carefully, especially in connection with sensitive information about the same children (e.g. the family background, their medical condition, disability or negative behavior).

### ADDITIONAL INFORMATION AND RULES

#### ⇒ Who we are and how we work

ETNA is a small **nonprofit organization**, founded in 2008 and composed by psychotherapists, psychologists, social workers and psychiatrists. We count **30 associates**, but not all of them are actively carrying out psychotherapies. Out of the **18 psychotherapists** actively involved in psychotherapies with migrants, **9** fit the ETNA rules for conducting **psychotherapies with children and their families or with unaccompanied minors**. The team working with minors also comprises: 1 psychiatrist, 1 social worker, and 1 lawyer (see annex 1. "Composition of the ETNA team for Minors' psychotherapy").

ETNA is an **associate member of the CISMAI** (Coordinamento Italiano dei Servizi contro il Maltrattamento e l'Abuso nell'Infanzia – Italian Coordination Committee of Services against Child Abuse and Neglect). CISMAI is part of the national CRC group and represent a crucial entity for **child protection policy** and a **consultant** for child abuse/maltreatment/neglect situations.

We are dealing with **psychological, psychiatric distress of minors**: first- or second-generation migrant children and their families, children from international adoptions and their families, unaccompanied minors.

- When a psychotherapy is asked for a **minor**, her/his family is compulsory requested to contemporary start a psychotherapeutic process (family or parental/couple psychotherapy, even in case of a single parent family).
- When a psychotherapy is asked for an **unaccompanied minor**, networking between the shelter operators, the legal guardian, and social services is compulsory required.

Children are required to **willingly and personally express their interest** to take a psychotherapy. Before the therapeutic process could start, the signature of an **informed consent** is requested to the child and to her/his legal guardian, also covering the collection and the storage of the personal data (For further details, see below: “Data protection”).

For each patient enrolled in psychotherapy:

- a **personal file is opened** (see annex 2. the ETNA service charter – “La carta dei servizi dello sportello di aiuto psicologico di ETNA”);
- data are collected in an interview conducted by a psychologist during the so called “first meeting” and the child present and past living is described (see below: Data protection);
- at the beginning of the therapy, and successively **every six months** the psychotherapist is asked to **update the psychological situation** of the child, and the psychotherapeutic process’ state of art;
- every six months, **interviews** will take place with the same psychologist who conducted the first meeting for **monitoring** any change occurred in the child’ living situation and to verify possible complaints.

*Supervision and monitoring of the therapeutic process.*

Each psychotherapy is carefully **supervised** in order to verify the compliance of the therapists with the ETNA CPP, to avoid and prevent possible irregularities, to share and possibly solve possible difficulties in the therapeutic process.

- Each ETNA therapist is provided with **individual clinical supervision**. Supervisors are senior skilled psychotherapists (see below), whose work and experience with child abuse/maltreatment/neglect is well recognized.
- Monthly a **group supervision** is scheduled for all the ETNA therapists. Each new clinical case treated by an ETNA therapist should be supervised at least once.
- In addition to the supervision requested by the therapists, each psychotherapist should discuss the case she/he is in charge for with her/his supervisor **at least at the beginning of the therapy, and every six months**. This practice allows a monitoring of the therapeutic process by an

external point of view, but also permits a control over the ETNA Child Protection Policy application.

⇒ **Staff recruitment, training and supervision**

ETNA child and adolescent psychotherapists are **qualified psychologists**, who should have completed at least another **four years of state-recognized specific training on child and adolescent therapy**.

ETNA members are a small number: a reciprocal trust between all the members is crucial for being part of the ETNA staff.

For becoming an ETNA associate, each candidate should:

- sent a **written application** explaining her/his experience and her/his motivations and expectations to be an ETNA associate;
- provide a complete and detailed **curriculum vitae**;
- be available for **3 interviews**;
- attend a **6 months training period** specifically aimed at the understanding of the special characteristics of working with migrant people.

Each candidate should be aware that ETNA has a child protection policy to comply with.

The **selection mechanisms** strictly evaluate the candidate past involvements on child psychotherapy; references from previous work experiences are required. Information about alcohol/drug abuse, dishonesty, prejudice or intolerance, violence or lack of self-control should be obtained.

