

VIOLENCE AGAINST CHILDREN

SUB-STUDY

NATIONAL RESPONSE

POLICIES AND LEGISLATION

Mr. Maya Manohar
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List of Abbreviations

- BIC Citizen Information Center
- Bufaz Office of Family Law
- DC District Commissioner
- EHBO First Aid
- FOLS Federation for the Organization of Teachers in Suriname
- GC 13 General Comment No. 13
- CRC International Convention on the Rights of the Child
- KJT Foundation for Children and Youth Telephone line
- KPS Suriname Police Corps
- MOB Medical Pedagogic Bureau
- NGO Non-governmental organization
- RGD Regional Health Service
- SBEC Foundation for Management and Operation of Daycare facilities
- SBW Surinamese Civil Code
- UN United Nations



Summary

In several research reports conducted in the past few years, we see indications that the support system to aid in the protection of children is not adequate. This support system is not equipped with the conditions to formulate a clear and effective response to child molestation. In this research the focus is on evaluating the current support system by comparing it to the guide lines of the UN Council of Childrens' Rights, as written in the General Comment no. 13 (GC 13).¹

The purpose of this research is:

- Make an inventory of the current support system for protecting children in Suriname, in the field of law, education, and social measures, medical and judicial help.
- To identify and analyze gaps in the support system related to GC 13.
- Research the ideas in the working field regarding efficiency of the offered aid.

Quantitative as well as qualitative research methods have been applied. The research was carried out during the period of July 2016 until januari 2017 by means of gathering data in all ten districts in Suriname.

The support system for child victims does not cover the UN guide lines entirely, as quoted in GC 13. This system provides judicial and social protection for children. The judicial child protection consists of the police force performing criminal prosecuting and the child protection measures taken by Bufaz to safeguard the children. Social child protection is part of a larger social, medical and financial support network.

The system lacks a monitoring mechanisms and follow up of the child, and these need to be part of the support proces, otherwise children cannot be protected in an adequate way, might stray from the support system trajectory, and finally end up where they came from; their former unsafe situation. The registered gaps in the support system have to be filled out with sufficient measures, after a thorough review consisting of assesment with the guide lines in GC 13.

To improve the current support system proper monitoring tools need to be designed in which prevention, identification, notification, treatment, referral and follow up of every case until 'case closed' are integrated, practiced and evaluated.

NOTE OF TRANSLATOR:

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¹ CRC/C/GC/13, 18 april 2011

Preface:

There is no fixed blueprint for the treatment of a case of child abuse. The Committee does not have one either (Doek or Graafsma 2012). However, in General Comment No. 13 (GC 13)², the Committee has issued special guidelines for a total package of medical, mental health, social and legal services. Suriname has legislation and support aimed at prevention and combating of violence against children. Public services and non-governmental services are responsible for medical, mental, social and legal assistance to the target group mentioned above. However, we know little about the extent to which the implementation of the guidelines from GC 13 reduces violence against children. Cultural aspects and traditions within a multicultural society influence the perception of laws and international regulations. We also do not know whether the structure of the current package of government services adequately addresses the problem of violence against children. However, in 2007 and 2016, the Committee specifically recommended that Suriname adapt legislation to ban all forms of violence against children, including corporal punishment, in all institutions, families, schools, alternative childcare and youth detention centers, and that these laws are effectively implemented. The above-mentioned Committee also recommends that Suriname should intensify its awareness campaigns aimed at the use of alternative forms of discipline (Concluding observations on second report 2007, Concluding observations on the combined third and fourth periodic reports of Suriname, 2016). This research will examine the extent to which the package of guidelines related to GC 13 is

applied in the aid and support system in Suriname. To investigate this, the following question has been phrased: Does Suriname implement the UN guidelines for combating violence against children, as indicated in General Comment no. 13?

The purpose of this research is:

1. Establishing the current support system for the protection of children in Suriname, in the field of legislation, education, social measures, medical assistance and legal aid.
2. Identification of gaps in the support system, related to GC 13 and analysis thereof.
3. Research into opinions of professionals with regard to the effectiveness of the support.

From a number of studies carried out in recent years, there are indications that the support system is not functioning effectively. The child protection system lacks the conditions for an effective response to child abuse. Attitudes and procedures among doctors and health professionals, police, legal personnel, among others, need to be changed into a child-friendly approach. The government must ensure adequate reception and supervision for all categories of children (Schmeitz 2002). The support program is not coordinated and/or supervised.

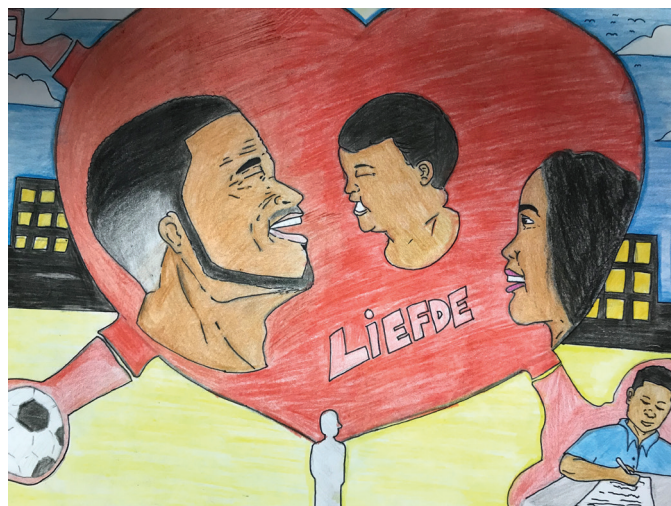
The importance of an ombudsman's office and the provision of parenthood programs within the ECD policy are also mentioned in a survey conducted in the Nickerie district (Premchand 2003: 100-102). From situation analysis reports of children in,

² Available for download from www.ohchr.org

among others, the districts Brokopondo, Marowijne and Sipaliwini, it has been established that support is concentrated in Paramaribo in particular³.

In 2014, 'mapping' of the current support agencies of the government and non-government departments was conducted on behalf of the Ministry of Social Affairs and Housing, which also confirms the results from the above-mentioned studies (Terborg 2014). In 2017, there are a number of areas for improvement in the child protection system, such as the revision of the penal code in 2015 and the adoption of the Child Care Facilities Act in 2014, the set-up of a number of Hotlines for Child Protection. In this research, the focus is on testing the existing emergency response system with the guidelines of the Committee, as described in GC 13. The Committee provides specific guidelines that can be an addition, in a structural sense, to the identified gaps within the emergency services.

The layout of the report is as follows: in chapter 1 the design of the research is discussed. Chapter 2 describes the demographic data of the respondents. Chapter 3 assesses whether the current health care system complies with the guidelines mentioned in GC 13. In chapter 4 we examined which specific policy is in place and which legislative products are already in use. In Chapter 5 answers are given to the research questions through discussion. Finally, recommendations were made in chapter 6.



³ See rapport: Children in Brokopondo, Maawina Pikin and Pikin- Nengre fu Sipaliwini of the Ministry of Regional Development and Unicef

1. Structure and Method of Research

1.1 Research topics and research

1. The extent of children's access to emergency services and any barriers.
2. Barriers to reporting (sexual) violence in the emergency setting.
3. Knowledge among children about available support, if they are victims of violence.
4. The functioning of the child protection system in comparison to the UN guidelines of GC 13.
5. Existing legislation and policies, and any deficiencies therein.

The following questions are phrased in order to research the problem:

1. Which legal regulations are in place to protect children against violence?
2. How are the policies, programs, legislation implemented and monitored for the protection of children?
3. What appear to be the main reasons for strong / weak identification, registration / reporting of cases within the surveyed services? Does it entail training, professional guidance and / or tools for identification?
Referrals of cases of violence against children and service processes
4. Is there an availability of adequate services for a child / children and / or family?
5. What are the main reasons for the strong / weak referral of cases of violence within the surveyed services? Does it entail training, professional guidance, protocols for referrals, etc., inter-sectoral collaboration?
6. Are sufficient quality services available for referred cases (skilled professionals, functional standards, protocols of cooperation, follow-up mechanisms)? What are the main causes of the high / low-quality services?

1.2 Research method

Both a quantitative and a qualitative method have been applied. In the period of July 2016 to January 2017, data was collected across all 10 districts.

1.2.1 Research Areas

For this research, it has been necessary to carry out research on an urban and rural level in addition to a national level. In contrast to schoolchildren and maternal research in which the division into rural, urban and interior areas was applied on the basis of the criteria of the MIX research, more general criteria were applied in the study of service providers, where the urban area is composed of Paramaribo, Wanica and Nickerie (New Nickerie) and the other 7 districts, including the interior, are included in the rural area. The availability of service providers in the districts has been taken into account. In Surinam, the services provided by both the government and the NGO's are very concentrated in Paramaribo and Nickerie. At a rural level, there is some form of decentralization in some districts as far as public services and institutions are concerned. If there are service organizations in the districts, there is a limited package available in the area itself and for the extensive package one has to fall back on the services in Paramaribo. In this report the national response of the protection of children against violence will be analyzed from GC 13. The distinction between the urban and rural areas will be taken into account, because there is a difference in the available support in these 2 areas.

1.2.2 Quantitative data collection

In the quantitative method, 54 service providers completed national questionnaires, the so-called self-completion questionnaires for service providers. This number includes government service providers as well as non-governmental organizations (NGOs).

34 service providers have been reached in the districts of Paramaribo, Wanica and Nickerie, and from the remaining 7 districts, Coronie, Para, Saramacca, Commewijne, Marowijne, Brokopondo and Sipaliwini 20 service providers have been reached to complete

in the self-completion questionnaires.

The service providers are selected from 6 ministries, namely the Ministry of Social Affairs and Housing, the Ministry of Justice and Police, the Ministry of Health, the Ministry of Regional Development, the Ministry of Education, Science and Culture and the Ministry of Sports and Youth Affairs. These service providers play a role in the approach and supervision of violence against children. In addition, NGOs and social workers have been selected, who offer aid or some form of support to child victims of violence.

1.2.2.1 Measuring instrument quantitative data collection

A questionnaire has been compiled for the service providers for the quantitative research⁴.

A considerable number of the questions from these self-completion questionnaires are related to the GC 13 guidelines. These guidelines have been incorporated in the self-completion questionnaires for the service providers in order to check the extent to which the current support system meets these requirements. Specific themes from the questionnaire that are elaborated in this sub-study are:

- A child-friendly approach and involving children in the decision-making process.
- Discrimination on the basis of gender.
- Availability of family reinforcement programs.
- Support and guidance for vulnerable children.
- Special attention for children in vulnerable situations
- Availability of financial resources and framework.
- Coordinated approach to support.
- Monitoring the approach to violence against children by the Government.

1.2.3 Qualitative data collection

The qualitative methods used in the collection of data among service providers in urban and rural areas are focus group discussions and in-depth interviews.

Table 1
Overview of number of reached service providers per district

District	Number of Resp. * qualitative part	Number of Resp.* quantitative part	Total
Brokopondo	1	2	3
Commewijne	1	1	2
Coronie	8	2	10
Marowijne	5	2	7
Nickerie	10	9	19
Para	2	2	4
Paramaribo	25	23	48
Saramacca	8	3	11
Sipaliwini	11	6	17
Wanica	3	4	7
Totaal	74	54	128

Resp. * = Respondents

Nationwide, a total of 74 respondents participated in the qualitative research. In all districts a standard in-depth interview with the police and the RGD doctor was conducted. There have been focus group discussions with service providers in the districts of both the government and the NGO's. A total of 54 respondents from various service organizations completed the self-completion questionnaire.

1.2.3.1 Measuring instruments qualitative data collection

Focus group discussions and in-depth interviews provided insight into the practical situation of the respective service provider and the perception of the service on the functioning of the organization. Focus groups bring together people who share a common characteristic in order to get a response to a research question while being led by a moderator (Mortelmans 2013: 342).

In short: how do participants define and describe the functioning of the services dealing with the protection of the child, what is wrong according to them and how can services function better so that children can grow up healthy, protected and safe.

