MEDIA DEVELOPMENT CENTER

ЦЕНТЪР ЗА РАЗВИТИЕ НА МЕДИИТЕ

CHILD PROTECTION POLICY

MISSION AND VALUES

The Media Development Center (MDC) was established in 1998 with the aim of promoting freedom of speech, unhindered exchange and dissemination of information, supporting independent media in Bulgaria, promoting contemporary Bulgarian journalism, as well as expanding cooperation between the state administration, the private sector, educational institutions and non-governmental organizations, with a view to further democratizing and liberalizing the Bulgarian media sector.

MDC works to build a well-informed professional media community with broad international contacts and high public status in Bulgaria. MDC creates partnerships with media institutions from Europe, Asia and the United States for the development of professional qualification programs for journalists and media management and adaptation and publication of educational literature in the field of media.

Although MDC is not an organization specifically focused on children, the fight to safeguard children and adolescents, as well as the promotion of their welfare and the defense of their rights is of fundamental importance in our work.

As part of our commitment to Human Rights, we provide training and promote their knowledge in three areas of action, extracurricular education, university education, and training of professionals, with the aim of contributing to the development of responsible, critical personalities and promoters of a culture respectful of human dignity.

In all the projects we carry out, our work is based on the values of perseverance, justice, security, freedom, equality, solidarity, honesty, transparency, respect for diversity, tolerance, responsibility, and commitment that must be guaranteed to all, without distinction. Therefore, we recognize children and adolescents as subjects of rights, which includes their rights to be protected and cared for.

For all these reasons, MDC is committed to the defense of children's rights in the execution of its work, and to the protection of children and adolescents from actions that may place them at risk of any kind of violence or harm, be it physical, sexual, or psychological abuse, or the product of negligence.

DEFINITIONS

Child and children:

According to the Convention on the Rights of the Child, a child is a person under the age of 18 years (unless under the law applicable to the child, majority is attained earlier).

Protection:

Article 19 of the Convention on the Rights of the Child states:

1. States Parties shall take all appropriate legislative, administrative, social, and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programs to provide necessary assistance to the child and those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment, and follow-up of instances of child maltreatment described above, and, as appropriate, for judicial involvement.

Violence against childhood:

It is any form of physical or mental injury or abuse, neglect or negligent treatment, maltreatment, or exploitation, including sexual abuse. Violence against children is never justifiable and must be resolutely rejected and combated, even in its seemingly mildest forms such as physical punishment. In addition to having negative consequences for children's present and future development and well-being, it connotes a denial of children's dignity as human beings.

Forms of violence against childhood:

1. *Neglect or negligent treatment*

This is defined as the lack of attention to the physical, psychological, and affective needs of children and adolescents.

2. *Psychological violence*

Refers to all forms of verbal and psychological aggression that affect the emotional well-being of children and adolescents, such as threats, insults, humiliation, ridicule, or isolation.

3. *Physical violence*

This is the most obvious form of abuse. It includes both intentional and unintentional acts that can have serious or fatal physical consequences. It is manifested by hitting, cutting, burning, maiming, shaking, or beating, among others.

4. *Sexual abuse and sexual exploitation of children*

This involves the subjection of children or adolescent to sexual behavior by a person (adult or other minor), in a context of unequal power, usually through deception, force, lies or manipulation. It has very serious consequences on the emotional, psychological, and psychosexual development and well-being of the child, which can be prolonged over time.

5. *Bullying and cyberbullying*

Bullying is a form of peer violence that consists of behavior by an individual, or a group, that is repeated over time to hurt, harass, threaten, scare, frighten, or pick on another person with the intention of causing harm. It is different from other aggressive behavior because it involves an imbalance of power that leaves the victim unable to defend themselves. Cyberbullying is a form of bullying that involves the use of mobile phones (texts, calls, video clips), the internet (email, social networks, instant messaging, chat, websites) or other information and communication technologies to deliberately harass, harass, abuse, insult, threaten or intimidate someone. The peculiarity of cyberbullying is that a single aggression that is recorded and uploaded to the internet is considered cyberbullying because of the possibility of innumerable reproductions and its potentially global audience.

6. *Torture and inhuman or degrading treatment*

Refers to acts of violence against children or adolescent for the purpose of coercing a confession or extrajudicially punishing him/her for unlawful or criminal conduct.

