



GHANA POLICE SERVICE



**STANDARD OPERATING PROCEDURES
FOR CHILD-FRIENDLY
POLICING**

**PROCEDURES FOR INVESTIGATIONS INVOLVING
CHILD VICTIMS AND/OR WITNESSES**

AUGUST 2016



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FOREWORD

Children constitute 45% of Ghana's population. Unfortunately, many of them survive in the most difficult circumstances, both while they live with their families and when they are away from family care, living and working in the streets, in residential care or victims of child labour or trafficking. Violence and abuse of children, including sexual abuse, remains very high, with over 90% of children reporting having experienced physical violence, both at home and in the school environment. Child labour and child trafficking are stubborn problems with no evidence of being reduced despite Government and civil society efforts in recent years to address these problems. More than 4,000 children still live in residential homes, often labelled as 'orphanages'. Many of these children are unnecessarily separated from their families.

While the Government of Ghana has some legislative protections for children, enforcement is not as consistent as it could be and the laws have not been effectively translated into the Ghanaian context. Police officers are often the first people a child comes into contact with when in distress or in conflict with the law. For children in the most vulnerable situations, a rights-based and professional approach to their protection, rehabilitation and reintegration is mandatory, stemming from a Constitutional guarantee, domestic laws and policies and Ghana's international commitments, including the UN Convention on the Rights of the Child, as well as its optional protocols. The Ghana Police Service has relied on dated service instructions, limited training on child protection in its schools and has been without clear procedures for handling children who come into conflict with the law, as well as those who are victims or witnesses of criminal offences.

These Standard Operating Procedures update the Ghana police response to children in need of care and protection who come into contact with the law. They will ensure that police treat children consistently at a standard of practice that recognises their welfare first, as well as their specialised needs in the justice system. This will enable our children to develop and flourish to become active contributors to the future of Ghana.

Thanks to the support of UNICEF, the Ghana Police Service is on its way to become a child-friendly service that will respond humanely and sensitively to uphold the rights of children in the justice system. A cadre of police personnel from all regions of Ghana will be trainers and "change agents" for their peers, promoting and building capacity in child-friendly policing.

The Inspector General Police, Dr John Kudalor and the Police Management Board, pledge their commitment towards the full implementation of the SOP.

The Ghana Police Service is particularly grateful to UNICEF for their invaluable support towards this initiative.



Dr. John Kudalor
Inspector-General of Police
Ghana Police Service

DEFINITIONS

At risk child or vulnerable child: A child who is without proper parental care and supervision, and is therefore at-risk of being harmed, ill-treated, abused, exploited, or pushed into criminality, or whose physical or mental health is therefore likely to be impaired (Children’s Act 1998 (Act 560) sec. 18)

Best interest of the child: The term that refers to the factors that justice actors consider when deciding what type of services, actions and orders will best serve a child, as well as who is best suited to take care of the child. These factors include the health, safety and protection of the child; the importance of keeping families intact and the preference for avoiding removal of the child from his or her home, except in cases where the child’s safety and wellbeing require removal; the assurance that a child removed from his or her home will be given care, treatment and guidance that will assist the child in developing into a self-sufficient adult; and the child’s wishes

Child: A person below 18 years of age (Children’s Act 1998 (Act 560) sec. 1)

Child-friendly: This refers to both an approach and an environment that is adapted to integrate the rights of children, including a physically safe, non-threatening and welcoming reception of the child, as well as a communication style that builds rapport, and seeks and imparts information in a way that the child can understand. It also includes an adaptation of space, such as smaller furniture, children’s toys and books and less austere surroundings, to accommodate the child

Child victim: A child who is harmed by a crime or an offence against him/her is known as a child victim

Child witness: Refers to a child who is present during and observes an offence and includes a

child who is both a victim of and a witness to the same crime

Confidentiality: This means that personal information about or shared by the child cannot be divulged to third parties without the express consent of the child, excepting those who, by reason of their participation in the investigation and prosecution proceedings, have legal access to the information. At no stage of the cause or matter shall any information be provided for publication that may lead to the identification of the child (Juvenile Justice Act 2003 (Act 653) sec. 3)

Fit person: “A person of full age who is of high moral character and integrity and of sound mind, capable of looking after a child, who is not a relative of the child” (Children’s Act 1998 (Act 560) sec. 20 (3.b) and sec. 124). **Fit persons’ list** is a list of persons referred to as “fit persons” defined above, which is prepared by the Department of Social Development/Welfare

Investigation Interview: A planned, non-accusatory, two way conversation with a child in contact with the law, designed to fairly and impartially collect truthful information on what happened to the child, what the child did, witnessed or heard. Interviews are based on investigators asking questions, listening carefully and drawing information out of people in order to determine the truth

Next Friend: a person who intervenes to assist a child to bring a legal action (Children’s Act 1998 (Act 560) sec. 48 (2.a) and sec. 124)

Secondary victimisation or re-victimisation: Victimisation that occurs not as a direct result of a criminal act but through the response of institutions and individuals to the victim (UNODC, Justice in Matters involving Child Victims and Witnesses of Crime, 2009)

A.

GUIDANCE ON THE STANDARD OPERATING PROCEDURES

I. Introduction

The Ghana Police Service (GPS) recognises the importance of protecting children from involvement in crime and victimisation by others. The development of these Standard Operation Procedures (SOPs) demonstrates the commitment of the GPS to ensure child-friendly policing in Ghana. These procedures are consistent with international and regional standards, including the UN Convention on the Rights of the Child 1990, the African Charter on the Rights and Welfare of the child 1999 and the African Youth Charter 2006 and best practices internationally and nationally. They are in line with Ghana's child protection legislation and domestic policies, including, but not limited to:

- The Constitution (1992)
- Children's Act, 1998 (Act 560)
- Human Trafficking Act, 2005 (Act 694)
- Domestic Violence Act, 2007 (Act 732)
- Evidence Act, 1975 (NRCD 323)
- Child and Family Welfare Policy 2015
- Justice for Children Policy 2015

Where national legislation is absent, the GPS has relied on international instruments and best practices to develop appropriate procedures for Ghana.

As the first point of contact that most victims and witnesses have with the criminal justice system, the GPS has a critical role to play in ensuring that children are protected. For many children, the whole legal process from the start of an investigation to giving evidence in court can make an already traumatic experience even more upsetting. The GPS is committed to ensuring that children who participate in criminal proceedings are protected from undue distress and secondary victimisation. Improving the way that the GPS manages cases involving child victims and witnesses can also make children and their families more willing to disclose instances of victimisation and more supportive of the justice process.

At the same time, the GPS recognises that the successful investigation and prosecution of people who commit crimes against children require specialised approaches. Children communicate differently from adults and getting accurate evidence from them requires specialised skills and techniques. The GPS is improving its standards and practices so that children are able to participate effectively in the criminal justice process and are able to give their best evidence.

II. Objectives

The objectives for the development of the standard operating procedures (SOPs) are to:

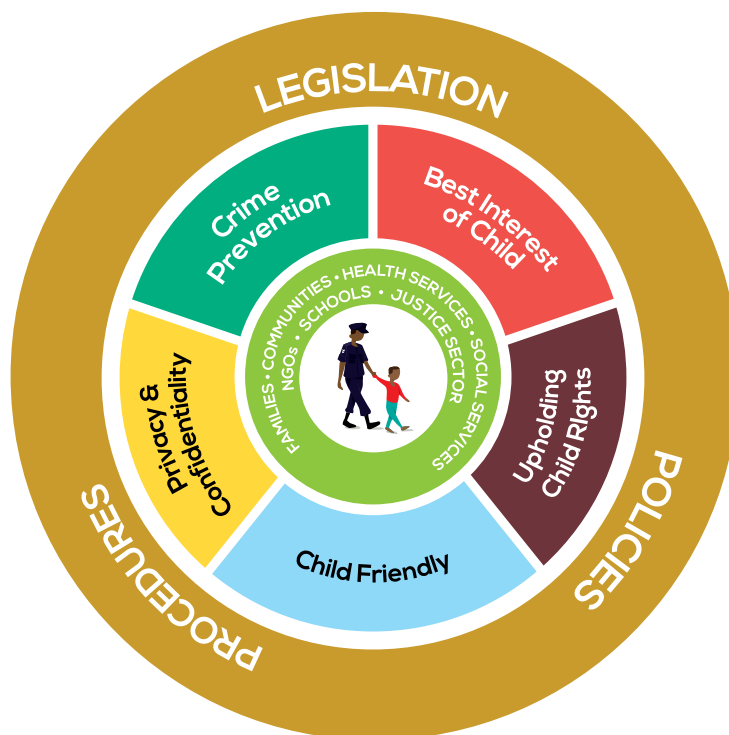
- Provide guidance on effective and child-friendly handling of child victims or witnesses of crime;
- Set the standards of practice for the processing of children as victims or witnesses or both in cases of alleged abuse, violence and exploitation;
- Advance standardised practices for police in handling all child victims and/or witnesses;
- Promote a framework for collaboration with key stakeholders, governmental and nongovernmental, who support police efforts to protect children from harm and prosecute offenders.

