



GUIDE BOOK

For Social Case Workers Responding To Disclosure of Sexual Violence Against Children

A child-centred, trauma-informed, rights-based approach
to supporting disclosure, protection, and recovery – in
compliance with the POCSO Act, 2012.



First Edition – Dec 2020
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PURPOSE

These guidelines were initially developed to support Prerana Social Case Workers in responding to **disclosures or suspected disclosures** of sexual abuse, sexual assault, sexual maltreatment, sexual exploitation, and other forms of **sexual violence involving children**. They aim to promote a child-centred, trauma-informed, rights-based, and legally compliant approach to engaging with children, their families, and other relevant stakeholders throughout the case management process.

The guidelines have since been broadened to apply to all case workers supporting children who have experienced sexual violence. They provide a **consistent framework for responding to disclosures**, assessing and addressing children's immediate and ongoing needs, facilitating access to appropriate services and protection mechanisms, and supporting children and their families through the case management process. The guidelines emphasise the safety, dignity, participation, confidentiality, and best interests of the child, while recognizing the need for sensitive, non-judgmental, and culturally responsive practice at every stage of intervention.

Social Case Workers may often be among the first trusted adults to whom a child chooses to disclose experiences of sexual violence. The manner in which the first response is provided can significantly influence the child's sense of safety, trust, recovery, and willingness to engage with protection and support systems. These guidelines aim to help Social Case Workers respond with empathy, professionalism, and clarity while fulfilling their legal and ethical responsibilities.

Disclosure is the act of making information known that was previously private, hidden, or secret.

These guidelines should be used:

- When a **child directly discloses** an experience of sexual violence.
- When a **parent, caregiver, trusted adult, or another individual reports** or expresses concerns about possible sexual violence against a child.
- When a **Social Case Worker observes indicators or behaviors that may suggest** a child has experienced sexual abuse or exploitation.
- During interactions with children, families, **caregivers, schools, communities**, child protection authorities, law enforcement agencies, healthcare providers, and other service providers involved in the child's care and protection.

These guidelines are intended to complement, and not replace, applicable laws, organizational policies, standard operating procedures, and professional judgment.



Every child's circumstances are unique; therefore, Social Case Workers should exercise **informed discretion** and adapt their approach to the child's age, developmental stage, abilities, culture, gender, disability, family circumstances, and immediate safety needs while ensuring compliance with the **Protection of Children from Sexual Offences (POCSO) Act, 2012**, and other relevant legal provisions.

The recommendations presented in this document are not intended to be followed in a rigid sequence. Depending on the context, urgency, and needs of the child, some actions may occur simultaneously or in a different order. **The safety, dignity, best interests, participation, and rights of the child should remain central to every decision and action undertaken by the Social Case Worker.**

KEY PRINCIPLES

The following principles should guide every interaction with children and families throughout the disclosure, response, referral, and recovery process.

1. CHILD-CENTRED APPROACH

Recognize every child as an individual with rights, strengths, capacities, and evolving abilities. Listen to the child's views, involve them in decisions affecting them to the greatest extent possible, and respect their pace, preferences, and developmental needs.

2. BEST INTERESTS OF THE CHILD

Ensure that every action and decision prioritises the child's safety, well-being, dignity, development, and long-term recovery. Where competing considerations arise, the child's best interests should guide decision-making.

3. TRAUMA-INFORMED PRACTICE

Recognize that children may respond to trauma in different ways and that their behaviour should be understood in the context of their experiences. Respond with patience, empathy, consistency, and sensitivity while avoiding actions that may retraumatise the child.

4. RESPECT AND NON-JUDGEMENT

Treat every child and family with dignity and respect. Avoid assumptions, blame, criticism, or judgement about the child's experiences, behaviours, emotions, family circumstances, identity, or decisions.



5. SAFETY FIRST

Prioritise the child's immediate and ongoing physical, emotional, and psychological safety. Assess risks promptly and take appropriate action whenever there are concerns about the child's protection.

