

COLLABORATIVE RESPONSE TO CHILD SEXUAL ABUSE

Twelve-Step Framework Template for Building an Action Plan in Your Community

STEP 1: Know the existing child protection and other relevant laws

The laws can help identify potential resources and funding opportunities, as well as clarify who is mandated to act. Knowing this basic information at a high level is important even if the appropriate action is not currently happening well. It will be important to leverage this when the time is right to make sustainable change.

Know the laws in your country and how you can still protect the child even if the criminal case does not go forward. The success of one may not depend on the success of the other.

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| LINKS TO YOUR COMMUNITY'S LAWS: | |
| AGENCY/AGENCIES RESPONSIBLE | |
| ARE THERE MANDATED PLANS OF ACTION OR RESOURCES AVAILABLE BY LAW? They may differ depending on the provider type or sector. | |

Lawyers

| NAME | ORGANIZATION | PHONE | EMAIL |
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Judges from child court or family court

| NAME | ORGANIZATION | PHONE | EMAIL |
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Staff of shelters/homes for abused children

| NAME | ORGANIZATION | PHONE | EMAIL |
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Child helpline representatives

| NAME | ORGANIZATION | PHONE | EMAIL |
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Other individuals or community leaders

| NAME | ORGANIZATION | PHONE | EMAIL |
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STEP 3: Build your local support team

Reach out to those you identified in Step 2 to discuss the benefits of collaboration.

Obtain a commitment from each person to participate on the CSA team.

Organize a **meeting with team members to confirm that all agree** to work as a collaborative team to maximize efficiency and resources, improve responses, and optimally care for sexually abused children and non-offending family members.

Ask team members if there are others who should be invited to join the team. Who are the other people to also consider?

| NAME | ORGANIZATION | PHONE | EMAIL |
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ONCE PEOPLE COMMIT TO BEING PART OF THE CORE TEAM, list each person's resources and strengths and define the roles and responsibilities of each team member.

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| TEAM MEMBER #1 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |

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|-------------------------|--|
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #2 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #3 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #4 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #5 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #6 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |

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| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #7 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #8 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #9 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

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| TEAM MEMBER #10 NAME | |
| DISCIPLINE OR AREA OF EXPERTISE | |
| STRENGTHS & RESOURCES | |
| ROLE & RESPONSIBILITIES | |
| CONTACT INFORMATION | |

BASED ON THE INFORMATION ABOVE, **decide together which team member will be best suited and responsible for coordinating the collaborative response.**

| TEAM COORDINATOR NAME | ORGANIZATION | PHONE | EMAIL |
|------------------------------|---------------------|--------------|--------------|
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Build consensus as to how each responder/sector will best support the collaborative response to allow flexibility while avoiding duplication of effort. You will use this information to create a coordinated response plan in **STEP 6**.

1. Complete the first two columns of this table.
2. Review the information in the first two columns and *make a note of any duplicated efforts*.
3. Assess how responses may be streamlined and complete the third column.

| RESPONDER/SECTOR | CURRENT RESPONSE | SUGGESTED RESPONSE TO ALLOW FLEXIBILITY & AVOID DUPLICATION OF EFFORT |
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Agree that **each team member's role will be given equal weight and respect by all.**
Commit to **prioritize the best interest of the abused child.**

Identify any on-going training needs. Re-visit training priorities at the start of each year.
Identify team members responsible for facilitating crucial trainings – and how to secure funding for attendance.

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| TRAINING NEEDS (revisit annually) | |
| TRAINING FACILITATORS | |
| POSSIBLE FUNDING SOURCES | |

Develop and list clear **GOALS** and **OBJECTIVES** of the team. For example, **by bringing this team together what are you hoping to achieve for the child outcomes?**

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| GOALS & OBJECTIVES | |
|--------------------|--|

Develop strategies for safe ways to store and share information among members of the support team on a 'need-to-know' basis. Make sure these strategies help to **keep child-and-family case information private**, especially when working with non-team members of the community, as expected from related policies and laws.

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STEP 4: Set up a child-centered approach among all members of the team

The child's best interest must always be the focus of support.

Make sure that all written and verbal communication with the child and caregiver is in their preferred language, using age-appropriate language that they can understand. Use professional interpreters when needed, avoiding use of family members/companions as interpreters whenever possible.

Use child-centered strategies for building trust and communicating with children on their level of development.

Let the child know that you believe them – this can change everything!

Explain why relevant assessment/interviews/examinations must be done and ask the child for permission. If a child does not give permission, unless it is an emergency, DO NOT force examinations, treatments, interviews, etc., even if a parent has given their permission.

Work with the child, listen to their concerns, and consider options that serve the child yet satisfy investigation needs (e.g., delay physical exam or interview until the child is rested, as long as the evidence will still be available).

Support the child throughout the process: this can include calling the child by their own name, thanking them for working with you (and others), and acknowledging their efforts and difficulties.

Minimize the number of times a child must share their experiences during the initial questioning and investigation.

Avoid leading or suggestive questions when speaking with the child and non-offending caregiver. Open-ended, non-leading questions are crucial to obtaining accurate information.