III. Implementation and Monitoring

The SOPs apply to all members of the Ghana Police Service, including all general duty officers, investigating officers, supervisors and senior police in management positions. They are applicable to all crimes, incidents and investigations involving children as victims and/or witnesses and they replace all other guidelines for dealing with child victims and witnesses of crime.¹ In line with the rules governing the Ghana Police Service, any breach of the SOPs is a misconduct, calling for disciplinary proceedings, once these standard operating procedures are fully operational.

These standard operating procedures will be monitored and evaluated to ensure their proper implementation and the establishment of safeguards to protect children. Every police station will make manuals easily accessible to all police officers who come into contact with children.

IV. Guiding Principles



¹ There is very limited legislation concerning child victims and witnesses and the Ghana Police Service does not provide significant direction to police in handling these children. The implementation of these operating procedures requires some amendments to the now dated Ghana Police Service Instructions and the Criminal Investigation Department (CID) guidelines for conducting investigative interviews.

In all of their interactions with child victims and witnesses, members of the Ghana Police Service will be guided by the following principles:

a) Consideration of the Best Interest of the Child

In accordance with the 1992 Constitution (Article 28), the Children's Act, 1998 (Act 560) sec. 2 - Welfare Principle, and the Convention on the Rights of the Child (Article 3), every child has the right to have his or her **best interest given primary consideration** when making decisions that may affect the child. This includes the right to protection, safety and harmonious development. If a decision must be taken in relation to a child, the best interest of that child shall be the paramount consideration of the police.

This means that police and all justice actors must consider what types of services, actions and orders will best serve a child, as well as who is best suited to take care of the child. A number of factors are related to this, including the child's circumstances and the parent or caregiver's capacity and circumstances. In determining the best interest of the child, the police should consider the following criteria:

- The paramount concern is the health, safety and/or protection of the child;
- The importance of keeping families intact and preference for avoiding removal of the child from his or her home, except in cases where the child's safety and wellbeing require removal;
- The role of the parents, extended family and community members in supporting a child and his/her family when they require social and reintegration assistance, including the use of "fit persons"² to care for a child when parental or guardian care is absent, inadequate or unsafe for the child;
- The child's need for support and assistance to participate effectively in the criminal justice process and to receive care, treatment and guidance to overcome the consequences of the crime; and
- The child's opinion.

b) Upholding Children's Rights

Children in contact with the law are all entitled to the following rights:

- The right to safety at all times
- The right to be treated with respect in all interactions
- The right to be treated in a manner in accordance with the rule of law
- The right to participate with the child's opinions given due weight on the basis on his or her age and development
- The right to confidentiality and the protection of a child's personal data in accordance with law

The child's right to participation, non-discrimination, survival and development and the right to confidentiality, as outlined in the Children's Act 1998, are further elaborated to provide police with the detail needed to uphold and respect these obligations.

The child's **right to participate and be heard** in all procedures and decisions concerning his/her well-being (Children's Act 1998, sec. 11) will be upheld by the police by asking the child about his or her preferences for accompaniment, safety and any other needs the child has.

² A fit person is an adult of high moral character and integrity and of sound mind who is capable of looking after a child. She or he is not a relative of the child and has been registered by a social welfare or probation officer as being able to provide a caring home for a child. (Children's Act 1998, sec. 124)

In line with section 3 of the Children's Act, **no police officer or process shall discriminate against a child** on the grounds of gender, race, age, religion, disability, health status, custom, ethnic origin, rural or urban background, birth or other status, socio-economic status or because the child is a migrant or refugee. In all cases, the police shall accommodate a child's needs based on language, accessibility and any other required accommodation.

Under sections 8 and 9 of the Children's Act, every child has the **right to survive and develop healthily**. No police officer shall deprive a child access to education, immunisation, adequate diet, clothing, shelter, medical attention or any other thing required for his or her development. Police must ensure that the child's right to survival and development are upheld when determining how best to protect the child, including considerations of shelter, medical care and rehabilitation.

c) Adopting a Child-friendly Approach

The Ghana Police Service has a strong commitment to ensuring that child victims and witnesses are treated in a caring and sensitive manner throughout the investigative process. In all interactions and communication with child victims and witnesses, police officers must adapt their approach to be child-friendly and to ensure:

- Children's dignity is respected and protected;
- All interviews, examinations and other investigative procedures are conducted in a respectful, professional and thorough manner;
- The nature and tone of questioning is adapted to the child's age and developmental abilities;
- Children are treated as credible witnesses and their right to be heard is respected;
- Children and their parents/caregivers are kept fully informed of progress in the case and are consulted on significant decisions, including asking the child's opinion about accompaniment, safety and any other needs the child has;
- Children are protected from any undue distress or hardship during the course of the investigation. This includes taking measures to reduce contact between the child and the suspect during the investigation, including alternatives to in person identification, such as photo line-ups, use of audio and video recording and CCTV (Juvenile Justice Policy 2015), where available. Any physical and medical examinations are carried out in a child-sensitive and the least intrusive manner; and
- Investigations will be completed as quickly as possible to reduce distress on the child and family and provide closure.

The GPS will take measures, over time, to ensure that police stations are adapted to provide privacy to a child victim and/or witness and establish a physical space that accommodates the child, such as lower furniture and desks, less formality, and a welcoming environment (child-friendly colours, posters, toys and books, for example). Where private, child-friendly spaces are not available, police officers are recommended to adapt as best they can, locating private space either inside or outside their stations.

d) Protection of Privacy and Confidentiality

Confidentiality is paramount in all investigations that involve a child victim or witness. This is essential to protect children's privacy and dignity, to prevent stigmatisation and to protect the child from harassment or retaliation. Ensuring privacy will also increase victims' and witnesses' willingness to participate in the criminal justice system, since concerns about exposure and stigmatisation may deter children and parents from reporting crimes, particularly sexual offences.

All records involving children must be kept strictly confidential and information that might disclose a child's whereabouts (home address, temporary shelter where the child is staying, child's school, etc.) should be blacked out from any witness statements or other documentation provided to the accused. No police officer shall publish or release any information that may lead to the identification of a child victim or witness.

e) Police Role in Crime Prevention

The GPS is committed to building partnerships with children, families, schools, communities, businesses and other relevant agencies in preventing crimes against children. To this end, police can assist children by:

- Developing relationships with community leaders, agencies, institutions and nongovernmental organisations (NGOs) that can intervene to support a child at risk;
- Arranging meetings with relevant community leaders, agencies, institutions and NGOs so that early intervention can ensure that the situation does not escalate;
- Referring at risk children to social services, NGOs and community leaders who can support them;
- Putting families in touch with social services, NGOs or community leaders who could help them in times of difficulty;
- Coordinating with social services, NGOs and community leaders in family reunification;
- Supporting the development of "community policing", law enforcement that seeks to integrate officers into a local community to reduce crime and cultivate good community relations;
- Taking violence against women and children within families very seriously as this is a key reason for children to leave home and live on the streets; and
- Advocating with communities and families on the prevention of violence and abuse, parental responsibility, children's rights, positive child-rearing practices and nonviolent and non-humiliating school discipline.

B.

STANDARD OPERATING PROCEDURES

These Standard Operating Procedures provide instructions for conducting investigations with all children who are **victims and/or witnesses, including victims of child trafficking**. Since victims are often called to give evidence in court, they may also be “witnesses” in the criminal proceedings. Other children may have been present at the time a crime was committed and can assist the police in their investigations and/or provide witness testimony.