6. PARTICIPATION AND INFORMED CHOICE

Provide children and their trusted caregivers with age-appropriate information about available support services, legal processes, and next steps. Encourage their participation in decisions wherever possible, while recognizing legal obligations relating to child protection.

7. CONFIDENTIALITY WITH TRANSPARENCY

Respect the child's privacy by limiting the sharing of information to individuals and authorities who have a legitimate role in ensuring the child's safety and access to services. Explain clearly that while information will be handled as confidentially as possible, certain disclosures must be reported under the law.

8. DO NO FURTHER HARM

Every interaction should seek to minimise additional distress. Avoid repeated questioning, leading questions, unnecessary exposure to multiple interviews, or any action that could increase the child's trauma or compromise their dignity.

9. COLLABORATION AND COORDINATION

Work collaboratively with parents or caregivers (where appropriate), Child Welfare Committees, law enforcement agencies, healthcare providers, counsellors, legal aid providers, educational institutions, and other stakeholders to ensure coordinated, child-friendly support.

10. PROFESSIONAL ACCOUNTABILITY

Act within the scope of your role and responsibilities. Maintain accurate documentation, seek supervision when needed, adhere to organizational policies, and comply with all applicable legal and ethical obligations, including mandatory reporting under the POCSO Act, 2012.

11. CULTURAL SENSITIVITY AND INCLUSION

Provide services that are respectful of the child's language, culture, religion, gender identity, disability, family structure, and individual circumstances. Ensure that all children receive equitable, accessible, and non-discriminatory support.



12. HOPE, HEALING, AND RECOVERY

Recognize that disclosure is often the beginning of a child's recovery journey. Through compassionate engagement, coordinated support, and sustained follow-up, Social Case Workers can help children and their families move towards safety, healing, resilience, and restoration.

BEFORE DISCLOSURE

This section outlines how Social Case Workers should prepare for and facilitate a safe environment before a child begins sharing their experience.

- Find a neutral, private, and child-friendly setting with minimal interruptions.
- Before the child begins sharing, explain the limits of confidentiality and your legal duty to report. Do not let the child “swear you to secrecy”. Explain that the information will be kept as private as possible and will only be shared with individuals and authorities who need to know in order to ensure the child's safety and fulfil legal obligations.
- Confirm with the child that they are comfortable speaking in the chosen space.
- Ask whether the child would like a trusted adult or caregiver to be present. Respect the child's preference if they wish to speak independently.
- Inform the child about available support services and what they can expect from the child protection system.

It is important to inform the child, in an age-appropriate, clear, and sensitive manner, that under Section 19 of the POCSO Act, 2012, there is a legal obligation to report cases of sexual violence against children to the local police. The Social Case Worker should explain this obligation without creating fear or placing any pressure on the child, while ensuring that the child understands that the purpose of reporting is to safeguard their rights and protection.



It is possible that, at this stage, the child may feel overwhelmed, hesitant, or may choose to withdraw from the conversation. Such a response should be understood within a trauma-informed and child-centred framework, rather than interpreted as unwillingness to engage or cooperate. The Social Case Worker should reassure the child that they are available to listen and provide support whenever the child feels ready to return and talk. The child should be left with a clear message that they will be welcomed, heard, and supported without judgement if they choose to come back at a later time.

DURING DISCLOSURE

- *Listen to and support the child as they attempt to disclose the incident or incidents of sexual violence.*
- *Engage with the child in a way that is appropriate for their age and maturity level.*
- *Provide them with some tools to facilitate communication, such as a picture of a human body or an anatomically correct doll, which can help the child explain the incident of sexual assault more effectively.*
- *Allow the child to use their own words to describe what happened, and do not pressure them for too much detail.*
- *Avoid interrupting the child with questions while they are sharing; it may be better to set your questions aside for later in the conversation.*
- *Avoid being judgmental or jumping to conclusions.*
- *Assess the situation without assumptions.*
- *Avoid 'Why' questions that may pressurise the child to share an explanation for their behavior or action.*
- *Focus on the facts of the incident and clarify facts only when necessary.*
- *Reassure the child that they did nothing wrong and also that they did the right thing by sharing this with the social case worker, and that we will make all efforts to support the child.*
- *Remain calm in both verbal and non-verbal communication.*



