

A close-up photograph of an adult's hand gently holding a child's arm. The child is wearing a colorful patterned garment. The background is softly blurred, focusing attention on the supportive gesture.

# **Caring for Child Survivors Of Sexual Abuse (CCS) Training (Second Edition)**



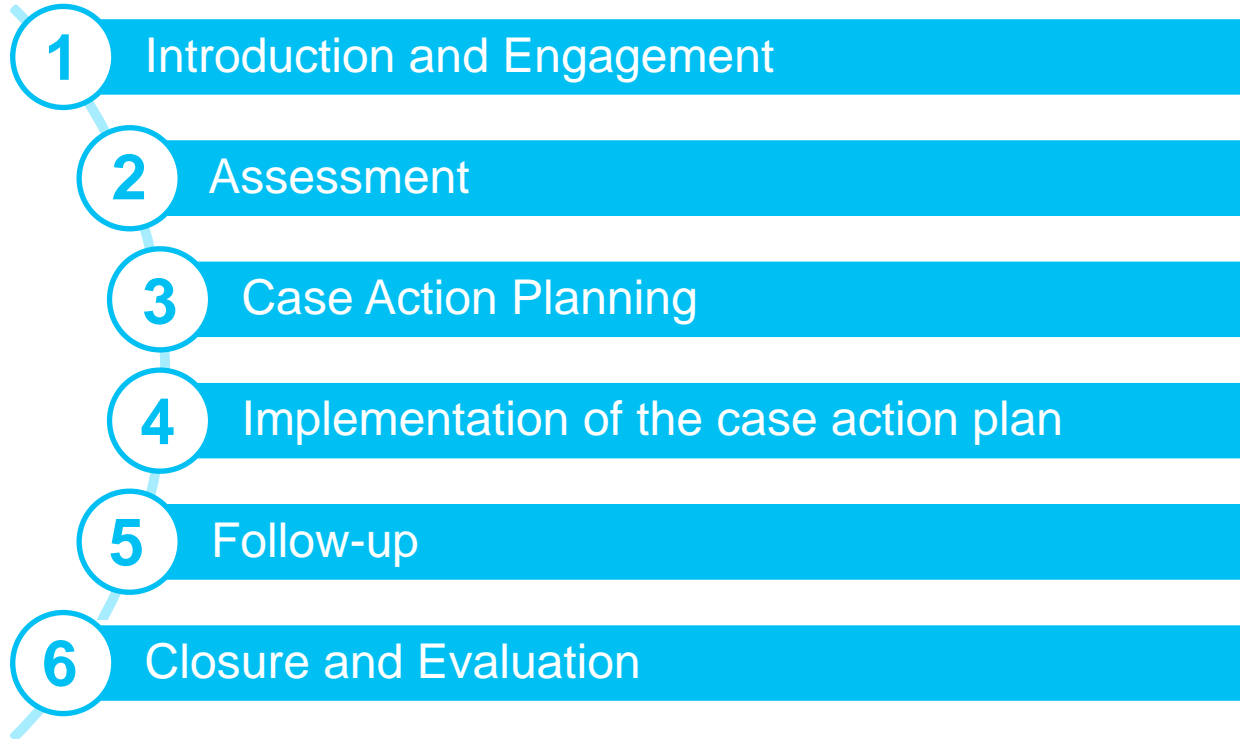
# **Key Issues in CCS Case Management**

## **Module 5**

## Objectives

- To understand the key issues that may arise when caring for child survivors of sexual abuse through case management.
- To understand how to navigate key issues and identify potential solutions that uphold child survivors' best interests.

# Steps of CCS Case Management



## Key Issues that may arise in Case Management

- Navigating decision-making.
- Obtaining informed consent and informed assent.
- Navigating limits to confidentiality in child sexual abuse.
- Navigating mandatory reporting.

# Best Interests of the Child Principle

Decision and actions that:

- Protect the child from potential or further emotional, psychological and/or physical harm.
- Reflect the child's wants and needs.
- Empower children and families.
- Examine and balance benefits and potentially harmful consequences.
- Promote recovery and healing.

## How to Apply the Best Interests of the Child Principle:

1. Carry out a careful evaluation of the child's situation;
2. Hold meaningful discussions with the child and caregivers about what they believe is in the child's best interest;
3. Seek the least harmful course of action.

## Key Issue 1

# Navigating Decision Making



## **Children can and should be Engaged in Decision Making based on:**

- Age, developmental stage, evolving capacity of the child.
- Type of decision.
- Degree of decision-making.