Offences against a Child Reported by Telephone

If an offence against a child is reported by telephone, follow these procedures:

- Obtain and record the name, address, phone and relationship to the victim of the person reporting;
- Obtain and transcribe a basic overview of the nature of the offence and the child’s name and address;
- Ask if the child is in immediate danger. If yes, arrange for a police patrol to go **immediately** to the victim’s location and, if the child is a girl, have a female officer attend insofar as possible. If entry into the home or establishment where the child is located is refused, police may enter such premises without warrant when there is an immediate danger to the safety or security of the child. In all other cases a search warrant must be obtained.
- If the child requires **medical attention** or psychosocial support, ensure that he or she receives it immediately by getting the child to a hospital or, if there are none in the region, to a medical clinic or licenced medical practitioner.
- If the offence is recent and a medical examination is likely to provide corroborating evidence, explain that a complete medical examination is required to collect evidence for the investigation and provide the medical examination form to the family/caregiver for the doctor to fill out. The child and his or her family/caregiver are **not** required to pay fees.
- Arrange to have an investigator from the Domestic Violence and Victim Support Unit (DOVVSU), or the Anti-Human Trafficking Unit (AHTU), if appropriate, follow up the case and interview the child as soon as possible.
- Notify the **Department of Social Development/Welfare** (DSD) as soon as possible.

OR

- If the child is out of danger, arrange to have an investigator from **DOVVSU or the AHTU** (if a child trafficking incident) follow up the case as soon as possible. If you are in a district without access to a DOVVSU or AHTU investigator, arrange for a senior investigator from your station to follow up;
- Advise the person reporting the offence that the child victim should be asked to not change clothing or wash him or herself to preserve evidence if a physical or sexual assault has taken place;
- Advise that a child victim of abuse should receive **immediate medical attention**, including psychosocial support, if necessary.
- If the offence is recent and a medical examination is likely to provide corroborating evidence, explain that a complete medical examination is required to collect evidence for the investigation. Child victims and their families/caregivers are **not** required to pay fees.¹
- **Notify a social welfare officer from the Department of Social Development/Welfare** (or if unavailable, any social worker, psychologist, medical officer, probation officer or member of a child-focused NGO) of the situation to provide the necessary social care and psychological support to the child and the child's family/caregiver.

¹ The SOPs for medical practitioners should be operational by the time these practices are in place. These SOPs will instruct that, under no circumstances, should medical practitioners request fees from child victims and their families.

OR

- If the crime against the child took place outside of your station's jurisdiction, immediately contact the responsible DOVVSU or AHTU, if appropriate, or, if neither has an office in that district, a police station in that jurisdiction to refer the case. Forward an Extract of Occurrence form to the investigator at the station with jurisdiction. The case should be taken over by an investigator at that station so that the child does not need to report the crime over and over again.

I. Initial Contact

All reports of child abuse are to be recorded and shall be fully investigated even if the alleged abuse occurred several months or years before the report. Any case of suspected child abuse, neglect, exploitation, abandonment or trafficking must be reported to and investigated by the police. In all such reported or suspected cases, the **police shall immediately inform the Department of Social Development/Welfare (DSD)**³ to ensure that appropriate measures are taken to secure the physical and psychosocial health of the child.

All crimes against children are to be handled by the Domestic Violence and Victim Support Unit (DOVVSU), except when the offence involves the trafficking of children, which shall be handled by the Anti-Human Trafficking Unit (AHTU). In remote areas not served by either a DOVVSU or AHTU office, senior investigators may undertake investigations involving children as victims and/or witnesses, seeking advice from DOVVSU and AHTU as needed.

The first consideration for police in a case involving a child victim and/or witness is the care and protection of the child. Investigation procedures shall commence **only** after the child's welfare and safety has been secured. This means that any questioning, statement-taking or investigation must wait until after the child's need for medical assistance has been addressed and s/he has been taken to a safe and secure location. Complete a Needs Assessment/Safety Planning form (included in annexes) to ascertain the child's care and protection needs. Inform the officer-in-charge about the outcome of your needs assessment and your proposed safety plan.

Remember that the child and his or her family's first contact with the police will influence their opinion of the police, their trust of the process and their willingness to cooperate. If treated respectfully and with empathy, they will be more disposed to assist the police in the investigation of the crime.

a) Offences against a Child Reported by Telephone

If an offence against a child is reported by telephone, follow these procedures:

- Obtain and record the name, address, phone and relationship to the victim of the person reporting;
- Obtain and transcribe a basic overview of the nature of the offence and the child's name and address;
- Ask if the child is in immediate danger. If yes, arrange for a police patrol to go **immediately** to the victim's location and, if the child is a girl, have a female officer attend insofar as possible. If entry into the home or establishment where the child is located is refused, police may enter such premises without warrant when there is an immediate danger to the safety or security of the child. In all other cases a search warrant must be obtained.
- If the child requires **medical attention** or psychosocial support, ensure that he or she receives it immediately by getting the child to a hospital or, if there are none in the region, to a medical clinic or licenced medical practitioner.
- If the offence is recent and a medical examination is likely to provide corroborating evidence, explain that a complete medical examination is required to collect evidence for the investigation and provide the medical examination form to the family/caregiver for the doctor to fill out. The child and his or her family/caregiver are **not** required to pay fees.
- Arrange to have an investigator from the Domestic Violence and Victim Support Unit (DOVVSU), or

³ Because police from all regions, divisions, districts, stations and posts will be using these SOPs, the Department of Social Development/Welfare (national level) is referenced here.

the Anti-Human Trafficking Unit (AHTU), if appropriate, follow up the case and interview the child as soon as possible.

- Notify the **Department of Social Development/Welfare (DSD)** as soon as possible.

OR

- If the child is out of danger, arrange to have an investigator from **DOVVSU or the AHTU** (if a child trafficking incident) follow up the case as soon as possible. If you are in a district without access to a DOVVSU or AHTU investigator, arrange for a senior investigator from your station to follow up;
- Advise the person reporting the offence that the child victim should be asked to not change clothing or wash him or herself to preserve evidence if a physical or sexual assault has taken place;
- Advise that a child victim of abuse should receive **immediate medical attention**, including psychosocial support, if necessary.
- If the offence is recent and a medical examination is likely to provide corroborating evidence, explain that a complete medical examination is required to collect evidence for the investigation. Child victims and their families/caregivers are **not** required to pay fees.⁴
- **Notify a social welfare officer from the Department of Social Development/Welfare** (or if unavailable, any social worker, psychologist, medical officer, probation officer or member of a child-focused NGO) of the situation to provide the necessary social care and psychological support to the child and the child's family/caregiver.

OR

- If the crime against the child took place outside of your station's jurisdiction, immediately contact the responsible DOVVSU or AHTU, if appropriate, or, if neither has an office in that district, a police station in that jurisdiction to refer the case. Forward an Extract of Occurrence form to the investigator at the station with jurisdiction. The case should be taken over by an investigator at that station so that the child does not need to report the crime over and over again.

b) Offences Reported by the Child Victim at the Police Station

When a child victim/witness comes to the police station to report the crime, treat the case as a priority and arrange for an investigator to take the case from the beginning in order to limit the number of times that the child must be interviewed. The focus shall be on the victim to address her or his safety and support needs, rather than focusing on the alleged perpetrator, if he or she is present, or the child's parents/guardian. Remember to **minimise contact between the child victim and offender** so that the child feels less threatened and intimidated. In dealing with a child victim of any form of violence, neglect, exploitation, or abuse, you must attend to the physical and psychological wellbeing and recovery of the child. You must take very seriously any criminal offense against a child. **The following procedures are usually undertaken by an investigator.**

Follow the procedures outlined below:

- Introduce yourself and ensure that the child receives necessary medical and/or psychosocial support if she or he is hurt and/or in shock or traumatised;
- If the child is alone, locate a parent or guardian to come to the station as soon as possible, so long as the parent or parents are not the alleged perpetrators of the crime against the child. In cases where the suspect is a parent or guardian of the child, ask the child if she or he knows

⁴ The SOPs for medical practitioners should be operational by the time these practices are in place. These SOPs will instruct that, under no circumstances, should medical practitioners request fees from child victims and their families.

and is comfortable with another adult or relative who could be contacted to stay with the child. If not, immediately contact the Department of Social Development/Welfare to send a social welfare officer to accompany the child.

