

COUNCIL OF EUROPE

COMMITTEE OF MINISTERS

RECOMMENDATION No. R (93) 2

OF THE COMMITTEE OF MINISTERS TO MEMBER STATES ON THE MEDICO-SOCIAL ASPECTS OF CHILD ABUSE

*(Adopted by the Committee of Ministers on 22 March 1993
at the 490th meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its members, in particular by the adoption of common rules on matters of common interest;

Recognising the right of all children to live in conditions favourable to their proper development and to grow up free from physical abuse, sexual abuse, emotional abuse, neglect and other forms of child abuse;

Noting that child abuse is a phenomenon which in recent years has given rise to considerable concern in member states;

Having regard to Recommendation No. R (79) 17 concerning the protection of children against ill-treatment, Recommendation No. R (85) 4 on violence in the family and Recommendation No. R (90) 2 on social measures concerning violence within the family;

Bearing in mind the United Nations Convention on the Rights of the Child;

Recognising the need for policies designed to prevent child abuse, while taking into account the need for protection of privacy of all persons concerned, and the respect of confidentiality,

Recommends the governments of the member states:

1. to adopt a policy which aims to secure the child's welfare within his/her family;
2. to establish a system for the effective prevention, identification, notification, investigation, assessment, intervention, treatment, and follow-up of cases of child abuse on a multidisciplinary basis, which specifies clearly the roles and responsibilities of the various agencies involved;
3. to take to this end the measures appearing in the appendix to this recommendation.

Appendix to Recommendation No. R (93) 2

1. *Prevention*

- 1.1. To develop, implement, monitor and evaluate a programme of preventive policies at primary, secondary and tertiary levels nationally and locally in respect of child abuse.

1.2. At a primary level:

a. to promote, through public information campaigns of various kinds (for example TV, radio, press, leaflets, posters) and other measures, societal awareness of children's rights to a life free from neglect, physical, emotional and/or sexual abuse, of the harmful consequences of child abuse and of positive, non-abusive modes of child-rearing;

b. to establish socio-economic conditions and health and social welfare services which strengthen the capacity of all families to support and care for their children;

c. to emphasise the rights of all children and young persons to freedom from abuse and the need to change patterns of upbringing and behaviour which threaten this;

d. to minimise levels of violence within society and the resort to violence in child-rearing practices.

1.3. At the secondary and tertiary levels: to develop, implement, monitor and where appropriate review preventive programmes to prevent child abuse, taking account of local conditions and structures of service delivery. These may include:

a. the preventive measures outlined in Recommendation No. R (79) 17 concerning the protection of children against ill-treatment and Recommendation No. R (90) 2 on social measures concerning violence within the family;

b. the provision of playgroups, nurseries, child health care and other social welfare services to meet the material, psychosocial and medical needs of children and promote their proper development;

c. the provision of accessible, non-stigmatising services to help and support parents experiencing problems with child-rearing;

d. the implementation of educational programmes for children concerning their right to a life free from abuse, emphasising body awareness, assertiveness training and their right to say no;

e. publicity concerning sources of help (for example, telephone helplines, sheltered homes for children experiencing problems of neglect or abuse).

2. *Detection and notification*

2.1. Designate an agency (or agencies) or an individual at the appropriate level, available twenty-four hours a day, to receive notifications of abuse.

2.2. Encourage professionals (for example, teachers, doctors, social workers, nurses and others in contact with children) to notify the designated agency if they have reasonable grounds to believe that a child has been abused, is being abused or where there is a strong suspicion of abuse, or clear grounds for believing that it is likely to occur.

2.3. Advise professionals that in respecting ethical codes and legal rules of confidentiality, account should be taken of the fact that in such circumstances the designated agency should be notified.

2.4. Consider indemnity from legal proceedings to persons summoned as witnesses who, bona fide and with care, report abuse or a reasonable suspicion of child abuse.

2.5. Take measures to advise members of the community, for example, of the existence and signs of child abuse and of the availability of services to help children and families through public information campaigns in the media, and the distribution of leaflets, etc. in health clinics, libraries, etc.

2.6. Take steps to promote the responsible reporting of lay concerns that a child may be being abused, with safeguards where required for the anonymity of those making such reports.

2.7. Ensure that the person who has reported is informed of the appropriate steps taken as far as legal and moral codes of confidentiality permit.

2.8. Establish services (such as telephone helplines) for victims of abuse and other persons wishing to report their concerns.

3. *Investigation and assessment*

3.1. Establish at the appropriate level services available twenty-four hours a day, with powers and resources to provide, within an appropriate time-scale, for:

a. the multidisciplinary investigation of notifications of child abuse;

b. psychosocial assessment of the needs of children and their families for practical assistance and support, therapy, legal measures of protection, etc.;

c. medical assessment, psychosomatic and physical, of the child according to the nature of the concerns and the type of abuse;

- d. emergency or long-term legal measures for the protection of the child if required;
- e. the taking at any moment of urgent measures including placement in sheltered homes.

3.2. Ensure that in intervention in all cases of child abuse the best interests of the child shall be the primary consideration and that when services are made available to abused children and their families, they are sensitive to the child's age, wishes, understanding, gender and to his/her ethnic, cultural, religious and linguistic background, and to special needs, such as disability.

3.3. Implement policies which aim, whenever possible, to work in partnership with the child's parents and to secure the child's welfare within his/her own family, through the provision of appropriate help and support.

3.4. See to it that children are informed of the nature of concerns about them, of their rights and of the actions which will be taken to investigate the concerns.

3.5. Ensure that – except where this would be contrary to the best interests of the child – parents are informed of the concerns about their child and of their rights to participate in decision-making and of appeal.

