Guidance note on working with Child Survivors cases in the Rohingya Response

CPSS and GBVSS

March 2025

Background

This document is intended to outline a common, harmonized, comprehensive approach and enhance collaboration and coordination between Gender Based Violence and Child Protection Case Management service providers and actors while supporting child survivors of sexual violence at Rohingya Response, Cox's Bazar. It complements the CP and GBV Standard Operating Procedures and is in line with CP and GBV case management guiding principles as outlined in the SOPs for CP and GBV. Mandatory common guiding principles are safety, confidentiality, respect, and non-discrimination, as well as the best interest of child and survivor-centered approach.

Audience

The primary audience for this guidance is child protection and gender-based violence case management actors, including case workers and supervisors, working in UN, international, national and local NGOs, Department of Social Services (DSS) and the Ministry of Women, Children Affairs (MoWCA). In addition to these primary audiences, field-level coordinators (Child Protection/GBV/protection), sector coordinators and other non-specialized service providers who would benefit from established and coordinated referral pathways based on the guidelines provided are also considered secondary audiences and beneficiaries

Definitions

Child sexual Abuse: Any form of sexual activity with a child by an adult or by another child who has power over the child. By this definition, it is possible for a child to be sexually abused by another child. Child sexual abuse often involves body contact, which could include sexual kissing, touching, and oral, anal or vaginal sex. However, it is important to note that not all sexual abuse involves body contact. Forcing a child to witness rape and/or other acts of sexual violence, forcing children to watch pornography or show their private parts, showing a child genitalia ('flashing'), verbally pressuring a child for sex, and exploiting children as prostitutes or for pornography are also acts of sexual abuse.

GBV: An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Child Survivor: A person under the age of 18 who has experienced an act of sexual abuse and other forms of GBV.

Principles for working with child survivors of Gender Based Violence

- Promote the child's best interest
- Ensure the safety of the child
- Comfort of the child
- Ensure appropriate confidentiality
- Do No Harm
- Involve the child in decision-making (according to their evolving or intellectual capacities)
- Treat every child fairly and equally (principle of non-discrimination and inclusiveness, including considerations for children with disabilities and children in all their diversities)
- Strengthen children's resiliency.

Mandatory common guiding principles are **safety, confidentiality, respect and non-discrimination, as well as the best interest of the child and a survivor-centered approach.**

The safety of the child must always be the top priority. This includes preventing further harm, ensuring a secure environment, and implementing risk mitigation strategies. To ensure the child safety, it is necessary to conduct a safety assessment to prepare a safety plan and continue to follow up the child's situation. Immediate and long-term safety planning should be a core focus of interventions. Under no circumstances should the child remain or return to a home or setting where their alleged perpetrator is still present or where it is likely that contact with the alleged perpetrator would take place. In such cases, alternative care options and removal of the child from the current care arrangement may be required.

Confidentiality must be maintained when working with survivors. This includes safe and confidential information management of the survivors, not sharing information of the child survivor or his/her family with other stakeholders except with informed consent/assent and only on a need-to-know basis when it might be advantageous to the survivor. Ensure the interview is taking place in a private and confidential space.

Respect and non-discrimination All children must be treated with dignity, fairness, and respect, regardless of their gender, ethnicity, disability, socio-economic status, or background.

Best Interest of the child the best interests of the child should provide "the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families" (UNCRC Article 3) Every decision made throughout the case management process must prioritize the child's rights to safety and ongoing positive development. Wherever feasible, decisions should be discussed with the child and their parents or caregivers, while consistently adhering to the best interest's principle as a guiding principle. There may not be a single 'ideal' solution, but rather a series of options, the choice of which must be considered in relation to what is in the child's best interests.

Survivor Centered Approach is to create a supportive environment that puts the survivor at the center of the healing process and trusts the survivor as the expert in their own life. It seeks to do no harm while facilitating recovery with the survivor by prioritizing their rights, needs and wishes.
The survivor should be clearly informed of what assistance can be offered by each service provider. The person/organization who receives the initial disclosure (incident report) of a GBV case will act in accordance with the referral mechanism, which includes opportunities at each stage to move forward or stop. The survivor has the freedom to choose whether to seek assistance, what type(s) of assistance, and from which organizations.