The individual in-depth interviews participants required a more in-depth understanding of the situation of health, safety and protection of children. The interviews can be categorized as standardized open interviews (Mortelmans 2013: 225). A clear topic list was used and when necessary, clarification was requested.

The themes of the self-completion questionnaires for service providers of the quantitative research are reflected in a structured questionnaire and deepened for qualitative research.

1.2.4 Case studies

Case study by means of interviews: in the cases from this research the replication logic approach was applied (theoretical generalization). The replication logic in multiple case study research assumes that every case helps to replicate results (Mortelmans 2013, 181). In this sub-study, 2 cases will be investigated. In this study the following forms of violence are investigated: physical, psychological, sexual and witness to violence. In reality, however, we notice that the various forms of violence also go hand in hand. In these 2 cases, the elements from the theoretical framework, derived from GC 13, will be investigated.

■
4 See attachment service providers' questionnaires.

1.3 Population

1.3.1 Adults

Adults are defined in this study as the age group of 21 years and older. This part of the research concerns the service providers of the social, health and legal services that provide support to vulnerable children or children who are being subjected to violence at school / home or in selected communities (Teborg, 2016)⁵. The list of service providers that have been selected to complete in a self-completion questionnaires can be found in Appendix 1.

1.3.2 Children:

Persons under the age of 18, who have been victims of violence. In the CRC, a child is every person under the age of 18, unless adulthood is reached earlier according to the law applicable to the child.

1.4 Course of the data collection

In general, almost all approached respondents were cooperative. The DCs (district commissioners) of all districts, the department heads of the Police Corps of Suriname (KPS), the management of the Regional Health Service (RGD) and all relevant ministries have received an informative letter regarding the research and permission has been obtained to conduct interviews with departments in the districts. During the work in the field, all sub-researchers cooperated with each other to collect as much data as possible for each target group within the framework of the cost-efficient approach advocated by the IGSR. The interviews and focus groups with the service providers were conducted in Dutch and Sranantongo. The composition and bringing together of the service providers' focus groups in the various districts was not always easy, because the agendas of the respondents had to be coordinated. A great deal of cooperation was received through the Civil Information Center (BIC) of the district commissioners' offices to trace service providers in the district. Use has been made of the snowball effect to reach other service providers through agencies and persons.

1.5 Data processing and analysis

The data input has been performed centrally. Data processing was performed with the help of the com-

puter program SPSS. The qualitative material has been processed manually and incorporated into a whole as a substantiation of the quantitative material.

1.6 Ethics

The ethical codes of scientific research have been taken into account, in which information has been provided on the subject in advance and permission has been requested for both taking the interviews and the sound recording of the interview (informed consent). When permission for sound recording was not granted, notes were made of the conversation. There were also situations in the field research, in which the problems of respondents, in this case children, were of such nature that the provision of support came into play (situational ethics). In consultation with caretakers and authorities, possibilities were explored to get support started (Mortelmans 2013, 195).

1.7 Theoretical framework:

The environment of each individual is divided into 4 levels according to Bronfenbrenner's Ecological Theoretical model. There are risk and protective factors at every level.

- a) At individual level there are risk and protective factors such as norms and values, attitude and character of the children.
- b) At the level of interpersonal relationships there are risk and protective factors such as family circumstances and contact with peers.
- c) At the micro and meso level there are risk and protective factors such as the level of well-being / poverty, social networks, peers, the presence of role models in their environment.
- d) At the macro level there are risk and protective factors such as national legislation, policies, social norms, historical and cultural backgrounds, public institutions⁶.

This research will be limited to the micro and meso level, and the macro level of the Bronfenbrenner's Ecological model. The meso and micro level deal with the influences of welfare and poverty factors, the influence of the social environment on health, safety and the protection of the child. The macro level deals with risk and protective factors related to policy, legislation and public authorities. The public authorities involved in the medical, social, legal aid to child victims of violence are part of the research.

⁵ Teborg J., 2016. Workplan for Violence against in Suriname for Unicef Children.

In this context, the legal basis, as laid down in Article 19 CRC for the protection of child victims of violence, is the thread of the research. In GC 13, the UN Committee on the Rights of the Child, issued guidelines for the implementation of Article 19 of the CRC.

Article 19 paragraphs 1 CRC: "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."

Article 19 paragraph 2 CRC, is the main starting point of this research: "Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for 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 heretofore, and, as appropriate, for judicial involvement."⁷

Eight elements have been mentioned in GC 13, which form the common thread for a national and integral approach to violence against children:

1. The approach must be based on a child-friendly approach, taking into account the child's insights, based on the age and development of the child (Childright's approach).
2. The gender aspect must be taken into account and the prevention of gender discrimination must be an integrated part of prevention strategies (gender dimensions or VAC).
3. The primary position of families in child protection strategies, especially programs to strengthen families (the primary position of families in child care giving and protection strategies).
4. Rehabilitation and protection factors for the child. Such as available parenting programs and support for the child if his / her immediate environment is unstable (Resilience and protective factors).
5. Consideration of various risk factors, such as parents/guardians who are unable to care for their children, due to their own instability or poverty factors. Children are also vulnerable between 0 and 18 years of age because their neurological, psychological, social, physical growth and development is not yet complete. Responsible support and guidance in

this phase is essential (risk factors).

6. Special attention for children in vulnerable situations, such as in orphanages, detention, children with disabilities, children of ethnic minorities, LGBT children etc. (Children in potentially vulnerable situations).
7. Availability of financial resources (Resource allocation).
8. The coordinated approach to violence against children must take place at national and local level and between the different sectors (Coordinated mechanisms) (GC 13).

In this study, mentioned elements are the framework in which the support process in Suriname is researched.

In the research, the elements mentioned here form the framework within which the support process in Suriname was investigated.

The practical and scientific relevance of this research provides indications for a national prevention and intervention strategy.

1.8 Limitations of the research:

In the self-completion questionnaires, in the questions regarding the quality of the service and the availability of experts, a description was not given of the meaning of the terms 'quality and experts'. The expert does not need to have an academic degree, but could have received thorough training. Also with the questions about child-friendliness, no specific description was taken into account. Furthermore, hearing children in the support process does not mean that the opinion of the child is taken into account.

⁶ Terborg J., 2016. Workplan for Violence against in Suriname for Unicef Children. 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."

⁷The treaty can be downloaded on the website: www.ohchr.org

2. Results

2.1. Demographic and socio-economic characteristics of respondents

Table 2 shows that 42.6% of all service providers who participated in this study are located in Paramaribo and 14.8% in the Nickerie district. Police and RGD clinics are involved in the investigation in all districts. In Sipaliwini the Medical Mission, the police and the traditional authority were involved.

Of the 54 service providers involved in completing self-completion questionnaires in this national survey, 44.4% are men and 55.6% are women. Of the 20 providers who completed a self-fill list in the rural area, belong to 14 government officials and six are employed by an NGO.

Table 2 Percentage of services per district

Districts	Frequency	Percentage
Brokopondo	1	1.9
Commewijne	2	3.7
Coronie	5	9.3
Marowijne	2	3.7
Nickerie	8	14.8
Para	4	7.4
Paramaribo	23	42.6
Saramacca	3	5.6
Sipaliwini	3	5.6
Wanica	3	5.6
Total	54	100.0

Table 3 Type of organization in the rural area

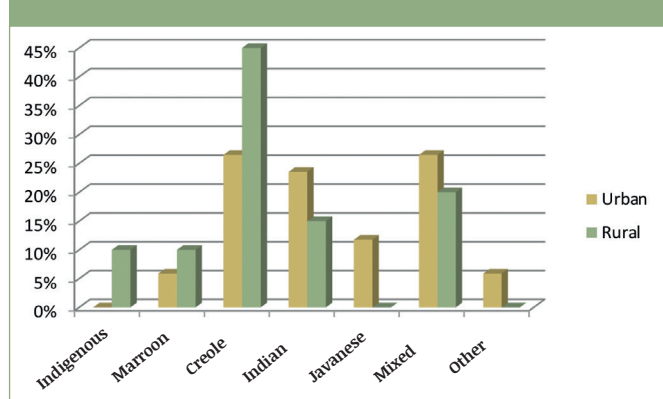
District	Government	Non-Government/NGOs	Total
Brokopondo	1	0	1
Commewijne	2	0	2
Coronie	2	3	5
Marowijne	2	0	2
Para	2	2	4
Saramacca	2	1	3
Sipaliwini	3	0	3
Totaal	14	6	20

Table 4 Type of organization in the urban area

District	Type of Organization / Institute		Totaal
	Government	Non Government / NGOs	
Nickerie	5	3	8
Paramaribo	15	8	23
Wanica	3	0	3
Totaal	23	11	34

NGOs are found in the districts of Coronie, Para and Saramacca. A total of 23 public authorities and 11 NGOs from the urban areas completed a self-completion questionnaire for service providers. The emergency services in Paramaribo are easily accessible to the society of the Wanica district. In the Nickerie district, decentralization of the emergency services of the government is reasonable in comparison with the other districts. Departments of major government agencies offering help to child victims of violence are represented in this district, such as: Bufaz, victim services, legal aid, psychology department at the Nickerie Regional Hospital, Domestic violence unit at the police station in New Nickerie, with trained officers in interviewing a child.

Figure 1 Ethnic group



Of the interviewees, most service providers from the urban area are of the ethnic group Creole or describe themselves as Mixed, followed by the ethnic group Indian and Javanese. The census figures for 2012 also show that most Surinamese who categorize themselves among the Creoles, Indians, Javanese and the Mixed group live in the urban area (Menke et al., 2016, 121).

Of the service providers who participated in this study, 60% are in the age group of 35-56 years.

Most service providers from the urban area, 33.4%, who have completed a self-completion questionnaire, have been working in their profession for more than 15 years. 13% of them have been working within their profession for more than 24 years. The extensive knowledge and experience that they have gained over the years have been important to this research. In the rural area there are considerably fewer service providers and about 20% work longer than 15 years in their profession. More than half of the group of service providers who have participated in this research have ample work experience in the profession.

Approximately 70% of service providers in the urban areas work from the office and in the field. The service providers who mainly work from "office" include psychologists, pediatricians, lawyers and nurses from health centers.

25% of service providers work on prevention through information. Usually this is combined with other forms of service. Seventy percent (70%) of the service providers from the urban area specifically have young people as their target group.

In all rural areas and districts in the interior region, assistance is provided for violence against children, both from the office and in the field. Several services are offered simultaneously by the present assistance providers' organizations.

2.2. Familiarity with Children

Suriname has ratified the CRC in 1993 and is obliged to implement this treaty. The State is obliged to publicize the content of this treaty, both for adults and children (article 42 CRC)⁸.

Most organizations are familiar with the children.

TABLE 5 NUMBER OF SERVICE PROVIDERS GROUPED BY URBAN AND RURAL AREA

Area of service	Years of service					Total
	0 - 4 years	5 - 9 years	10 - 14 years	15 - 24 years	more than 24 years	
Urban (N = 34)	9.3%	14.8%	5.6%	20.4%	13.0%	63.0%
Rural (N = 20)	1.9%	9.3%	5.6%	11.1%	9.3%	37.0%
Total (N = 54)	11.1%	24.1%	11.1%	31.5%	22.2%	100.0%

Table 6 Working method within the urban area

Distrikten	From your office	In practice/ In the field	Both	Total
Nickerie	1	1	6	8
Paramaribo	6	1	16	23
Wanica	0	1	2	3
Totaal	7	3	24	34

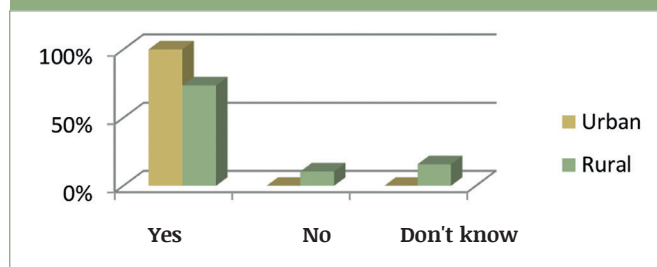
TABLE 7 WORKING METHOD IN THE RURAL AREA

Distrikten	FYO*	IP/ITF*	Both	Total
Brokopondo	0	0	1	1
Commewijne	0	0	2	2
Coronie	0	0	5	5
Marowijne	0	1	1	2
Para	0	3	1	4
Saramacca	0	0	3	3
Sipaliwini	0	0	3	3
Totaal	0	4	16	20

FYO* = From your office
 IP/ITF* = In practice/In the field

Figure 2 shows that about 95% of service providers from the urban area have heard about the CRC. In the rural area, about 70% appears to have heard about the CRC. This does not mean that they have extensive knowledge of the treaty. In table 7 we see that about 35% is not aware of the content of the treaty. Most service providers (35%) believe that Article 19, the right to protection of the child against violence, abuse and neglect is violated. And 20% hold the opinion that the right to protection of the child against sexual exploitation (article 34 CRC) is violated. Most child victims who receive help from the service providers are dealing with the violation of one of these rights.