3.6. Ensure that in cases where children are separated from their parents, strenuous efforts are made to maintain links between the child and his/her parents as far as possible and consistent with the welfare of the child.

3.7. See to it that children are appropriately represented and that their views are sought and taken into account, having regard to their age and understanding.

3.8. Make arrangements, where appropriate, for medical assessment of the child to be undertaken in suitable premises by personnel with training, skill, experience and aptitude in the identification of child abuse and in working with children. Any medical examination should be carried out within a time-scale appropriate to each case. In some circumstances, urgency is required.

3.9. Restrict any medical examinations to the minimum number and the least intrusive approach required to help establish whether child abuse has occurred, to secure the requisite treatment and, where necessary, to document clinical evidence which may be used, as appropriate, in legal proceedings for the protection of the child or the prosecution of abusers.

3.10. Ensure that in any police investigations and subsequent criminal proceedings the welfare and interests of the child are paramount. This includes sensitivity to the child's needs in interviews and in the courts when children are called as witnesses, and ensuring that any delays are kept to a minimum and do not prejudice the child's right to receive help.

3.11. Adopt practices which encourage the sharing of information between the various professionals involved in investigation and assessment and which acknowledge the need to respect the confidentiality of the information shared; this may be achieved through holding a multidisciplinary case conference convened within an agreed time-scale, at which reports from all those involved in the investigation and assessment are presented and a plan drawn up for the welfare and protection of children, for their families and, where appropriate, for the abuser(s).

4. *Follow-up intervention, treatment and review*

4.1. Following investigation and assessment, to base all help, intervention and treatment for abused children upon a written plan designed to meet the needs of the child and his/her family, including any siblings, in the short, medium or long term. The plan may include, *inter alia*, the provision of financial and material aid, services such as day care, respite care or rehousing, therapy, counselling or support for the child and for his/her family; the need for services for the child and his/her family should be assessed whether the child is maintained at home or whether separation is deemed to be necessary.

4.2. Appoint a key worker for each case to consult with and co-ordinate all services or institutions involved with the child and the family and to ensure the implementation of the plan for the welfare and protection of the child and his/her family.

4.3. Establish policies which guarantee that appropriate help and support are provided, that judicial or administrative decisions taken promote the child's welfare and development and are made with all reasonable speed to a time-scale consistent with the child's needs and understanding.

4.4. Establish procedures at the appropriate level for the periodic review and follow-up of cases of abuse to monitor the implementation of the plans for the welfare and protection of the child and of his/her family. Central to such procedures is the involvement of a person (who may be the key worker or an independent advocate) whose role is to represent the child's interests and to act as advocate or guardian of the child's welfare, having regard to the child's needs, wishes and feelings.

4.5. Establish arrangements to facilitate the closure of cases, following multidisciplinary review, recovery of the victim and of the authors of abuse, and in circumstances in which services are no longer required for the welfare or protection of the child and his/her family.

4.6. Implement measures in respect of those who abuse children, whether through criminal prosecutions, therapy or a combination of treatment programmes with legal sanctions. Responses to abusers will be affected by consideration of, *inter alia*, the needs of the children concerned, the nature of the abuse, assessment of the abusers, their reactions and attitude to the abuse, the opportunities and prospects for treatment and rehabilitation as well as the requirements of the criminal justice system.

5. *Training*

5.1. Ensure that there is adequate training of the personnel in the various professional groups involved with the prevention of child abuse and the protection of children against abuse and, in particular, to:

a. require bodies responsible for basic qualifying courses for doctors, community nurses, social workers, teachers, police officers, child psychologists, the legal profession and any others likely to come across cases of child abuse to include coverage of the topic of child abuse and child protection in the formal curriculum;

b. make known to all personnel who work with children their roles and responsibilities, and those of other professionals, with respect to the notification of suspected cases and the actions to be taken thereafter and ensure that all personnel are aware of the needs of children and of the legislation, policies, and procedures for securing the welfare and protection of abused children and their families, and for respecting confidentiality in the medical and all other fields;

c. ensure that professionals involved in the investigation and assessment of child abuse, in intervention and therapy with abused children, their families or abusers and in civil or criminal legal proceedings in connection with child abuse, are fully trained and appropriately experienced;

d. require those who are closely involved with cases of child abuse to undertake specialised training in the skills of communicating with children who are or may have been abused; and to have the necessary professional qualifications, as well as involvement, availability and stability (families cannot be helped in a fragmentary and piecemeal fashion);

e. provide opportunities for in-service and post-qualifying training to keep professionals informed of developments and trends in work with abused children, their families and with abusers;

f. provide opportunities for multidisciplinary training, to increase understanding and co-operation between the many disciplines involved;

g. provide opportunities for those closely involved with cases of child abuse so as to examine their own responses to the issues and to explore the specific challenges of work with abused children, their families and with abusers;

h. monitor and evaluate training programmes in the field of child abuse to increase knowledge of appropriate content, teaching materials and methods.

6. *Research*

6.1. To promote research on a comparative basis between the member states to analyse the various systems for meeting the needs of children and their families and responding to child abuse and to compare and contrast their effectiveness for the children and families concerned.

6.2. To develop programmes of research on the topic of child abuse, in particular giving priority to:

a. the evaluation of different approaches to the prevention of child abuse;

b. the evaluation of different systems for the involvement of children and parents in decision-making and for the protection of their rights;

c. the evaluation of different approaches to treatment and intervention in direct work with children, families and abusers;

d. the identification of patterns and trends in child abuse to help target prevention and intervention.

7. *Financial implications*

7.1. To take appropriate steps at national, regional and local levels to ensure the provision of proper financing of the programmes and measures to be implemented within the framework of this recommendation.