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

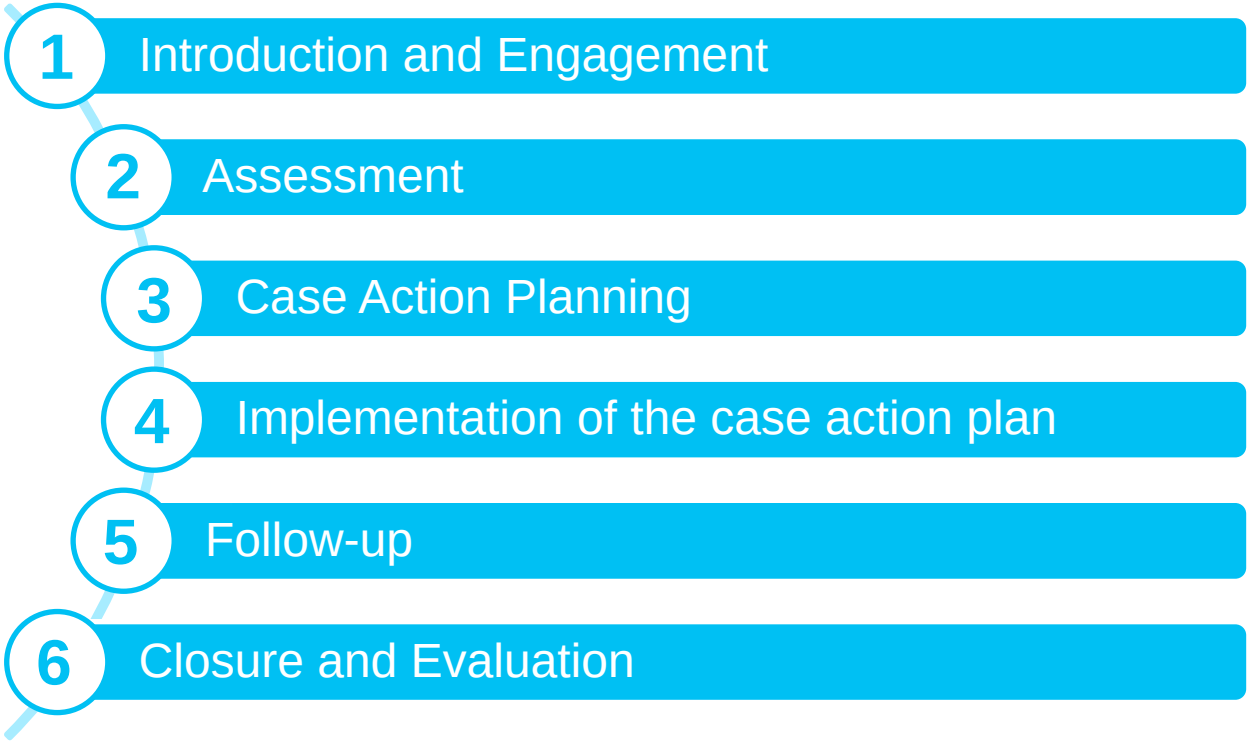
Steps Of CCS Case Management

Module 6A

Objectives

- To review the key tasks involved in each step of CCS case management.
- To learn and practice key elements of assessment.
- To learn and practice key elements of case action planning related to safety, health and mental health and psychosocial support.