- If the child is not injured and emotionally stable, immediately take the child to a child-friendly, private space. If the child is a girl, a female officer is preferred to take the child's information. If there is no child-friendly space available at your station, request the use of child-friendly space at the Department of Social Development/Welfare, at a trusted NGO or improvise to create a private and non-threatening space in which to interview the child, such as under a tree or in a small, partitioned space within your station⁵;
- **Never** leave the child alone;
- Take the child's basic information, including name, age, address and home telephone number, if available. If the child is with his or her parent(s) or guardian, you may take this information from them.
- Contact **an investigator from the DOVVSU or AHTU (if child trafficking is involved)** and stay with the victim until the investigating officer arrives. The child victim's statement should be taken only by the investigating officer.
- Remember that, in cases of child trafficking and missing children, the police, with assistance from a social welfare officer, are **responsible for tracing the family** of the child, as well as ensuring that the child is referred to live in a safe place while family tracing is underway and is provided with appropriate services for his or her rehabilitation and reintegration (Human Trafficking Act, sect. 15-17). As far as practicable, cases involving child trafficking should be referred to the Anti-Human Trafficking Unit as soon as possible.

c) Offences Reported by a Child Who is Not the Victim

When a child who is not the victim reports a crime, he or she may have witnessed violence or criminal acts that can still be severely traumatising to the extent that medical attention and/or psychological support is necessary. A child witness is entitled to the same level of care and support when suffering trauma as a victim (Domestic Violence Act, sect.7). Follow the same procedures used when a child is both a victim and a witness, as outlined directly above.

d) Police Responsibilities at the Scene of Crime

When the police arrive at the scene where a child victim and the suspect are present, the following procedures **must** be followed:

- **Immediately** take the child away from the scene to a safe and secure environment⁶ (Children's Act, sect. 17; Domestic Violence Act, sect. 18). If the child and suspect are in the same location, transport the child separately from the suspect. **Under no circumstance should the victim and suspect be transported in the same vehicle.**⁷
- **Prevent, as much as possible, any further contact between the child and the suspect.** If a formal

5 With the exception of the DOVVSU national headquarters, no police station at the time of drafting this SOP had a child-friendly space. Until child-friendly spaces are set up, it is recommended that police try to adapt a space for privacy in their own stations, use a child-friendly space nearby or find a small space outside of the station, if possible, to provide some privacy and comfort for interviewing children.

6 In the first instance this should be the child's home, unless the suspect lives there. Otherwise, find a child-friendly space in a police station, in the Department of Social Development/Welfare, in a respected NGO, in a shelter or, if the crime occurs in a remote community, in the home of a "fit person" or community leader who has been approved by the Department of Social Development/Welfare. As a last resort and until child-friendly spaces are readily available, the child may be taken to a police officer's home so long as an adult female is in the home when the child victim is a girl.

7 If the crime has occurred in a remote community and the police have only one vehicle, improvise to secure an additional vehicle first and, as a last resort, consult a senior officer in order to determine if it is acceptable to use the one vehicle for both child victim and suspect and follow the particular procedures for doing so, including keeping the victim and suspect apart in the vehicle.

identification of the perpetrator is needed, this should be done later through photo line-up and not in person.

- Once the child is away from the scene of the crime, settle the child and ask if he or she is comfortable, feels safe and determine if he or she is in need of medical assistance;
- If medical assistance is required, arrange for transport of the child to a hospital, medical clinic or licenced medical practitioner's office;
- Wait with the child until the parent/guardian, close relative or social welfare officer arrives. Provide transport assistance to parents/guardians, if they are not the suspects, to the child's location, unless parents/guardians are easily able to transport themselves. **Never** leave the child alone;
- Notify a social welfare officer from the Department of Social Development/Welfare (or if unavailable, any probation officer, social worker, psychologist, medical officer or member of a child-focused NGO in your district) of the situation to provide the necessary social care, shelter (if necessary) and psychological support to the child and the child's family.
- Contact an investigator from DOVVSU or the AHTU (if appropriate) to follow up the case as soon as possible.

OR

- If a child is not present at the location when a witness report of abuse or neglect is made, immediately notify the child's parents, guardian or closest relative but do not reveal the details of the reported abuse. Explain that you need to interview the child in order to verify if the report you received is true and to determine the kind of assistance needed.

Remember, full investigation of an offence involving a child should be undertaken by DOVVSU investigators (or AHTU if the offence is child trafficking). First responders are usually not from DOVVSU and the AHTU and should not conduct a full interview with the child so as to minimise the number of times a child needs to provide information.

The DOVVSU or AHTU should conduct a full interview with the child **as soon as possible** after the initial disclosure of abuse, but only after the child's mental state will permit it and all necessary medical, psychosocial and familial support can be coordinated. As time passes, the opportunity to collect potential corroborative evidence may diminish, the child's fortitude to disclose the event may decrease and opportunities for contamination, whether intentional or accidental, are likely to increase. Note that children heal faster than adults and that evidence of crime must be taken quickly when children are physically or sexually abused and corroborating evidence is needed.

As far as practicable, physical and forensic medical examinations should be carried out by a registered medical practitioner in a government health centre, especially a paediatrician or gynaecologist, as soon as possible. Since medical examinations can be very invasive and further traumatising for child sexual abuse victims, these should be requested only where necessary and where they are likely to produce corroborative evidence. All examinations must be conducted in a child-sensitive manner and be the least intrusive necessary. Medical care, forensic medical examinations and medical certificates shall be available free of charge to all child victims⁸ (Domestic Violence Act, sect.8; Justice for Children Policy 2015).

⁸ There is an SOP in development for Medical Professionals which will require that child abuse and defilement victims are not charged for examinations and filling out examination forms, making them free for children and their families.

II. Considerations for Interviewing Child Victims and Witnesses

The successful prosecution of crimes against a child will often depend on the child's ability to give full and accurate evidence about what happened. However, a child, and particularly smaller children, communicate differently from adults and are not able to express thoughts, memories, ideas and concepts in the same way as adults. When a child is questioned as though she or he were an adult, misunderstandings and avoidable errors can occur that undermine the child's evidence and potentially compromise the effectiveness of the criminal investigation. A child's tendency to be suggestible can be minimised or avoided through the use of proper interviewing techniques.

There are many factors that affect a child's experience of trauma and his or her ability to retain information and communicate. Due to individual differences, no two children will ever engage or relate their experiences in the same way or with the same level of detail and clarity. Information below describes the major influences on a child's memory, language abilities and motivation to converse.

Development

A child's **age and developmental abilities influence his or her perception of an experience** and the amount of information that she or he can store in long-term memory. Very young children find it difficult to focus their attention and search their memory effectively when interviewed. They may respond only to recognised words or simple phrases without considering the entire question and are not able to monitor their comprehension or answers to questions. Interviews are challenging for children since they involve very different conversational patterns and an unfamiliar demand for detail. Young children may use words before they completely understand their meaning and may confuse even simple concepts such as "tomorrow", "a lot", "a long time", "yesterday", etc.

Because older children look much like adults, police may not appreciate that adolescents vary greatly in their verbal and cognitive abilities, thus failing to build rapport, provide interview instructions or ensure the comprehension of questions. Conscious of wanting to appear competent, adolescents may not ask for assistance. Police must guard against unreasonably high expectations for teenage victims/witnesses and should **not** adopt a less supportive approach or use technical language.

Adolescents also have their own unique challenges and barriers to communication. They may be withdrawn, angry, defensive and resistant to questioning, particularly if they have experienced exploitation by adults or have had past negative experiences with the justice system. Overcoming these challenges and encouraging the child will require an attitude of patience and understanding. Teenagers require **reassurance and support**, however it is important that they feel respected and that they are not talked down to. Teenagers who are treated like children (rather than young adults) may be resentful and withdrawn.

Victims of child trafficking may have developed attachments to their traffickers or may have completely lost trust in adults as a result of their experience. In these cases, police shall be sensitive to the child's needs, including the need for multiple interviews in order to build a rapport with the child and gain sufficient trust from the child so that she or he feels comfortable speaking the truth.

Culture and development

A child's family, social network, socioeconomic environment and culture influence his or her development, linguistic style, perception of experiences and ability to focus attention. Cultural, gender and language differences also present communication challenges and can lead to misunderstandings during the interview. Police will have a **plan to address linguistic and cultural differences**, including using community members as interpreters or, if none available, using family, and paying attention to gender.