Figure 2 Familiarity with the UNCRC



Some cases mentioned by the service providers:

A 14-year-old girl who was kidnapped and raped by three men was brought in at the emergency room; violation of art 34 CRC.

A 12-year-old boy who raped his nephew of 4 years. The nephew came to the pediatrician for medical treatment; violation of art 34 CRC.

A baby, which was smeared with sugar and placed on an ants nest, is now as a toddler, under the guidance of the child psychologist together with her adoptive parents; violation of art 19 CRC.

A child, threatened by his parents, that he should rather not come home if he did not pass his exam, committed suicide after he heard that he failed to pass; the mental abuse has cost him his life; violation of art. 19 CRC.

■ ⁸Art 42 UNCRC: States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

Table 8 Children's rights that are most violated according to service providers

CRC articles	Percentage
CRC Article 34: The right to protection against sexual exploitation	20%
CRC Article 19: Right to protection against violence, abuse, neglect	35%
CRC Article 28: Right to education	7%
CRC Article 3: The importance of child protection and care	3%
Content not know / unknown / undisclosed	35%
Total	100%
n= 54	

3. The manner of providing support in relation to GC 13:

The purpose of the Committee on the issue of guidelines for the implementation of art. 19, CRC in GC 13 was the following:

- The support of States Parties in the prevention and treatment of all forms of violence against children.
- Providing guidance regarding the legislative, legal, social and educational measures.
- Providing guidelines for a holistic approach.
- Setting up a coordinated framework for support to child victims of violence (GC 13).

By testing the elements against the existing support system, gaps can be identified. In the paragraphs below, the elements will be examined within the Surinamese support system, in both the urban and the rural areas.

3.1 Child-friendly approach (Child Rights approach)

The first element: the approach should be from a child-friendly approach taking into account the views of the child, based on the age and development of the child. This approach is based on the dignity of a child who has rights and obligations (GC 13).

Important factors for a child-friendly approach to support are:

- The involvement of children in the support and decision-making process;

- hearing children;
- Child-friendly and understandable provision of information (Doek, 2009).

The figures in table 8 show that 20% of the service providers do not involve children in the decision-making process. Of all the service providers involved 20% hear the child and another 20% take the opinion of the child into account in the decision-making process. Hearing the child victim does not always mean in this context that the child's opinion is heard. It is related to interviews taken by police, the doctor or the social worker who hears what happened to the child. At the RGD doctor, children from the age of 15 can also enter without a guardian / parent. At some NGOs, such as the Win Foundation, the Stop Violence against Women Foundation, the Mati fu Tego Foundation and government bodies such as the Youth Affairs Police Department, the Victim Services Bureau, the Justice Department Nickerie, Bufaz, children are allowed to step in for help. Yet it appears that the children do not. Stichting Kinder- en Jongeren Telefoon (KJT) is a telephone line for children where children call to ask questions, talk about problems, etc. The KJT cooperates with the police and other organizations in providing assistance to the children. The KJT provides the children with information and if the safety of the child is at risk, help is sought for the child in cooperation with the police or other emergency services.

Parents create barriers at certain service providers to interview a child, such as the doctor and the first aid. If a child has been injured and the doctor suspects that the child has been abused, the parent / guardian is asked to wait in the waiting room. In most cases the child does not dare say anything, according to the qualitative material of the research. The emergency room also has this experience. According to the different care providers, the loyalty of children to parents / guardians is enormous. The police always interviews children separately. The police officers of the Youth Affairs Police Department and the Domestic Violence Units are trained in child-friendly interviewing. However, the police working at the various police stations are not trained in this and have to hand over every youth case to the Youth

TABLE 9 INVOLVEMENT CHILDREN IN THE SUPPORT AND DECISION MAKING PROCESS

	PERCENTAGE
Children are not involved	20%
We provide information to children	25%
We hear child victims	20%
We take the views of the child into account in the decision making process	20%
Different	15%
Total	100%
n= 54	

⁹ Law of 20 February 2008, containing further amendment to the Code of Civil Procedure (S.B. 2008, no. 19)

Affairs Police Department for further investigation. The law "Hoorrecht"⁹ is a regulation on the hearing of minors in judicial decisions concerning civil cases. This law implements art. 12 CRC, whereby the child who is able to form his or her own opinion has the right to express that opinion freely in all matters concerning the child. Appropriate importance is given to the opinion of the child in accordance with his or her age and maturity. The judge must always apply this law in any judicial and administrative proceeding concerning the child.

The service providers do not have written guidelines to follow a child-friendly procedure and most have not received specific training. They often gain experience in practice or by reading on the subject matter.

About 25% of service providers indicate that they regularly provide information. This information is usually requested by schools and organizations, who approach them for it. The information must be national and continuous. Educating and raising children's awareness of violence and where they can turn to for help are important prevention strategies.

These figures show that the "childright approach" must be well regulated within the national support process. Very few services involve the child in the decision-making process, providing assistance and

hearing a child does not mean that the child's opinion is taken into account. There is existing legislation for hearing a child in civil cases. Specific guidelines / protocols and training for service providers are important in this context.

3.2 Prevention of discrimination based on gender (Gender dimensions or VAC)

Discrimination on the basis of gender must be prevented and integrated into prevention strategies (GC 13). All forms of discrimination are prohibited in the constitution of Suriname, as in the CRC, the treaty on the elimination of all forms of discrimination against women and the American treaty for human rights. Suriname has ratified the conventions mentioned here. Gender means the difference in social status and roles of men and women in society (www.encyco.nl/local/10596). Nicolai indicates that there is confusion between gender and gender roles, because of the different perspectives on equality and the difference between the sexes. That is why he also says that work can not be done without a theoretical scheme and that it is fiction to think that the story of a client can come to the counselor without prejudice.

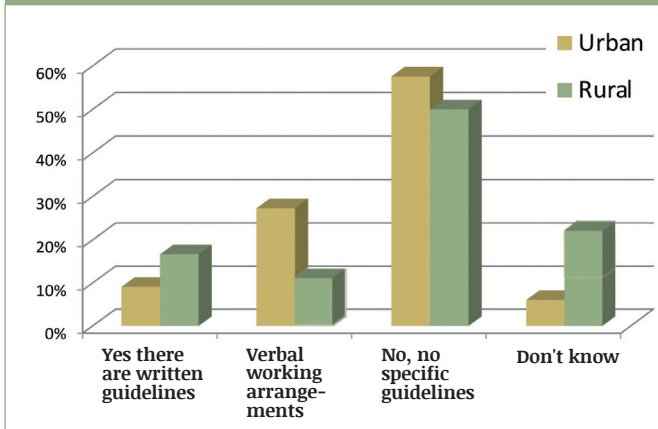
"While listening, we schematise, translate, set accents, prioritize and draw (provisional) conclusions. We do this when it comes to women, with all - often unconscious - images in our minds about what they are like and what they should be like. It is therefore a requirement that reflection on the meaning of gender and the danger of sex stereotypes should also be part of the care provider's expertise"(Nicolai,1992).

Figure 3 shows that, in both the urban and rural areas, most service providers do not have specific guidelines to prevent discrimination between boys and girls in the support process. Approximately 25% of the urban area indicates that there are verbal working agreements on this subject. Only 8% of all service providers indicate in the urban and 15% in the rural area that they do have written guidelines to prevent discrimination between boys and girls on the grounds of gender. These are some NGOs that

Table 10 Child-friendly supply of information

	PERCENTAGE
No child-friendly information	38%
We inform through regular child-friendly awareness	25%
Leaflets	10%
Child-friendly information via FB and other social media	0%
Missing	13%
n= 54	

figure 3 Guidelines for boys and girls in the counseling



operate nationally and have indicated that they have written guidelines to prevent discrimination based on gender. In the qualitative research, all service providers have indicated that they do not discriminate on the grounds of gender. And yet 55% of the service providers from the urban area think that a girl who wears offensive clothing encourages sexual abuse. This shows that the concept of discrimination based on gender is not entirely clear to most service providers.

A frequently heard complaint is that sometimes in sex offenses the service providers ask a girl: "Wasn't your skirt too short?" "You have a boyfriend and you are already intimate with him?" "Didn't you want sex?"

In the focus group discussions it was indicated that boys are also victims of sexual offenses, but they do not dare to talk about it because they think they should be tough. Examples were also given about discrimination on the basis of sexual preference among children. Homosexual boys are bullied at school and awareness about the matter needs to be improved. Homosexuality is not accepted in certain religions. It is important that both boys and girls who are victims of violence are properly guided and that there are written guidelines within institutions and schools to avoid suggestive questions in the context of gender discrimination. Also within educational strategies there needs to be more awareness for the boys as well as the girls, to protect themselves against discrimination on the basis of gender. On the other hand, there are specific forms of violence that mostly girls become the victim of. Mentioned

in interviews and focus groups: "Sexual abuse by older men, promising young girls a cell phone; gang rape of girls, kidnapping and rape of girls, little girls who are being groped and raped by a member of the household; girls who are forced into prostitution". The gender dimension within the assistance process must be well described for the care providers. Existing perceptions about the behavior and roles assigned to boys and girls in a community imply gender-unfriendly accents in the provision of support. Counselors from NGO's and the Youth Affairs Police Department have been trained in this area and it has been indicated that they apply their knowledge in real-life situations.

3.3 The position of families in child protection strategies (the primary position of families in child care giving and protection strategies)

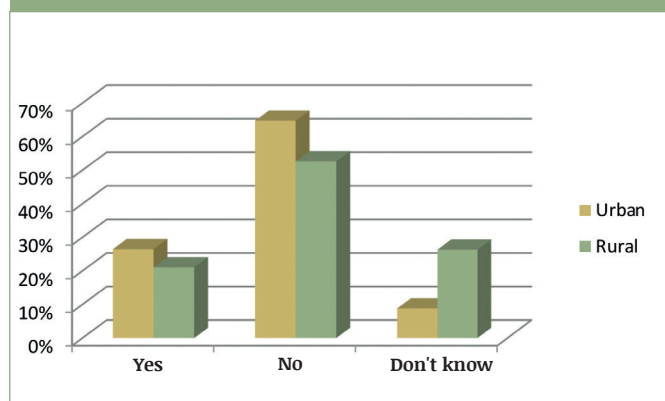
The primary position of families in child protection strategies, in particular programs to strengthen families, should be part of the coordinated approach. The reinforcement can be of a financial, medical nature, but also include parental and social counseling. Since children are mostly victims of violence within their families, it is very important to strengthen families (GC 13). Good and responsible upbringing of children is the most important task within a family, so that children can function effectively in a society. Family reinforcement programs, both socially and economically, are important factors for the development of the child (Brown, 2010).

An important cause of violation of children's rights is poverty (Doek J. et.al, 2012). Financial support programs for families are mainly provided by the Ministry of Social Affairs and Housing. This includes food packages, school supplies, General Child Benefits¹⁰, medical facilities, benefits for children with disabilities and financial support to poor families. In the urban area, 25% of service organizations offer family support programs and in the rural area the percentage is 19%. This mainly regards the services offered through the Ministry of Social Affairs and Housing.

