

# Caring for Child Survivors Workshop Introduction

#### **Introductions**

- Name
- Organization
- Position
- 1 expectation (do not repeat others' expectations)

Caring for child survivors of sexual abuse: Guidelines for health and psychosocial service providers in humanitarian settings





#### Caring for Child Survivors of Sexual Abuse

Guidelines for health and psychosocial service providers in humanitarian settings

First Edition

### Goal of Caring for Child Survivors of Sexual Abuse Resources

To enable & empower staff in humanitarian contexts to provide high quality care to children & families affected by sexual abuse

#### **Workshop Objectives**

#### Workshop goal

 Build capacity of service providers on foundational technical knowledge & skills for CCS

#### **Objectives:**

### By the end of the training participants will ...

- ① Demonstrate technical knowledge in areas of child sexual abuse
- 2 Increase skills in communicating with and interviewing child survivors

#### **Objectives:**

- 3 Engage collaboratively to enhance the provision of services for child survivors
- 4 Learn key psychosocial care interventions for child survivors

#### Main outputs of training

#### Action plans for:

- Challenges and solutions identified & prioritized
- Taking resources and guidance back to organization for use
- Further capacity strengthening or training roll-out

### Workshop agenda and training information

#### Feedback/Evaluation

- There are flipcharts on the wall with different categories for feedback
  - What's going well?
  - What can be improved?
  - What further information is needed?
- Write your feedback on post-its and put them on the appropriate flip chart throughout the day



#### **Ground Rules**

#### **Participating Together**

Take care of yourself:

Stretch, get up as you need

Take care of others:

Listen, engage, be attentive **Confidential:** 

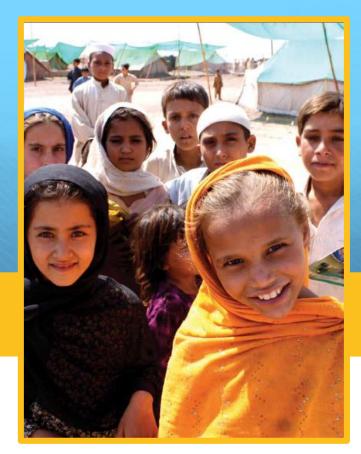
Case stories shared should protect confidentiality

Equality & respect:

Different ideas, opinions, experiences, histories

Can we agree on these ways of working together?









#### Core Child Sexual Abuse Knowledge Areas

#### Session objectives

By the end of the session ...

- Participants and facilitators have shared understanding of key terms
- Participants can name the 10 core child sexual abuse (CSA) knowledge areas
- Participants will know why the CSA Knowledge Areas are important

### Why CSA Knowledge areas are important?

- Complement other professional knowledge & skills
- Central to delivering appropriate care & treatment
- Responsibility to share accurate knowledge to facilitate recovery & healing
- Accurate knowledge prevents service providers perpetuating harmful beliefs

#### Service providers must commit to...

- Having accurate understanding of CSA & sharing this with children & caregivers
- Helping children understand & manage impacts of abuse through child-friendly education & info sharing
- Helping families heal by educating about CSA and supporting affected child
- Educating other service providers

### AREA 1: Definitions



What is child sexual abuse?

#### What is child sexual abuse?

- Talk at your table
- Discuss what kinds of cases of child sexual abuse you have seen? – 5 mins
- 3. Try to agree on a definition of child sexual abuse in your group 10 mins

#### Discussion

- Commonalities in the definitions?
- Differences in the definitions?

