

PRE/POST TRAINING ASSESSMENT

Name	
Date	
Consent	<p>All responses will be kept confidential. This means that your responses will only be shared with the CCS training facilitator(s). We will ensure that any information we include in our report does not identify any of the respondents.</p> <p>If you have any questions you would like to ask prior to signing the informed consent to complete the pre-training assessment, please do not hesitate to ask your facilitator(s). You can also ask questions for clarification at any time as you complete the assessment.</p> <p>If you have any concerns or complaints to report about the process, you may contact [insert general contact information] and you will be referred to the appropriate person for follow-up.</p> <p>If you are willing to complete the pre-training assessment, please include your signature below.</p> <p>Thank you!</p>
Signature	

A. Foundations and Guiding Principles in Caring for Child Survivors

1. What is child sexual abuse?

A. Foundations and Guiding Principles in Caring for Child Survivors

2. Which types of abuse are considered child sexual abuse? Select all that apply.
 - a. Sexually exploiting a child.
 - b. Forcing a child to witness sexual violence.
 - c. Sexually assaulting a child.
 - d. Making a child touch another person's genitals or private parts.
 - e. Coercing a child to create or share sexual images or videos.

B. Foundations and Guiding Principles in Caring for Child Survivors

3. Match the signs and symptoms of child sexual abuse to the appropriate age/developmental stage.

Signs/Symptoms of Child Sexual Abuse	Age/Developmental Stage
Unusually attaching themselves to caregivers	Adolescents (ages 10-17)
Difficult to soothe or unresponsive	Toddlers (ages 3-5)
Refusal to go to school or activities	Young children (ages 6-9)
Pregnancy for girls who have begun ovulation	Infants (ages 0-3)

4. What are 4 areas of need that caseworkers must assess for children who have been sexually abused?

C. Beliefs and Attitudes Critical to Helping Child Survivors

5. True or False: If a girl is sexually abused while out on her own and wearing clothes that show too much of her body parts, she is partially to blame for her sexual abuse.
6. True or False: A child may purposefully make up stories about being sexually abused.

7. Why is it critical for caseworkers to have child survivor-friendly beliefs and attitudes when working with child survivors?

D. Engaging and Communicating with Child Survivors

8. What are 3 healing statements you can say to a child who has been sexually abused?

9. What should a caseworker do if a child survivor does not want to talk about their experience of sexual abuse? Select all that apply.
 - a. Use non-verbal communication techniques to help the child feel comfortable and safe enough to talk.
 - b. Tell the child they must tell you what happened so you can move forward with service delivery.
 - c. Ask the child if they would like to have another safe/trusted adult in the room with them.
 - d. Reflect on whether you are creating a safe, comfortable, and trusting environment.
 - e. Understand that the child does not want to work with you and transfer the case to another caseworker.

E. Key Issues in Case Management with Child Survivors

10. What is the role of the caseworker when it comes to mandatory reporting of child sexual abuse cases? Select all that apply.
 - a. Know the mandatory reporting laws or policies in the context.
 - b. Explain the mandatory reporting laws or policies to child survivors and their non-offending caregivers.
 - c. Understand the risks and benefits of mandatory reporting for child survivors with different identities.
 - d. Develop organizational policies on mandatory reporting of child sexual abuse cases.
 - e. Work with their supervisor if concerns with mandatory reporting exist.

11. What are areas a caseworker needs to assess to effectively safety plan with a child survivor? Select all that apply.
 - a. The child's knowledge of the perpetrator.
 - b. The child's support systems.
 - c. The child's skills in self-defense.
 - d. The child's sense of safety at home.
 - e. The child's sense of safety in the community.

12. What are the critical factors a caseworker must understand and explain to child survivors about health services including clinical care of sexual assault? Select all that apply.
- a. The details of the sexual abuse so that the caseworker can determine the health services that are needed.
 - b. The time-sensitive nature of clinical management of rape services.
 - c. The range of health services depending on the type of sexual abuse, whether the child is experiencing physical pain or injuries, and the child's age, gender, and reproductive stage.
 - d. The life-saving nature of clinical management of rape services.
 - e. That health services are not available if more than 3 or 5 days have passed since the sexual abuse.

F. Psychosocial Support for Child Survivors

13. Please share 2 relaxation strategies that can be taught to and practiced with child survivors of sexual abuse.

14. What are critical pieces of information a caseworker must include when providing healing education/psycho-education to child survivors and their non-offending caregivers? Select all that apply.
- a. The caregiver's role in the child's healing process.
 - b. Common reactions of children after being sexually abused.
 - c. Mental health interventions for child survivors and their effectiveness.
 - d. Explanation of what child sexual abuse is.
 - e. Body safety and safety planning.

G. Case Coordination for Child Survivors

15. Share 3 ways a caseworker can coordinate effectively with other service providers.

H. Supervision and Support When Caring for Child Survivors

16. Effective supervision for caseworkers supporting child survivors includes which of the following characteristics? Select all that apply.
- a. Promotes the well-being of caseworkers, including self- and collective-care.
 - b. Provides a safe space for caseworkers to reflect, think, and learn in order to better meet child survivors' needs.
 - c. Focuses on disciplinary action for caseworkers who are not able to keep-up with the demands of their cases.
 - d. Supports the caseworker to uphold the best interests of child survivors.
 - e. Prioritizes quality documentation and reporting for donor accountability.