Unfortunately, there is no progress made in the family coaching program, which the Ministry of Social Affairs and Housing started a few years ago.

¹⁰ RESOLUTION of 27 June 1973 No.6245, on the establishment of a scheme for general family financial support (General Child Allowance Arrangement 1973) (Belgian Official Gazette 1973 No. 107), as it reads after the amendment to S.B.. 1982 No. 99.

Figure 4 Availability of family support programs



The objective was to coach families through the district offices of the ministry in order to strengthen these families.

From the qualitative material we present the following example, showing the need for family coaching on a structural and affordable / free basis: A 10 year old boy shows aggressive behavior. The mother, a single parent, is working almost all day. At school he is also very difficult to handle. He ends up being treated by the child psychologist. The child psychologist tries to coach the mother, for example to give up her second job and to stay home in the afternoon and to sell biscuits, pastries, etc., in order to earn the extra income she needs. This way she can be with her son in the afternoon and give him the attention he desires. This is a strategy that would allow the boy to undergo significant change in 6 months time.

There is a need for family support through coaching. It is not structural and the guidance provided by a psychologist is also limited for those who are less well-off. Family support tips are also given to families by NGOs and many referrals are made. The departments within the

In the focus group discussions it is indicated that the lack of good housing leads to a lot of stress and sexual abuse of children. Family members live together in small spaces, so that undesirable situations can occur, such as sexual abuse between children and between children and adults. The census data (2012) of the ABS shows that there were already indications of the increase in moderate overcrowding between 2004 and 2012 and that the housing shortage was al-

ready on the rise. (De Abreu-Kisoensing, et.al. 2016). The housing shortage has not yet been structurally dealt with.

An illustration from the following examples from the qualitative research material:

A 6-year-old boy made pornographic drawings during a children's camp organized by a religious organization. When asked why he had made such a drawing, he said that he had seen that with his parents. He sleeps in one room with his parents and brother and sister. They live together with their grandparents and other family members in one house.

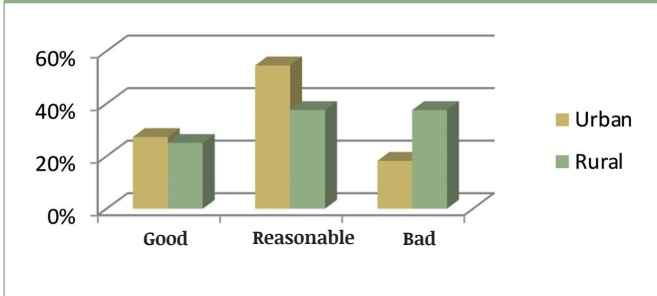
A 13-year-old girl ended up at the doctor's office for treatment of vaginal discharge. It appeared, after a conversation with the RGD doctor, that she was sexually abused by a cousin living in the same household. Her mother is working almost all day and her cousin lives with them, along with an uncle.

The MOB is the only government agency that provides a parenting program for parents. Children with learning and behavioral issues are brought here. Due to a shortage of professionals, this department within the Ministry of Public Health does not function optimally. A research conducted under the direction of Prof. T. Graafsma into the effect of a parenting program called "Lobi Mi Pikin" (LMP) indicates the following result: "This study provides preliminary evidence that the parenting program LMP in Suriname may be an effective form of parent training. Parenting is a challenging and complex life task and LMP may be a useful resource for supporting parents in their vital parental tasks". (Van der Kooij, 2017). Some NGOs also offer parenting programs, such as Win Foundation in the Nickerie district. These are executed incidentally and are only available in their own region.

¹¹ Art. 3 CRC: "All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers."

¹² Art. 35 lid 3 Constitution: "Every child has a right to protection without any form of discrimination".

Figure 5 Participation of parents in parenting programs

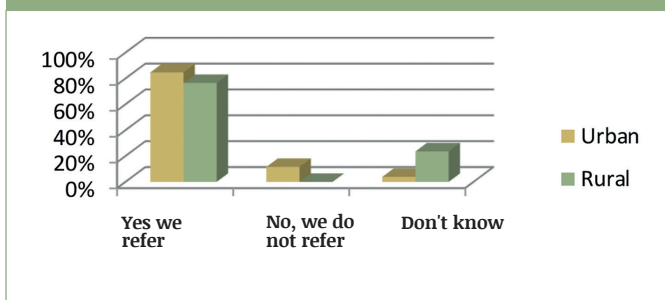


The figure shows that approximately 50% of parents reasonably participate in parental programs in the urban area. In the rural area there are far fewer parenting programs available and if so, they are carried out by NGOs incidentally (see Figure 5).

In about 80% of cases, where family support is needed, referrals are made to other services in the urban area. This is about 75% in the rural area. The referral is to the Ministry of Social Affairs and Housing for financial and / or medical support or to an institution where parenting tips are given or child protection measures are taken.

The filing of a report of violence against children is done at the police department. If the doctors suspect a case of violence they will, especially in the case of sexual violence, refer the case to the police. The doctor often does not file a police report, because he puts medical confidentiality first. There is a shortage of care and support for children with behavioral problems. Emergency services that have participated in this research also provide specific training and provide guidance for perpetrators of violence, such as the Judicial Child Protection Department (JKB), RUMAS, Win Foundation, Stop Violence Against Women Foundation, Mati fu Tego Foundation.

Figure 6 Referral



The policy regarding "the primary position of families in child care giving and protection strategies" is very fragile in the current health care system. There is a lack of structural family coaching programs. The financial assistance provided through the Ministry of Social Affairs and Housing is not entirely sufficient in order to strengthen families. Sometimes the financial situation is not always a problem, but the lack of advice and programs on how a parent can pay more attention to the child. The government insufficiently provides parenting programs. The housing problem also affects the safety of children. Art. 18 the CRC states governments must respect the responsibility of parents for providing appropriate guidance to their children. It places a responsibility on governments to provide support services to parents, especially if both parents work outside the home.

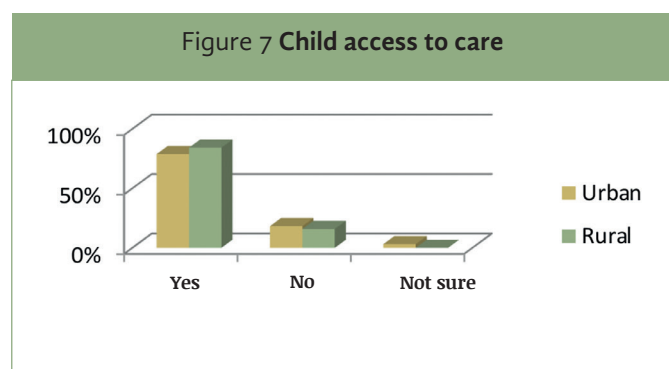
3.4 Recovery and protection factors and support for the child (Resilience and protective factors)

The legal protection of children against all forms of violence is regulated in international regulations in articles 19, 32-38, 39 of the CRC. There are also specific regulations on the subject in the "Optional Protocol on sale of children, child prostitution and child pornography (OPSC)". The international regulations for the protection of children are included in national legislation, such as the Penal Code, the Domestic Violence Control Act and the Surinamese Civil Code. Availability of parenting support to parents and support of the child, if his / her immediate environment is unstable, are important protection factors. The treatment / counseling of traumatized children after experiencing violence must also be accessible. The accessibility of support for the child is also important (GC 13).

Figure 7 shows that 75% of service providers from the urban area and 80% from the rural area indicate that children have access to their services. At the RGD doctor, children from the age of 15 are allowed to enter the clinic without their legal representative. The police can do that too, but a child hardly ever enters a police station for help. In general, children usually only express their issue to a confidential counselor. According to the qualitative research material, the loyalty to parents is enormous in children.

In the partial pupil research, questionnaires were compiled for pupils to measure, among other things, the incidence and prevalence of violence against and between children, as well as the possibilities for providing care for children.

The table above shows that 76% of pupils indicate that they ask for help from the parent / guardian in case of problems. Approximately 25% ask for help from a sibling. This indicates that a counselor often comes from the child's immediate environment. A



percentage of 21% discusses problems with friends and 13% would possibly discuss this with the teacher at school. Discussing a problem with someone outside their inner circle may cause additional problems at home.

Very few children report a complaint to a care organization themselves. This information is obtained from the service providers. Often, sexual abuse that takes place at home is discovered by the doctor, the school nurse or the teacher. Action protocols for the aforementioned professional groups are missing. In the literature, a conclusive approach to violence against children indicates that multiple agencies should work together around children and families. Fast procedures, smooth communication, clear responsibilities and a joint deployment of expertise are crucial. For this it is necessary that professionals know how to act in the case of (suspicion of) abuse and who they can involve at what time. At the individual level, professionals also need to know what they should be able to do (what is expected of them), and when they need to ask for advice or consultation, or to whom they can refer to for which type of problem or question (Kooijman, 2009). In an action protocol the steps are described for how a professional can take responsible and safe action. It is impor-

Table 11 Overview of people or organizations approached by students for support

Possible assistance provider	Perc. (N=1458)
Parents/Guardians	75.6
Brothers or sisters	25.1
Friends	21.2
Neighbors	4.9
Teachers	13.1
The Childtelephone (123)	8.6
No one	8.8
Different	5.0

tant that the safety of the child is guaranteed.

Children need to know where to go with complaints about violence. The means of reporting should be very accessible. It is striking that only 9% of students call the KJT for help. According to our information, the KJT works with a cooperation protocol, signed with other aid agencies.

Bufaz will take child protection measures if the child is not safe in his / her home. The imposition and implementation of a child protection measure means that action is taken in what is regarded by most people as a private area: their family life. After all, their parental power is limited, suspended or even stripped from them.

The interests of the child and in particular its safety must make the intervention through a measure of child protection absolutely essential (Doek et.al. 2009).

This concerns the civil protection, as included in Book 1 of the Surinamese Civil Code

The following child protection measures (SBW) can be taken:

- Under-supervision,
- Temporary surveillance,
- Temporary custody to Bufaz,
- Exemption from parental authority or custody,
- Disqualification from parental authority or custody,
- Out-of-home placement
- Adoption.

In the child protection measure, out-of-home placement, there is a big problem with regard to responsible childcare.

The standards referred to in the Reception Instituti-

ons Act (SBA 2014, no.7) are practically not adhered to by current childcare institutions due to a lack of qualified and trained personnel. The qualitative material shows that the Reception Services Agency, which is charged with monitoring compliance with the law, is not yet sufficiently staffed to function adequately.

Other protective rules for children are mentioned in the penal code (SB 2015, no. 44), such as protection against physical abuse with bodily harm, manslaughter, infanticide, serious neglect and abandoning children in a helpless condition (articles 315, 350) - 364 Penal Code). In Title XIII, Crimes against Morality, of the Penal Code, various sexual offenses against children are made punishable. In reality, the qualitative material shows that children have become victims of a sexual offense end up in a process that does not always go smoothly. A case involving a juvenile offender or victim is only investigated by the Youth Affairs Police Department, based in Paramaribo. If a report is filed in a district where a minor is a victim of sexual abuse, the statement is drawn at the local police station, but the official report is then forwarded to the Youth Affairs Police Department in Paramaribo for further investigation. According to information, the Youth Affairs Police Department has a shortage of personnel and transportation, which may cause some delay in the investigations. As a result, the child victim remains in an unsafe situation for too long. Police Youth Affairs intends to train policemen in the districts in child-friendly interrogation, so that matters concerning young people can be dealt with at district level in the future.

The following illustration is obtained from the qualitative research material:

A female minor from a district has been abused by her stepfather. The police in the district are aware of this and an official report has been filed. According to information from the Youth Affairs Police Department, the Domestic Violence Unit of the region was asked to hear the child and to conduct further investigation. The police officers working in the Domestic Violence Unit of the KPS were trained in the child-friendly interviewing of child victims. Because of miscommunication, it appears that, months later, the case has not yet been settled.