7. *Harmful practices*

This refers to certain forms of violence against children and adolescents that are common in some societies or cultures or traditions and are contrary to respect for children's rights, such as female genital mutilation, violent initiation rites or forced marriage.

OBJECTIVE OF CHILD PROTECTION POLICY

The aim of our Child Protection Policy is to make clear the ethical and legal commitment of MDC to the protection and best interests of minors in the development and implementation of our activities, in accordance with the Convention on the Rights of the Child (and its optional protocols), the autonomous and national legislation on child protection in Bulgaria.

On November 20, 1989, the United Nations General Assembly adopted the Convention on the Rights of the Child, the first legally binding international convention that affirmed the human rights of all children. The Republic of Bulgaria ratified the Convention by a decision of the Supreme National Assembly of 11.04.1991 and since June 1991 it has been in force for the country and is part of the domestic law.

In accordance with the Convention on the Rights of the Child, Bulgaria must promote all legislative, administrative, social and educational measures necessary to guarantee the right of the child or adolescent to develop without any form of violence, injury, physical or mental violence, neglect or negligence, abuse or exploitation.

Therefore, the purpose of this Policy is to define the basic principles and rules of action regarding the protection of minors in the development of MDC activities, to proactively create and maintain an organizational culture and conditions to promote, foster, protect and enforce the rights of children and adolescents, and thus prevent and discourage actions or omissions, whether deliberate or accidental, that place children and adolescents who participate in our organization’s activities in situations of risk.

In short, these objectives are specified in the following aspects:

- To have in place a series of actions to prevent and reduce risks for children and adolescents.
- To ensure that all people associated with the execution of MDC's work are aware of this policy.
- To detail the procedures and protocols to act in the event of possible situations of lack of protection, mistreatment and/or violence against children and adolescents.
- To detail the actions to be promoted to prevent situations of violence and generate spaces and contexts of good treatment for children and adolescents.

SCOPE OF APPLICATION

The principles and guidelines contained in this Policy apply to all activities carried out by MDC, at national and international level and to all MDC staff as well as to all persons who collaborate with MDC regardless of their employment relationship, which includes trainees and volunteers, and applies to both individuals and entities involved in all activities organized by the entity.

All persons associated with the execution of MDC's work share the responsibility of complying with and ensuring compliance with this policy. In the case of external or subcontracted personnel, the employing institution or company shall be responsible for making this policy known.

LINES OF ACTION

The policy defines the guiding principles, approach, and standards to be met in the different aspects of our work to ensure that MDC is a safe organization for children and adolescents.

PREVENTION MEASURES

MDC is committed to:

that the selection processes of the staff responsible for actions with minors take into account in the profile of the candidates, their sensitivity and their ability to work with this sector of the population;

that all staff, including volunteers and trainees, have the best interests of the child as a priority in all their actions and are aware of, understand and are committed to their responsibilities within this policy;

that all staff, including volunteers and trainees, are provided with the information and training necessary to know when a child in need of help and what steps to take if they detect a situation of abuse as set out in this policy;

that all partners are made aware of this policy.

Regarding its activities, MDC undertakes to:

- assess the risks of those activities and projects in which children and adolescents are directly involved;

- classify the activities according to the level of risk;

- establish the steps that will be taken to mitigate or eliminate those risks.

The Risk Indicators document (Annex I) aims to establish and identify potential risks to ensure that each space is a safe environment.

PROTECTION

To protect children and adolescents, it is essential to take any concerns that arise seriously and take the necessary action. This will promote the best interests of the child, prevent similar situations from occurring in the future and ensure proper prosecution of any offences that may have been committed.

Therefore, MDC is committed to ensuring that all its employees and collaborators:

- are alert to signs of abuse, whether physical, sexual, emotional or neglect, abandonment, exploitation, violence and discrimination that suggest that a child is in danger;

- are aware of the internal protocol for action in the event of a suspicion or allegation/incident (see Annex II);

- have at their disposal safe, appropriate, and accessible means of reporting/incidents (see Annex III).

RESPONSIBILITY

Responsibility for the implementation of the Child Protection Policy lies with the management of MDC. Ultimately, the ultimate responsible for Child Protection at MDC is the general management and the Board of Trustees, as a support and decision-making body. Any non-compliance with the Child Protection Policy will be considered a serious offence and will be followed up.

MONITORING AND REVIEW OF THE PROTOCOL

The monitoring and review of this MDC Child Protection Protocol shall be carried out every three years.

