

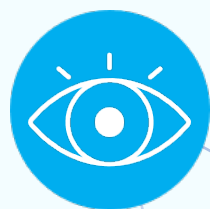
Guidelines for Child Protection and Health Actors

Children and Adolescent Survivors of
Sexual Abuse and Gender-Based Violence

This brief guide is designed as a resource for child protection and health actors to be used with children, adolescents and caregivers at the field and community level. The information in this guide includes a summary from training materials (Caring for Child Survivors of Sexual Abuse), international guidelines, Minimum Standards for Child Protection in Humanitarian Action, and should be use as a complement to the GBV Pocket Guide.

Please note that the Pocket Guide is not a substitute of the international guidelines and training materials, and it is expected that CP and Health Actors have been trained on Caring for Child Survivors of Sexual Abuse.

Child Protection Minimum Standards and Core Child-Friendly Competency Areas



Eyes

Giving the child your undivided attention

Establish a compassionate, trusting, safe and supportive helping relationship.

Children tell the truth about the violence experienced.

Children are not at fault for being survivors of sexual violence and other forms of GBV.

Children can recover and heal.

Children should not be stigmatized, shamed, or ridiculed for being sexually abused.

Adults, including caregivers and service providers, have the responsibility for helping a child heal by believing them and not blaming them.



Heart

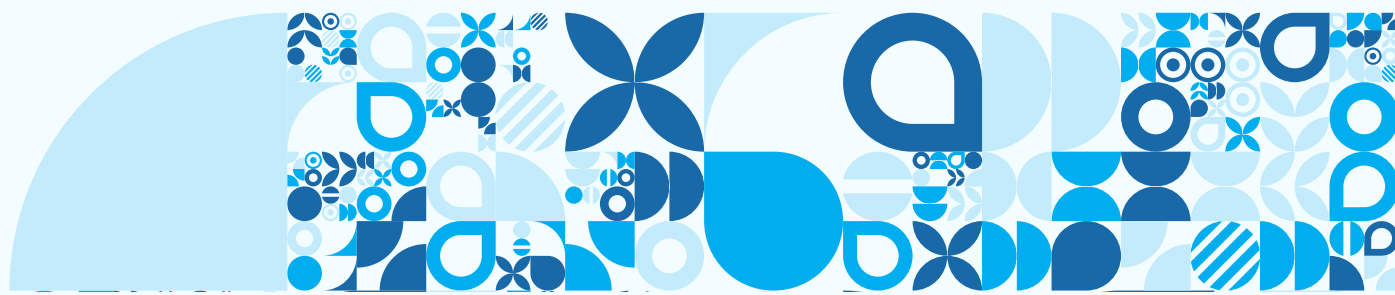
Truly hearing the child's concerns free of judgment