A first selection is done on the curriculum vitae. The candidate will then be **interviewed by 3 members of the Management Board**. The interview is seen also as an **opportunity to assess candidates' suitability in relation to child protection**. In the interview, the issue of child abuse is openly discussed and the interviewer reinforces that the organization has comprehensive child protection policy and procedures in place. Interviewers should be expert psychotherapists and should be able to recognize any suspicious attitude of the candidate. Before a new associate could start a psychotherapeutic work, she/he is asked to attend clinical meetings, clinical group supervisions, and training sessions for at least 6 months. **Individual supervision is compulsory for therapists with less than 5 years' experience in ETNA.**

Based on legislative decree n. 39/2014, transposing the Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, a penal certificate is requested for being part of the association, or for being accepted as trainees, or, in general, for any associate who in any form collaborates within the ETNA activities.

**The procedure is active for all associates, candidates, and trainees.**



## ⇒ Training

ETNA provides:

- **Training on Child protection** is aimed at developing the ability of staff to be aware of the possible harmful effects of psychological work on children and recognize signs of child abuse; raising awareness of issues of particular vulnerability such as gender, sexual orientation and disability; ensuring that staff understand the Policy and Procedures relating to harm to children and child abuse.
- **Training session** on issues related to psychic dynamics, psychotherapeutic care, etc. are scheduled **monthly** and an **annual training course** is organized also for non-ETNA workers. Attendance to the monthly and annual trainings is compulsory for ETNA therapists.

## ⇒ Internship

ETNA has concluded agreements for internships with Universities (Psychology faculties) and post-graduate schools for Psychotherapy, (i.e. the compulsory traineeship after graduation in psychology and the professional internship required for the attainment of the psychotherapy legal title, respectively). ETNA has been recognized by the Italian Ministry of Education as a private institution eligible for the training of psychologists during their post-graduate specialization school<sup>7</sup>.

As for all the eligible internship institutions, the interns' training needs and duties are formally established by the Ministry of Education<sup>8</sup> and are part of the agreement stipulated with Universities/Schools of psychotherapy.

All interns and trainees should be carefully selected using the same criteria described above for the professional ETNA members.

All interns and trainees should be aware of the ETNA Child Protection Policy and should strictly comply with it. The appointed Tutor, as part of her/his tutoring duty, is asked to verify and monitoring the observance of the Child Protection Policy rules, to explain the underlying reasons for each rule, to give appropriate answers to every question could arise from the trainees/interns regarding the Child Protection Policy. If the Tutor observes or becomes aware of any situation/event/behaviour of the trainee/intern running counter to the principles and the rules of the ETNA Child Protection Policy, she/he should inform the ETNA Child Protection System and follow the rules described below.

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<sup>7</sup> [https://miur.gov.it/documents/20182/974381/Strutture\\_IDONEE\\_tirocinio.pdf/8d0df578-9f2b-469d-9ef5-9a46de98d81f?t=1561038641602](https://miur.gov.it/documents/20182/974381/Strutture_IDONEE_tirocinio.pdf/8d0df578-9f2b-469d-9ef5-9a46de98d81f?t=1561038641602)

<sup>8</sup> D.M. n. 509/98

## ROLES AND RESPONSIBILITIES REGARDING THE MONITORING OF THE RESPECT AND THE ENFORCEMENT OF ETNA CHILD PROTECTION POLICY

Every professional working/having a training/collaborating within the ETNA association shall be aware of the ETNA Child Protection Policy and must applied it.

### ⇒ ETNA Child Protection System

The **ETNA Child Protection System** is composed by:

1. *The ETNA Legal Representative* is responsible for the effective implementation of the Child Protection Policy and Procedures in the organization. (Dr. Maria Paola Lanti is the Legal Representative)

2. *The ETNA Clinical Activities Director* is the reference person for Child Protection policy and guides the process of policy and procedures implementation. (Dr. Stefania Baldassari is the Director of the ETNA clinical activities).

The ETNA Clinical Activities Director is acting as a **case manager**.

The Legal Representative takes a lead in the protection of the child and ensures, through the Clinical Activities Director, that all measures are recorded and that the best interests of the child are of primary consideration.

3. *The ETNA Supervisors* are in charge of verifying that all therapists comply with ETNA Child Protection Policy.

