

A close-up, slightly blurred photograph of an adult's hand gently holding a child's arm. The child is wearing a green and yellow patterned garment. The background is out of focus, showing more of the child's clothing and a hint of an outdoor setting.

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



# **The Caring for Child Survivors Approach**

## **Module 1**

# Objectives

- To think about child sexual abuse in context.
- To understand the Caring for Child Survivors approach to case management.
- To become familiar with the Caring for Child Survivors of sexual abuse guiding principles.
- To reflect on power and identity and how that impacts the healing relationship.

## In the communities where you live and work...

- What is child sexual abuse?
- What types of sexual abuse do you see perpetrated against children?
- Which children are considered survivors?
- Which characteristics put children at increased risk of sexual abuse?
- Who usually responds to cases of child sexual abuse?
- What is the quality of the response to child sexual abuse?

# CCS Definition of Child Sexual Abuse

Any form of sexual activity, physical or not, with a child, perpetrated by an adult or by another child who has power over the child.

Child sexual abuse often involves body contact, but not always.

# Types of Child Sexual Abuse

## Physical contact

- Sexual assault.
- Rape.
- Touching a child's genitals or private parts for sexual purposes.
- Making a child touch someone else's genitals or private parts or play sexual games.

## Non-physical contact

- Showing nude photos.
- Exposing genitals for sexual pleasure.
- Photographing a child in sexual poses.
- Watching a child undress for sexual pleasure.
- Encouraging a child to watch/hear sexual acts.
- Forcing a child to witness sexual violence.

## Facilitated by technology

- Sexual abuse via social media, SMS, etc.
- Grooming on online platforms.
- Coercing or forcing a child to produce and/or share sexual images or videos.
- Documenting or livestreaming acts of child sexual abuse.

# CCS Approach to Case Management: Theoretical Foundations



## Client-centered

- Caseworkers engage with the client in all aspects of case management and service delivery.
- Caseworkers tailor services to the client's needs, preferences, and goals.
- Both child-centered AND survivor-centered for child survivors of sexual abuse.



## Child-centered

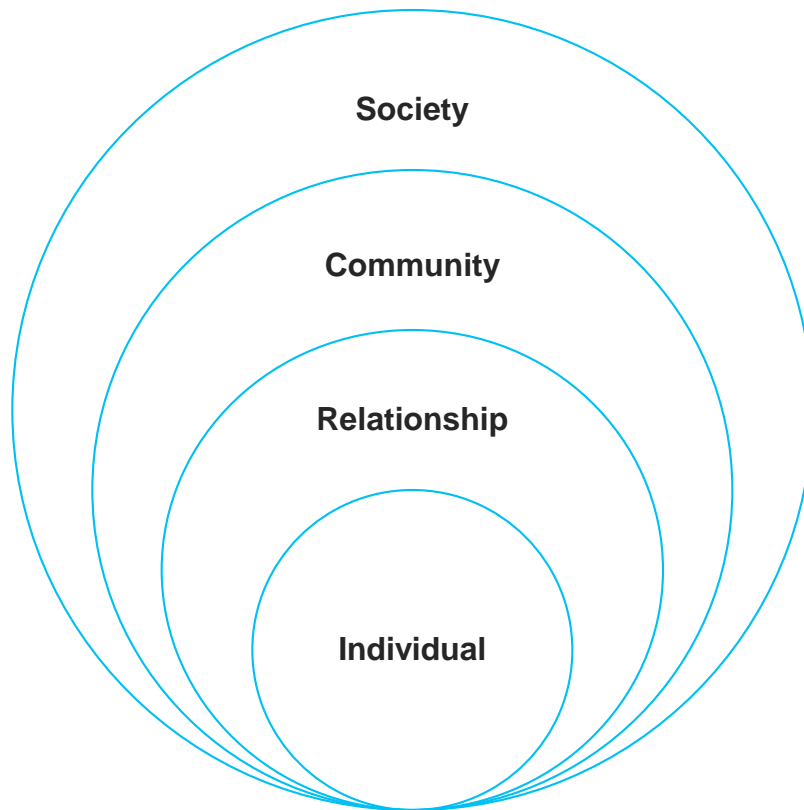
- Child's best interests are centered in decision-making and organizing and delivering services.
- Child-friendly according to child's age, developmental stage, and other factors that impact their capacity to understand and participate.
- Builds on child's protective factors and addresses risk factors.
- Includes safe, non-offending caregivers.