- Respond calmly and matter-of-factly. Even if the child's sharing is difficult to hear, it is important not to express disbelief, anger, shock, disgust or alarm through verbal and non-verbal communication before the child.
- Provide reassurance to the child that they and a trusted adult (family or guardian) will be involved in any decision-making processes concerning them in the future.
- Assure the child that you will keep information shared by the child confidential. Share with the child about the possible individuals/ institutions that you will be sharing this information with.
- Limit the number of people with whom you share the information. The child's privacy should be protected.



Important Consideration

When a child is disclosing information, you may decide to record specific details. As a social worker, use your judgment to determine whether to do this in the child's presence or afterward. Regardless of your choice, be sure to inform the child that you will be taking notes or video recording the conversation, along with the reasons for doing so.

The Social Case Worker may also provide the child with information about their rights and entitlements as a child victim of violence, including the protection, care, psychosocial support, legal assistance, and other services available through the child protection system. This information should be communicated in a manner that is appropriate to the child's age, developmental level, and emotional state.

The Social Case Worker should assess the child's emotional comfort, readiness, and willingness to continue sharing information. The child's pace and sense of safety should be respected, and the worker should avoid pressuring the child to disclose further details.



AFTER DISCLOSURE

This section explains the Social Case Worker's responsibilities immediately after the child has disclosed.

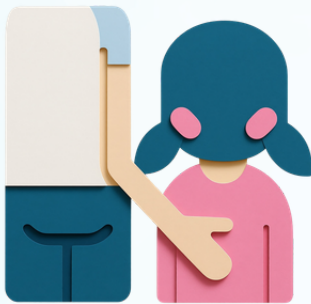
- Explain the next steps clearly and honestly. Discuss mandatory reporting.
- Explain the legal process in age-appropriate language.
- Inform the child about available services.
- As a social case worker, you need to discuss the facts of the case with your supervisor and inform the family or the adult the child trusts about the same. If the child expresses that they don't want their parents or family to know about the incident, ask the child if they can suggest a trusted adult whom you or they can inform.
- Assess and refer the child to the counsellor after discussing the same with the child and their trusted adult.
- Remember that children who disclose about sexual assault are often frightened and anxious and may need reassurance, encouragement, and support in the weeks following disclosure. Assure the child that you or another staff member will be available for support whenever possible. Explain how they can reach you or the other support staff.
- Do not make promises to the child that you cannot keep.
- Do not confront the abuser or anyone connected to the abuser, and don't make judgmental comments about the abuser. Let the law enforcement deal with the situation as per the law of the land
- Maintain regular follow-up.



SUPPORTING RECOVERY

Disclosure is often the beginning of a child's healing journey. Social Case Workers should:

- Maintain regular contact where appropriate,
- Encourage access to counselling,
- Strengthen protective relationships,
- Coordinate services,
- Support the child's participation in decisions,
- Monitor ongoing safety and well-being



Guidance on immediate risk assessment:

- Is the alleged perpetrator still living with the child?
- Is the child expected to return to the same environment?
- Does the child fear immediate retaliation? (A family member may share about the fear of immediate retaliation by the perpetrator or their friends or relatives)
- Does the alleged offender currently have access to other children?
- Does the child require urgent medical attention?

Guidance on medical needs

- Urgent medical care and support if required
- Urgent medical examination when appropriate
- Discuss about preservation of forensic evidence (without placing responsibility on the child) with the police and medical team.
- STI assessment
- HIV prophylaxis where indicated
- psychological first aid



Guidance for documentation:

- Record the child's exact words whenever possible.
- Avoid interpretation.
- Record dates and times.
- Separate observations from opinions.
- Store documentation securely.