#### Child sexual abuse is...

- Any form of threatened, attempted or actual sexual activity with a child by an adult or by another child who has more power
- It is possible for a child to be sexually abused by another child
- Survivor can be girl or boy
- Child is any person under 18

### In what ways are children sexually abused?

#### **CONTACT ABUSE**

- Forcing to touch another person's private parts
- Touching a child's sexual / private parts
- Penetration of child's sexual / private parts with penis, finger, or other object
- Oral sex

### In what ways are children sexually abused?

#### **NON CONTACT ABUSE**

- Talking in sexual way to child
- Touching oneself in sexual way in front of child
- Showing child pictures / films about sex
- Taking pictures of child for sexual purposes
- Making child watch / hear sexual acts
- Watching a child when naked

### Common features of child sexual abuse

Physical force is not always used

Perpetrator often known to and trusted by child

Can occur as repeated episodes, becoming more invasive over time

Adults can find it difficult to believe people they know sexually abuse and/or that what happened was abuse

#### AREA 2: Scope of the problem

### What is the scale of the problem here?

 How many cases do you hear about per day / week / month?

 Is the rate different for girls, boys, vulnerable groups, certain ages?

#### Scale of the issue

- Global study found that 21% of girls and 11% of boys were victims of sexual abuse between the ages of 0-18 years
- UN estimate up to 50% of sexual assaults are committed against girls aged under 16
- Child sexual abuse occurs more often than reported

## AREA 3: Identification, including disclosure

#### Identification & disclosure

- Disclosure: word used when people find out that sexual abuse happened
- Direct Disclosure: when child survivor or child's family directly tells someone about abuse
- Indirect Disclosure: when someone witnesses sexual abuse, or child becomes pregnant / contracts a disease

### Involuntary & voluntary disclosure & impact on services

- Direct & indirect disclosures can occur with or without the child's consent:
  - E.g. child may tell caregiver they've been sexually abused & caregiver may then disclose abuse to service providers without child's willingness. This is "involuntary disclosure"
  - Children can willingly share information about sexual abuse to trusted adults or service providers themselves. This is "voluntary disclosure"

### Disclosing sexual abuse is very difficult for children

Disclosure is a process.
The whole story may not come out in the 1st, 2nd or even 3rd interview

#### Discussion

- Why do you think it is difficult for children to disclose or talk about sexual abuse?
- Specific reasons relating to culture in this location?
- Any examples? (Remember to keep them anonymous)

### Common reasons why children don't tell:

#### • Fear/shame:

- of not being believed & not being helped
- of the perpetrator
- of revenge on family
- of hurt, shame, or discrimination
- Believes it's their fault, they will be blamed
- Protect family or non-abusing parent
- Cultural norms

# Why children don't tell, continued...

- Don't have skills to communicate the issue
- Don't know it is wrong:
  - Too young to know
  - Don't have words for what happened
  - Trust the person & can't believe they would hurt them
  - Never hears this talked about in community
  - Thinks it's normal



#### Power Walk

#### Power walk

- Respond to questions imaging you are the character you have been assigned
- Step forward if you feel that you agree with the statement
- Step backwards if you disagree with the statement
- If you very strongly agree or disagree you can take two steps

# Step forward if agree, step back if disagree

- 1. I am NOT vulnerable to sexual abuse
- 2. I understand what sexual abuse is
- I have people around me who can protect me from sexual abuse
- 4. If abused I am not scared to report
- 5. There are people I feel comfortable talking to about personal matters
- 6. People will believe me if I report abuse

## **Debrief questions**

- What did we learn?
- Who was more vulnerable in this activity?
- What made them more vulnerable?

# AREA 4: Perpetrators

### Who are the perpetrators?

- Who among the group in the "power walk" was a potential perpetrator?
- Who are perpetrators in this context?

#### **Perpetrators**

- Globally variable characteristics
- Majority are men
- Can be family members
- Trusted individuals neighbors, teachers, religious leaders, health workers, others with contact with children
- Unknown individual, less common
- Other children

# AREA 5: Sexual abuse & boys

#### Sexual abuse & boys

Boys can be sexually abused

Why do you think boys don't disclose often?