- For psychotherapies with minors and their families or with unaccompanied minors, the ETNA supervisors are:

*Dr. Daniela Tortolani:* psychologist, psychotherapist, IAAP (International Association of Analytical Psychology) and AIPA (Italian Association of Analytical Psychology) certified analyst with training functions, associate with training functions of AISPT (Italian Association of Sandplay Therapy), ITRI (Institute for Relational Integrate Therapy). From 1978 to 2014 she was Service Head Psychologist at the Neuropsychiatric Unit of the Bambino Gesù Children Hospital – Rome. Children and adolescent psychology and psychopathology have been and are her main field of interest, in particular: child abuse and neglect, autism, eating disorders, family distress.

*Dr. Stefania Baldassari:* psychologist, psychotherapist, IAAP (International Association of Analytical Psychology) and AIPA (Italian Association of Analytical Psychology) certified analyst with training functions. Consultant at the Neuropsychiatric Unit of the Bambino Gesù Children Hospital, Rome, where she conducted psychotherapies with abused and neglected children and with the abusers as well. Consultant at the Immuno-infectivology DPUO, Bambino Gesù Children Hospital, Rome, where she conducted psychotherapy with children and parents HIV+.

*Dr. Sara Piscicelli*: psychologist, psychotherapist, IAAP (International Association of Analytical Psychology) and ARPA (Association for Research in Analytical Psychology) certified analyst. She carried a distinguished experience with adolescent psychopathology, unaccompanied minors and first/second generation migrant children., and refugees and asylum seekers issues as well. Due to her work experience and her research activity, she is aware of the dynamics and the challenges often faced by the shelters' workers.

*Dr. Alessia Puddu*: psychologist, psychotherapist, certified specialist in Family Mediation (Irmef, Family Mediation Institute, Rome – Italy; certified integrated relational psychotherapist (ITRI, Institute of Integrated Therapy, Rome - Italy): MA in Legal Psychology. She is expert in family psychotherapy, and family mediation.

4. *External consultants*: The external consultants' opinion is required whenever it proves necessary to carefully evaluate an associate behaviour found discordant with the ETNA Protection Child Policy or when a child abuse/maltreatment/neglect is suspected or witnessed or established from an ETNA therapist.

*Dr. Salvatore Fachile*, lawyer, and juridical researcher (ASGI - Association for Juridical Studies on Immigration). In particular, his field of expertise are: international human beings trafficking, immigration and international protection laws, unaccompanied minors, and anti-discrimination laws. Since 2004 he carried out as scientific coordinator many national and international projects on this fields. He is guest professor in many MA. Since 2005, his expertise has been diffused in many books and articles.

*Dr. Renos K. Papadopoulos*, is Professor of Analytical Psychology and Director of the 'Centre for Trauma, Asylum and Refugees', also, a member of the 'Human Rights Centre', of the 'Transitional Justice Network' and of the 'Armed Conflict and Crisis Hub' all at the University of Essex, as well as Honorary Clinical Psychologist and Systemic Family Psychotherapist at the Tavistock Clinic. He is a practising Clinical Psychologist, Family Therapist and Jungian Psychoanalyst who spent most of his professional life training and supervising these three specialists. As consultant to the United Nations and other organizations, he has been working with refugees, tortured persons and other survivors of political violence and disasters in many countries. He lectures and offers specialist trainings internationally and his writings have appeared in fifteen languages. Recently, he has been given Awards by the European Family Therapy Association for Life-time 'Outstanding contribution to the field of Family Therapy and Systemic Practice', by the University of Essex for the best 'International Research Impact', and by two Mexican Foundations ('Juconi' and 'Mary Street Jenkins') for his 'exceptional work with vulnerable children and families in Mexico'.

### ⇒ **Monitoring of the respect and the enforcement of ETNA Child Protection Policy**

The monitoring of the ETNA CPP respect and enforcement is required for evaluating recognizing, and actively responding to any lack of compliance with the fundamental rights of children to receive appropriate treatment and protection in all ETNA actions.