Another example is from the district of Sipaliwini, where sexual offenses against young people, of

which a police report was filed and forwarded to the Youth Affairs Police Department stay uninvestigated for a long time because of logistical issues.

The conclusion is that in practice this method is not in the interests of the child and in violation of art. 3¹¹, art. 19 of the CRC and Art. 35 paragraph 3¹² of the Surinamese Constitution.

The Domestic Violence Control Act (MSB 2009, no. 84) also offers protection options for the benefit of the child. This law provides the possibility that a protection order may be requested from a court of law for the child through the intervention and with the support of another person. However, it appears that most service providers are not familiar with the procedure for applying for a protection order for a child. The application for a protection order can be obtained from the following government services: Victim Services Bureau, Justice Nickerie and the Domestic Violence Units of the KPS. Other service providers, such as the hospital's social service, Youth Services and NGOs, usually refer to the above-mentioned authorities. It is striking that a protection order for the mother is requested easily, if she is a victim of domestic violence and through her for the children. It is not often that a protection order has been requested for the children only.

Conclusion: Resilience and protective factors.

Recovery and protection options for the child are apparently not well known to children. Most care providers indicate that they are accessible to children, yet children do not choose an institution if they are in trouble. Children are not sufficiently familiar with the support options and the loyalty to the parent / guardian is enormous. There is legislation to protect children from various forms of violence. In reality, it appears that the implementation by the authorities is insufficient, because of:

- absence of process descriptions / protocols for professional groups working with children;
- not all police officers are trained to interview children and they are dependent on the Youth Police in Paramaribo for investigation;

- Unfamiliarity with the protection options mentioned in the Domestic Violence Control Act;
- Shortage of personnel / transportation;
- No adequate childcare and guidance of traumatized children;

¹³ Art. 18: the principle that both parents share responsibility for bringing up their children, and should always consider what is best for each child.

- No adequate supervision of childcare centers, according to the Childcare Institutions Act;
- Still a lack of accessibility of government parenting programs.

Chapter 4 discusses the implementation of legislation.

3.5 Risk Factors

Policy for the various risk factors, such as parents / guardians who are unable to care for their children, due to their own instability or poverty factors, is a requirement. Children are also vulnerable between 0 and 18 years because their neurological, psychological, social, physical growth and development is not yet complete. Responsible support and guidance in this phase is essential.

These are important elements for a coordinated approach (GC 13). The principle that both parents are jointly responsible for the upbringing of their children, and that the State must support them if they are unable to do so, is articulated in art. 18 CRC¹³. Children suffer negative consequences in their development as a result of instability of parents / guardians, between whom, for example, violence also takes place. Often these children are also victims of abuse. If children are exposed to violence at a young age, this can have such consequences that clinical interventions are considered desirable. Child abuse leads to suffering, health problems, psychosocial problems and even to limited life expectancy (Graafsma, 2014 and Cuipers et.al., 2011). Guiding parents is important starting from the birth of the child.

At the consultation desks, parents can go with their babies for vaccination and keeping track of the growth curve. Only when the child is in trouble and is usually referred to the MOB through the school for a test in connection with its intellectual abilities, attention is directed towards the child's mental development. This is evident from the qualitative research material. In the Nickerie district, the Win Foundation fulfills the role of the MOB, due to the absence of a MOB department. It should be noted that the MOB is only located in Paramaribo. Parents, who are not fit for their parental task, such as alcoholics or drug addicts, should receive guidance as soon as possible. Very few service providers offer the option of applying for a protection order for the child.

More information and training for service providers in the application of the Dutch Domestic Violence Control Act seems desirable. Taking legal child protection measures are important, but not sufficient. When taking child protection measures by the Youth Affairs Police Department in cooperation with Bufaz, children who are not safe in the home are immediately removed. However, in practice they often encounter the shortage of reception options. The closing of day care centers, which have ended up in financial difficulties, is poignant. Because of this situation, children have been returned to their old situation. Childcare facilities in foster families are not optimal, because there is a shortage of foster families. Foster families do not wish to receive traumatized children. The housing problem is, as indicated earlier, an important part of the total poverty issue in Suriname. The cost of psychological help for traumatized children is unaffordable for parents who are less well-off.

The insurance companies reimburse about 5 consultations, but in reality it appears that 5 consultations are not sufficient for children who have to undergo trauma treatment. The shortage of social workers in government services has not yet been solved, resulting in the fact that families can not be guided fully. There is a lack of structural policy on risk factors, in which parents are unable to raise their children in a responsible manner and thereby receive the support of the State.

Missing policy actions are:

- Unfamiliarity among service providers with the protection options for children, mentioned in the Dutch law on combating domestic violence.
- No structural guidance for parents / guardians who are unable to raise their children in a responsible way because of the use of drugs, alcohol abuse or other instability.
- Shortage of social workers in public service, who are in charge of supervision.
- No free parenting programs available for (young) parents and no affordable psychological help for children.
- Solution of the housing problem is still a challenge for the government.

3.6 Special attention to children in vulnerable situations (Children in Potentially vulnerable situations)

Special attention in the policy for children in vulnerable situations such as; in orphanages, detention, children with disabilities, children of ethnic minorities etc. is necessary in a coordinated approach. Children in detention must receive extra support because they have often experienced a great deal of violence before they have ended up in detention (Crawford, 2010). Children with disabilities need special care and attention.

Often these children are victims of sexual violence because of their vulnerability. General policy for children in vulnerable situations with action plans is elaborated in the policy document: "Integrated policy plan for children and adolescents"¹⁴. With regard to children in detention, a resocialization plan has been prepared at the Department of Delinquency Service of the Ministry of Justice and Police. For more information, reference is made to the sub-study: 'Children in detention'. With regard to children with disabilities, the report "mapping and assessment of the child protection system in Suriname" by the Ministry of Social Affairs and Housing already indicates that there is not enough assistance and shelter available for children with disabilities (Terborg)., 2014). For more information, reference is made to the sub-study "children with a disability". With regard to children in childcare centers, the Reception Institutions Act¹⁵ prohibits the use of force against this target group. The Office of Reception Facilities of the Ministry of Social Affairs and Housing is responsible for monitoring compliance with this Act. For more information about the situation of children in day care centers, please refer to the sub-study: "Orphanages".

3.7 Availability of financial resources and expertise (resource allocation)

The availability of sufficient financial resources and sufficient experts is important in a coordinated system (GC 13). In art. 4 of the CRC¹⁶, the States are obliged to take all measures, with the means allowed and available to them, to guarantee the social, economic and cultural rights of the children. In Brazil and Guatemala a direct link has been developed between the implementation of children's rights and the budget. "The budget is analyzed from within the framework of the National Child Protection Policy".

Following a costing study was carried out on the basis of the rights approach, and was developed and implemented in 2004 (UNICEF, 2005).

In this study, we see the following results with regard to the availability of financial resources and the availability of professionals for the service organizations in Suriname.

The majority of service providers from both the urban and rural areas feel that they are insufficiently equipped with knowledge and skills to do their work properly (see Figure 8).

From Figure 9 we can deduce that most service providers from the rural area have never received training during employment. Training is given to just over 20% of service providers in the urban area on a regular basis. The largest group of service providers in the urban area (40%) is occasionally trained. In this context, the training of the PREKIMI project (Prevention and approach to Child Abuse in Suriname) was mentioned by various service providers. This project is linked to Prof. T. Graafsma of the Institute for Graduate Studies and Research (IGSR). Since the training and supervision via the employer are not structural or are completely lacking, the need for knowledge and skills among the service providers is understandable.

Supervision with monitoring data contributes to the effectiveness of the work of the aid provider. In this way, care providers learn to sharpen their actions and contribute to the improvement of support (Freidson, 2001 and Vlaar et.al., 2006).

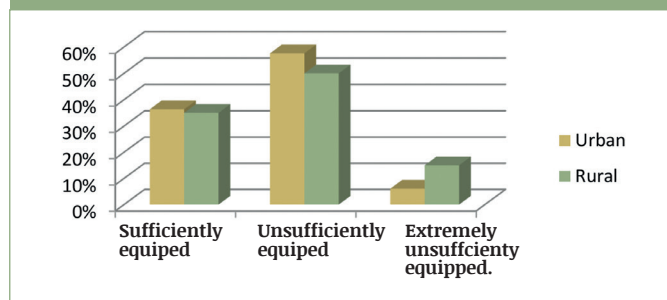
Approximately 38% of service providers in the urban area indicate that they do not have a sufficient professionals, about 30% need upgrading, while 5% say they do not know. About 28% of rural service providers also need a professional, 24% need upgrading and about 14% do not know. This also explains the need for training of emergency personnel. In Figure 11 we see that about 40% of service providers complain about a staff shortage in both the urban and the rural areas. In the rural area, around 38% report having a serious staff shortage, while in the urban area it is about 35%.

¹⁴ The Integral policy plan for children and adolescents is written by the Presidential Workinggroup Integral Child- en Youthpolicy in 2013

¹⁵ LAW of 9 January 2014, containing rules regarding the exploitation of facilities for the reception of persons . (Law Reception Facilities)

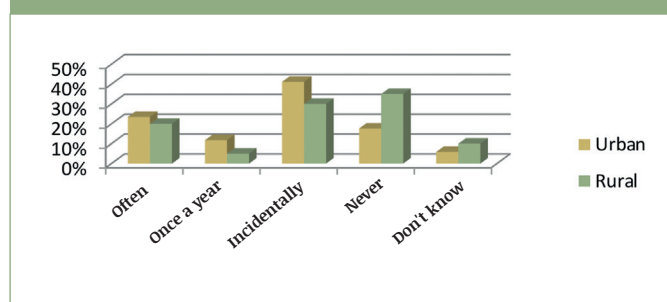
¹⁶ Artikel 4 IVRK: When countries ratify the Convention, they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met.

Figure 8 Knowledge and skills service



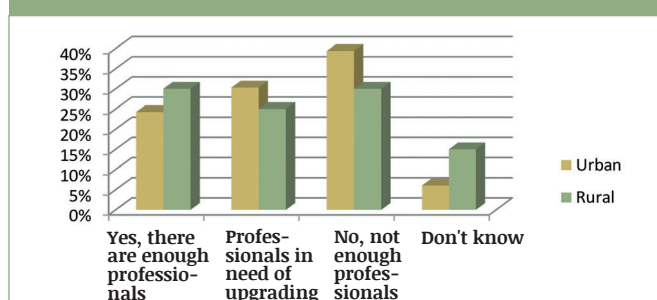
About 38% of the service providers from the urban area are satisfied with the quality of the services provided, while just over 60% of the rural area indicates that they are satisfied. This question is very general and "quality" is not described in the questionnaire. Naturally, the quality of service is closely related to availability of qualified professionals. The majority of service providers from both urban and rural areas have indicated that there is insufficient expert support within their organizations. In the urban area a fairly large part, 40% is dissatisfied with the quality of the support. This can be explained by the percentage of about 40% of service providers in the urban area who feel that they are insufficiently equipped with knowledge and skills. Nobody is very dissatisfied in the rural area, which is understandable. The services are limited in these areas and work is done with the resources and possibilities that are present.

Figure 9 Training in preventing and addressing violence



The majority of service providers from both the urban and rural areas indicate that there is no budget for their service activities. Most service providers from the urban area who participated in this research are employed by the government. The less favorable financial conditions also weigh on the available budget of the government services. The NGOs depend on donor assistance and work mainly with that.

Figure 10 Presence professional organization framework



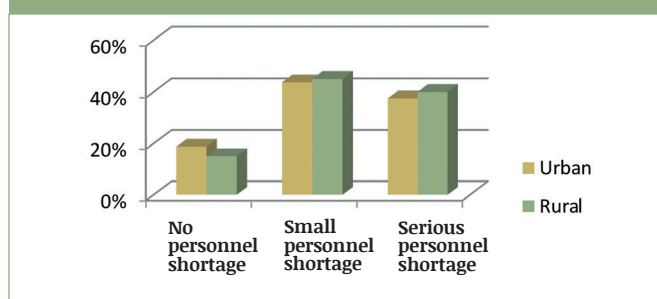
From the above results with regard to "resource allocation", it can be concluded that the service providers are:

1. Insufficiently equipped with knowledge and skills.
2. Not being regularly trained and receiving insufficient or no supervision.
3. There is not enough expert framework available.
4. There is a staff shortage.
5. Not very satisfied with the quality of service.
6. The available budget is not considered to be sufficient.