#### Service providers need to know...

- Boys, like all child survivors require care, support & treatment to recover & heal
- There can be internal (individual) and external (social) barriers to receiving care
- Importance of choice in service provision
- Sexual abuse does not cause homosexuality

# AREA 6: Ages & stages of development

# Signs of abuse group work

- Form 3 groups, you will be assigned a category of children:
  - Infants & Toddlers (o -5)
  - Younger Children (6 -9)
  - Adolescents (10-18)
- Brainstorm signs of sexual abuse

Age	Behavioral signs	Emotional signs	Physical signs
0-5	Regressive behaviors - lose certain skills, e.g. bladder control Clingy with familiar adults. Display sexual knowledge inappropriate to age	Fear leaving places where they feel safe or afraid to go places that may trigger memories. Change eating or sleeping habits	Complain of physical aches & pains with no medical basis; new / unexplained marks / bruises, esp. in genital area; pain, discoloration, sores, cuts, bleeding/ discharge in genitals, anus, mouth; pain during urination / bowel movements; wetting / soiling accidents; weight loss / gain; STIs

Age	Behavioral signs	Emotional signs	Physical signs
6-9	Ask adults to feed/ dress them, refuse to go to school, touching genitals, avoid family & friends, refuse to eat / eat all the time, self-harming	Sadness, fear, anxiety & anger, to feelings of shame and guilt	Complain of physical aches & pains with no medical basis; new / unexplained marks / bruises, esp. in genital area; pain, discoloration, sores, cuts, bleeding/ discharge in genitals, anus, mouth; pain during urination / bowel movements; wetting / soiling accidents; weight loss / gain; STIs

Age	Behavioral signs	Emotional signs	Physical signs
10-18	Nightmares/ sleep disorders. Talking about abuse, anger, disobedience, drugs / alcohol, self-harming	Depression (chronic sadness), crying or emotional numbness.	Complain of physical aches & pains with no medical basis; new / unexplained marks / bruises, esp. in genital area; pain, discoloration, sores, cuts, bleeding/ discharge in genitals, anus, mouth; pain during urination / bowel movements; wetting / soiling accidents; weight loss / gain; STIs  As above & Pregnancy

Age	Behavioral signs	Emotional signs	Physical signs
Genera	Sudden unexplained change in behavior, sexualised behavior, self- harming	Signs of general distress or agitation	As above, and pregnancy depending on age & development

Be cautious – do not assume abuse

# AREA 7: Impact of Child Sexual Abuse on Caregivers

#### Impact on caregivers

- Caregiver may feel: anger, disbelief, shock, worry, deep sadness, and fear
- May not know where to seek help, or may want to ignore problem
- Blame themselves for not noticing, or because child didn't come to them
- Betrayal or disbelief if perpetrator is known
  - CAREGIVERS ALSO NEED SUPPORT

#### AREAs 8 & 9:

Needs of Children after Sexual Abuse & Children, resilience and empowerment

#### Child survivor's needs

- Physical wellbeing health support
- Physical and emotional safety
- Psychological needs
- Social needs
- Care arrangements
- Legal / justice needs
- Other protection interventions

### Resilience & empowerment

- Resilience: ability of individuals, families & communities to endure & recover from adversities
- Resilient child or youth: one who maintains or recovers his or her well-being despite experiencing adversity
- Service providers must recognize and build upon children, family and community's resiliencies

# AREA 10: Local child protection mechanisms & norms

# Legal Framework

Goal to build common understanding regarding mandatory reporting and the Greek legal context

- What is the law regarding mandatory reporting?
- What happens when a case is reported?
- How do we support cases through mandatory reporting?









Guiding Principles and Key Issues & Core Child-Friendly Attitudes

# Session objectives

By the end of the session participants will be able to...