Steps of CCS Case Management



Steps and Key Tasks

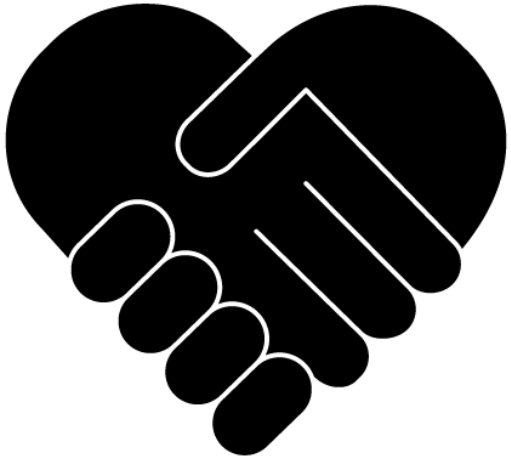
Step	Guidance
Step 1: Introduction and Engagement	• Greet and comfort the child. • Gain informed consent/assent for case management services (this includes explaining confidentiality and its limits and mandatory reporting requirements if present).
Step 2: Assessment	• Gather information about the child and the nature of the abuse. • Assess the needs of the child / caregiver.
Step 3: Case Action Planning	• Develop the case action plan with the child and/or caregiver. • Gain informed consent/assent for referrals to other services.
Step 4: Implement case action plan	• Assist and advocate for children to obtain quality services. • Provide direct interventions, if appropriate (mental health and psychosocial). • Complete any mandatory reporting procedures. • Lead coordination of care.
Step 5: Follow-up	• Follow up on the case and monitor progress. • Implement a revised action plan (if needed). • Continue to provide mental health and psychosocial support.
Step 6: Closure and Evaluation	• Assess for and implement case closure procedures. • Conduct a service evaluation.

Step 1

Introduction and Engagement

Step 1: Introduction and Engagement

- Greet and comfort the child.
- Gain informed consent/assent.



Elements of Informed Consent/Assent

- The caseworker's role and responsibilities in case management.
- What case management includes (e.g., listening to problems, identifying needs, helping to meet needs) as well as clarify the benefits and limitations of services.
- What confidentiality means, and how, on occasion, confidentiality cannot be kept (including conditions for which mandatory reporting is required).
- How client information will be safely and securely stored (this includes any case forms and database systems being used).
- Ways in which the client information will be used (data collection, information sharing for case management,).
- Offer children and caregivers the opportunity to ask questions or share concerns.
- Ask for their permission to proceed.

Vignettes for Role Plays

- **Group 1:** A mother brought her 6-year-old boy to you because she witnessed her uncle abusing the boy when she came back early from the market one day. The boy will not tell her any details of what happened. She does not know how many times this has happened or how long it has been happening. She brought him to you to see if she could find out more.
- **Group 2:** A 9-year-old girl told her best friend that an 18-year-old neighbor has been ‘touching her private parts’ and recently tried to have sex with her. Her best friend has told her that she should come to your center and talk to someone but she is too afraid to tell anyone else. Her friend tells you about this one day during a young adolescent girls group activity.
- **Group 3:** A 16-year-old girl with a developmental delay has come to the clinic for pre-natal services. Her mother brought her in to get services and says she does not know how the girl got pregnant because she does not attend school and rarely goes out in the community. Her mother mentions that this is her second pregnancy. The health worker suspects that someone in the compound may be abusing the girl and calls you for support.
- **Group 4:** A 10-year-old boy, lives with his aunt and uncle. His aunt recently found him crying uncontrollably after she returned home from the market. When she questioned him, he told her that their neighbor has been kissing his private parts. His aunt takes him to the child-friendly center for help.
- **Group 5:** A 3-year old girl lives with her aunt in a camp. The uncle notices some discharge coming out of her vagina while helping her in the bathroom. When the aunt asks her if she can take a look because she is concerned, the girl refuses. The aunt takes her to the health center and the health worker suggests she speak with a caseworker.
- **Group 6:** A 14-year old boy was recruited into an armed group. He was sexually abused by his commanders and forced to sexually abuse others. He has returned home and swings between anger and depression. He refuses to talk about what happened.

Step 2

Assessment

Step 3

Case Action Planning

Step 2: Assessment

- Understand who the child is and the nature of the abuse.
- Assess the needs of the child/caregiver.