Disabilities

Children with disabilities are potentially at **greater risk of abuse and neglect** than children without disabilities. Since police are rarely likely to have specialised training or experience in the broad field of disabilities or regarding medical concerns, collaboration is necessary to successfully interview these children. Police should use local resources, including specialists, medical officers, professionals, community members and NGOs who work with children, as well as primary caregivers, to gain insight into the functioning of specific children and any needs they may have for special attention. Police may require several interview sessions to gain the child's trust, adapt to the child's communication style and limitations and allow adequate time to gather information.

Children without parental care

Children without parental care who may be living in residential care, with extended or foster family, in child-only households, in juvenile detention, on the streets or with employers and/or be unaccompanied asylum seekers or refugees are potentially **more vulnerable to abuse and neglect** than children in familial homes. A loss of parental care threatens children's rights to survive; be free from violence, abuse and exploitation; grow up in a supportive family environment; develop and learn; and participate. Police must be aware of the greater risks facing children without parental care, **ensuring that children are not returned to homes and residences where they are likely to be harmed and collaborating effectively with the Department of Social Development/Welfare to protect these children.** As long-term residential care can cause developmental delays and expose children to violence and abuse, police should generally use this care as a last resort, and only when proven to be in the best interests of the child.

Trauma

Children who have been victims of maltreatment or were witnesses to violent crimes will **react uniquely** to their experiences. Trauma symptoms may interfere with a child's ability or willingness to report information about violent incidents. Memories of children who have suffered extreme forms of trauma may be impaired or distorted. Police may need to modify their expectations of what a traumatised child is able to report. Under no circumstances, should the police attempt to force a disclosure or continue an interview when a child becomes overly distressed, as this may re-victimise the child. Severely traumatised children may benefit from additional support and multiple, non-duplicative interview sessions.

III. Procedures for Interviewing Child Victims and Witnesses

Interviewing a child witness or victim is one component of a comprehensive child abuse or other type of investigation involving harm to a child, which relies on, but is not limited to, police investigators and child protection workers, prosecutors, child protection attorneys, victim advocates and medical and mental health practitioners. While not all of these concerned actors directly participate in or observe an interview with a child, each of these parties may benefit from the information obtained during the police interview, mitigating the need for a child to be interviewed several times.

The goals of the interview include:

- Minimising any trauma the child may experience during the interview;
- Maximising the amount and quality of information obtained from the child, while, at the same, minimising the contamination of that information; and
- Maintaining the integrity of the investigative process for the agencies involved.

DIAGRAM 2 - INTERVIEWING CHILD VICTIMS / WITNESSES



In order to maximise the quality of child interviews and reduce distress, the GPS will institute the following practices:

- a. The child's well-being comes first:** If the child victim is too distraught to immediately give a statement, postpone the interview until the child is ready. Coordinate with the child's parents or guardian and any assisting social welfare officer or professional to determine the earliest opportunity that the child may be safely interviewed. Be thorough in the interview to avoid the need for multiple interviews and take breaks during the interview as often as the child requires.
- b. Create a child-friendly environment:** interviews with children should be conducted in a private, comfortable space that is free from distractions (e.g. ringing phones, people coming and going) and both physically and psychologically safe for children and non-offending family members. Toys and games are helpful to keep children occupied while they are waiting, but should be put away during the interview to avoid distraction. If there is no child-friendly space available within the police station, request the use of another stakeholder's child-friendly space (such as a social worker's space or an NGO) or use your creativity and take the child to a space which offers privacy and is not intimidating, such as under a tree or in a small, partitioned space within your station. Police should **sit beside the child rather than directly in front** of him or her to avoid the appearance of confrontation.
- c. Having a support person present:** The child's parent, guardian or relative is not obliged to be present for the interview, but may be comforting for the child. Ask if the child would like accompaniment and, if the child requests it and it is in the child's best interest, a parent, guardian, relative or supportive adult may sit as an observer in the interview. If a parent or guardian is

present, remember that the focus of the interview is the child who was the victim and/or witness, not the parent or guardian. The adult should not actively participate in the interview. A parent or other support person should not be present if the police have any concerns that s/he may try to influence the child's evidence.

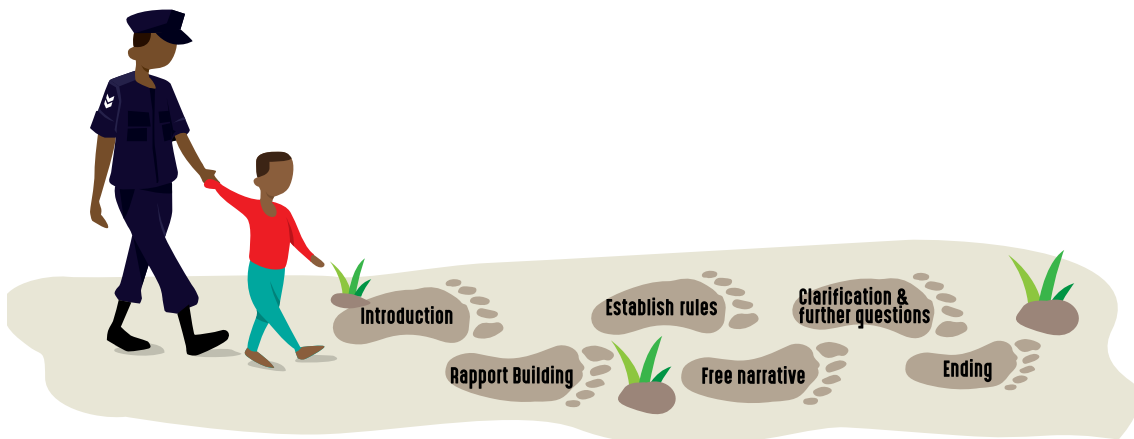
- d. Have a social welfare officer present:** As far as practicable, the interview should be conducted in the presence of a social welfare officer in order to minimise the child's trauma from multiple interviews and to provide support to the child as needed. If the child has a disability that impacts on his or her ability to communicate, it may be necessary to arrange for a specialist to be present (e.g. sign language interpreter, psychologist, etc.). In cases of sexual abuse it is preferable that female victims be interviewed by a female officer. If none is available, the social welfare officer attending the interview should be female to ensure that a girl child is not interviewed in the presence of two men. In cases not involving sexual abuse, female children should be interviewed by a female officer where possible.
- e. Minimise contact with the alleged suspect:** Under no circumstances should the child be present in the same room with the alleged suspect, nor should the alleged suspect have the opportunity to refute the child's narrative in the same room or at the scene of the crime. A child should not be in the same space nor required to communicate with the person accused of committing the crime against him or her. Interviews should **never** be conducted in the presence of the suspect or other adults who are not accompanying the child. If the child must formally identify the suspect, this should be done through photo line-up or through a two-way mirror, if available at the station, rather than in person.
- f. Modify language to the child's age and level of development:** Questions must be tailored to the child's age and level of understanding. Ask questions using short, simple sentences and conveying only one main thought per sentence. A general rule of thumb is to match the number of words in a question to the age of the child (for example, a six year old child will understand a question with no more than six words in it).
- g. Be reassuring and non-judgmental:** Adopt a relaxed and friendly demeanour with the child, using language that is clear and appropriate for the child's age and development. Police may consider wearing civilian clothes if it would facilitate the child's comfort. Give the child your undivided attention and convey that you are listening, interested and can be trusted. Keep a calm composure, no matter what you hear. Under no circumstances should you express surprise, disbelief, disgust, anger or other emotional reactions to what you are hearing from the child. Be sensitive to the child's needs and feelings. Do not make any negative or judgmental comments. Keep in mind that children react differently to stress or traumatic events. Remember that your responsibility is to record the story during this interview and not engage in a debate with the child.
- h. Use of interview aids/media:** The goal of the interview is to have the child verbally describe his or her experience. Yet a question exists as to whether limiting children to verbal responses allows all children to fully recount their experiences or whether media such as paper, markers, anatomically detailed drawings or dolls, may be used during the interview to aid in descriptions. The concern is that younger children will not be able to differentiate between the "real" and the "imagined" if toys are used. Decisions to use these devices or other local practices and tools should be made by senior officers at the local level.
- i. Be mindful of the child's physical and emotional needs:** Pay attention to the child's attention span, nutritional needs and bodily functions by allowing regular breaks and providing food and

drink, as required. As a general rule, interviews with children should last a maximum of 20-30 minutes for children under 10 years; one hour for children between 10 and 14 years of age; and approximately 90 minutes for a child between the ages of 14 and 18. Take regular breaks, stop or reschedule interviews if a child becomes too upset or too restless.