Sometimes the guidance overlaps with police, counsellor, and legal roles. Remember the role of the social case worker is to:

- Provide emotional support
- Ensure immediate safety
- Facilitate reporting
- Coordinate referrals
- Document appropriately
- Support the child through systems
- Avoid conducting investigative interviews



Remember to avoid:

- Asking leading questions
- Promising outcomes
- Investigating the allegation yourself
- Interviewing repeatedly
- Confronting the alleged offender
- Expressing disbelief
- Expressing shock
- Blaming the child
- Making assumptions
- Forcing disclosure
- Making decisions without considering the child's views (where appropriate)



SOCIAL CASE WORKER'S ROLE IN ENGAGING WITH PARENTS/ GUARDIANS/ TRUSTED ADULTS

Many parents and other family members in this situation experience trauma, guilt, anxiety, depression, isolation, exhaustion and feeling judged, and blamed. They need guidance in supporting their child and also to **address their feelings and emotions**. The social case worker can help the parent/ caregiver by understanding the concept of creating a safe environment for their child. **Support the parent** in creating a space for their child free from harm, judgement & blame, where the child can share their concerns and their emotions.

The social case workers can help the parent understand that they may need to constantly reinforce the child with positive words and actions. Following are a few helpful tips:

- Reassure the child that you are glad they disclosed sexual violence.
- Don't try to find faults in the child. Understand that this was not the child's fault and help the child understand the same.
- Avoid being judgmental or jumping to conclusions by asking too many questions.
- Express love and care towards the child. Communicate to the child that their relationship will not change due to this disclosure.
- Respond to the child and don't react. In case the child asks a question that you have no response to, assure them that you will look for the right responses and get back to them.
- Do not confront the abuser. This may be tricky, especially in cases where the abuser is a known person.
- Don't remind the child of the incident. Any information about the incident should not be used to discipline the child.
- Don't be overprotective; don't put restrictions justifying it as protecting the child.
- Involve the child in all the decisions concerning changes to the child's life to ensure safety. Discuss with the child the pros and cons of these decisions in an age-appropriate manner.
- Work on a safety plan for your child with their participation. This plan has to be assessed and reviewed periodically with the child.
- Discuss the incident only if the child wants to talk about it again. Listen to the child when they want to talk about the incident again in the future. If the child discloses additional information about the incident at a later stage, don't ask them to stop; don't doubt them by saying things like "Are you sure?", "Are you making up things?", "Make up your mind once and for all", "If you keep sharing more details people will think you are a liar", "You are making your case weak", etc.
- Respect the child's right to confidentiality. Don't compare your child with another child you know who has experienced sexual violence.



- Be firm with your child, not harsh.
- Try to bring normalcy/routine back to the child's life at the earliest.
- Support the child through counselling.

The Social case worker also needs to support the parent(s) in their reaction to the situation. The social worker may also have to work with others in the family and help them to show empathy and compassion and be mindful of what they say and do.

SOME COMMON EMOTIONS OF THE PARENTS INCLUDE:

ANGER. They feel angry at the abuser for hurting their child or even frustrated with their child for not telling them. The social worker should help the parent understand that they might feel angry at their child for disclosing the abuse. It's not easy news to hear, but it's important to remember it is not their child's fault. The social case workers can reinforce by sharing that the parents should not blame themselves either for what has happened. They should not feel guilty and let anyone make them feel guilty for what has happened.

FEAR. Depending on the family circumstances, the parent may be afraid that the abuser or those related to him/her will find a way to harm the child. If the abuser was the sole earning member, the parent might experience fear of how to support the family with the abuser being incarcerated. The social worker can support the family in mapping their support systems to address these issues. Over time the social case worker can also help the parent/ guardian to look for relevant job opportunities.

ANXIETY. The parent might be anxious about responding in the "right" way to their child or navigating the other relationships in their life, especially if they have a relationship with the abuser. The social case workers can explain to them that such feelings are normal, and they too can seek external help to address these emotions.

SADNESS. Parent(s) may feel sad for their child, their family, or themselves when a child discloses sexual assault. They may feel sad because of the changes in their lives due to the incident and the subsequent disclosure. The social case workers can reassure the parents that it's ok to be upset over the changes that may result from this disclosure.