Ensure maximum confidentiality and inform child/non-offending caregiver of any limits of confidentiality. This includes protecting data and passwords, so nothing is accessible to anyone outside of the team. Planned protocol:

Be aware of and responsive to the cultural beliefs, practices, and norms of the child and family. These may impact a child's disclosure, a caregiver's response, and local community reactions to the CSA.

STEP 5: Identify safe, child-friendly spaces

Identify child-friendly places where children and/or their non-offending caregivers can feel comfortable to report CSA and/or seek help after abuse has been reported.

- 1) The location should maintain the child and caregiver's privacy and confidentiality.
- 2) It is important to choose a space that is shame free.

- 3) Make sure that a representative from each space is a member of your multi-disciplinary support team.
- 4) The spaces should feel child-friendly (children’s furniture, toys, etc.).

Some possible locations:

Hospitals or health clinics

| HOSPITAL OR HEALTH CLINIC NAME | Address | TEAM MEMBER | CONTACT INFORMATION |
|--------------------------------|---------|-------------|---------------------|
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Schools

| SCHOOL NAME | Address | TEAM MEMBER | CONTACT INFORMATION |
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Community centers

| COMMUNITY CENTER NAME | Address | TEAM MEMBER | CONTACT INFORMATION |
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Children’s centers (if one exists in the community)

| CHILDREN’S CENTER NAME | Address | TEAM MEMBER | CONTACT INFORMATION |
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Helpline/welfare or other organizations

| HELPLINE, WELFARE, OR OTHER ORGANIZATION NAME | Address | TEAM MEMBER | CONTACT INFORMATION |
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Places of worship

| PLACE OF WORSHIP | Address | TEAM MEMBER | CONTACT INFORMATION |
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Law enforcement agency or police department (with child-friendly rooms)

| LAW ENFORCEMENT AGENCY OR POLICE DEPARTMENT | Address | TEAM MEMBER | CONTACT INFORMATION |
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Court rooms (specifically made to be child-friendly)

| COURT | Address | TEAM MEMBER | CONTACT INFORMATION |
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Other places specifically developed or identified by your team to be a safe space to respond to abused children

| OTHER CHILD FRIENDLY PLACE DEVELOPED OR IDENTIFIED BY TEAM | Address | TEAM MEMBER | CONTACT INFORMATION |
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**Determine if it is safe to create child-friendly signs at the specific location to make CSA victims comfortable and let the community know this is a safe place to report or go to for help.*

STEP 6: Establish a coordinated response plan

Bring the support team members together to create a written response plan for child sexual abuse in your community. Get creative in thinking of ways to use the combined resources in your community to best support children who have been sexually abused.

Consider including the following points in your plan based on your team’s expertise:

- a) **REPORTING CSA IN YOUR COMMUNITY** (See APPENDIX for best practice & resources):

Identify and list how and to whom the abuse must be reported. Is there a specific reporting hotline that should be called? If so, also add the number here:

| HOW TO REPORT | NAME AND CONTACT INFORMATION FOR PERSON/ORGANIZATION OR HOTLINE |
|---------------|---|
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How should the investigation be carried out? Refer to the “Responder/Sector Suggested Response To Allow Flexibility & Avoid Duplication Of Effort Plans” that you listed in **STEP 3**, above. List steps for planned protocol below and describe how the team will handle a case and when referral to all the services will occur.

| STEPS | RESPONDER/SECTOR | ACTION PLAN | BY WHEN? |
|--------|------------------|-------------|----------|
| Step 1 | | | |
| Step 2 | | | |
| Step 3 | | | |
| Step 4 | | | |
| Step 5 | | | |
| Step 6 | | | |
| Step 7 | | | |
| Step 8 | | | |

If there is not mandatory reporting in your area, consider if reporting will cause negative consequences or other problems. If so, form a response plan on how to best respond to these potential negative results or problems.

Once reported, who needs to be alerted right away, which team member will contact them, and how will each team member respond to the family? How should team members work together to respond to the report and caregivers?

Identify a few people within the team who are trained, or who are willing to be trained, to speak to and/or interview the child.

| NAME | PHONE | EMAIL |
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Document everything carefully whenever possible. **The child's care should be documented with dates wherever care or services are given.** Planned documentation methods or protocol:

Comply with local legal requirements for reporting, information sharing, etc. Planned protocol:

Is it safe for the child to stay in the home? If not, where should the child go? Should the child be placed with other family members, out of home care, etc.? If so, how will the child get there? Planned protocol:

Who checks on the child's well-being after they are moved and for what reasons?

b) **LOCAL TEAM COMMUNICATION:**

How and when should other members of your team be notified of the abuse?

What should happen when each member has been notified?

Find safe and secure ways of communicating when sharing sensitive information to protect the child's identity and identify ways of communicating that should be followed due to safety risks to the child who has experienced abuse and caregivers. Planned protocol:

c) **LAW ENFORCEMENT/ LEGAL RESPONSE** (See APPENDIX for best practice & resources):

Define what 'justice' would look like in the best interest of the child, the caregiver, and your community.

If not yet involved, should law enforcement be contacted? Under what circumstances?