# General Decision-making Guidelines by Age

Age	Guidance
9 years old and younger	May be able to participate in the decision-making process to a certain degree, but caution is advised to avoid burdening them with decisions beyond their ability to understand.
9-12 years old	Can meaningfully participate in the decision-making process, but maturity must be assessed on an individual basis.
13-14 years old	Presumed to be mature enough to make a major contribution to decisions affecting their care and treatment.
15 years old and above	Generally mature enough to make their own decisions.

**Service providers should not solely rely on a child's age to determine their capacity to make decisions. Case workers are responsible for understanding and assessing a child's development and capacity for understanding as well as their maturity.**

# Assessing a Child's Evolving Capacity

- **Ability to express a choice**
  - Can the child survivor communicate their preference?
- **Ability to understand**
  - Can the child survivor understand the information provided?
- **Ability to appreciate**
  - Can the child survivor understand the various options and the relevance of the options to their situation?
- **Ability to reason**
  - Can the child think through the possible benefits and risks to the decision-being made, short and long term?

## Facilitating Decision-making with Children

- Use clear, simple, and age-appropriate words.
- Give child survivor lots of time to think and make decisions.
- Ask if the child survivor needs assistance to communicate.
- Help the child survivor consider options and potential questions.
- Remind the child survivor that they can change their mind at any time.
- Maintain a friendly, non-judgmental and supportive environment.
- Never pressure the child survivor into a specific decision.

# Navigating Decision-making with Child Survivors and Non-offending Caregivers

## Caseworker Responsibilities

- Explain to caregivers the importance of listening to and considering children's wants and needs.
- Make space for, listen to, and reflect the child's wants and needs.
- Examine and balance benefits and potentially harmful consequences.
- Protect the child from potential emotional, psychological, and/or physical harm.
- Promote recovery and healing.

## Supervisor Responsibilities

- Explain to caregivers the importance of listening to and considering children's wants and needs.
- Make space for, listen to, and reflect the child's wants and needs.
- Examine and balance benefits and potentially harmful consequences.
- Protect the child from potential emotional, psychological, and/or physical harm.
- Promote recovery and healing.

## Key Issue 2

# Gaining Informed Consent and Assent

## Informed Consent and Informed Assent

- **Informed Consent:** The voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.
- **Informed Assent:** The expressed willingness to participate in services. For younger children who are, by definition, too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought.

## When do Caseworkers need Informed Consent/Assent

Caseworkers need to obtain informed consent/ assent from the child and caregiver.

- Prior to providing case management services – in order to have permission to proceed with services.
- Prior to make referrals- in order to have the permission to make the referral.



# What are the elements of Informed Consent/Assent?

**Caseworkers explain to the child and non-offending caregiver what the services entail, including possible benefits and risks as follows:**

- Give all possible information and options available in an accessible format
- Inform the child and caregiver that their information may need to be shared with others and for what purposes
- Explain how their information will be safely and securely stored
- Explain what will likely happen to the child when engaging in services
- Explain the benefits and risks of services
- Explain to the child and non-offending caregiver that they have the right to decline or refuse any part of services
- Explain the limits of confidentiality.

# Guidelines for Informed Consent/Informed Assent

AGE GROUP	CHILD	CARE GIVER	IF NO CAREGIVER or NOT IN CHILD'S BEST INTEREST	MEANS
0 – 5	–	Informed consent	Other trusted adult's or caseworker's informed consent	Written consent
6 - 11	Informed assent	Informed consent	Other trusted adult's or case worker's informed consent	Oral assent, Written consent
12 - 14	Informed assent	Informed consent	Other trusted adult's or child's informed assent. Sufficient level of maturity (of child) can take due weight	Written assent, Written consent
15 – 17	Informed consent	Obtain informed consent with child's permission	Child's informed consent & sufficient level of maturity takes due weight	Written consent

## Consent when working with Children with Disabilities

- Assume all children with a disability have the capacity to provide informed consent or informed assent.
- Put in place accessibility measures and reasonable accommodations:
  - Adjust communication using a range of styles;
  - Ask the child if there is someone they would like to support them with communication;
  - Make decisions based on the best interpretation of the child's will and preferences as appropriate to their age, development and understanding.

# Obtaining Informed Consent and Informed Assent throughout Case Management

## Caseworker Responsibilities

- Obtain informed assent and consent.
- Ensure they understand who is responsible and legally able to provide consent.
- Ensure they understand age when child can independently consent to services.
- Understand mechanisms for third-party consent if parents or caregivers are unable to give consent.

## Supervisor Responsibilities

- Identify and understand local laws that set an official age of consent.
- Develop program policies and guidelines that adhere to these laws.
- Training caseworkers on these policies and how to practically implement them.
- Set protocols and policies in place for common challenges around obtaining informed consent/assent.