SHOCK. If the parent had no idea that the harm was occurring, they may experience a strong emotional reaction on learning what has happened. Social caseworkers can explain that such reactions are understandable and may encourage the parent to seek appropriate support to process these feelings. It is important to help the parent understand that expressing disgust, alarm, or distress in front of the child may be harmful and will not support the child's recovery and healing.



SOCIAL CASE WORKERS HAVE TO BE INFORMED ABOUT TRAUMA RESPONSES:

When a child entrusts the social worker with a disclosure of sexual abuse, exploitation, and assault, it is critical and paramount for the professional to **recognize and understand the various trauma responses the child might exhibit**. Awareness and being mindful are key in ensuring that the social worker avoids labelling, making assumptions, being judgemental, reacting hastily or jumping to conclusions. Instead, a nuanced understanding of trauma responses enables the social worker to **approach the situation with empathy**, sensitivity, and a commitment to providing the support and care that the child urgently needs. It also helps the social worker to explain and help other stakeholders the child will meet to understand the children's responses.

The mental health community broadly recognizes four types of trauma responses:



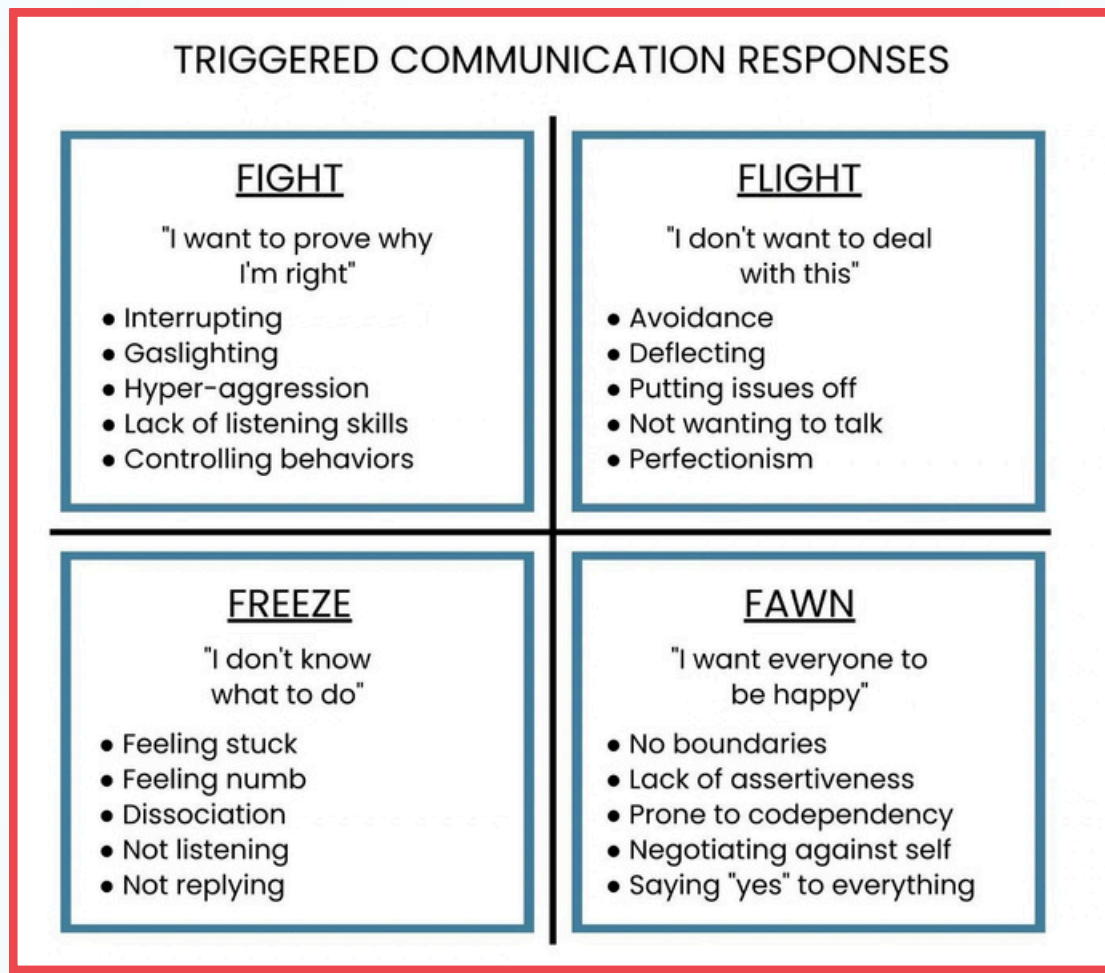
The *fight* response is self-preservation and for children using it, it doesn't matter who they hurt in the process.

