

HANDOUT 5.2. CASE SCENARIOS – FACILITATOR

Facilitators can use these scenarios as a base to contextualize and make more relevant to your context and the issues that child survivors and case workers commonly face. They are split into scenarios that focus more on one aspect than others, however, facilitators should contextualize them as best as you are able to include at least some considerations for all the aspects covered in the previous activity. These four key issues are interlinked and challenges to them occur together and must be thought about and addressed together. Your scenarios should reflect that.

Scenario 1 – Informed consent and informed assent

[NAME] is a 12-year-old girl. She has come to you for help 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 he 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.’

Note for facilitators: The key to approaching this scenario is assessing whether it is in the best interests of the child to provide services to this girl without a caregiver being involved. Participants should be thinking about – assessing the level of maturity of the girl, discussing with her whether there is another trusted adult in her life who could be involved. There is also a significant safety issue given that the perpetrator is the uncle. Ultimately, at age 12 if the girl seems mature enough and she is unable to identify an adult to provide informed consent, her informed assent is sufficient because it is in her best interests.

Additional discussion questions for plenary (optional)

» How would your actions change if the girl was younger? What if she was older?

Scenario 2 – Informed consent and informed assent

[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.

Note for facilitators: In this scenario participants should be thinking about the immediate health needs of the girl and facilitating her access to services. At 13 years if she is deemed mature enough, she should be able to provide informed consent because it is in the best interests to do so. The caseworker should also try to understand if there is another adult in the girl's life who could accompany her to seek services and if not whether the caseworker can go with the girl. The caseworker should also be thinking about how they can advocate on behalf of the girl with health care providers such that she accesses services that are safe and confidential.

Additional discussion questions (optional):

- » How would your decisions and actions change if the girl was 10 years old?

Scenario 3 – Navigating limits to confidentiality

[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 will not 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.

Note for facilitators: In this scenario, participants should be thinking first and foremost about communication skills – not only how they can explain confidentiality to both the mother and the child in a way that they can understand, but also exploring with the mother what her concerns about what will happen if anyone does find out – is she concerned about stigma, safety? Working with her to understand these concerns and do safety planning/ risk mitigation may make her feel more at ease. Re-iterating your ethical and professional commitment to confidentiality as a safety measure may also help reassure her.

Additional discussion questions (optional):

- » What might you do differently if the boy was 14 years old?

Scenario 4 – Mandated Reporting

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 her to access health services but they were turned away at the local health clinic. They have come to you for help after being turned away there. They are also afraid that if they go back again that the health staff will report the case to the police.

Note for facilitator: The key issue here is how to get health services for this girl given the obstacle of health providers declining to provide services without a police report. In this case, the caseworker should be thinking about accompanying the survivor and caregiver to the hospital and advocating with the health staff. Caseworkers should attempt to identify a supervisor at the hospital with whom they can speak and explain the change in the law and get reassurance that the new policy will be followed by health staff. The caseworker can bring printed copies of the new law for the health staff to read. The caseworker should accompany the survivor and the caregiver to the health clinic and be present to facilitate access to services. If the hospital still refuses, the caseworker should consider whether there are other clinics that the girl could go to. Lastly, the caseworker should discuss with the mother her concerns about going back to the clinic and the risk of the case being reported to the police. Identifying these concerns and safety planning around them may help the mother feel more reassured.

Additional discussion questions (optional):

» Would your actions change if the survivor was a 14?

Scenario 5 – Navigating Decision Making

[NAME] is an 11-year-old boy who has been in case management for the past 2 months after her mother discovered that she 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.

Note for facilitator: For this case, the caseworker should be thinking about evaluating the child's level of maturity and ability to make decisions on his own and helping the mother to see this capacity. The caseworker will want to explore with the mother what her concerns / fears are related to the boy returning and what they can do together to help allay her fears. It may be helpful for the caseworker to have a separate session with the mother as well to emphasise to her the value of having her son return to some level of normalcy and that engaging with other children may be beneficial for his healing. The caseworker should continue to reach a compromise between the two and carrying out safety planning and other strategies that help address the moms concerns.

Additional discussion questions (optional):

- » Would your action change if the boy had a disability? What if he was older?