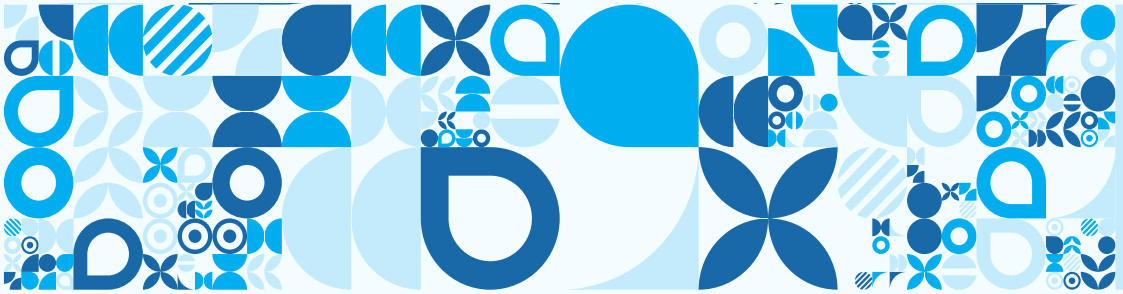
Provide support to the child with your



Ears

With caring and respect



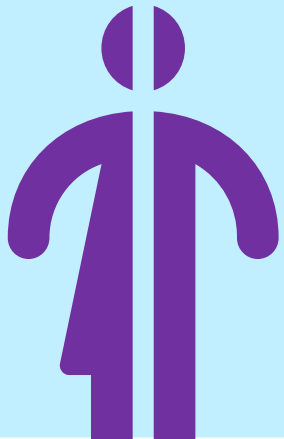


A Child and Adolescent Survivor-Centred Approach

Best Practices

REMEMBER

Children who have been sexually abused are most likely to come to your attention through a caregiver or another adult; abused children rarely seek help on their own. Children may not understand what is happening to them or they may experience fear, embarrassment or shame about the abuse. Your initial reaction will impact their sense of safety and willingness to talk, as well as their psychological well-being. A positive, supportive response will help abused children to feel better, while a negative response (such as not believing the child or getting angry with the child) could cause them further harm.



Help Children Feel Safe

- Find a safe space, one that is private, quiet and away from any potential danger.
- Offer children the choice to have a trusted adult present, or not while you talk with them.
- Do not force a child to speak to, or in front of, someone they appear not to trust.

- Service providers should monitor any interactions that might upset or further traumatize the child.

Do No Harm

Be nurturing, comforting and supportive

- Children may not understand what is happening to them or they may experience fear, embarrassment or shame about the abuse: A positive, supportive response will help abused children feel better.
- Children need to be reassured that they are not at fault for what has happened to them and that they are believed.

Best Practices

Confidentiality

- Do not write down, take photos or document in any way your interaction with the child/ adolescent.
- Ask for permission to share any information about the child/adolescent or their experience.
- This means asking if you can share the information even with someone that the child/adolescent identifies as someone they trust.

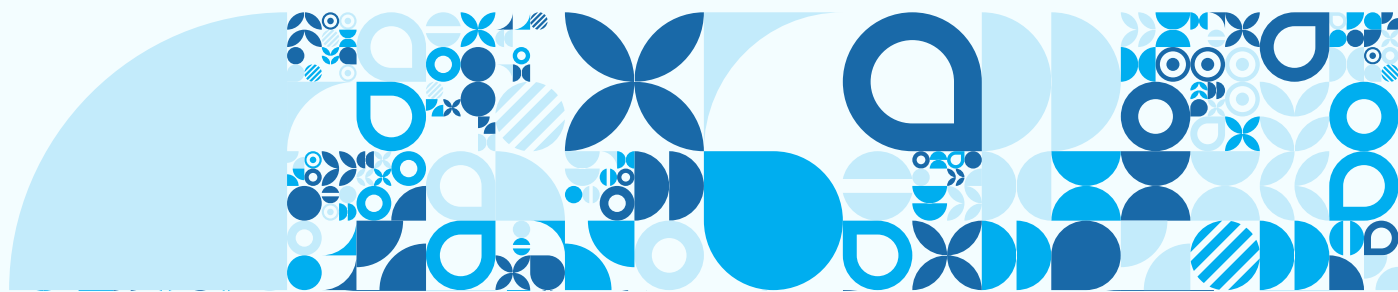
Support

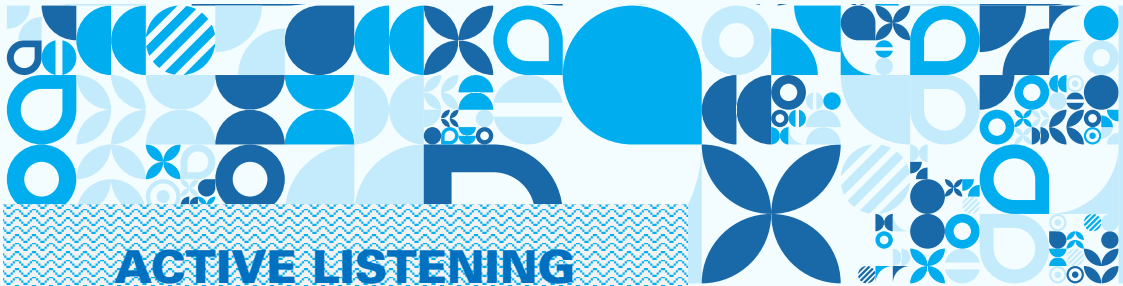
- Support the child by helping him or her to access information, services and social support
- Do not become angry with a child, force a child to answer a question that he or she is not ready to answer, force a child to speak about the sexual abuse before he/she is ready, or have the child repeat her/his story of abuse multiple times to different people.