3.8 Coordinated approach (Coordinating mechanisms)

The coordinated approach to violence against children must be carried out nationally and at local level, and between different sectors. The State must create mechanisms for a structured and coordinated approach. Signaling and reporting, research and referral, treatment and follow-up are important factors in this. Collaboration and case management between the services is important for the effectiveness of the support (GC 13). Figure 14 shows that there is cooperation between the service providers. The collaboration is active and not on the basis of written protocols. There is also no case management. The need for a coordinating mechanism and tracking system for the child in the support system is evident for a good effect on the level of support.

Figure 11 Availability staff



In a coordinated approach to assisting child victims of violence, the first step is signaling and reporting violence.

Detection and reporting

The qualitative research material has shown that the violence inflicted on children is usually detected by the teacher, the general practitioner or the emer-

this possibility. If the doctor suspects abuse, he asks the parents if he can speak with the child alone. The child does not always want to say something and not all parents cooperate. If there is a sexual offense, the doctor advises the parents / guardians to go to the police, to file a report. Very few doctors work together with the police and file a report. Other doctors rely on their medical confidentiality obligation. Introducing treatment protocols for physicians could lead to an unambiguous approach to signaled violence. Due to overcrowded clinics, doctors often do not have the time and space to concentrate on the support process, in addition to medical treatment. The RGD took the initiative to train mental guides and make them available on every RGD clinic.

In the pilot phase, the mental guides listened to the patients and most of the problems that were discussed were of a personal and relational nature. The pouring out of their hearts and receiving advice where necessary in their relationships, according to information, patients welcomed the referrals. However, this project was not continued after the pilot phase.

When a serious form of violence is detected in a child by the first aid physician, the child is immediately admitted to hospital and is not sent home. The Academic Hospital has an internal protocol with regard to the support to child victims of violence. After hospitalization of the child, the social service of the hospital is called in to start the support process for the child. This service has cooperation with the Youth Affairs Police Department and Bufaz. Aftercare is also provided by the aforementioned service. In the case of serious forms of violence, especially in sexual offenses, a police report is immediately filed. Anyone who comes into contact with children, because of his / her profession, should be trained in recognizing signs of violence and should be provided with guidelines on how to act to ensure the safety of the child. Children should also be made aware early on how to discover for themselves, when they are victims of violence and what to do to protect them.

gency post.

Care co-ordinators have been appointed at a number of schools and can provide guidance to the child and, if necessary, call the police. It has been indicated that in case of sex offenses, a police report is filed immediately. In schools where there is no care coordinator, the police are notified by the principle of the school if there is a sexual offense or he/she will try to talk to the child and the parents in case of other forms of violence. The schools do not have an action protocol to deal with signaled violence against children carefully and systematically. According to the Domestic Violence Control Act (Article 2, paragraph 3) the school has the authority to apply for a protection order for the child in court. The focus group discussions show that most teachers are not familiar with this and a few who have heard about it do not know the process of application. Many teachers were also reticent when they were informed about

Figure 12 Quality of services

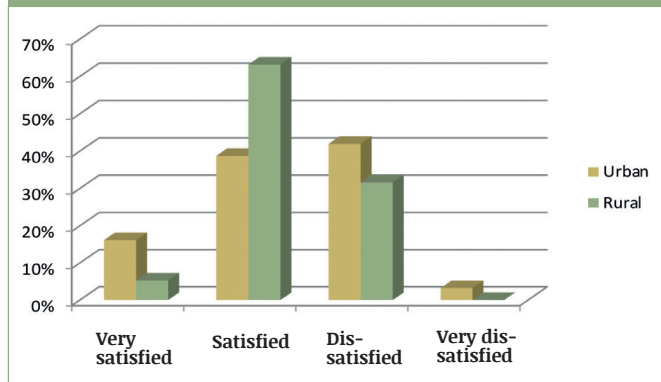


Figure 13 Budget

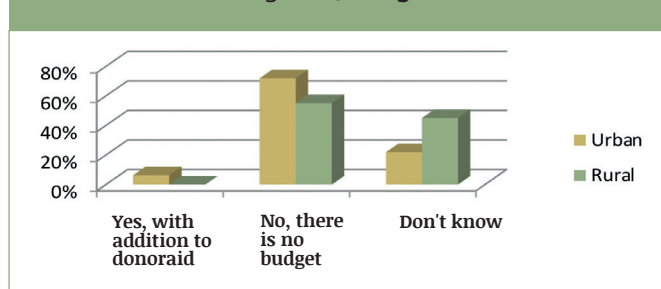
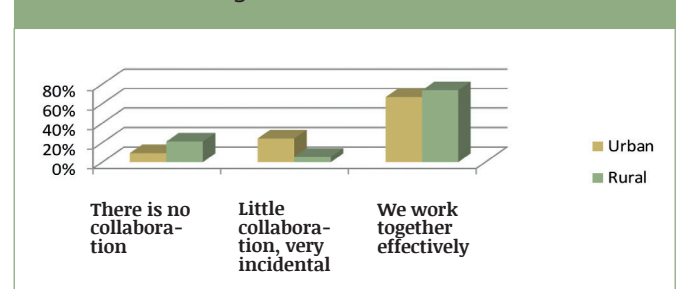


Figure 14 Collaboration



Reporting abuse and other forms of violence should, according to the Committee's recommendations, be regulated by law. The establishment of a duty to report / notification right for professional groups working with children could be instituted by law (Doek, 2015 and Fokké-Manohar, 2013).

Research / reference

The next step in the assistance process is research and referral. The police report of violence is filed, and that's where the investigation starts. If the victim needs to be brought to safety at the same time, together with Bufaz, a child care facility is sought and Bufaz takes the necessary child protection measures.

If there is no sexual offense committed but physical or mental abuse is detected, the victim can be referred to other government bodies for support, such as Youth Services, Victim Services, the Childcare Reporting Centers of the Ministry of Justice and Police, Justice Nickerie or an NGO that is active in the region for the benefit of this target group.

Treatment / follow-up

The police will deal with the case by conducting a criminal investigation. Bufaz comes into the play if a child protection measure needs to be taken. In the case counseling or requesting a protection order, Victim Services, Justice Nickerie, Youth Services, Bufaz or the Domestic Violence Units at KPS come into the play.

The Childcare Reporting Centers provide counseling by conducting interviews with the parents / guardians and refer to specific emergency services when necessary. The NGOs also offer guidance and referral in the same way. There is no case management in the treatment process. Aftercare is provided by some emergency services, however it is indicated that this route is not optimal because of the shortage of personnel or for logistical reasons.

There is no a coordinated approach (coordinating mechanism) in the assistance process of a child victim of violence.

- There are no cooperation protocols between the existing emergency services.
- Violence against a child in the home is usually discovered by the teacher, doctor or first aid responder. The teachers and doctors do not have protocols for a structured approach, in which the safety of the child is guaranteed.
- The criminal investigation by the youth police is being stagnated, due to the policy of the KPS with regard to the investigation of youth affairs. Decentralization of the Youth Affairs Police Department is

necessary in the interest of the child.

- No case management and the absence of a monitoring system.

3.9 Case study

By means of the following cases, from the qualitative research material, it will be illustrated how the emergency assistance process can fall short.

Case study 1:

Three children from one family were registered in 2010 by the Youth Affairs Police and Bufaz at a reception facility due to neglect and abuse. The boy B. was 10 years old and has a mild mental disability. His 6-year-old sister K. is also mentally challenged. And another sister of 8 years P., has no challenges. The boy B. is still receiving treatment from the neurologist, because of epileptic seizures. Their biological father no longer lives with them. Their stepfather lives in the house. The mother does not want the children to have any contact with their biological father. He visited them occasionally in the orphanage. The mother and the children were physically abused by the stepfather. The housing situation is miserable: a slum without electricity, water and proper sanitary provisions. The mother is a drug user and prostitute. Because of domestic violence, she ended up in the support process in 2010. The police and Bufaz then removed the children in 2010 and they were placed in an orphanage. Through Victim Services, the mother ended up in a shelter for victims of domestic violence. She did not complete the counseling process.

The children have lived in the orphanage for about 6 years and went to school. Due to financial issues and the lack of subsidies from the government, the reception facility needed to close. The girl P, who is now 14 years old, ran away from the orphanage together with other girls and is HIV-infected, according to police. The girl was placed in another facility especially for this target group.

After the orphanage was closed, S. and K. were returned by the authorities to their previous home, which is still the same after 6 years. In the meantime their mother has given birth to two more children.

Prior to 2010, Bufaz had already removed 2 children through a child protection measure from the home of this mother. These children were seriously neglected.

ted. They are now living abroad with their adoptive parents.

Analysis of the case:

1. Child-friendly approach: the girl P, who is HIV-infected according to the police, has been transferred from one moment to the other to a different reception facility, without medical certificates being submitted by the competent authorities. The other children are returned to their unsafe home without being heard. The mother is still a drug user, does not work and prostitutes herself. The school has found that the boy is beaten by his stepfather and in the meantime has been prescribed heavier medication by the doctor to treat his epileptic seizures. These acts are in violation of article 19 and article 3 of the CRC. The responsible authorities have not taken the safety and the interests of the children into account.

2. Family support measures from the government, such as financial benefits for the children, medical facilities and financial benefits for children with a disability have been granted to the mother by the Ministry of Social Affairs and Housing. She was never guided by the Office for Alcohol and Drug Control (BAD) to kick her habits. The mother was not coached and strengthened. The mother, meanwhile, has 2 small children, one of which is visibly physically impaired. Legislation for prenatal child protection is an option for the protection of the child that is still to be born if the mother is a drug user (Weijers, 2015).

3. The child protection strategies, which have been applied: Bufaz was brought in through the Youth Police and child protection measures were taken by Bufaz, in which the children were removed from their homes. The children could normally go to school while in the orphanage. In view of the fact that work has never been done to improve the children's situation at home, they have remained in the child care facility for 6 years, while the stay in this childcare facility is actually temporary.

After the reception facility closed down, the children were put back in the unsafe situation with the mother. There is no child protection strategy, because of the lack of proper childcare and family coaching programs. There are gaps in child protection.

4. Risk factor, incapable parent: If a parent is incapable of giving his/her children a responsible up-

bringing, it is the duty of the state to provide support in accordance with Article 18 of the CRC. Most countries fail to comply with this obligation if there is a financial crisis. The safety and health of the children are at risk with their unstable mother.

5. Vulnerability of the child in a reception facility.

The girl who is placed in another facility because of the HIV infection is also not adequately protected in that facility. The unprofessional approach in the shelter is partly the reason that children are not safe in shelters. The standards from the Reception Institutions Act are not adequately complied with, because the supervision of the shelters at the Ministry of Social Affairs and Housing has not yet been implemented. Finance and a shortage of qualified personnel are the main causes.

6. Coordinated approach. This case shows that a monitoring system is lacking in the support process and that children are placed back in their old unsafe situation, without consideration for interests of the child.

Conclusion:

The implementation of the child protection laws is weak, because the implementation capacity for this is not sufficiently guaranteed. Childcare facilities are limited. The shelters do not meet the standards set by law and do not offer children sufficient safety. The opinion of the children in decisions regarding them is not taken into account. There is a lack of guidance to families, so that children can not be safely returned to their home. Prenatal child protection appears to be a necessity from this case. There is no cooperation structure between the emergency services with a monitoring mechanism. The support is not coordinated. Due to the gaps in the child protection system mentioned above, the children have been removed the support process and are back in the unsafe situation at home.