Understand a context for the Child and the Abuse

- Family composition
- Living arrangements
- Nature of the abuse
- When the abuse happened
- Who the perpetrator is and current access to child

Speaking with Children about the Abuse

Age	Guidance
Infants and toddlers (0-5 years)	Should not be asked directly about what happened to them. Information should be gathered from non-offending caregiver.
Older Children (6-9 years)	• Can be asked questions directly although if possible also gather information about the abuse be gathered from trusted sources. • They may have a difficult time answering general questions. • Use verbal and art-based communication techniques. • Avoid questions about abstract ideas. • Not longer than 30 minutes.
Younger Adolescents (10-14 years)	• Can be asked questions directly. Open-ended questions can produce important information about sexual assault. • Caregivers/parents or someone the child trusts can be involved if child wants. • Not longer than 45 minutes.
Older Adolescents (15-18 years)	• Can be asked questions directly. Open-ended questions can produce important information about sexual assault. • Caregivers/parents or someone the child trusts can be involved if child wants • 45 minutes – 1 hour.

Assessing the needs of Child Survivors of Sexual Abuse

- Immediate safety risks and needs.
- Appropriate medical/health care and treatment.
- Mental health and psychosocial well-being.
- Other – can include legal/justice, livelihoods, etc.

Step 3: Case Action Planning

- With the child (and caregiver), develop the case action plan based on assessment.
- Seek informed consent/assent for referrals to other services.

Assessment and Action Planning: Safety

Assessing a Child Survivor's safety

- Most important assessment area
- Ask the child survivor privately about their safety concerns (appropriate to age/developmental stage). Also speak with non-offending caregivers separately.
- Areas of assessment
  - Child survivor's sense of personal safety at home
  - Child survivor's sense of safety in the community
  - Child survivor's safety/support systems
- If the assessment finds that the child survivor is not safe, a safety plan must be in place before allowing the child survivor to leave the meeting

Areas of Safety Assessment

- **Child survivor's sense of personal safety at home**
  - "Does anyone at home scare you?"
  - "When you are at home do you worry that you will be hurt?"
  - "Does the person who hurt you visit your home?"
- **Child survivor's sense of safety in the community**
  - "When you are walking to school, do you fear anything or anyone?"
  - "Do you ever feel scared outside of your home... [if yes, 'where?']?"
  - "What is it like at your school?" / "Do you feel safe at school?"
- **Child survivor's safety/support systems**
  - "Who do you feel safe with?"
  - "When you have a problem, who do you talk to?"
  - "Who do you trust at home?"

Safety Planning with Child Survivors

- Safety planning is an empowering approach to support the child survivor make a plan based on their own strengths and protective factors in the environment around them.
- The safety plan can be made and revised at any stage of the case management process as risks change, increase, decrease, etc.
- Creating a safety plan with the child survivor is a tangible and concrete service to reduce the risks faced by the child survivor and to make them safer.
- Safety planning is about using critical thinking and problem solving skills – safety planning tools are helpful but not necessary.

Engage Non-offending Caregivers in Safety Assessment

There are benefits of safety planning with non-offending caregivers

- Supportive parents/caregivers, are well placed to protect the child and keep them safe.
- They might have ideas or information about resources or supportive people and actions that the child is not aware of.
- They might provide emotional support and encouragement to the child during the safety planning process.

Safety Planning Tools

- Safety planning table.
- Safety checklist.
- Community map.

Safety Planning Table – Older Child Survivors

Topic	Assessing Safety	Safety Planning
Patterns	• Can you tell me about some of the times you feel unsafe? • Have you noticed anything in particular that comes before the violence? (location, time, behaviors, etc.)	• Is there a way you can avoid _____ when you notice it? • Is there a safe adult or place you can go when you notice _____?
Response	• What do you usually do when you feel scared or in danger? • Does the strategy work well? • Is there anything else you'd like to do?	• When you feel scared, you can _____.
Supportive people	• Who do you feel comfortable speaking to if you're in danger?	• Is there someone nearby you could go to for help?
Safe places	• Where do you go if you're in danger?	• Are there safe places nearby?