NOTE:
When working with children who have experienced sexual and gender-based violence it is important to use *both* the **'best interest of the child'**s and **survivor-centered' approaches**.

Case workers must believe, recognize and understand that child-survivors are experts in their own lives and make every effort to view things from the child's perspective. At the same time case workers must also understand that child survivors depending on their age, development stage and other factors, may not have the capacity to understand the entirety of the situation they are in, and the information being provided to them, including service options and short/long term risks and benefits and may therefore *not* be able to make decisions that are in their best interests. They may also not have the legal authority to do so.
Case workers must therefore always be guided by the principle of ensuring the best interests of the child, always taking into serious consideration the perspective of the child and the non-offending caregiver and making decisions in consultation with them to the extent possible.

Informed consent

the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.

Informed Assent

the expressed willingness to participate in services. For younger children who are too young to give informed consent but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is the expressed willingness of the child to participate in services.[1]

The survivor should have the legal age or capacity to consent, as well as to understand what s/he is consenting. Before agreeing, s/he should be first informed about all the available options for support, case transferred/handed over/referred and to which service provider/s. Information should be provided in a comprehensive and age-appropriate manner. It should include risks and benefits of the services identified as appropriate to the survivor/the right to refuse or decline any part or all services/to refuse the sharing of their information or personal data that might be shared with other additional services identified as appropriate after explaining its purpose.

Parents/caregivers are typically responsible for giving indirect informed consent for their child to receive services until the child reaches the legal age to provide consent. Older adolescents are also legally able to provide consent in lieu of, or in addition to, their parents. (See table below on ages required for direct Informed consent and/or Assent).

Age	Child	Caregiver	If no caregiver and not in children best interest	Means
0-5		Consent	Trusted Adult or case worker	Written
6-11	Assent	Consent	Trusted Adult or case worker	Verbal assent Written consent
12-14	Assent	Consent	Trusted Adult or child's informed assent	Written assent and consent
15-18	Consent	Consent	child's informed consent	Written consent

Special Procedures for Child Survivors

a) The parents or/caregivers (Identified non-offending guardian) of the child (under the legal age to provide consent) should be informed about the interview with the case manager or reporting of the GBV incident, prioritizing the best interest of the child.

b) However, if the perpetrators are family members, the child should be interviewed when no other family member is present. Non-offending parents or caregiver can be informed that an interview is going to be conducted if it is in line with the best interest of the child.

c) If a child's parents/caregivers refuse to pursue the case in the court of law on the child's behalf, after his/her assent or informed consent, while there is clear evidence or a substantiated allegation, the law enforcement official (i.e. police, legal officer) and/or the Protection unit (CP/GBV)will be informed about the child's will to pursue the case in court, and/or to ensure that the case is brought to justice on the child's behalf based on the law of the land.

Minimum requirement/standard

To manage a Case of a Child Survivor, the Case Worker (CP/GBV) must be

- trained on CCS and meet the knowledge, attitude and skills requirements.
- under a supervision system for caseworkers providing care to child survivors.
- Maintain a safe, locked filing space to keep child records confidential.
- Aware of the referral system for children is documented and functioning.

- Compliant with Informed consent and confidentiality principles and procedures for case management
- Available to offer case management service in a private, confidential, safe and child-friendly space

To offer Case Management service to the child survivor, an organization must

- Be a signatory of Data Protection Information Sharing Protocol for CP or GBV
- Be a member of the Child Protection Sub-Sector (CPSS) and/or GBV Sub-Sector (GBVSS).
- Be an active member of the Case Management Technical Working Group (CMTWG) for CP/GBV.
- Implement GBVIMS, CPIMS+, or Primero as part of case management information management systems.
- Have GBV/CP technical supervision system in place to ensure quality case management services.

NOTE: If a Case Worker and Organization do not meet the minimum criteria, they should not register the case of Child Survivor.