Be Careful Not to Traumatize the Child Further

Non- Discrimination

- All children should be offered the same unbiased support regardless of their sex, age, family situation, status of their caregiver or any other part of their identity.





ACTIVE LISTENING

DO'S

DON'TS

Ask girls and boys if they want to talk to a female or a male (if available)

Direct the child/adolescent to go to a quieter or private place, or isolate the child against their will.

Be patient and calm (gentle, warm, reassuring, slow and clear)

Pressure the child to tell her/his story

Ensure that you are sitting at their eye level. Maintain open and positive body language.

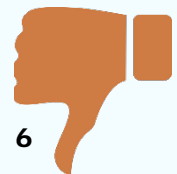
Touch, hug or make physical contact as this can be traumatizing, uncomfortable and distressing.

Listen attentively and pay attention to non-verbal body communication.

Display shock, disbelief, anger or any other reactions that may cause the child/adolescent distress.

Let the child/adolescent express themselves and use their own words or non-verbal methods (including, for example, by writing, drawing or illustrating with toys; and talk in a way children will understand)

Interrupt/Use big words or speak more than the child/adolescent



INQUIRING ABOUT NEEDS AND CONCERNS

DO'S

Phrase your questions as invitations to speak and ask open-ended questions to encourage the child to talk

Ask a few questions about neutral topics, such as school, friends, whom the child lives with, favourite activities.

Ask for clarification if you do not understand:

"Tell me more about that..."

"What do you mean by..."

"Give me an example of..." or "Describe for me..."



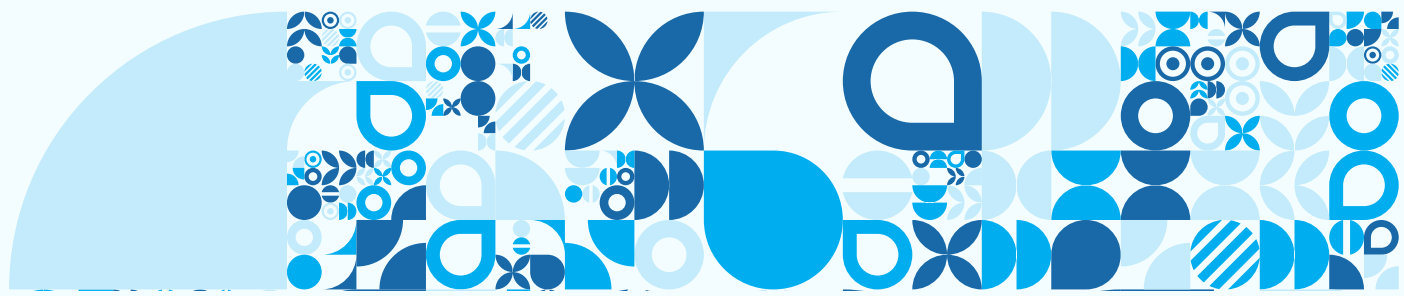
DON'TS

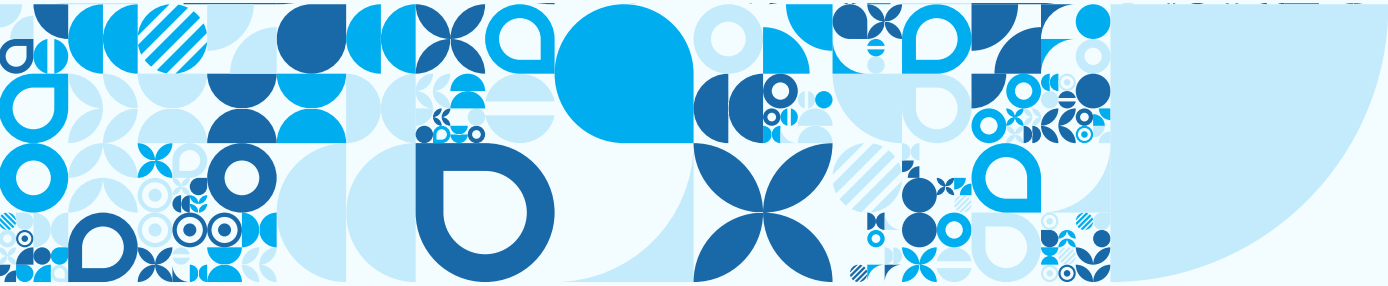
Ask leading questions, such as, "I would imagine that made you feel upset, didn't it?"