### ⇒ **Detection:**

As our structure is based on a multilevel system, there are multiple **sources of recognition** for the detection of disregards:

- Each **ETNA associate member** is compelled to refer and submit to the ETNA Child Protection System any suspected or witnessed situation/event/behaviour against the ETNA Child Protection Policy.
- The **networking** with families, family therapists, shelter operators, legal guardians, social workers, territorial services represents a useful tool to provide information on the effective compliance with the ETNA Protection Child Policy.
- **Supervisors** are in charge for verifying that the ETNA therapists always work in accordance with the rules established by the CRC, the national psychologist' Code of Ethic, and the ETNA Child Protection Policy.
- **Children** could directly complaint:
  - using the **"Complaints box"** they could find in the Center rooms children for the invoice of their complaints to the ETNA Clinical Activities Director and to the ETNA Legal Representative or
  - during the follow-up interviews, scheduled every six months, for the update of the personal file (see above)

### ⇒ **Actions**

The **ETNA Clinical Activities Director** is responsible for the assessment, evaluation and referral of any situation/event/behaviour against the ETNA Child Protection Policy could have been done within the ETNA activities.

She/he play a **central role** in the monitoring of the effective enforcement of the ETNA Child Protection Policy as she/he is the **referral person** for children, for the therapists, the supervisors, and the network of actors involved in the child situation.

- She/he is entitled to **hear** from the child any complaint against an ETNA member or against anyone who is collaborating with ETNA.

- Any disregard to the ETNA Protection Policy should be reported to her/him and, after due verifications, she/he will report the complaints to the **ETNA Legal Representative** and to the **ETNA Management Board**.
- They will decide on which actions should be undertaken (from a formal recall to the expulsion from ETNA of the offender).
- When the offender is a **non-ETNA worker**, the formal recall will be addressed to the Legal representative of her/his Organization.
- When necessary due to the seriousness of the situation, a notification will be transmitted to the **Juvenile Court**.

#### REPORTING CHILD ABUSE/MALTREATMENT/NEGLECT

Based on their commitment to the **national psychologists' Code of Ethic** (art. 13), all the ETNA psychotherapists are obliged to report a child abuse.

When dealing with child psychotherapy, as previously described, ETNA is **part of a network** which includes: families, guardians, shelters operators, social services, lawyers.

**Concerns** about suspected, witnessed, reported or potential abuse of a child/children can be **identified** by a psychotherapist, a member or members of staff, or other child/children not only in the therapeutic setting but also in a project.

Each therapist/researcher should refer to the Clinical Activities Director any suspicions or concerns regarding possible harm to children, child abuse or child protection alarms or if there is anything which one feels uncomfortable with.

Everyone should raise concerns about any case of suspected abuse in accordance with applicable local procedures. In certain instances, there will be the obligation for the organization and its staff and others to report concerns to the appropriate external bodies.

*What we do in case of suspicious or confirmed child abuse/maltreatment neglect.*

**Whenever an ETNA therapist** becomes aware or is suspicious of a child being in a situation of abuse/maltreatment/neglect, or is suffering or has suffered or is at the risk of suffering an abuse'/maltreatment'/neglect' episode done by adults, family members, guardians, shelter operators, peers, other adults in other contexts different from family or shelter, he/she should:

- **Listen** to the child openly and without prejudice.
- Try to **collect** from the child as much information as possible, in a child-friendly and sensitive way.
- **Inform** the team that is actually working on this specific case, and that is composed by: the psychotherapist in charge for the parental/family therapy, the supervisor and the ETNA clinical

activities Director (who is in touch with the shelter' operators), the ETNA social worker, in order to verify:

- whether her/his suspicion is shared,
- to focus on the specific kind of abuse, and
- to promote subsequent measures.
- Inform the ETNA Child Protection System about the findings of this preliminary recognition.

The **ETNA child protection system** is then asked:

- to start a **process of observation and detection** of any sign or symptom of distress and suffering that could be related to an abuse/maltreatment/neglect;
- to **investigate** whether the suspicious act could be effectively occurred or is at risk of occurring;
- whenever possible to identify the abuser/s.

The **ETNA Clinical Activities Director** should be in charge of conducting this preliminary recognition and should:

- Put together **all the elements** hold by ETNA as derived from the child, the family, and the shelter workers, the guardians, the family and social relationships for acquiring **a focus on and a better understanding** of the real situation.
- He/she should also acquire from the **territorial services** who invoiced the case for treatment to ETNA, any possible further information they could find in order to clarify and define the child situation.
- Once all possible data are collected, it is recommended to **ask the CISMAI** and the **external consultants** (the lawyer, in particular) for an advice.

Once the suspected abuse/maltreatment/neglect will be **confirmed by the recognition process**, the need for **protecting and caring the child** is compelling.

