

Child and Family Psychosocial Assessment

Caseworker code	Date	Time
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Part II: Main Problems/Worries

For this section, case workers should use questions and/or drawing activities with children get a sense of what their main problems and concerns are following the experience of abuse. In this box, case workers should write down the current status of the child based on his or her own words.

PART III: Family, Social & Spiritual Context

**Family & Living Situation:** Guidance for assessment: where does the child live (sleeps, eats, hangs around); who lives in the house and visits frequently; number of siblings, does the child appear happy in the home? Is the child able to play freely and where? Does the child appear afraid and/or not close to with parents/guardians, siblings; Is the child treated differently to other children in the family?

<b>Social Support</b> (friendships, school, participation in social and community life)	<b>Spiritual/religious:</b>
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**Other Notes:** (e.g. safety risks identified, etc)

Survivor Code:

Incident ID:

## PART IV: Child Functioning Assessment

**DIRECTIONS:** The caseworker should ask the child survivor these questions in a private, confidential room. Say: I'm going to read some sentences. Please tell me how TRUE these sentences are about you. Think about how true these things are since \_\_\_\_\_  
[describe abusive event...e.g., you were raped]

<i>There can only be the X mark in one column.</i>	YES	NO	COMMENTS
1. I don't see my friends as much as I used to.			
2. I have stopped my daily activity (e.g. school).			
3. I am having fights with people more than I used to.			
4. I am having a hard time going to sleep or staying asleep.			
5. I am having body aches, stomachache, headache or other aches.			
6. I worry that something bad is going to happen.			
7. I am feeling sad and hopeless.			
<b>Total Score:</b>			

## PART V: Caregiver Assessment (if possible)

What is your understanding about the abuse and what happened?	
What are your feelings about the abuse and what happened?	
What changes have you noticed with your child since the abuse?	
What do you think will help your child right now?	
What are your main worries and needs right now?	

## PART VI: Child & Family Strengths

### Child Strengths/Protective Factors

(things the child enjoys going, positive relationships to caregivers, people they trust and who support them, able to solve problems, feel hopeful, laugh, etc)

### Caregiver & Family Strengths/Protective Factors

(strong and positive relationship with their child, other family members; able to cope with stress; social and community support; job/income)

## PART VII: Psychosocial Evaluation & Action Planning

*(for the caseworker to complete only)*

Assessment Questions	Yes	No	N/A	Action Plan for Intervention (include, what is the action, who is responsible and timeframe)
<p>1. Did the child report having problems functioning (See functioning items 1-3). If yes: interventions required:</p> <ol style="list-style-type: none"> <li>1. Problem solving</li> <li>2. Healing education</li> <li>3. Relaxation training</li> </ol>				
<p>2. Did the child report feeling anxious or worried (See Functioning items 4-6). If yes: interventions required:</p> <ol style="list-style-type: none"> <li>1. Relaxation training</li> <li>2. Healing education</li> </ol> <p>Problem solving (if needed)</p>				
<p>3. Did the child report having negative feelings (See Functioning items 7-8). If yes: interventions required:</p> <ol style="list-style-type: none"> <li>1. 3-Step Coping</li> <li>2. Healing education</li> <li>3. Relaxation training</li> </ol>				

Survivor Code:

Incident ID:

List the strengths (child and family) that can support the child’s healing.  
(school, activities, sense of humor, etc).

Other areas of need identified during the assessment that require intervention (direct and/or referral)  
(if not addressed above)

Identified Need:	Action Plan (include what action, who will do what, and timeframe).
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Next Follow Up Appointment scheduled for (date/time)