- j. Documentation:** Electronic recordings are the most complete and accurate way to document interviews, capturing the exchange between the child and the interviewer, as well as the exact wording of questions.⁹ Where only written interviews are possible, write the questions asked in full and try to take down the child's response word for word. Both of these documentation techniques will keep the number of interviews to a minimum, and respect the child's age and attention span by keeping the interview as short as possible. (Juvenile Justice Policy 2015)
- k. Asking the child to participate in decision-making:** Children have the right to actively participate in the decisions affecting their lives. In a police investigation, this includes informing children of the steps and purpose of the interview and giving the child the opportunity to participate in deciding who will be present, how the interview might be better adapted to his or her needs and what will happen after the interview.

The Interview

DIAGRAM 3 - INTERVIEW PROCESS



The GPS has adapted a structured, six-step approach¹⁰ for interviewing children that has been proven internationally to increase the quality and reliability of children's evidence. All child victim and witness interviews will be conducted in accordance with the steps detailed below.

⁹ At present, electronic recording is not used for child interviews in Ghana. Before implementing this practice into the GPS, all investigators should be provided training on how to use recordings and legal requirements for their use in court at the Detective Training School.

¹⁰ This is adapted from the Step Wise Interview protocol, developed by John C. Yuille.

1. Introduction

You are **setting the tone for the interview** during the introduction and beginning to develop a rapport with the child to set him or her at ease for the interview process.

- If the interview is being recorded, begin after the recording devices have started by stating the date, time and location of the interview, as well as the full names and contact details of everyone present. To make this less formal, you can engage the child, for example asking, “Do you know what the date is?”; “Do you know how to spell your name?”
- Introduce yourself to the child and introduce any other persons present in the interview who are not known to the child.
- Ask if the child knows why he or she is there. Explain in simple language that you want to ask questions about the incident of harm. As an example, you could tell the child that “I am a police officer and an important part of my job is talking with children who go through what you have gone through”.
- Reassure the child that she or he is not in trouble. Some children might be worried that they are in trouble because they have been brought to the police station.

2. Rapport Building

This step is designed to **help the child relax and feel safe** within the interview setting and feel comfortable with you as the interviewer. A relaxed child is likely to provide more accurate and complete evidence. You may require more than one interview with the child to complete the rapport building phase, depending on the child’s level of development, experience of trauma and lack of trust. This step also allows you to become familiar with the child’s level of communication and development which will be valuable to you in communicating with the child for the rest of the interview.

- Tell the child that you would like to get to know him or her better and want to learn about his or her interests. Ask him or her about: favourite subject at school, favourite activities during free time, favourite book, game, sport, movie or hero/heroine. If family members were not involved in victimising the child, ask about his or her family.
- You should try to prompt the child for more information, when possible, modelling what is going to happen in the interview. As an example, if the child’s favourite class is history, ask, “Can you tell me more about your history class?”
- Depending on the child’s age, use objects and questions to determine the child’s understanding of certain concepts (such as over/under, before/after, inside/outside). For example, ask the child, “Did I put the pen on the table before or after I put the paper on the table?” “Is the pen under or over the paper?” “Is the pen inside or outside my pocket?”
- To develop an understanding of the child’s recall and the level of detail about an event he or she usually provides, ask the child to describe an event such as Christmas, the first day at school, Eid al-Fitr, or another important event, providing detail about what he or she did.

Be **flexible** during this phase. If the suspect is the child’s teacher, do not ask about school-related issues. If the child is a teenager, he or she might wish to get straight to the interview and it may be appropriate to minimise this phase.

3. Discuss and Establish Rules for the Interview

Use your **judgment** about whether or not this step and the language offered below are necessary. This phase is not appropriate with pre-school age children, as it would just confuse them, and it would likely not be helpful or necessary with older children. These ground rules are usually quite helpful with primary school age children.

Rules for the interview:

- If I misunderstand something you say, please tell me because I want to get it right.
- If you don't understand something I say, please tell me and I will try it again.
- If you feel uncomfortable at any time, please tell me or show me the stop sign.
- Even if you think I already know something, please tell me anyway.
- If you are not sure about an answer, please do not guess. Tell me you are not sure before you say it.
- If you don't know the answer to a question, please say I don't know. You will not get into trouble if you don't know or remember.
- Please remember when you are describing something to me that I was not there when it happened. The more you can tell me, the more I will understand what happened.
- Please remember that I will not get angry or upset with you.
- Only talk about things that are true and really happened.

Tell the child that you will also be following these rules in the interview.

Even if you do not use the interview rules, you do need to stress the importance of telling the truth. **All children** should be told that they need to tell the truth. Ask the child what telling the truth means, what telling a lie means and what happens when people tell lies. If a child is not able to define truth and falsehood, give the child an example of a true statement and a false one, asking the child to tell you whether the statement is the truth or a lie. "If I said your shirt was red, would that be the truth or a lie?" If the child has a blue shirt, it is obviously a lie. If a child has black trousers, ask, "If I said your trousers were black, would that be the truth or a lie?" This will help you to know if the child can distinguish between the two. If a child does not understand the concepts of truth and falsehood, the interview can proceed, but with caution and recognition that the child may be highly suggestible.

4. Free Narrative

Free narrative is the **most reliable source of accurate and untainted information** from a child and is consequently the most important phase of the interview. The child should be asked to tell everything that he or she remembers about the incident, in his or her own words. You should listen to the entire story **without interrupting or asking clarifying or follow up questions**. Tell the child that you will be taking notes while she or he is speaking. Introduce the topic in a most general way without mentioning the name of the suspect or the nature and details of the abuse, so as not to influence the child.

- Raise the topic of concern in a general and neutral way by saying, "Now it's time to talk about something else...the reason you are here today. Do you know why you are here?" or "Remember how I told you that I talk to children all the time about things that happen to them, do you want to tell me about anything that's happened to you?"
- Encourage the child to give you a full account of what happened, in his or her own words. For example, you could say, "Tell me all about that from the beginning to the very end."

- If the child stops or pauses during the free narrative, encourage him or her with prompts, such as “What happened next?”; “Then what?”; “Tell me more about that”
- Do not interrupt, correct or challenge the child during the free narrative. You will ask questions in the next phase.

5. Clarification and Further Questions

After the child has finished his or her free narrative, you can begin to ask questions. The purpose of this phase is to get missing information or more details and to clarify things that the child stated during the free narrative. Questions should be as short, simple, non-leading and open-ended as possible. Do not ask questions that are answerable by either yes or no, unless as a last resort.

Use language appropriate to the child’s age and maturity. Learn and clarify the child’s terminology for body parts, sexual acts, and other actions or things. Use the same terms as the child used during the course of the interview.

You want to learn the following:

- What happened?
- Where did this happen?
- When did this happen?
- Who was there when it happened and what did they do?
- How is the child feeling now?

6. Closing

The final step of the interview is to close and finish.

- Ask the child if there is anything more he/she wants to say.
- Ask if the child has any questions.
- Speak briefly about a neutral topic again in order to end the interview on a calmer, more relaxed note.

Explain what will happen next to the child and his/her parents/guardian and provide a contact name and phone number in case there is anything more the child wishes to tell you. Invite the child to participate in making decisions, such as any preferences for where he or she might stay if going home is not an option, recognising that the social welfare officer will be taking this decision, or about when the next interview will take place if it was not completed. Where possible, heed the child’s preferences. Thank the child. The investigative interview has been completed.

If the child has not been in touch with any support services, provide the child/child’s family or guardian with a name and contact information for the social welfare officer at the district and direct the child and his or her family to suitable support services. Child victims of trafficking may require significant psychosocial support and need assistance with reintegration in their families and their communities.

Make sure that you fill out the necessary paperwork for the investigation and for recordkeeping. Inform the police prosecutor of the case details and seek guidance about the next steps.

IV. Recordkeeping Procedures

As much as possible, investigations should be conducted by an investigator of the Domestic Violence and Victim Support Unit (DOVVSU) who is trained in handling cases involving child victims or the Anti-Human Trafficking Unit (AHTU) which is responsible for child trafficking case investigation. In remote areas not served by a DOVVSU or AHTU, senior investigators may undertake investigations involving children, seeking advice from these specialised units as needed.