Safety Planning Table – Younger Child Survivors

Topic	Assessing Safety	Safety Planning
Supportive people	• Do you have a friend who is very kind? • Who do you talk to when you feel worried? • Do you have a family member or neighbor that you trust?	• Who would you like to help you when you are worried or upset? • Who can you go to when you are worried or upset?
Safe places	• Do you have a favorite place around here? • Where do you go if you feel worried or unsafe? • Do you know where the _____ is?	• If you are worried or upset, you can go to _____. • What support do you need to go to the safe place? • We can draw a map together…

Safety Checklist

If there is a problem or I do not feel safe I can…	
Call these phone numbers	
Use this alert word	
Go to these people for help	
Go to these places for help	
Leave my home by doing these things	
Carry these things with me	
Help my siblings by	

Community Map

- Draw a small house in the middle of the paper.
- Draw all the places and people they visit around the house and label them.
- Mark each of the places they like with their favorite color.
- Mark each of the places they do not like with a different color.
- Ask about the places and people to understand their risk and protective factors.

Safety Circle

Things/people I don't like

Things/people that make me feel unsafe

Assessing for Safety – Care Arrangements

- Scenarios where it may not be safe to leave the child survivor in their existing care arrangement.
  - Perpetrator lives with the child survivor.
  - Parent/caregiver does not feel they can protect the child-survivor.
  - Perpetrator lives near the child survivor is likely to return to where the child survivor is staying.
  - Others?

Mitigating risks in Care Arrangement

Risk Mitigation Strategy	Examples
Support to parent/caregiver	• Use active listening skills to acknowledge, understand, and support the parent/caregiver. • Provide parent/caregiver with access to MHPSS services. • Provide parent/caregiver access to food security and livelihood services to reduce pressure.
Removing or preventing the perpetrator from access the child	• Liase with local authorities to remove or prevent the perpetrator from accessing the child survivor. • Perpetrator is moved to an alternative location, arrested, or prohibited from coming near the child survivor.
Monitoring the care arrangement	• Caseworkers and volunteers are present and around the child survivor's home. • Neighbor or community leader keeps an eye on the child survivor's home. • Caseworker follows-up with safe people in the child survivor's life who are monitoring.
Making a safety plan	• Work with child to analyze risks around them and make a plan to mitigate those risks.

Vignettes for Role Plays

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- **Group 6:** A 14-year old boy was recruited into an armed group. He was sexually abused by his commanders and forced to sexually abuse others. He has returned home and swings between anger and depression. He refuses to talk about what happened.

Assessment and Action Planning: Health

Child Survivors may have the following health concerns…

- Sexually transmitted infections, including HIV.
- Injury.
- Infertility.
- Pregnancy.

Assessing for Health Needs

- Nature of the assault – if the assault included physical contact and more specifically vaginal or anal penetration it is more likely to require immediate attention.
- Presence of injuries and/or complaints of pain which can indicate physical contact and penetration.
- Timing of the assault – whether the most recent assault occurred within 72-120 hours.
- If the child has already received any medical care.

Case Action Planning

Caseworkers need to be able to explain to the caregiver and survivor in a child friendly way that:

- The most comprehensive sexual health services can be received within 72 hours of a sexual abuse incident. Specifically HIV post-exposure prophylaxis must be provided within 72 hours.
- Offering emergency contraception within 120 hours of a sexual abuse can help a girl prevent pregnancy although it is more effective the sooner it is given.
- After 72-120 hours, medical care, if available and relevant, may be offered to prevent, treat or manage wounds, injuries, HIV, STIs, pregnancy, hepatitis B and tetanus.
- In most instances, forensic examination for the purposes of evidence collection (if evidence is analyzed in that context) can be done with 72 hours.

In pairs, discuss

What will likely be the primary health concerns for the following situations? What would you say to explain the services available for the child survivor?

- An 11-year old boy survivor in which the sexual abuse involved repeated penetration and the last incident was 2 days ago.
- A 14-year old girl survivor in which there was been repeated vaginal penetration. The last incident took place 1 day ago.
- An 6-year old girl survivor with a cognitive disability who complains that her private parts hurt but it is unclear whether there was vaginal penetration. It is not certain when the last incident occurred.

Step 4

Implementation of Case Action Plan

Implementation Tasks

- Assist and advocate for children to obtain quality services.
- Lead coordination of care.
- Provide direct interventions, if appropriate (MHPSS).
- Complete any mandatory reporting procedures in line with the best interests of the child.

