

A close-up 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 softly blurred, 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)



Caring for Child Survivors Coordination

Module 7

Objectives

- Understand the importance of appropriate and effective coordination for child survivors of sexual abuse.
- Begin to develop or expand collaborative ways of working between CP and GBV case management teams.
- Key considerations for coordinating with other actors.

Why do we Coordinate in Case Management?

- To help child survivors and their non-offending caregivers make sense of all the services they are receiving during a time when they are overwhelmed.
- To share information on a “need-to-know” basis so that child survivors are not repeatedly asked to share their story.
- To avoid duplication of services or delivery of partial services.
- To ensure child-friendly and survivor-centered engagement and communication .
- To advocate and liaise with other service providers on behalf of the child survivor and non-offending caregiver .

Coordination is important for child sexual abuse cases due to their complexity, level of risk, and need for multi-sectoral services to ensure comprehensive support.

GBV-CP CCS Coordination

GBV-CP Coordination on Child Survivor Cases

- What does coordination/collaboration look like between CP and GBV case management actors in the location where you work?
- What is working well?
- What are the challenges?
- Where would you like to see coordination/collaboration strengthened?
- What strategies would help strengthen collaboration?

GBV-CP Coordination Strategies at an Agency Level

- Develop coordination agreements
 - Underlying principles.
 - Services each actor can provide.
 - Minimum standards for staff competencies.
 - Considerations for determining a primary caseworker.
 - Mechanisms for referral, follow up and information sharing.
 - Mandatory reporting laws and how they be addressed.
 - Coordination specific to cases of co-occurring violence.

GBV-CP Coordination Strategies at an Agency Level

- Identify criteria / considerations and role for a primary caseworker
 - Preference of survivor
 - Availability
 - Capacity (skill and supervision)
 - Gender of caseworkers
 - Space

GBV-CP Coordination at the Sector Level

- Map services that are safe and friendly for child survivors.
- Ensure alignment of CP and GBV referral pathways.
- Ensure alignment of CP and GBV SOPs on how to handle cases of child sexual abuse – e.g., mandatory reporting, informed consent/assent, confidentiality and its limits, case transfer process, information sharing, data protection, etc.
- Collaborate on data from GBVIMS+/Primero and CPIMS+/Primero to get a better sense of trends to inform response.
- Identify capacity strengthening needs and train/coach as needed.
- Joint advocacy on funding, changes to laws/policies, etc.

Multi-sector CCS Coordination

Multi-sectoral Coordination

- Accompaniment.
- Follow up.
- Case conferencing.
- Capacity strengthening.
- Sector-level coordination and advocacy.

Coordination with Health Actors

- **Accompaniment**

- Ensure child accesses healthcare services within critical time frames and reduce the chances of them being asked to repeat their story multiple times.
- Ensure concepts and various procedures are explained in line with the child's development and capacity.
- Provide a needed source of trust that may not be present with a health worker who they are meeting for the first time.
- Offer comfort and support during physical examinations.

- **Follow-up**

- **Case conferencing** - Discuss any concerns related to the best interest of the child, particularly if mandatory reporting laws exist for either or both the caseworker and health provider.

Coordination with Government Actors- Analysis

- **Legal frame:** To what extent policies, laws and practices are in place regarding child survivors, particularly mandated reporting laws or policies.
- **Implementation:** To what extent and how do local government actors follow/ implement national level legislation and policy? Differences dependent on sector?
- **Ways of engagement with the local government:** Specific ways of working or procedures for the organization / programme to engage with local government agencies? Some sectors easier to work with than others?
- **Advocacy modalities:** How does advocacy with the government happen? Humanitarian coordination mechanisms? Work with other agencies to engage in advocacy work?
- **Direct service provision:** Is the service provider authorized to work directly with child survivors in this setting?

Key Messages

- Case coordination is a key responsibility of caseworkers.
- Case consultation, case conferences, and case reviews are methods to facilitate coordination to ensure appropriate care for child survivors.
- Trust building between GBV and CP case management teams is critical to coordination and collaboration.
- CP and GBV case management actors operating in the same location should develop agreements on how to best coordinate on child survivor cases.
- Service mapping, referral pathways, and SOP development create systems and ways of working for service providers to coordinate to ensure the delivery of quality services.

Questions?