A comprehensive information management system for child protection shall be followed at police stations. Separate records (with colour coded files) and use of a confidential database for cases involving children in conflict with the law are required of all police. At a minimum, records will contain¹¹:

- Name, age and gender of child victim;
- Name and age of suspect, and relationship to child;
- Offence alleged, classified according to criminal offences against the child;
- Time, date and location of offence;
- Name of parents, guardian, closest relative or adult accompanying child victim;
- Copy of medical forms provided to attest to the type and degree of abuse;
- Details about organisation(s) to which the child is referred, including the name of the person receiving the child;
- Name of social worker, psychologist, paediatrician or child-service provider assisting the child;
- Disposition of the case (details of the outcome of the case).

The police shall ensure the confidentiality of all interviews, evidence and records of the child victim. The police shall not reveal or publish any information that may lead to the identification of the child, except in instances which are deemed for the best interest of the child, such as locating a missing child. This includes withholding the identity of alleged offenders in cases where this information could reveal the identity of the victim. Only police officers, investigators or judicial actors directly working on the child's case shall have access to these records.

V. Referral Procedures for Child Victims and Witnesses

Police must work closely with key stakeholders to protect and support child victims and witnesses. A child who is a victim or witness of crime may suffer from immediate and longer term effects, especially in cases involving violence or sexual abuse. Families may also need support to keep the child safe and help them overcome the physical and emotional effects of crime.

While the main task of police is to investigate alleged crimes, you are obligated to assist young victims and their families to get the help and protection they need. This includes assisting them to get medical treatment, contacting a welfare officer to ensure that the child receives psychosocial support and a safe, temporary place to stay¹². The diagram below illustrates the sectors represented in the child protection system.

Each police station should maintain a contact list of government agencies, church groups, legal aid, NGOs, an approved fit persons' list provided by the Department of Social Development/Welfare, all of whom can provide support to child victims. While it is the responsibility of the Department of Social Development/Welfare to make decisions about support, care and shelter for a child in need, there may

¹¹ The case docket electronic document file includes all of this data and can be printed off for use at stations without web access until they come on line.

¹² In emergency cases where the police cannot get in touch with a social welfare officer, they may recommend a temporary safe shelter for a victim, although decisions about where a child in need of care will go (fit person, shelter, other relative, and so on) must be made by a social welfare officer (Family and Child Welfare Policy 2015).

be emergencies requiring police action when a social welfare office is not available. It is your job to provide information about what support is available.

DIAGRAM 4 - REFERRING A CHILD



a. If the child is a victim of abuse, defilement or trafficking, in order to provide support to the child and collect necessary evidence, refer him or her to:

- A registered medical practitioner at a government institution, especially a paediatrician or a gynaecologist who can conduct an examination and treat the child. No fees will be necessary in the future.
- A social welfare officer at the Department of Social Development/Welfare to whom it is mandatory to report all suspected and actual cases of child abuse and who make decisions about temporary safe shelter for children.
- A representative from legal aid or an NGO offering legal support and assistance so that the child has an advocate to guide him or her through the legal system.

- Department of Social Development/Welfare-approved NGOs that provide shelter, psychosocial support, legal aid and services, social integration services and support if the child has need of any of these in an emergency situation and a social welfare officer is not available.
- b. If the child is a witness suffering trauma from the event, in order to provide physical and psychosocial support, refer him or her to:**
- A registered medical professional at a government institution, especially a paediatrician or child psychologist, who can conduct an examination and treat the child.
 - A social welfare/social development officer at the Department of Social Development/Welfare who has been trained to work with and protect children experiencing trauma.
 - Department of Social Development/Welfare-approved NGOs that provide shelter, psychosocial support, legal aid and services, social integration services and support if the child has need of any of these.
- c. If the child is a victim with a family member or someone in his or her home considered a suspect in the offence, refer him or her to:**
- A social welfare/social development officer at the Department of Social Development/Welfare who has been trained to support abused children and have authority to make decisions about children who require care, support and safe shelter;
 - A registered medical professional at a government institution, especially a paediatrician or child psychologist, who can provide psychosocial support to the child.
 - Department of Social Development/Welfare-approved NGOs that provide shelter, psychosocial support, legal aid and services, social integration services and support if the child has need of any of these.

VI. Forms to Use for Child Victims/Witnesses

The following forms have been attached to this document in the Annexes:

- Medical examination form
- Complaint form from DOVVSU
- Tracing and reunification form for unaccompanied children
- Extract of Occurrence form
- Electronic case docket form (proposed, not yet authorised)
- Referral form (proposed, not yet authorised)
- Needs assessment/safety planning form (proposed, not yet authorised)

Forms yet to be developed:

- Medical Officials SOP section relevant to no fees for children

ANNEX 1

MEDICAL EXAMINATION FORM

TEL. NOS:.....

Page I



SECTION A: GENERAL MEDICAL FORM

..... POLICE STATION
..... REGION
..... DISTRICT
..... DATE

THE MEDICAL OFFICER.....

WILL YOU PLEASE EXAMINE AND REPORT IN THE CASE OF.....

..... OF.....

DATE OF BIRTH: AGE: MALE FEMALE

WHO COMPLAINS THAT HE/SHE WAS.....

SIGNATURE.....

..... OF POLICE
STAMP

DATE AND TIME OF ALLEGED INCIDENT: DATE:..... TIME:.....

DATE AND TIME OF HOSPITAL EXAMINATION: DATE:..... TIME:.....

RETURNED TO POLICE STATION: ON.....

CID FORM 98

Page II

THE MEDICAL OFFICERS REPORT (PLEASE WRITE CLEARLY)

MEDICAL OFFICERS REPORT
With Stamp

CID FORM 98

SECTION B: VICTIMS MEDICAL HISTORY AND SEXUAL ASSAULT/ACCIDENT INFORMATION

1. Victim's Name:..... (PLEASE PRINT)

2. Date of Birth 3. Male Female 4. Ethnicity *Nationality Race

5. Marital Status Single Married Separated Divorced Widowed

6. Date and time of alleged assault/Accident: / / :AM :PM

7. Date and time of Hospital Examination: / / :AM :PM Which Hospital / Clinic Contact No. / Tel:

8. Examining Physician..... 9. Nurse (Name).....

10. Between the assault and now, has the victim:

| | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Bathed / Showered | <input type="checkbox"/> Used Mouth Wash | <input type="checkbox"/> Defecated |
| <input type="checkbox"/> Douched | <input type="checkbox"/> Changed Clothes | <input type="checkbox"/> Vomited |
| <input type="checkbox"/> Brushed Teeth | <input type="checkbox"/> Urinated | <input type="checkbox"/> Drunk |

11. Was there penetration of the

| | | | | | | |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Attempted | Successful | Ejaculated | Yes | No | Unsure |
| Vagina | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mouth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Anus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Oral / Genital Sexual Contact Fellatio Cunnilingus

13. Did assailant use: Lubricant Condom Insert Foreign object(s).....

14. Was the victim menstruating at the time of the assault: YES NO

15. Any consensual coitus in the last 72 hours? YES NO

If yes, date:..... and time.....

If yes, was a condom used? YES NO

16. Is the victim pregnant? YES NO

If yes, duration of the pregnancy.....

17. Any injuries to the victim resulting in bleeding? YES NO

If yes, describe.....

18. Number of assailant(s)

19. Ethnicity / Race of assailants(s) if known.....

20. Assailant(s) relationships to victim:.....

Stranger Acquittance Relative (Specify).....

21. Any injuries to the assailants(s) resulting in bleeding? YES NO Unsure

If yes, describe.....

22. Was any medication taken by the victim prior to or after the assault? YES NO

If yes, describe.....

23. Was any coercion used? YES NO Sweets Money Gifts Others

Was any treats used? If yes Knife Gun Stick First Verbal Threats Others.....

24. Emotional demeanor of the victim; i.e., Crying, Angry, Agitated, Lethargic, Frightened, Shocked, Depress etc.

.....

25. Description of the Victim's outward appearance; i.e, Clothes torn, Shoe(s) missing etc:

.....

26. Victim's (SUMMERY) description of the alleged assault / Accident (REFER TO VICTIM'S STATEMENT)

.....

.....

P.T.O.

ANATOMY: SKETCH OF THE HUMAN BODY

ANNEX 2

COMPLAINT FORM FROM DOVVSU

NATIONAL SECRETARIAT

DOMESTIC VIOLENCE AND VICTIM SUPPORT UNIT [DOVVSU]

*In case of reply the
Number and date of this letter should be quoted*

My Ref: No: NS/DOVVSU.....