## Informed Consent can become Challenging when:

- Caregiver does not want to due to fear, stigma or shame.
- Only caregiver culturally permitted to provide consent is the perpetrator.
- Non-offending female caregiver cannot or does not believe she can give informed consent as she is not the head of the household.
- No official legal guardian, non-offending caregiver, other trusted adult, or specific agency that can act as the decision maker for a child.

## Informed Consent can become Challenging when:

- Non-offending caregiver is present in the child's life but disclosure of sexual abuse to the caregiver would almost certainly result in additional violence or death (that is, honour killing) of the child.
- Non-offending caregiver is present in the child's life but later becomes engaged in additional violence against the child.
- Adolescent girl and boy survivors who do not want to tell/involve their non-offending caregiver(s) in the process or their non-offending caregivers have legal authority and do not consent to services.
- Adolescent survivors are accompanied by young adult friends/neighbors/other family who are not primary caregivers, particularly when the survivor is under the legal age to consent for services.

## **When Informed Consent becomes a challenge, consider:**

- How urgent is the decision regarding care?
- If the caregiver is refusing consent, what are the driving factors for doing so.
- What is the age of the survivor and their capacity for consent?
- What are the legal parameters for consent within the context?

**Ultimately, decisions and actions should uphold the child's best interest.**

## Key Issue 3

# Upholding and Navigating Confidentiality



# Upholding Confidentiality with Child Survivors

- Confidentiality = Conditions under which information revealed by an individual in a relationship of trust will not be disclosed to others.
- We maintain confidentiality by:
  - Explaining the importance of confidentiality to the child and non-offending caregivers Safely collecting child survivor information.
  - Securely storing child survivor information.
  - Agreeing to share information only after obtaining explicit permission from the child survivor/safe caregiver and only with those involved in the child survivor's care and treatment.

## Exceptions to Confidentiality include...

Exist to promote safety. Circumstances when child survivor is

- at risk of serious harm from another person;
- at risk of harming themselves;
- at risk of harming another person;
- if mandatory reporting is required.

## When Confidentiality cannot be upheld . . .

- Unless legally mandated, decisions to break a child's confidentiality should always be guided by the best interests of the child.
- CCS guiding principles should also inform “how” this is done.
  - To extent possible caseworker should discuss with child / caregiver in advance. Decide what information can be shared.
  - Discuss repercussions to safety and safety planning.
  - Discuss impact on caseworker-child relationship.

# Navigating Confidentiality with Child Survivors

## Caseworker Responsibilities

- Explain confidentiality and its limits to child survivors and caregivers and ensure understanding.
- Safely apply confidentiality in ways that uphold best interests of the child survivor.
- Request support from supervisor as needed.

## Supervisor Responsibilities

- Develop confidentiality protocols for all staff providing care to child survivors
- Assess legal framework and limitations to confidentiality for child's best interests
- If confidentiality conflicts with the best interests of the child:
  - Support caseworkers, child survivor, and caregiver to determine best course of action
  - Be primary contact for law enforcement, your supervisors, and others who may request explanation for course of action

## Key Issue 4

# Navigating Mandatory Reporting

# Mandatory Reporting

- State laws and policies that mandate certain agencies or professions to report actual or suspect cases of child abuse
- Mandatory reporting laws and policies across contexts have different goals. Understanding the goal and purpose of the mandatory reporting law is key to understanding how to work in the best interest of the child. Is the goal of the law or policy to:
  - Protect the child survivor?
  - Track incidents of sexual violence?
  - Hold perpetrators accountable?
  - Other reasons?

## **Mandatory Reporting can present risk of further harm to a Child Survivor when:**

- Authorities lack clear procedures and guidelines for reporting.
- There is a lack of protection and legal support to respond appropriately to the child survivor after a mandatory report is made.
- Reporting could risk the child survivor's safety.

# **The Best Interests of the Child Should always Guide Decision-making and Actions with Mandatory Reporting**

- The child and caregiver must be made aware of mandatory reporting during the informed consent process.
- If/when mandatory reporting is followed, the caseworker must ensure that that the child and caregiver are informed.
- Risk mitigation and safety planning must be discussed if there is the possibility of a mandatory report bringing further harm to the child and/or caregiver.



# Navigating Mandatory Reporting Laws and Policies

## Caseworker Responsibilities

- Understand the mandatory reporting laws or policies in the context.
- Know how to explain the laws or policies to the child and their non-offending caregiver.
- Understand potential risks to mandatory reporting for child survivors with different identities.
- Work with supervisor if concerns with mandatory reporting exist.

## Supervisor Responsibilities

- Identify and assess the existing mandatory reporting laws and policies to inform guidance and procedure.
- Establish procedures for mandatory reporting before teams provide services to children including child survivors.
- Create guidance on how to report safely.
- Train and supervise caseworkers on how to navigate mandatory reporting.