## Survivor-centered

- Rooted in the empowerment of women and girls.
- Upholds safety, confidentiality, respect, and non-discrimination of survivors.
- Trusts the survivor as the expert of her own life.
- Empowers the survivor to make her own decisions about her care.

# Person-in-environment

**Protective  
Factors**



**Risk  
Factors**

## Power Analysis

- Power analysis recognizes that child sexual abuse is by definition an abuse of power.
- Caseworkers must continually examine power dynamics influencing child including within the helping relationship.

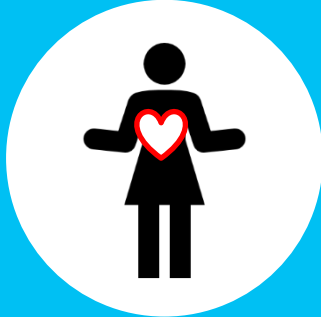
# What is Power?

- The ability to act or produce an effect.
- Possession of control, authority, or influence over others.
- Physical might.
- A source or means of supplying energy.

## 4 Types of Power



**Power Over**



**Power Within**



**Power With**



**Power To**

## Power Walk Directions

- Respond to the questions imagining you are the character you have been assigned.
- Step forward if you agree with the statement; take two steps forward if you strongly agree.
- Step backwards if you disagree with the statement; take two steps back if you strongly disagree.

## Power Walk Statements

1. I am **NOT** vulnerable to sexual abuse
2. I understand what sexual abuse is
3. I have people around me who can protect me from sexual abuse
4. There are people I feel comfortable talking to about personal matters
5. If I am sexually abused, I am **NOT** scared to report it
6. People will believe me if I report sexual abuse
7. I will be able to access services if I report sexual abuse
8. I will receive non-judgmental, quality care if I report sexual abuse