TEL: NO: 021-775677/775671



GHANA POLICE SERVICE
ACCRA

COMPLAINT FORM

DATE:

NAME OF COMPLAINT:

TEL:

CONTACT ADDRESS:

NAME OF RESPONDENT:

TEL:

CONTACT ADDRESS:

SUMMARY OF COMPLAINT/ISSUE:

.....

.....

ACTION TAKEN:

.....

NEXT MEETING:

ANNEX 3

TRACING AND REUNIFICATION FORM FOR UNACCOMPANIED CHILDREN

SHELTER FOR ABUSED CHILDREN

RELEASE SHEET

Name of child:.....
Age:..... Sex:..... Nature of Case.....
Date Received:..... Date Discharged:.....
Name of Parent or Guardian:.....
Relationship:.....
Address (Home):.....
Occupation:.....

Signature:.....
Officer Handing Over Child

Signature:.....
Person Receiving Child

SHELTER FOR ABUSED CHILDREN

RELEASE SHEET

Name of child:.....
Age:..... Sex:..... Nature of Case.....
Date Received:..... Date Discharged:.....
Name of Parent or Guardian:.....
Relationship:.....
Address (Home):.....
Occupation:.....

Signature:.....
Officer Handing Over Child

Signature:.....
Person Receiving Child

ANNEX 5:

ELECTRONIC CASE DOCKET FORM DRAFT (PROPOSED)

| | | | |
|---|---|---|--|
| Date of Report {fixed data field: dd/mm/yy} | | Station Diary Reference Number _____ | |
| Time: _____ | | Automatically Generated Case # _____ | |
| Officer taking report {fixed data field of names in station} | | | |
| Complainant: | | Complainant is victim? {fixed data field: Yes/No} | |
| Name _____ | | | |
| Address _____ | | | |
| Phone _____ | | | |
| Sex {fixed data field: M/F} | Age {fixed data field: 0-2, 3, 4, ...} | Race/ethnicity {fixed data field} | |
| Occupation _____ | Literate {fixed data field: Yes/No} | Language {fixed data field} | |
| Offences as Reported: | | | |
| Type of offence {fixed data field: all criminal code offences} | | | |
| Date of occurrence {fixed data field: dd/mm/yy} | | | |
| Time: _____ | | | |
| Accused: | | | |
| Name _____ | | | |
| Address _____ | | | |
| Phone _____ | | | |
| Sex {fixed data field: M/F} | Age {fixed data field: 0-2, 3, 4, ...} | Race/ethnicity {fixed data field} | |
| Occupation _____ | Literate {fixed data field: Yes/No} | Status {fixed data field} | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Detained –police Detained- court remand Released-own recog Released-family recog </div> | | | |
| Accused Juvenile: {fixed data field: Yes/No} | | | |
| Not arrested {fixed data field: Yes/No} | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Informal caution Formal caution - No conditions - With conditions </div> | | |
| Referral {fixed data field: Yes/No} | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Registered medical practitioner Social welfare officer Probation officer Legal aid/representation Community programme Fit Person NGO Other _____ </div> | | |
| Special Instructions (health, allergies, disabilities, etc.) _____ | | | |
| Referral Contact Name _____ | | | |
| Organisation _____ | | | |
| Telephone _____ | | | |

| | |
|--|---|
| Diversion used {fixed data field: Yes/No} | <div style="border: 1px solid black; padding: 2px;">List of types of diversion developed through J4C policy</div> |
| Referral Contact Name _____ Organisation _____ Telephone _____ | |
| Property stolen/recovered: _____ | |
| Victim: | |
| Name _____ Address _____ Phone _____ | |
| Sex {fixed data field: M/F} Age {fixed data field: 0-2, 3, 4, ...} Race/ethnicity {fixed data field} | |
| Occupation _____ Literate {fixed data field: yes/No} Language {fixed data field} | |
| Trauma suffered/treated {fixed data field} | <div style="border: 1px solid black; padding: 2px;"> Physical – medical exam Y/N Sexual- medical exam Y/N Psychological – medical exam Y/N Other _____ medical exam Y/N </div> |
| Suspected Trafficking Case: {fixed data field: yes / no} | |
| Referred {fixed data field: yes/no} | <div style="border: 1px solid black; padding: 2px;"> AHTU Office _____ Investigator _____ Contact _____ </div> |
| Victim is found child without parental care {fixed data field: Yes/No} | |
| Referred {fixed data field: yes/no} | <div style="border: 1px solid black; padding: 2px;"> Registered medical practitioner Social welfare officer Children's shelter Fit person/community Legal aid/representation NGO Other _____ </div> |
| Special Instructions (health, allergies, disabilities, etc.) _____ | |
| Referral Contact Name _____ Organisation _____ Telephone _____ | |
| Case Disposition {fixed data field} | <div style="border: 1px solid black; padding: 2px;"> Case dismissed Case sent to prosecution - Pending (court date) - Closed - Innocent - Convicted - Sentence _____ </div> |
| Court Decision Date {fixed data field:} | _____ |

| | |
|--------------------------------------|-----------------------------|
| Reg. No. of LSRP ¹³ _____ | |
| Officer responsible for case _____ | Police Gazette Number _____ |

¹³ Register of "Lost Stolen and Recovered Property"

ANNEX 6

REFERRAL FORM (PROPOSED)

| | | | |
|---|------------------------------------|--|-------------------|
| Date _____ | Officer handing over _____ | | |
| Police Station/Region/District _____ | | | |
| Case reference, if available ¹⁴ _____ | | | |
| Child victim or witness: Y / N | Which? Specify: _____ | | |
| Juvenile suspected of offence: Y / N | | | |
| Upcoming court dates: _____ | | | |
| Name _____ | | | |
| Address _____ | | | |
| Phone contact _____ | | | |
| Date of birth _____ | Age: _____ | Sex: male / female | |
| Health issues _____ | | Language _____ | |
| In school: Y / N | | Class? Specify _____ | School name _____ |
| Address of school _____ | | | |
| Medical exam completed on child: Y / N | | Injuries or illness? Specify: _____ | |
| Special instructions _____ | | | |
| Parent/guardian/caregiver/responsible adult name _____ | | | |
| Address of person above _____ | | | |
| Phone contact for person above _____ | | | |
| Referral Made To: | | | |
| Social Welfare <input type="checkbox"/> | Probation <input type="checkbox"/> | Community <input type="checkbox"/> : Specify _____ | |
| Shelter: governmental / NGO <input type="checkbox"/> : Name _____ | | Health Service <input type="checkbox"/> | |
| School <input type="checkbox"/> : Name _____ | | Other <input type="checkbox"/> : Specify _____ | |
| Contact Name _____ | | Signature _____ | |
| Date of handover _____ | | Time of handover _____ | |
| Officer handing over signature _____ | | | |

¹⁴ Should this be Station Diary Reference, Register of Offences, automatically generated case file number or other?

ANNEX 7

NEEDS ASSESSMENT/SAFETY PLANNING FORM (PROPOSED)

| | | |
|---|--------------------------------|--------------------|
| Date _____ | Register of Offences No. _____ | |
| Police Station/Region/District _____ | | |
| Name of Victim _____ | | |
| Address _____ | | |
| Phone contact _____ | | |
| Date of birth _____ | Age: _____ | Sex: male / female |
| <i>Summary of Complaint</i> | | |
| _____ | | |
| _____ | | |
| Participants in the Needs Assessment | | |
| 1. Name of Participant _____ Relationship to victim _____ | | |
| 2. Name of Participant _____ Relationship to victim _____ | | |
| 3. Name of Participant _____ Relationship to victim _____ | | |
| Describe the current circumstances of the child upon coming into contact with the Police. (Does the child look hungry, sick, traumatised, etc?) | | |
| _____ | | |
| _____ | | |
| Are there any threats to the child's safety? (if so, list them) | | |
| _____ | | |
| _____ | | |
| Do you think the child's family has the capacity to care for and protect the child? Y / N | | |
| SAFETY PLAN | | |
| Recommended Action | Institution/person responsible | Date for action |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

3. _____

Name of family contact person (Parent/guardian/caregiver) _____

Address _____ Phone # _____

Name and Signature of Officer handling the case _____

Remarks by Station Officer/Supervisor

Name _____ **Signature** _____ **Date** _____



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for every child