- Whenever the observation produces an evidence of child abuse/maltreatment/neglect, the child should be removed from the harmful situation and the territorial social services should be alerted.
- Whenever the Parental Authorities fail to grant the child protection, the Juvenile Court intervention is asked.
- Reporting to the Juvenile Court is required for protecting the child.
- The Juvenile Court will define the needed protection measures, based on the ETNA information.
- The ETNA staff will be available for any action required from the Juvenile Court and the Public Prosecutor' office.

Protection also means a careful **evaluation of the child psychic situation**.

- A **psycho-diagnostic** process is started, in order to verify the presence of a PTSD syndrome or other symptoms that could be related to the traumatic experience.

- The process will use **child-friendly devices and procedures**.
- A **psychotherapy** (a new one or the continuation of the one which was ongoing) is needed in order to provide the child with all the possible ways for elaborating and integrating the traumatic experience.
- The Clinical Activities Director, also based on the information directly given by the therapist in charge of the child, is asked to actively **participate and verify** all the actions put in place by the networking actors (family, guardian, social services, shelter operators).

#### RESEARCH PROJECTS INVOLVING CHILDREN

Before planning a **research project**, ETNA researchers should verify that:

- the research with children **is the only way** to answer the research question;
- the answer to the research question represents a **benefit for children** and does not compromise their interests.

While planning the study:

- particular attention should be paid to implement the **more appropriate methods**;
- whenever possible **children should be involved** in the study design;
- the **information sheet** to be submitted to the participants should be appropriate and adequate for children, should use an appropriate and understandable language, and translations should be available.

The Clinical Activities Director verify that **ETNA projects comply with our Child Protection Policy** and that all project partners implement their policies on Child Protection complying with international norms.

While carrying out a research:

- the ETNA researchers, as psychologists/psychotherapists, should carefully identify **any distress** that could derive from the research methods and should be able to support children who are distressed by the interview/testing method/research activities.
- An **informed consent** should be given to the child and to her/his legal guardian, after a clearly understandable explanation of the research endpoints, methods and expected results. An informed consent should also be given to the legal guardian.
- All the ETNA researchers should be aware of **child protection issues and procedures** and should **discuss it with the child**.
- After the interview/test procedure/research activity is done, the ETNA researcher should provide the child with **feedback on the result** of the procedure and acknowledge her/his participation to the study.



## DATA PROTECTION.

As Medical Doctors and Psychologists, we all are obliged to the professional secrecy by the deontological code of our National Boards and to the observance of the legal requirements for data protection.

ETNA data protection is compulsorily enforced following the rules given by General Data Protection Regulation (GSPR)<sup>9</sup>.

The ETNA Clinical Activities Director is the **Data Protection Officer** (Dr. Stefania Baldassari).

The following information are given during the first meeting with the children/family/legal guardian before starting a therapy or before enrolling the child for research purposes:

- information about ETNA, its mission, its actions, its data protection policy. ETNA contact details are clearly written in the website page for fixing a meeting, in the brochure detailing ETNA activities. The contact details of the Data Protection Officer are clearly written in the informed consent form;
- the reason why ETNA will use the collected personal data
- how long ETNA intend to keep the collected personal data,
- the confirmation that no other company or organization will receive the personal data, or the indication that some project partner might have access to the personal data. In this latter situation, usually stated in the informed consent, ETNA assigns a code number to be used instead of the child name.
- information on the data protection rights (access, correction, deletion, complaint, withdrawal of consent) and how to exercise these rights.

All this set of information is clearly written in the informed consent, is clearly explained to each patient, is hanged in the ETNA rooms of therapy and is uploaded in the ETNA website<sup>10</sup>. Before having access to any therapeutic, counselling, research action, the informed consent has to be signed by the child and by her/his parents/legal guardian.

Hard-copy databanks are locked in a filing cabinet (opening/closing with combination), while electronic databanks are loaded in a pc with a safe password. The pc is protected in the filing cabinet.

<sup>9</sup> Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (OJ L 119, 4.5.2016, p. 1): available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32016R0679>.

<sup>10</sup> The new website will be published December 2019

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Dr. Daria Dandreamatteo

Dr. Ilaria Giordani

Dr. Silvia Loi

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**Psychiatrist:**

Dr. Silvia Di Marzo

**Social Worker:**

Dr. Rita Urbano

**Lawyer:**

Dr. Salvatore Fachile