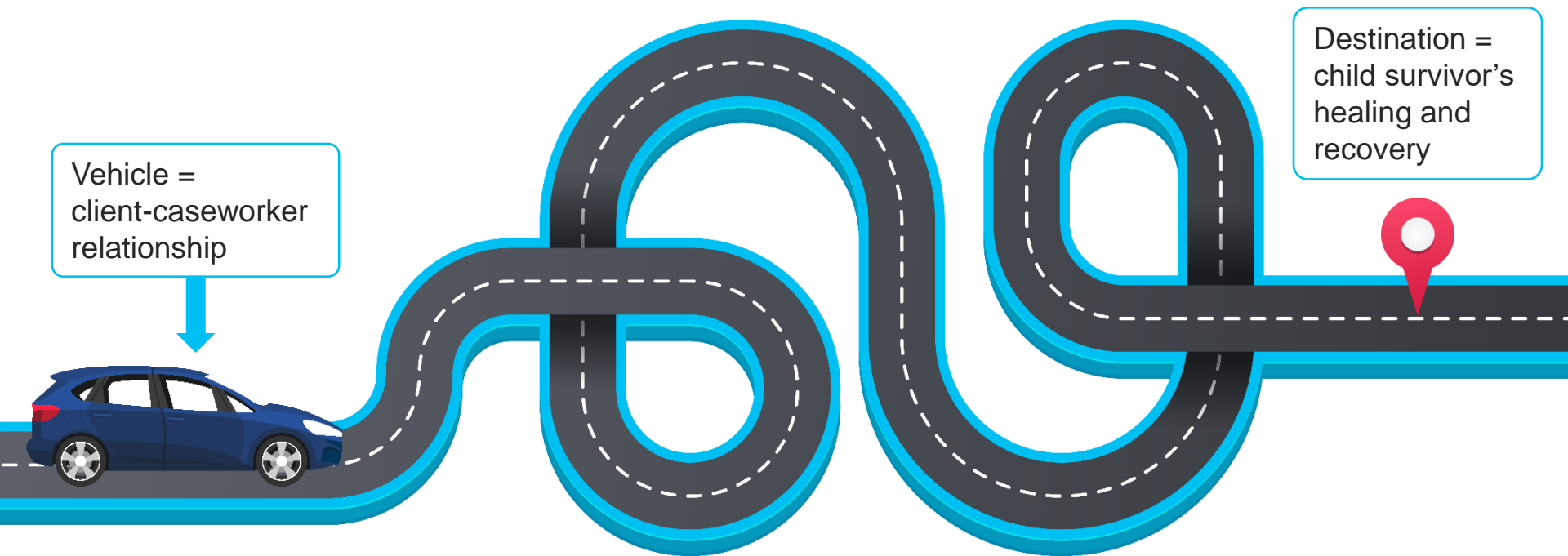
## Power Walk Debrief

- Observe where each character landed in relation to where they started.
  - Volunteers: Why did you have your character take the steps they did?
  - Observers: Do you agree with where each character ended up?
- Are there common characteristics amongst the characters that give them more or less power (e.g., gender, age, disability, etc.)?
- How does the combination of characteristics give the characters more or less power?
- Volunteers: How did it feel to take the steps forward and back?
- Observers: How does it feel to see some people so far ahead and others so far back?

## Strengths-based

- Does not focus on the client's problem(s) or diagnosis.
- Views client as a survivor not a victim.
- Identifies and builds on internal and external resources.
- Gives power back to the client.

# Criticality of the Healing Relationship



# Criticality of the Healing Relationship



# Development of the CCS Guiding Principles



## CCS Guiding Principles – DO NO HARM!

- Treat every child **FAIRLY** and **EQUALLY**.
- Show **EMPATHY**, respect, and kindness to child survivors.
- Prioritize the **SAFETY** of the child survivor.
- Seek **INFORMED ASSENT/INFORMED CONSENT** before providing services.
- Ensure **CONFIDENTIALITY** of services.
- Facilitate meaningful **PARTICIPATION** of child survivors.
- Build upon **STRENGTHS**, resources, coping mechanisms unique to each child survivor.
- Promote the **BEST INTERESTS** of child survivors.
- Understand each child's social identities and individual experiences.

## Putting the CCS Guiding Principles into practice

- Discuss in groups how in practice you can uphold the guiding principles assigned to your group. Identify what might be challenging.
- 20 minutes for group discussion.
- Be prepared to give a brief readout from your discussion.

# What does “Identity” mean to you?

The characteristics and roles that connect us to specific groups in society and make us uniquely who we are.



# Exploring our Identities

## Physical contact

- Sex
- Age
- Socio-economic status
- Sexual orientation
- Gender identity
- Ethnicity
- Religion
- Disability

## Non-physical contact

- Country you were born in
- Language you speak
- Accent you picked up
- Geographical impact
- Systems and structures

## Facilitated by technology

- Parent
- Partner/husband/wife
- Sibling
- Child
- Artist
- Athlete
- Student
- Community leader
- Professional
- Activist

## Reflecting on my own Identity

- Write your name at the top of your paper.
- Draw yourself in the middle of the paper.
- Around your picture, write down all the characteristics, environmental factors, and roles that make up your identity.
- Reflect on the different parts of your identity:
  - How do the different parts of your identity make you feel?
  - Which parts of your identity are you proud of and why?
  - Which parts of your identity do you have mixed feelings about?
  - Are there any part of your identity that are hidden or that you choose to hide?

## Key Messages

- Child survivors must be kept at the center of case management.
- The CCS approach to and guiding principles for case management integrate GBV and CP case management principles and approaches.
- Caseworkers' ability to establish and maintain trusting relationships with child survivors and their non-offending caregivers is critical to their healing.
- Caseworkers must continually reflect on their own power, identities, beliefs, attitudes, and actions may be impacting the child survivor and non-offending caregiver.

# Questions?