Case study 2:

A 14-year-old girl living in a district was raped by two nephews. This was reported to the police. An official report has been filed and the police have transported the perpetrators and the victim to the Youth Affairs Police Department in Paramaribo for further investigation. The girl spent three days in Opa Doeli as a victim. After that she stayed with her aunt in Paramaribo for several months. Her mother is Guyanese

and her father Surinamese. Her biological father no longer lives with them and uses drugs. While staying with her aunt in Paramaribo, she fell in love with a musician and had sexual relations with that man. After a few months she went back to her mother in the district. After a while she saw the man with whom she had sexual relations in Paramaribo, together with her mother in the house. She discovered that this man had a relationship with her mother, of which she had no prior knowledge. The man broke off the relationship with the mother, because the girl told her mother everything. The mother blamed the girl for breaking up the relationship and is suffering from an anxiety psychosis. She is afraid that her daughter is secretly in contact with her ex-boyfriend.

The girl is now under the guidance of a counselor. The man no longer has a relationship with the girl and the mother. According to the girl she did not know that she was not allowed to have sex with the man at the age of 14. The man did not know, according to information obtained, that he committed a criminal offense. The girl looks mature.

Analysis case 2:

Child-friendly approach: This is not the case here, because a victim can not be detained for 3 days in Opa Doeli, which is intended for perpetrators. (In the case of rape by her nephews). The girl has not been protected from the adult man who has had sexual contact with her, despite the fact that the law makes it punishable.

Risk factor, incapable parent: The mother has a different nationality and is not in possession of a residency permit. She is not very educated and can not do much about it mentally. After the termination of the relationship with the man, who also abused her daughter, she did not come out of her fear. She blames her daughter for everything. There is no family coaching or other support to strengthen the family. Through the school, the girl is under the guidance of a counselor.

Child protection strategies: There was no criminal investigation conducted by the Youth Police in Paramaribo. The girl is physically not in danger, because the man does not visit the home anymore. However, she is mentally abused by her mother. There is no familiarity with moral law in both children and adults. In this case, according to information obtained, both the girl and the perpetrator are not

familiar with the moral code.

Coordinated approach: There has been no criminal investigation in this case (8 months). The child has remained unprotected in this case. The counselor of an NGO is only charged with the personal guidance of the girl. In this case, the mother should also be included in the counseling process. When the girl was raped by her nephews, the girl was imprisoned for 3 days in Opa Doeli. This is in violation of article 3 CRC. The interests of the child have not been taken into account. The adult perpetrator is still free despite the report filed against him. This is in violation of article 19 and article 34 of the CRC.

Conclusion:

- Insufficient familiarity with the moral legislation in both children and adults.
- Decentralization of the Youth Affairs Police Department is urgently needed. The way in which the police deal with reports filed on sexual abuse of children in some districts does not seem consistent.
- There is no coaching for families.
- There is a lack of a coordinated approach and a tracking system in the support process.

Both cases show that the government authorities are not consistent with the enforcement of the law. Due to the lack of a monitoring mechanism in the support service, child victims are not adequately protected. They sometimes even end up in their previous, unsafe situation.

A children's ombudsman's office could improve this by:

- Monitoring child rights violations by authorities;
- Promoting and protecting the rights of children;
- Providing reports on children's rights violations and providing the government and other authorities with solicited and unsolicited advice;
- Being recognizable and accessible to children;
- By reporting annually to the government, parliament and to children regarding the progress made in the implementation of the CRC (Fokké-Manohar, 2011).

4. Policy and Legislation

4.1 Policy:

Specific policy on combating violence against children and vulnerable children is described by the Presidential Working Group on Integral Child and Youth Policy in the intergral policy plan for Children and Adolescents. The implementation of this plan is the responsibility of several ministries. The Ministry of Justice and Police has introduced the policy for setting up Hotlines for Child Protection in various regions where there is sexual abuse of children. Other forms of violence against children can also be reported. This reporting center works together with the police and other emergency services. Child protection centers have been set up in Apoera in the Sipaliwini district, in the Coronie district and at Latour in Paramaribo. The policy of the Ministry of Social Affairs and Housing (SoZaVo) is, in this context, aimed at setting up a Network for Child Protection¹⁷

With regard to the "combating domestic violence" policy, policy is implemented through the Gender Policy Office of the Ministry of the Internal Affairs, in the field of awareness and training. This is indeed more focused on women. In the Strategic Framework and Implementation Plan 2016-2018 of the Youth Affairs Directorate of the Ministry of Sports and Youth Affairs, policy has been developed for teenage mothers. Teenage mothers, need extra guidance in raising their own child, because they themselves are still children. Furthermore, they are also encouraged to finish school. This project is not yet being executed in all districts.

4.2 Legislation

The Surinamese Constitution states in art. 35 paragraph 3: "every child has the right to protection without discrimination". This is an important basic right for all children in Suriname. The elaboration of this can be found in other national legislation. In Surinamese legislation, children are protected because of criminal and civil law. The civil protection provisions are listed in Book 1 of the Surinamese Civil Code (SBW).

The child protection measures, as laid down in Book 1 SBW, are the most important instruments for the government if they want to intervene to protect a minor against physical, mental violence and / or neglect. Imposing a child protection measure means intervening in what is seen by most people as their own privacy: their family life. The measure for child protection, however positive, is experienced negatively by many parents. After all, their parental authority is limited, suspended or even stripped. The interests of the child and especially its safety must therefore make it absolutely necessary to intervene through a child protection measure. This principle is not laid down in the law as a general principle, but various articles refer to it. These measures are especially useful in cases of violence within the family.

The following child protection measures are possible in civil law:

1. under supervision (Article 372 SBW e.v.)

This means that a minor who grows up in such a way that his moral or mental interests or his health are seriously threatened, can be put under the observation of a family guardian by the judge. The parents are not stripped of their parental authority; they are supported in the upbringing of the child.

2. Provisional takeover of care (Article 372 of the SBW)

This measure provides the possibility of temporarily placing the child under supervision until a judicial decision for supervision has been made. This measure provides the opportunity to act quickly in acute situations.

3. Provisional entrustment to the Office for Family Law Affairs (art 371f SBW)

The Attorney General has the authority to temporarily entrust a minor to Bufaz, on the basis of the facts that can lead to removing the child from its home, because he or she is not under authority, or that the minor is abandoned or unattended.

¹⁷ Unicef, Report High Level Conference "Child Protection System" PARAMARIBO, 18 & 19 NOVEMBER 2016, BERGENDAL RIVER RESORT.

Home Sweet Home

**Home is the place,
where you should feel safe,
and be brave**

**A place where you should
feel protected,
a place to feel accepted.**

Poem created by the students
of the Anton Resida School.

4. Exemption from the parental authority or guardianship (Article 371a paragraph 1 of the SBW)

A parent can be stripped from the parental authority of one or more children if there is incapacity and powerlessness to fulfill the duty of care and upbringing. The exemption is only ordered at the request of the Bufaz or at the request of the Public Prosecution Service (see also judgment of the Court of Justice, 16 June 1995, General Role No. 1346467). In accordance with art. 371b section 3 it is required by the Subdistrict Court that the exemption can only be ordered when the parents do not oppose it.

5. Waiver from custody: Article 438 a SBW

This states that the father-guardian and the mother-guardian can be stripped from custody by the subdistrict court judge, either in respect to all or in respect to one or more of their children, at the request of Bufaz or the Public Prosecution Service in their area of residence. This may be due to the fact that they are inadequate or powerless to fulfill their duty of care and upbringing and this exemption does not go against the interests of the children on any other grounds.

6. Disqualification from the parental authority / guardianship (Article 371a, paragraph 2, and 435, paragraph 1, SBW)

The law exhaustively lists the grounds for disqualification from parental authority and custody.

These are:

- Abuse of parental authority or gross neglect of the obligation to maintain and raise one or more children;

- Bad behavior;
- irrevocable conviction for any offense, as described in Titles XIII, XIV, XVIII, XIX and XX of the second book of the Penal Code, committed against a minor subject to his power;
- Irrevocable condemnation to a custodial sentence of two years or longer;
- Reclaiming a child from others, who have taken care of that child's education and upbringing, while there is well-founded fear that the child will be neglected if the claim is met. Apart from persons already mentioned in this article, the request for disqualification in the above-mentioned case can also be made by those who have taken care of and have raised the child.
- The serious disregard of the instructions of the family guardian or impeding the inclusion of an order that has been ordered pursuant to the articles 372q and 372r SBW.

7. Home placement (Article 372r SBW).

The law indicates that placement away from the family can be ordered in the interest of the upbringing and care for the child. The child can be placed in a facility intended for that purpose or elsewhere. The duration of this out-of-home placement is set at a maximum of one year and can be extended with up to two years. Extension is possible, among other things, on the grounds of continuing training and medical treatment. Children can also be placed in foster homes when they are being placed outside of their home. This measure is not used much because there are not many foster families available. A law that regulates the supervision and guarantee of the safety of the child in a foster family is completed in draft.

8. Adoption (Article 342k et seq., SBW).

This can be regarded as a child protection measure, because it provides for alternative care for children who can no longer be cared for and brought up by their own parents (see also Article 20 of the CRC) Therefore: adoption must be made by court order; the adoption must be in the best interest of the child, both from the point of view of breaking the ties with the parents and from confirming the ties with the adopters. Article 677, paragraph 2 of the Code of Civil Procedure indicates that BUFAZ is the designated body that mediates in adoption cases.

Conclusion

The civil protection of juveniles in Suriname focuses on 8 child protection measures, such as those in the Surinamese Civil Code. This concerns preventive measures such as the supervision of a child and also acute measures with the aim to protect the child against further abuse or other forms of violence.

Criminal protection:

Other protective rules for children are mentioned in the penal code (S.B. 2015, No. 44). Physical abuse with physical injury, manslaughter, infanticide, serious neglect, such as leaving children in a helpless state (Article 315, 350 - 362 Penal Code). In Title XIII, Crimes against Morality, of the Penal Code, various sexual offenses against children are made punishable. Physical sexual abuse of children, child trafficking and neglect are punishable under the Penal Code. In the Dutch Criminal Code, physical violence with visible physical injuries is punishable. Sex offenses against minors are now also officially prosecutable, so that juveniles enjoy better legal protection. The penal code of criminal law makes physical violence punishable. However, not all forms of neglect are prohibited in the Criminal Code. Extreme indulgence and overprotection, making the child both physically and mentally unhealthy (for example, obesity), just as in cases of malnutrition and emotional violence, is not explicitly prohibited.

Combating Domestic Violence Act

The Domestic Violence Prevention Act (MSB 2009 No. 84) contains regulations that offer the child more protection options. In this law, both physical and mental violence is punishable. In reality, there is rarely a report of mental violence experienced by a child. Usually there is a report filed of physical or sexual violence, to which mental abuse is connected. Article 2 paragraph 2 sub c of this Act creates the possibility for a protection order to be requested in court on behalf of a child, by intervention and with the support of another person. According to article 2 paragraph 3, these persons are:

- A person with whom the child or person in need habitually or regularly resides.
- Every adult member in the family.
- A parent of the child or of the needy.
- A guardian of the child.
- Any other bloodrelative or relative of the child or the person in need.
- The Office for Family Law.
- The Public Prosecutor.
- The school the child goes to.
- Any other person or institution to whose care, education or vigilance the child or the person in need has been entrusted.

Paragraph 4 of Article 2 states that an investigating officer, a probation officer, a doctor, a psychologist, an authorized social worker or a competent authority may also submit an application for a protection order. These professional groups have been granted this authority, because they are often those who are dealing with victims of domestic violence in their profession. A wide category of people has been chosen because domestic violence against children is often committed by the legal representatives¹⁸ of the children. By means of a protection order the judge can impose an order or a ban on the defendant. A prohibition may be that the defendant may not enter into direct and indirect contact with the applicant for a specific period. An order may be that the defendant must comply with the financial obligations towards the applicant. The purpose of this order is to protect the victim from financial decline. The reality has shown that female victims of domestic violence often remain in the relationship because they are financially dependent on their partner. The judge can oblige the defendant or the applicant or both to undergo therapy. The purpose of the therapy is to end the domestic violence. Article 4 of the Domestic Violence Control Act lists all the orders and prohibitions that can be included in a protection order.