Referral and Transfer

Referral is the process of requesting services after the need assessment for an individual through an established procedure. The case worker refers the survivor to the specialist service using the referral form with the consent/assent of the survivor and where appropriate, a caregiver. Specialist service providers and partner organizations may also have case management services, which can be extended to the survivor when needed or as agreed with the referring service provider for a limited time. The case manager/worker, who oversees coordinating the survivor, accessing identify specialist services, retains overall responsibility of the case regardless of the referrals made.

Transfer is the systematic procedure when a survivor is being reassigned to another service provider who takes on all responsibilities of case management of the child survivor. The caseworker must discuss this with the child and/or safe caregiver/trusted adult, obtain their consent/assent, and support the transition (e.g., preparing the child survivor for the transition, facilitating an introductory meeting with the new caseworker, etc.). The child survivor's preference regarding the gender and age of the caseworker should be prioritized in all case transfers.

When to Refer Cases (For Both CP and GBV Actors) & Referral Process

Referrals are initiated when a case worker links a child and their family to an appropriate service provider while retaining overall case responsibility. All service providers in the referral pathway must be knowledgeable about the services offered and able to link the client to ensure a successful referral. Sharing of the referral information is essential to manage the client expectations and to promote informed decision making. For the child survivor

Health Services: All child survivors of sexual violence must be referred to health providers for Clinical Management of Rape (CMR). Health assistance is the priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be following the WHO Clinical Management of Rape guidelines. Caseworkers must prioritize assessing the child's immediate and long-term health needs. Referrals to health services must be determined early, ideally during the initial intake or assessment, to ensure the child receives the necessary care promptly. Timely referrals are vital for specific health services, which depend on the timeline of the abuse. For example, HIV post-exposure prophylaxis (PEP) is effective if administered within 72 hours of the incident, and emergency contraception should be given within 120 hours (5 days) to prevent unwanted pregnancy. Forensic examinations for evidence collection must be completed urgently, preferably within 48 hours, to preserve evidence crucial for legal action. If the survivor comes 120 hours after the incident, the need for medical care still exists, especially for sexually transmitted infections, injuries, pain management, or long-term health complications. Vaccination for hepatitis B can be administered up to 14 days after exposure.

Legal Services: Cases involving severe child abuse, trafficking, or legal protection concerns should be coordinated among GBV actors, Child Protection authorities and legal actors.

Specialized CP Support: If a CCS trained GBV caseworker identifies child protection concerns beyond their expertise, for example, CP assessment for registration, arranging short-term alternative care, or reunification of the lost child, they must refer the case to a CP actor, positive parenting training.

Specialized GBV Support: Conversely, if a CCS-trained CP caseworker encounters deep-rooted GBV issues and sexual violence, they should refer the case to GBV actors for GBV intervention. This includes GBV awareness sessions, GBV risk mitigation and assessments.

Other Essential Services: If the managing agency lacks certain services, referrals should be made for:

- ✓ Food, Shelter, Non-Food Items (NFIs)
- ✓ Health or Medical Services
- ✓ Psychosocial Support (PSS)
- ✓ Registration, Rehabilitation, and Other Specialized Care

Referral Process-

1. **Assessment**: Identify the need for a referral in consultation with the survivor and their caregiver (if applicable).
2. **Consent**: Obtain prior informed consent before making a referral.
3. **Contact**: Reach out to the receiving service provider to confirm availability.
4. **Information Sharing**: Share only necessary and non-identifiable information to ensure confidentiality.
5. **Follow-Up**: Ensure the survivor has accessed the referred service.

When to Transfer Cases (For Both CP and GBV Actors) & Transfer Process

A case transfer occurs when full case management responsibility is handed over to another agency or caseworker.

When to Transfer a Case?