- Name 7 guiding principles
- Understand how to implement the guiding principles in this context
- Explain how attitudes and beliefs influence behavior

# 7 Guiding Principles

- Promote the Child's Best Interest
- 2. Ensure the Safety of the Child
- Comfort the Child
- 4. Ensure Appropriate Confidentiality
- Child Participation
- 6. Treat Every Child Fairly and Equally
- 7. Strengthen the Child's Resiliencies

# **Activity**

7 groups (10m)

Each group is to:

- 1. Define what the principle means
- 2. Give an example of what this means in your work with child survivors

#### 1. Promote the Child's Best Interest

- Evaluate the positive and negative consequences of actions with participation from the child and caregivers
- Least harmful course of action is always preferred

#### 2. Ensure the Safety of the Child

 Ensure the short and long-term physical and emotional safety of the child

#### 3. Comfort the Child

- Provide comfort, encouragement and support
- Believe children who disclose sexual abuse and never blame them
- Make children feel safe and cared for within case management

## 4. Confidentiality

- Includes collection, use, sharing and storage of information about the child's experience
- Sharing is on a need-to-know basis and only after obtaining permission from the caregiver/child
- Limits exist in cases of immediate risks to the child's health or safety

### 5. Child Participation

- Children have the right to participate
- Appropriate to child's maturity and age
- Balance caregiver's role & responsibility
- When child's wishes cannot be prioritized, the reason should be explained

#### 6. Treat Every Child Fairly and Equally

- All children offered same high quality care and treatment
- No child should be treated unfairly

#### 7. Strengthen the Child's Resilience

- Each child has strengths can heal
- Identify and build upon the child and family's strengths
- This perspective should be integrated throughout the case management process



What are the key challenges in implementing these principles in your context?

# Child-friendly Attitudes & Beliefs

### Child sexual abuse is common across all cultures, societies and settings



### Child Sexual Abuse is Common across communities & cultures

- Globally 1 in 6 girls reports sexual abuse before age of 18
- Globally 1 in 10 boys reports sexual abuse before age of 18
- 2010, 45% GBV incidents reported to IRC were perpetrated against children. 38% of these cases were sexual violence

# Children make-up stories or lie about sexual abuse, we can't always believe them



### Children rarely lie or make up stories about being sexually abused

- Statistics show that the majority of reports of child sexual abuse are true
- Children make up stories about other things, however they rarely lie about sexual abuse
- It's often adults who cannot accept or won't believe the child

## Children are most often abused by strangers.



#### Sexual abuse can be the child's fault.



# Boys who are sexually abused by men / other boys may become homosexual



### Abuse by a member of the same sex does not cause homosexuality

- An experience of sexual abuse is NOT part of someone's sexuality because it was not a consensual experience.
- Boys can be sexually abused
- Boys are LESS LIKELY to disclose sexual abuse
- They often feel shame due to social stigma & fear that they will be labeled homosexual

# Children who have been abused are too distressed to make any decisions on services they should receive



# Children can and should be involved in any decision making process that affects them

- Children have the right to be heard and be involved in decisions that affect them
- The child's wishes need to be listening to and respected at all times
- Information about their wellbeing and service options should be shared with children according to their developmental stage

### Core Child-Friendly Attitudes

- Children are resilient individuals
- 2. Children have rights
- 3. Children have the right to care, love & support
- 4. Children have right to be involved in decisions that affect them
- 5. Children have the right to be free from violence

### Vital beliefs service providers should have

- Children tell the truth about sexual abuse
- Children are not at fault for being sexually abused
- Children can recover & heal from sexual abuse
- Children should not be stigmatized, shamed, or ridiculed
- Adults have the responsibility for helping a child heal by believing them and not blaming them

### Importance of attitudes

- Service providers play important role in promoting child's healing & recovery
- Must have positive attitude to provide compassionate care & not to do harm
- Service providers are in position to raise awareness & educate adults in a child's life
- Critical for supervisors to promote attitudes and beliefs through modeling and discussion

Our attitudes and beliefs influence our behavior. Only with the right attitudes can we have a positive impact on the lives of child survivors through the provision of child-friendly care.

#### Feedback/Evaluation

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