

## HANDOUT 1.1. GUIDING PRINCIPLES OF THE CARING FOR CHILD SURVIVORS APPROACH

The CCS approach is also made up of specific guiding principles that represent best practice from both the CP and GBV sectors which should guide how caseworkers work with child survivors of sexual abuse:

**Prioritise the physical and emotional safety** (short- and long-term) of the child survivor of sexual abuse and support non-offending caregivers and family members when seeking services.

**Promote the best interests of the child survivor of sexual abuse.** The child's well-being is paramount throughout their care and treatment. This means evaluating risks to the child and non-offending caregivers and identifying their strengths and protective factors, discussing the possible positive and negative consequences with them to inform decision making, and taking the least harmful course of action available. All actions should ensure that the child's rights to safety and ongoing development are never compromised.

**Seek informed consent/informed assent** before providing services. Align this to the child's evolving capacity, which may be impacted by both environmental factors (disability, access to education, etc.) and their experience of child sexual abuse. Adverse experiences, especially recent events, may temporarily impact a child's ability to consent. If a caseworker believes this to be the case, it is recommended to reaffirm consent or assent further in the case management process.

**Ensure confidentiality** of services and accept how and with whom the child (and non-offending caregiver as appropriate) wishes to share their story. This means ensuring:

- » the confidential collection of information during interviews ;
- » sharing information on a need-to-know basis with those involved in a child survivor's care, in line with international standards, and only after obtaining permission from the child survivor and/or non-offending caregiver;
- » storing case information securely.

**Facilitate meaningful participation of child survivors** in service delivery, including involving them in decision making. *Article 12 of the [Convention on the Rights of the Child](#) states that children who are capable of forming their own views have the right to express those view freely in all matters that affect them, and that the views of children should be given due weight in accordance with the age and maturity of the child.* Child survivors and their non-offending caregivers are the experts on their own lives and have the right to participate in decisions that affect their lives. If a caseworker is not able to follow the child's wishes, they should always

respectfully explain the reason, talk through any concerns the child may have, and continue to support the child as the decision is implemented. Meaningful participation will look different across age, level of maturity and gender:

- » Younger children have limited cognitive ability to understand their options, and to assess the risks and benefits of decisions. This may also apply to some children with disabilities that impact cognition.
- » As children's capacity evolves, they should also have more input and more trust to know what they need in their own life and for their recovery. Children in adolescence and older adolescence can contribute substantially to decision making and safely make many of their own decisions.
- » Girls are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public and private family life.

**Treat every child survivor fairly and equally.** Offer the same quality of care and treatment to all children, according to their unique needs. Each child survivor will have different needs based on their social identities, life experiences, how the abuse was perpetrated, who the perpetrator was in relation to the child, how long the abuse went on for, etc.

**Treat children with respect, kindness and empathy.** Children who disclose sexual abuse require comfort, encouragement and appropriate support from service providers. Service providers should believe children who disclose sexual abuse and never blame them in any way for the sexual abuse they have experienced. A fundamental responsibility of service providers is to make children feel safe and cared for as they receive services, and to respect them as clients.

**Recognise each child's and family's uniqueness.** Each child and family has different strengths, resources and ways of coping. Service providers should work with them to strengthen coping mechanisms that are in the best interests of the child. Service providers should identify and build upon the child and family's natural strengths as part of the recovery and healing process. They should identify the factors which promote children's resilience and build on those during service provision. Children who have caring relationships and opportunities for meaningful participation in family and community life and who see themselves as strong will be more likely to recover and heal from sexual abuse.

**Understand each child's social identities and individual experiences.** Service providers should also understand their own attitudes, beliefs and biases about children and adolescents, gender and gender equality and sexual abuse, because these can have a helpful or harmful impact on the child's ability to recover and heal from sexual abuse.