Are there legal resources available for the child and/or family? Planned protocol or general legal resources list:

d) **MEDICAL RESPONSE** (See APPENDIX for best practice & resources):

Are there medical doctors, nurses, clinics, and hospitals in your local community that can respond to a child who has been abused? If not, where is the closest hospital or clinic?

Under what circumstances should a child be referred for medical care? If possible, think of a medical care plan for a child, built on the help available in your community. Create plans and processes that should be followed when a child who has been sexually abused must be sent to different places for testing and care. Remember some treatments and tests are time-sensitive – this means they must be carried out before a certain amount of time has passed. These include treatments for STDs and HIV, which may need to be done before anything else in the response plan. Planned protocol:

e) **MENTAL HEALTH RESPONSE** (See APPENDIX for best practice & resources):

Are there psychologists, social workers, or counsellors in your community who can meet with the child and family at a cost they can afford, or is outside funding needed? If so, how, and when will the child and family be able to see the mental health worker? Planned protocol:

f) **CHILD WELFARE RESPONSE -- IDENTIFYING COMMUNITY RESOURCES TO BUILD RESILIENCE:**

Can the child still stay in school? Are there ways to encourage this?

Are there other outlets in the community to support the child's resilience and help them to recover quicker, like sports, arts/crafts, sewing, cooking, etc.?

What does the non-offending caregiver believe will help the child to recover? How can these things be added to the child's recovery plan?

Identify people in the child's life who have given the child love and strength and make them part of the "care plan." If possible, invite the child and caregiver to help identify these people.

Are there internet resources, like articles or books, which can help the child, family, or team?

Are there other community resources that can be used to help the child, and how do they fit into the recovery process? Add this to the child's plan.

Is there a possibility that the offender can reach other children in the home or the community? If so, draw up safety plans for those children to prevent more children becoming victims. Planned protocol:

Keep in contact with the child and/or their family to offer ongoing support and check in on their wellbeing. Planned protocol:

STEP 7: Coordinated team follow-up

Hold regular meetings to talk about the condition of the child and family, and how other team members may be able to further help in the child's recovery and attempts to seek justice. All meetings must respect the investigation processes and court procedures. Planned protocol:

Regularly check the changing needs of the child and family; keep track of and fine-tune responses as needed for the current and long-term support plan. Planned protocol:

Bring in more support partners, or make referrals as needed in each specific case.

STEP 8: Maintain the final agreed upon CSA response plan in a written or electronic format that can be easily accessed by everyone

The plan can include:

- A list of contact persons from the local support team – updated yearly.
- A list of helpful community resources.
- A flowchart to show each step of the response and case management process, as well as names of people who will be responsible for each step.
- The process for organizing ongoing training sessions for the team.
- Print and hand out the final plan to all team members.

STEP 9: Monitor how the plan is working

Create chances for team members to examine the details and processes of successful and difficult cases. Encourage team members to speak out if they need help in particular cases or with carrying out specific parts of the process. Planned protocol:

Document case outcomes if possible to routinely assess progress and identify strengths and areas needing improvement. Planned protocol:

Monitor and evaluate use of, and commitment to, the CSA Response Plan. Planned protocol:

STEP 10: Assess case results and progress

Keep track of the child’s medical health and mental health appointments and follow up on the child’s progress to see if the child needs extra help. Planned protocol:

Check on the safety and well-being of the child and family regularly. Planned protocol:

Teach the child and the family how to cope with the stress and trauma in a way that will aid the child's recovery, healing, and resiliency. Planned protocol:

STEP 11: Review the plan on a regular basis

Have regular team meetings to hear from everyone what is working, and what should be changed or updated. Planned protocol:

Revise and date the updated plan to make sure that the revisions will be applied in the future. Add any new people or organizations to the plan as new members join the support team.

Update contact information for any new team members.

Reach out and gain the support of more participants as needed to strengthen your team's combined response. Outreach plan:

Once you have a plan that is running well, can you collect data without any personal details to help educate the community or children? Is there data from the CSA cases that you can use – without making any personal information or sensitive details known – to help educate the community and their children?

Are there new ideas the team has for preventing CSA in the community?

Can you work with schools or the government to improve policies or laws that can help protect children?

STEP 12: Ensure program sustainability

Define what success means to you and your team – celebrate your successes!

Offer initial and ongoing training opportunities for both trained workers and other supportive responders in your community.

Identify or create new training opportunities based on recognized needs or knowledge gaps.

Offer training and resources to help members of the support team take care of themselves, process any secondary trauma, or stress, and reach out to other team members for help.

Hold debriefing sessions with some or all team members when a specific case has been very stressful. Planned protocol:

Encourage the support team to explore and share new resources. Planned protocol:

Create regular team meetings in which you can learn something relevant or new or in your respective fields together – these joint meetings are important to strengthen trust and your ability to work together. Planned protocol:

Consider if changes to policy or laws would help your group be more successful, and if so, how those changes might be achieved.

A large, empty rectangular box with a thin black border, occupying the lower half of the page. It is intended for the user to write their planned protocols or notes in response to the prompts above.