## Prevention of Sexual Exploitation and Abuse (PSEA) Policies

- PSEA policies are developed and implemented in organizations as organizational policy employees must follow.
- They are set up to ensure safeguarding and accountability for perpetrators who are humanitarian workers.
- They are not the same as national mandatory reporting laws.
- They should have protections in place to keep the identity of the survivor anonymous.

## **Again Best Interests of the Child Should always Guide Decision-making and Actions with PSEA Reporting**

- If PSEA policy exists, child and caregiver must be made aware of it during the informed consent process.
- If/when report is made, caseworker must ensure that that the child and caregiver are informed.
- Report should only be made if the policy includes protecting the identity of the child survivor.

## Key Issue 5

# Reflection and Practice

# Navigating Key Issues with Case Scenarios

- **Scenario 1:** [NAME] is a 12-year-old girl. She has come to you for case management services because her uncle has been sexually abusing her. While you are explaining services and getting informed assent from her, you tell her that you also need to get informed consent from one of her parents or caregivers. She says that she has not told her parents about this and is afraid what will happen if her parents find out. She is worried that they will blame her and tells you that if either of her parents finds out what happened that they will beat her for being “impure.” She asks you if you can provide services to her ‘in secret.’
- **Scenario 2:** [NAME] is a 13-year old girl married to an older man who is prominent in the community. She has been married for a few months and comes to see you at the Women and Girls Safe Space because she heard that she could talk to someone. She tells you that her husband forces her to have sex with him and he is very rough and that it is very painful. She is worried that she needs medical attention. She says that she tried to go to the local health clinic but they turned her away saying that she needed to come with her mother. When she told them that she no longer lived with her mother and that she was married they told her she should ask her husband to come with her. She comes to you for help because she does not know what to do. The pain persists and her husband continues to force her to have sex even though he knows it is hurting her. She says she is not allowed to have contact with her family anymore.
- **Scenario 3:** [NAME] is a 7-year-old boy whose older cousin abused him when the families moved into the same shelter after a storm destroyed the cousin’s shelter. He was referred to you by his teacher when the teacher noticed a significant change in his behavior very suddenly. His mother brought him to the center to meet with you but as you explain your services and confidentiality, she becomes very worried and says that she did not know the center was a place for ‘people like that’ and that no one can know that she brought her son here. You try to explain confidentiality again and that you cannot tell anyone that they came here or why they have come. She keeps repeating herself and restating her fears about others finding out. You try to explain in a different way about confidentiality but it does not seem to help.

# Navigating Key Issues with Case Scenarios

- **Scenario 4:** You work in a setting where there was a law that required all survivors of sexual abuse to report to police, obtain a specific form from them and present that form to health care workers before the health workers could provide services to them. This law was recently repealed, and health teams can now provide services to survivors without the police form. However, the law stated that health workers who provided services to survivors without the form could lose their medical license and be prosecuted for breaking the law. Because of this, and because it is not widely known that this law has been overturned, many health providers still will not provide services without the form. An 8-year old girl survivor you are working with came in with her mother and is complaining of pain in her 'private parts.' She and her mother both want health services to see her but they were turned away at the local health clinic when they tried to seek services there. They have come to you for help after being turned away there. They are now worried that if they go back to the health clinic the health staff will report the case to the police.
- **Scenario 5:** [NAME] is an 11-year-old boy who has been in case management for the past 2 months after his mother discovered that he was being sexually abused by a neighbor. His mother is very supportive and usually attends case management sessions with [NAME]. During the most recent session, you discussed the issue of returning to school and some activities at the child friendly center that [NAME] used to attend. Right after being abused, [NAME] was unable to attend school and often became too upset and fearful to leave the house. Now, he has been doing better for a few weeks and has begun expressing interest in returning to school and being able to do some activities with his friends. [NAME]'s mother has not allowed him to return to school or any other activities. She says that [NAME] still gets very upset and needs more time to recover. [NAME] is insistent that he is ready and wants to return. You have tried talking with them both and suggesting slowly returning to one activity at a time. Both [Name] and his mother have refused this option, with each of them wanting their original suggestion and nothing else.

## Discussion Questions

- Which of the key issues discussed do you see in this case? If there is more than one how are they related?
- What challenges/ concerns does this key issue or key issues present?
- How would you navigate these key issues using the CCS guiding principles and the best interests of the child principle, in particular
  - What decisions would you make?
  - What actions would you take?

## Key Messages

- Caseworkers are responsible for being aware of and prepared to handle the key issues that can arise when caring for child survivors through case management.
- Supervisors play an important role in preparing caseworkers and supporting them as they work through these issues in cases.
- The CCS guiding principles and in particular the best interest of the child principle should guide decision making and ways forward.



# Questions?