Labor Act 1963 (G.B. 1963, no.

In accordance with Article 17 of this Act, it is forbidden to let children perform work, whether or not for pay / compensation, both inside and outside of a business. Young persons, this Act means persons who have reached the age of 14 years, but are not yet 18 years of age. According to the definition of children in this law, young persons between the ages of 14 and 18 are therefore allowed to work for wages or allowances.

Law on reception facilities (S.B. 2014, no.7)

This law explicitly prohibits children being beaten in reception facilities. Reality shows that this still happens to children in reception facilities. The monitoring of compliance with the law has not yet started. The Reception Institutions Office of the Ministry of Social Affairs and Housing is responsible for monitoring the aforementioned law and as yet does not have enough professionals.

Conclusion:

Familiarity with legislation in the community is a gap, which means that enforcement can not be optimal. The results from the qualitative research material indicated that mental violence is not reported. Monitoring the implementation of the policy for the protection of children from a Central Reporting Point can improve the child protection system. Regulations concerning a right to report / duty to report for professional groups working with children should be considered.

The service providers have also made suggestions to improve assistance (see Appendix 2).

¹⁸ Explanatory Memorandum on the Domestic Violence Control Act, 2009

5. Discussion:

Policy for the protection of children against violence and children in vulnerable situations is described from an integrated approach. The extent to which there is a coordinated approach to the implementation of this policy is unclear. National legislation could well protect the children in a complete and correct implementation. Unfamiliarity with the law and the fact that it is not always fitting in the rural area way of life, are causes for the non-consistent application of the law. An example is moral legislation and the Domestic Violence Protection Act. The Domestic Violence Protection Act does provide protection against mental violence. No declaration is made against this form of violence, because people are insufficiently familiar with the consequences of mental violence and the law. This law does not state if a slap or a pulling of the ears qualify as physical abuse. The aforementioned law indicates that physical violence means "any deliberate action or omission that results in physical suffering or injury, including the offenses in the Second Book, titles 19, 20 and 21 of the Penal Code". Physical suffering or injuries are not described in detail. In reality, a medical report is used, involving visible injuries that have been inflicted on the child.

Girls under the age of 16 live with adult men with parental consent and even become pregnant. This is in violation of the moral code and because of the presumption of unfamiliarity with the law or other factors; these situations are not addressed by the law enforcer.

The Committee recommended that Suriname criminalize all forms of child abuse. Before doing so, it will be necessary to examine what exactly is seen by society as child abuse. It appears from this research that certain physical punishments, such as tapping or slapping children, are accepted forms of disciplining in society. The service providers from the urban area think a corrective tap is necessary, while the service providers from the rural areas consider a considerable licking necessary for education. This

is partly because parenting programs with possibilities for alternative discipline of their children are not available to parents. Also within cultures there are certain habits that are part of the upbringing of children. If habits are not in the interest of the development of the child, a lot of information and information about this needs to be provided. In principle, every expecting parent should go through parenting training during pregnancy.

Will a law, in which these forms of abuse are made punishable, be enforceable? First of all there will be national awareness programs about the dignity of children and the negative consequences of abuse. Alternative disciplinary methods should be presented to parents in information sessions. The aforementioned items are conditions that must first be met before drafting legislation.

In order to protect children, consideration could be given to the introduction of a right to report for service providers / professionals, but also for other persons who are aware of abuse or neglect of children. People who know about abuse of children often do not know where to report and what protection options there are available for children. Legislation regarding prenatal child protection will have to be considered. Approval and implementation of the Children Ombudsman Act can be of enormous importance for the monitoring of the implementation of the CRC and therefore also art. 19. The aid system for child victims does not fully comply with GC 13. The existing child protection system provides legal child protection and social child protection. Criminal protection is provided by the police and the child protection measures are taken by Bufaz which together form the legal child protection. Social child protection is the package of social measures, such as financial, medical and social family support. The guidance and coaching of families are also part this package.

A monitoring mechanism and tracking system of the child that ends up in the child protection system is missing, as we can derive from the case studies. The gaps in the system are related to:

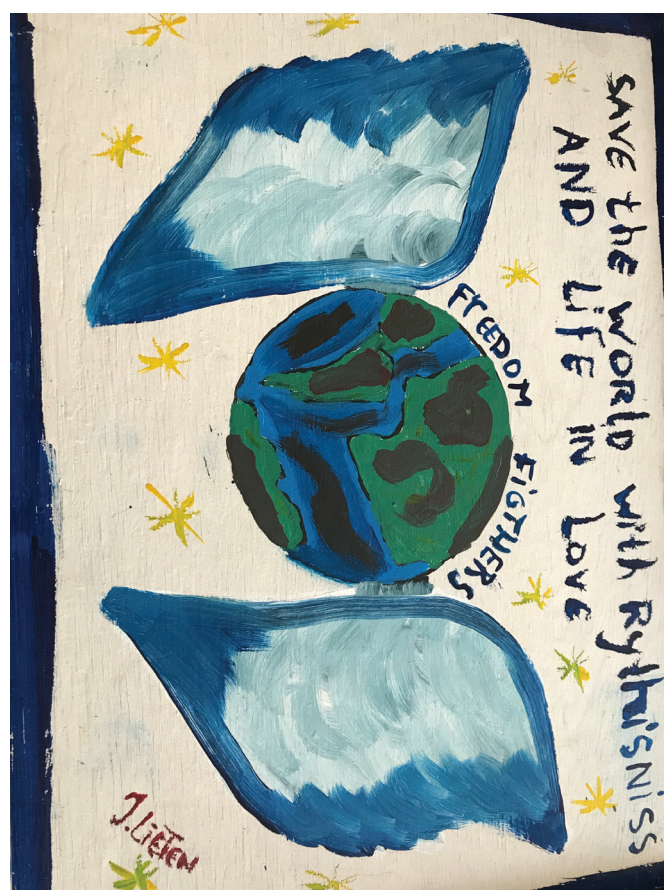
- Shortage of professionals with the services.
- Lack of training and supervision of personnel in the service.
- Lack of cooperation protocols.
- Insufficient budget.
- No transportation and a staff shortage.
- No family coaching programs.
- Parenting courses are not accessible to parents.
- Lack of adequate childcare facilities for children.
- Bad housing.

The professional groups that work with children should be well educated in identifying violence in children. Clearly described protocols should be developed for the professional groups, for an unambiguous approach.

The development of a monitoring system in the counseling of cases of violence against children can prevent children from falling into the care system and ending up in their old unsafe situation. The emergency services are mainly located in the urban area. The rural area has to do with minimal possibilities, or they have to travel to the urban area. Lack of financial resources is a reason that people do not pay for assistance. Decentralization of the emergency services could be carried out in phases. The decentralization of Police Youth Affairs is urgent.

The service providers are not satisfied with the quality of their services because of a shortage of expertise, they receive occasional training and have no or small budget available.

To improve the current emergency response system, a monitoring system should be designed in which the prevention, identification, reporting, treatment, referral and follow-up of a case until the "case closing" is followed.



6. Recommendations

Finally, some recommendations are made to improve the identified gaps in the child protection system compared to the guidelines of GC 13:

- Written guidelines with regard to a child-friendly approach for all service providers.
- Written guidelines to prevent gender discrimination by service providers.
- Provide family reinforcement programs, including parenting courses and family coaching.
- Providing parenting programs for parents with alternative methods of discipline.
- Approach to housing policy.
- Easy access to children by the service organizations.
- Education for children about the child protection laws and the support possibilities.
- Information and awareness in the community regarding child protection laws.
- Information and awareness in the community regarding the consequences of violence on the development of the children.
- Provide adequate childcare and guidance options.
- Supervising the childcare institutions in the

standards by the Reception Institutions Office, as referred to in the Reception Institutions Act.

- Strengthen the emergency services involved in violence against children.
 - Professionalization and expansion of the Child Protection Centers of the Ministry of Justice and Police, working with cooperation protocols, process descriptions and monitoring of cases.
- Good leadership skills are required for managers of the Reporting Centers mentioned above. Describing everyone's responsibility within the collaboration, the goals to be achieved, conflict management, sharing decisions and risks, and case management (Goldman, J. and Salus, 2003).
- Introduction of a right to report by law.
 - Introduction of treatment protocols for teachers, doctors and other professional groups working with children.
 - Decentralization of the Youth Affairs Police Department.
 - Establishment of a Children's Ombudsman's Office.
 - Coordination of the implementation of youth policy by the Ministry of Sports and Youth Affairs.

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Attachment 1:

List of Service Providers for self-completion questionnaires for the purpose of the quantitative research and qualitative research:

List of Service Providers for self-completion questionnaires for quantitative research and qualitative research:

Ministry of Social Affairs and Housing

- Subdirectory Categorical social work
- Service for the Disabled
- Social Workers of Youth Services
- Office for the rights for the Child

Ministry of Education, Science and Culture (MinOWC):

- Counseling department
- Pedological Institute (PI)
- Education Inspectorate: GLO, VOJ, LBO

Ministry of Justice and Police

- Police officers at police stations / neighborhood managers (all districts)
- Youth Affairs Police
- Social workers / Group workers Opa Doeli
- Youth judge
- Youth Public Prosecutor
- Family Legal Affairs
- Buro Victim Services
- Judicial Child Protection
- Justice Office Nickerie
- Child Care / Latour hotlines

Ministry of Health:

- Academic Hospital / Regional Hospital Nickerie
- Pediatricians
- First Aid responders
- Consultancy bureaus
- Individual psychologists
- RGD doctors (all districts)
- RGD nurses
- MOB

Ministry Regional Development

- Board officials

Ministry of Sports and Youth Affairs

- Project Teenage mothers / Youth centers Lawyers
- NGOs / Reporting Centers, emergency services:
- Foundation Children- en Youth telephone (KJT)
- Stop Violence Foundation
- Foster families' center
- Foundation management and exploitation of daycare centers (SBEC)
- Tana Foundation
- Neighborhood workers Community centers (Stibula)
- Trade unions (FOLS)
- RUMAS foundation
- Mati fu Tego Foundation
- Young people's neighborhood platform
- St. Jongeren Welfare, youth workers
- Win / Contactpoint Child abuse Foundation
- Mental guides
- Counselors domestic violence
- Counselors from various religious organizations

Appendix 2:

The service providers have also thought about how the assistance in the child protection system can be improved. The proposals below:

What do you think should happen to combat or prevent child abuse in Suriname?

1. More attention for the support of poor families, a turning point in the consciousness of people with regard to children. More attention for the importance of children. Example Stivoki is not supported.
2. Better cooperation and strict sanctions against those who are guilty of any form of child abuse.
3. Introduce death penalty for pedophiles or publish the names of pedophiles after they have served their sentence.
4. To make the community / parents aware of the harmful consequences of child abuse for the child by means of national information programs.
5. A direct line or desk where you can anonymously report.
6. Much needs to be done about prevention (awareness of child and adults about the dangers of violence). There must be an integrated network for child protection to improve assistance to victims of violence.
7. Possibly a parent / child center where all relevant services are under 1 roof and (problematic) families are assisted either preventively or by request or referral. Facilities must also be created to care for victims / remove them from the family if guidance does not help.
8. Make children resistant to violence and to which authorities they can report themselves, inform and guide parents. A stronger social control and application of the legislation for the protection of children.
9. Parenting programs must be accessible to all parents.
10. The Surinamese situation is very complex. The housing problems, insufficient financial provisions / family planning and poverty factors are also causes of violence against children.
11. A lot of information on the radio, social media, the school and the (foster) parents / guardians; the children must be informed, to whom he / she can report if they experience violence.
12. Holistic approach to child abuse with laws and regulations that fit together. Cultural reversal of the staff who are within the support system regarding their thinking about child abuse.
13. Evaluate the Surinamese pattern of upbringing.
14. Parents, guardians must be made aware of their own tasks and responsibilities.