Assist and Advocate for Children to obtain Quality Services

- Accompanying children/caregivers to the police, health and other service providers.
- Advocating on behalf of the child. Some common examples are advocating:
  - With police and security personal to take protective measures;
  - For compassionate and quality medical care and treatment;
  - For children's views and opinions to be taken into consideration in actions that affect their life and well-being.

Lead Case Coordination

- Work with service providers involved in the child survivor's care to reduce obstacles in accessing and receiving services.
- Review activities, including progress and barriers towards meeting the goals of the case plan.
- Regularly communicate, make referrals and accompany child survivors to other services with informed consent/assent, and follow-up to ensure that the child survivor has received the services.
- Hold case consultations and case conferences.

Coordination of Care

Type of meeting	Case consultation	Case conference
What is the purpose?	To seek support and guidance from a supervisor, senior caseworker, or another provider on a particular issue in a case). Especially useful when the case would benefit from expert consultation that is beyond the scope of the team providing case management.	To create a regular opportunity for multiple service providers to review case plans for complex and/or high-risk cases. Can be especially helpful to address situations where a child's needs are not being met; to identify or clarify ongoing coordination issues amongst service providers; and to provide the child with more holistic, coordinated and integrated services.
Who participates?	The child's caseworker, the supervisor and at least one caseworker or supervisor from the other sector.	The child and/or their caregiver (if appropriate), the caseworker, the supervisor, and at least one staff member or supervisor from each of the other departments – or organisations – providing services to the child and their family.
	There should NOT be any individuals at the consultation or conference that are not directly involved in the child survivor's case.	
When does it happen?	As often as necessary. Often initiated early in the case management process. Can be particularly helpful when a child and/or their caregiver do not wish to be referred for additional services, but their needs go beyond the expertise of the primary caseworker.	Regularly through the case management process. The primary caseworker, or if needed, a direct supervisor is responsible for scheduling these regular meetings, inviting participants (ensuring sufficient notice), setting an agenda and facilitating the meeting.
When does it happen?	No. The case should be discussed in general terms (e.g., "the child", "the female caregiver", rather than names or other identifiers).	Yes, because the survivor and/or their caregiver are present and all participants in the meeting must already be actively involved in the case management process.

Implementation Tasks

- Assist and advocate for children to obtain quality services.
- Complete any mandatory reporting procedures in line with the best interests of the child.
- Lead coordination of care.
- Provide direct interventions, if appropriate (MHPSS).

Step 5

Follow-up

Follow-up

- Follow up on the case and monitor progress.
- Implement a revised action plan (if needed).
- Continue to provide psychosocial and mental health support.

Step 6

Case Closure and Evaluation

Case Closure and Evaluation Tasks

- Assess for readiness for case closure and implement case closure procedures.
- Evaluate services through client feedback.

Case Closure

Case files should generally be closed when:

- ✓ The case plan is complete and satisfactory, and follow-up is finished.
- ✓ There has been no client contact for a specified period (e.g., more than 30 days).
- ✓ The child client and caseworker agree that no further support is needed.

Evaluation

Completed through an interview with the child survivor and non-offending caregiver by a staff member other than the child's caseworker.

- If the **child is 9 years old or younger** and the caregiver was actively and positively involved in the child's care and treatment, only the caregiver should be interviewed.
- If the **child is 10-12 years-old,** and the caregiver was actively and positively involved in the child's care and treatment, both children and caregivers should be interviewed.
- If the **child is 14-18 years-old,** they are able to be interviewed directly about their opinion of services provided.
- Obtain informed consent.

Key Messages

- There are six main steps of the CCS case management process – these steps draw from GBV and CP case management practice.
- The first step of case management – Introduction and Engagement is critical to the whole case management process and sets the stage for the case management relationship.
- Key assessment areas and interventions include safety, health and mental health and psychosocial support.
- Case follow-up is an important opportunity for monitoring the child's progress and re-assessing the child survivor's needs.

Questions?