When the threat seems impossible to defeat in a fight, a child may leave, run away from the situation entirely. That is the *flight* trauma response

Though not as common as fight and flight, the *freeze* response is one with which many aren't familiar. The child will pause instead of trying to fight the danger or run away. Freeze response can be seen when children "zone out", "show laziness", want to isolate themselves, and disassociate.

Fawning is the least known trauma response, and it is primarily related to people pleasing. Children sometimes go above and beyond to make the abuser happy, thus neutralizing the threat.

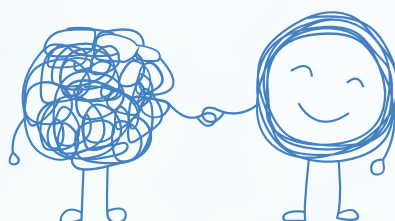




The Social Worker has to create and promote an environment conducive to healing and recovery.

Every action must be aimed at safeguarding the child from further trauma. It is imperative to have a thorough understanding of both the immediate and long-term impacts of childhood sexual trauma and prioritize the child's physical, psychological and emotional safety. Every significant adult in the child's life should recognize the profound impact disclosure can have on the recovery and healing of the child.

Therefore, communication must convey support, assuring them that they are not at fault. It may also help the child if you communicate that this happens to other children and that they are not alone.



SELF-CARE FOR SOCIAL CASE WORKERS

Responding to disclosures of sexual violence against children can be emotionally demanding and may expose Social Case Workers to **secondary trauma, compassion fatigue, burnout, and other forms of occupational stress.**

Maintaining personal well-being is therefore an essential component of ethical, effective, and sustainable practice. Social Case Workers should:

- Seek regular professional supervision to reflect on their practice, emotional responses, ethical concerns, and case-related challenges.
- Recognize early signs of secondary trauma, compassion fatigue, vicarious trauma, and burnout, and seek support when these begin to affect personal well-being or professional functioning.
- Maintain appropriate personal and professional boundaries, including being mindful of over-identification with the child or feeling personally responsible for the outcome of the case.
- Practise grounding, emotional regulation, and other self-care strategies before and after particularly difficult interactions.
- Recognize the limits of their professional competence and emotional capacity, and seek consultation, additional support, or referral when a case requires expertise beyond their role.
- Develop an individual self-care and support plan, including identifying sources of professional, organizational, and personal support that can be accessed when needed.
- Participate in structured debriefing and reflective practice, particularly following highly distressing or complex cases.
- Access professional mental health or psychosocial support when required, without viewing help-seeking as a sign of professional inadequacy.
- Use peer support and collegial consultation appropriately, while ensuring that the child's confidentiality and privacy are protected.
- Maintain a healthy balance between caseload, work responsibilities, rest, and personal life, and take appropriate breaks and recovery time.
- Be attentive to how personal experiences, beliefs, or emotional reactions may influence their responses to a child and use supervision to maintain self-awareness and professional objectivity.

Secondary trauma refers to trauma-related symptoms that arise from indirect exposure to another person's traumatic experience—for example, listening to a child disclose sexual violence or repeatedly hearing detailed accounts of abuse.

Vicarious trauma is a deeper, cumulative change in the worker's psychological and cognitive framework resulting from repeated empathic engagement with people who have experienced trauma.



We would greatly value your suggestions and comments to help us further strengthen this document and ensure that it serves as a practical, user-friendly guide for field practitioners.

Kindly share your feedback and recommendations by writing to us at contact@preranaantitrafficking.org

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