Annex I

Physical indicators	Psychological indicators	Social indicators	Sexual indicators
Signs of blows, burns, or wounds, which he hides or does not know how to explain. Lack of hygiene and care (poor hygiene, inappropriate clothing for the season, recurrent parasitosis, etc.). Tired appearance, falls asleep during activities. Frequent hunger. Comes to activities with signs of illness and/or does not receive the medical follow-up he/she needs. Pees or poops, day, or night when sphincter control is already established. Complains of frequent pain, sometimes non-specific, with no apparent cause such as headaches or tummy aches. Shows an abrupt change in physical appearance: severe weight loss or weight gain. Itching/pain/discomfort in genital area, when walking or sitting.	Lack of concentration. Eating problems (very gluttonous child or loss of appetite). Apathy, sadness, unexplained decline. Fearful and frightened of specific activities or people. Hypervigilant attitude (alert, suspicious...). Behavioural regression (behaviour too immature for their age). Behaviour too mature for their age (e.g. compulsive caregiver). Difficulty in self-regulation, severe and persistent tantrums, loss of control. Aggressive, hostile, and distant reactions to others.	Isolation. Unwillingness to participate in activities with other members of the group or other adult/s of the entity. Lack of constancy in attending activities. Relates with difficulty, in the peer group and/or with the adults in the institution. Has few friends. Leads a group negatively or allows himself/herself to be controlled by others. Abuse of drugs or alcohol. Anti-social behaviour: runaways, vandalism, petty theft, stealing from classmates, etc. Truancy: repeated absence from class without justification. Shows little interest and motivation for schoolwork. Significant change in school performance	Itching/pain/discomfort in the genital area, when walking or sitting. Age-inappropriate sexual knowledge or language. Compulsive and/or public masturbation. Early or out-of-context provocative or seductive behaviour. Explicit sexual behaviour, inappropriate for their age. Sexual molestation of other children and adolescents. Pregnancy (with or without) refusal to identify the father.

Delays in physical or psychomotor development. Painful winces at sudden movements. Continuous bone fractures. Sudden vision and hearing problems.	Suicide attempt and depressive symptoms. Presence of serious psychopathology (anxiety disorders, depression, sleep or eating disorders, attachment disorders, post-traumatic stress disorders, sexual disorders). Suicidal thoughts, self-harm and self-harm.	for no apparent reason. Avoids being at home or going home or to some other specific place. After spending time in a specific place (at home, in the village, camp) returns worse to the activity (sad, dirty, etc.). Spends too much time alone for his/her age. Takes on too many chores for his/her age or exercises parental responsibilities with younger siblings. Refuses to talk about his/her family or refers to them or caregivers with fear. Wanders the streets all the time. Comes home alone or expresses that there is no one to look after him/her.	

Annex II

PROCEDURE

MDC must apply the action protocol in the event of any case of violence, aggression or harassment, always guaranteeing the principles of protection, confidentiality and maximum prudence.

The protection delegate (Yana Pelovska, yana.pelovska@mediacenterbg.org)) is the person responsible for any activation of the action protocol.

MDC staff and collaborators are agents of prevention and notification, not intervention. Their task in this matter consists of complying with and enforcing compliance with the protocol, as well as communicating and/or reporting any breach of the protocol to the MDC protection delegate.

MDC is obliged to investigate any incident of violence or harassment that occurs within its scope when there is suspicion that it is being committed against minors, even in the case of vague suspicions or a mere intuition that something is not right.

MDC staff and collaborators who detect or suspect any situation of risk or abuse, either from the family context or internally (by MDC employees or collaborators), must report it to the head of Protection who will refer the cases to the corresponding bodies responsible for ensuring compliance with the law, specialised in child protection, State Security Forces and Corps and the Public Prosecutor's Office.

In order to refer the case, he/she will request the consent of the child or adolescent or his/her parents or guardians, except in cases where this would place the child in a situation of greater risk.

If the suspected situation is not intrafamilial, the family will be informed and will be informed of the referral of the case and the steps to follow, supporting and showing the availability of MDC at all times.

Annex III

CONTACTS OF INTEREST

MDC's Child Protection Delegate

Name and surname: Yana Pelovska
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EMERGENCIES

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EUROPEAN CHILD HELPLINE

The European Child Helpline operates throughout the European Union and in different autonomous communities of our country. It operates 365 days a year, 24 hours a day. It is confidential and free of charge.