Ask "why" questions, such as "Why did you do that?" They may sound accusing

Tell the child/adolescent how to feel about the situation

Remember: Do not pressure the child to tell his/her story





VALIDATING AND COMFORT



Technique

Use comforting statements appropriate to the child's age and cultural context.

EXAMPLES

"I believe you." – BUILDS TRUST

"I am glad that you told me." – BUILDS A RELATIONSHIP WITH THE CHILD

"I am sorry this happened to you." ; "Thanks for sharing your experience." – EXPRESSES EMPATHY

"This is not your fault." – NON-BLAMING

"You are very brave to talk with me and we will try to help you." – REASSURING AND EMPOWERING

PREPARE

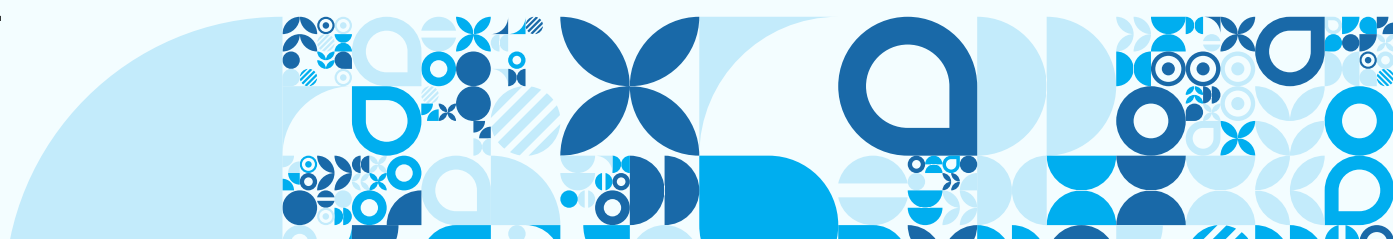
What is survivor assistance and support?

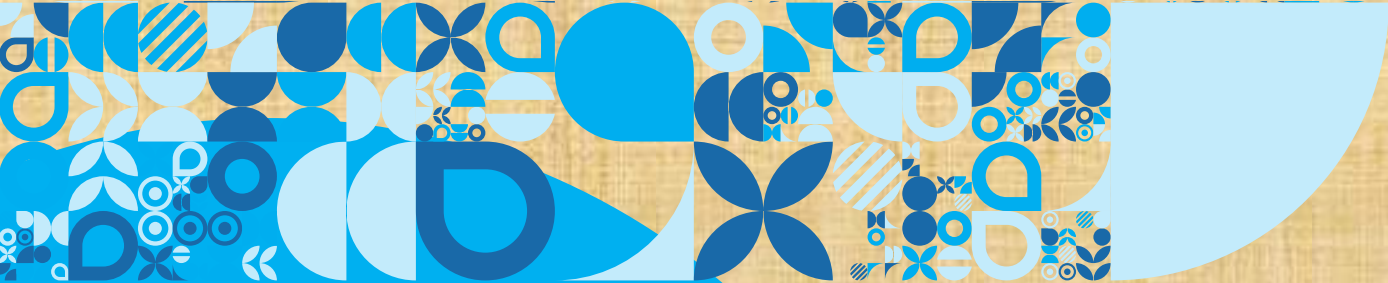


Be Aware of Existing Referral Pathways and Services

Please liaise with a case worker to support the child to access available services.

Case workers are responsible for understanding and assessing a child's development and capacity for understanding as well as their maturity.