- **Relocation**: If a child moves to another location, necessitating services from a different agency.
- **Caseworker Unavailability**: Due to reasons such as:
    - Leaving their job or organization
    - Maternity or long-term leave
    - Agency closure or program transition

- **Specialized CPCM services**: If the child has specific CP concerns that require specialized Child Protection Case Management services such as long-term alternative care arrangement, Best Interest Determination (durable solution, custody issue, any decision against the will of the child or caregiver)
- **Specialized GBVCM-** When a child turns 18 and requires continued support under GBV services

Transfer Process (Face-to-Face Handover)

1. **Communicate clearly** with the child, parent or caregiver the details of when, to whom, and why their case is being transferred and any additional implications of the transfer (if the types of support offered by the new actors are slightly different or their mandate is different)

2. **Joint Meeting with Survivor and Caregiver**: Introduce the new caseworker to the survivor and caregiver to ensure a smooth transition.

3. **Caseworker Collaboration**: The original and receiving caseworker meet to review the case summary and case plan, avoiding the need for the survivor to retell their story. The summary of the cases should be shared based on consent/assent from the child and caregivers.

4. **Case Closure in Original System**: Close the case in CPIMS+ or GBVIMS/GBVIMS+ before the new caseworker assumes responsibility.
5. **Secure Data Transfer**: Transfer only essential case details while ensuring confidentiality.

6. **Template**: Case transfer form in the annex should be followed which is adopted from the newly revised CP Case Management training package.

Information Management and Documentation

Proper information management is crucial for survivors' safety, confidentiality, and accountability. Consent is a must while sharing any survivor-related information. The CP Case Management form or

CPIMS+ will be used if the case is registered by the CP Case Worker; on the other hand, the GBV CM or GBVIMS form will be used if the Case is managed by the GBV Caseworker.

Case File Retention and Disposal

- **Retention Period**: Retain case files only as long as necessary in line with the Data Protection Information Sharing Protocols and organizational policies (typically 3–5 years).
- **Upon Case Closure or Transfer**: After the retention period,
    - **Digital Records**: Permanently closed/deleted from CPIMS+ or GBVIMS/GBVIMS+.
    - **Paper Records**: Shred or securely dispose of to prevent unauthorized access.

ANEX1: Case Transfer form

1. CASE INFORMATION

Date of Case Transfer dd/mm/yyyy	Case ID number (CPIMS+/GBVIMS)
Consent or assent provided for transfer of records	○ Yes ○ No ○ Not applicable
Name of the Child: Age: FCN/ proGres:	Name of the Caregiver: Address: Contact:

2. CASE TRANSFER INFORMATION

Reason for the case transfer	○ Case relocating to area where receiving agency is present. ○ Organizational reasons *(e.g., agency changes, closing program, etc).* ○ Caseworker unavailability *(e.g. maternity/paternity leave, change, caseworker changed jobs, etc.)* ○ Specialized services required by child or family *(e.g. transfer to GBV case management, transfer to CP Case Managemnet, Protection Case Management, etc)* ○ Other, specify _____

Transferred FROM:		**Transferred TO:**	
Name agency/organization		Name agency/organization	
Name focal point		Name focal point	
Position focal point		Position focal point	
Address agency/ organization		Address Agency/organization	
Email address focal point		Email address focal point	
Contact focal point		Contact focal point	

Describe the transfer process

(Provide details of meetings held to discuss handover of the case e.g. between the caseworker that was assigned to the case and the new caseworker, between the child and the two caseworkers, between the caregiver(s) and the two caseworkers.)

3. SUMMARY CASE INFORMATION

Current risk level	○ High	○ Medium	○ Low ○ No Risk
Overview of case management steps implemented (tick each case management step that has been or is being implemented)	○ Registration/intake ○ Case planning ○ Follow-up and review	○ Assessment ○ Case plan implementation ○ Case Closure	

Brief summary

(Include history and current situation of the case, including last services provided/actions taken and ongoing services/actions being taken.)

4. AUTHORIZATION

Caseworker name (Transferring agency)	Date dd/mm/yyyy	Signature
Supervisor name (Transferring agency)	Date dd/mm/yyyy	Signature
Parent or caregiver Name	Date dd/mm/yyyy	Signature
Child Name	Date dd/mm/yyyy	Signature
Caseworker Name (receiving agency)	Date dd/mm/yyyy	Signature
Supervisor Name (receiving agency)	Date dd/mm/yyyy	Signature