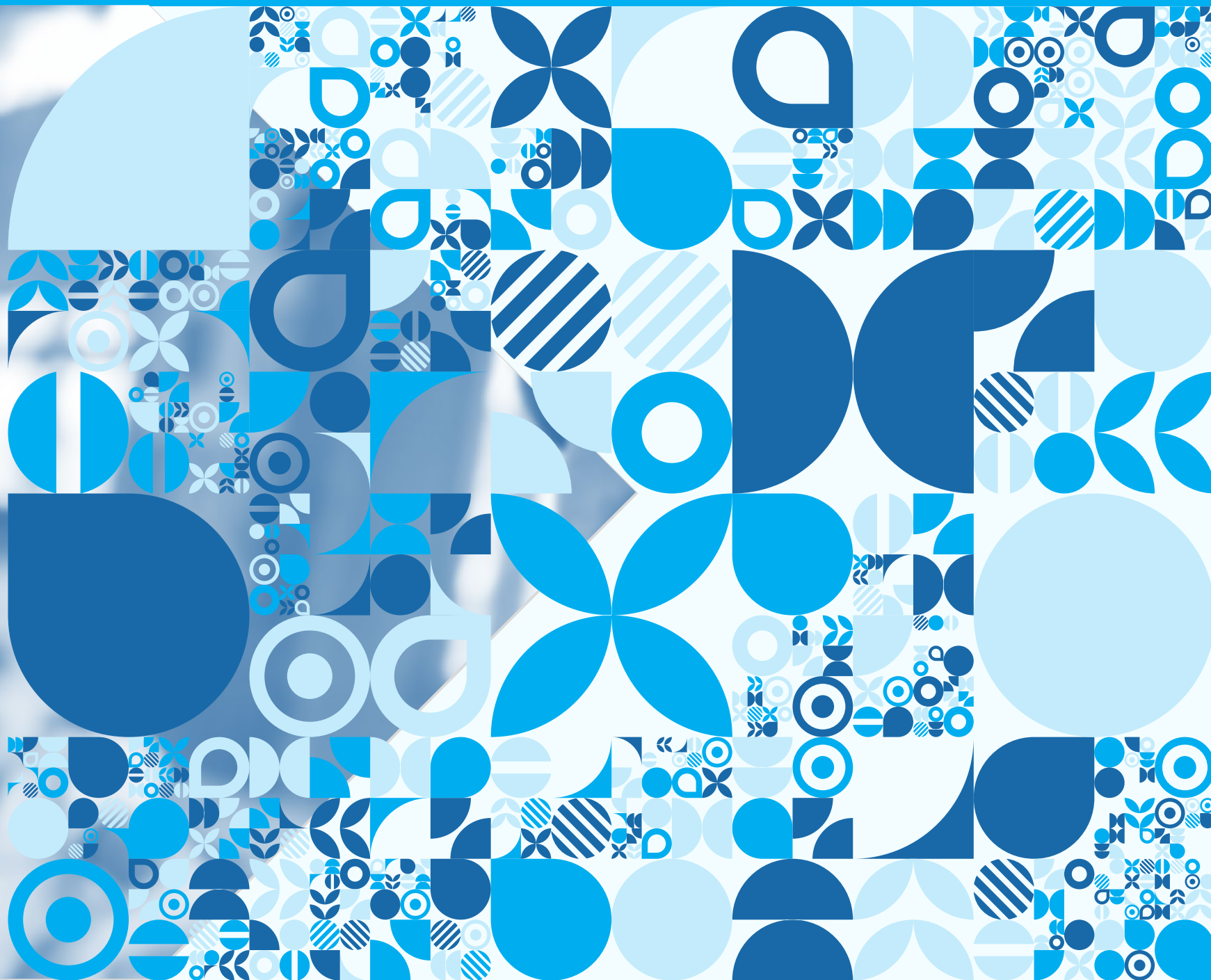


Communicate detailed information about the available resource/service including how to access it, relevant times and locations, focal points at the service, safe transport, options. Do not share information about the survivor or their experience to anyone without informed consent and assent of the child and caregiver. Do not record details of the incident or personal identifiers of the child survivor.



A child that has been sexually abused requires urgent lifesaving medical care. It is important to refer the child to a health service possibly within 72 hours the incident has occurred:

- ✓ To prevent HIV and Sexually Transmitted Infections.
- ✓ To prevent pregnancy.
- ✓ To prevent extensive and life-threatening injuries



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