



Chapter Two

CORE CHILD-FRIENDLY ATTITUDE COMPETENCIES

This chapter applies to health and psychosocial service providers.

CONTENTS OF THIS CHAPTER INCLUDE

- » Core child-friendly attitude competencies.

TOOLS IN THIS CHAPTER INCLUDE

- » Caring for Child Survivors Attitude Scale (CCS-Attitude Scale) Tool

CHAPTER OVERVIEW

This chapter outlines core child-friendly attitude competencies that staff working with child survivors must possess. Possessing a child-friendly attitude is essential when working with children and families in a response capacity.³⁹ In addition to outlining the core child-friendly attitude competencies, this section introduces a supervision tool, the CCS Attitude Scale, to assist supervisors/managers in evaluating staff attitudes toward children and specifically, children who have been sexually abused.

³⁹ Additional competency areas are required for specific service providers (health and/or psychosocial) as outlined in other chapters of the guidelines.

“Any person working with people who have been raped or sexually abused should be aware of the differences between myth and fact. Personal beliefs and attitudes toward rape need to be examined and challenged.”

WHO Guidelines for medico-legal care for victims of sexual violence

CORE ATTITUDE COMPETENCIES REQUIRED IN SEXUAL ABUSE RESPONSE

In cases of child sexual abuse, the attitude (values and beliefs) of the service provider can have a direct impact on a child's healing and recovery. Research shows that children can be positively or negatively affected based on the response of the person helping them.⁴⁰ Because service providers play such a key role in promoting (or not promoting) a child's healing and recovery, they must have a solid foundation of positive attitudes about children and child sexual abuse survivors in order to provide compassionate care and not to harm. Simply put, harmful attitudes are unacceptable for service providers because they can prevent the recovery for all people involved.

In addition, service providers are in the position to educate important and influential adults in a child's life. Adults, especially family members, need to understand that dismissing a child's revelation of sexual abuse or blaming a child for such abuse, is harmful. Service providers must challenge such attitudes and practices among adults if they are to facilitate understanding and empathy for the affected child.

Therefore, staff providing direct care to children must be assessed for harmful attitudes to ensure no further harm is done to a child.

⁴⁰ Perry, B. (2007). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook: What traumatized children can teach us about loss, love, and healing*. New York: Basic Books.

CORE CHILD-FRIENDLY ATTITUDE COMPETENCY AREAS

Health and psychosocial service providers must have the ability and commitment to put the following child-friendly values and beliefs into practice, and to ensure child-friendly attitudes are communicated during the provision of care. The overarching values that are essential for service providers working with children include the recognition that:

- » Children are resilient individuals.
- » Children have rights, including the right to healthy development.
- » Children have the right to care, love and support.
- » Children have the right to be heard and be involved in decisions that affect them.
- » Children have the right to live a life free from violence.
- » Information should be shared with children in a way they understand.

In addition, there are specific beliefs that are absolutely vital for service providers to have when working with child sexual abuse survivors. They include the belief that:

- » Children tell the truth about sexual abuse.
- » Children are not at fault for being sexually abused.
- » Children can recover and heal from sexual abuse.
- » 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 for sexual abuse.

These child-friendly values and beliefs are certainly not an exhaustive list; however, they represent the minimum standard for adults working with children in a response capacity. Skill and knowledge mean nothing if they are not delivered in a caring and compassionate manner; this rests on individual attitudes.

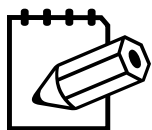
It is important to remember that culture and societal norms directly affect service providers' attitudes, and supervisors should be sensitive to the fact that beliefs and values don't always match the highest standards required to help child survivors recover and heal. While changing traditional attitudes is a process and should take place in a supportive environment, it may also be necessary for certain individuals to not work directly with children until they are able to embrace the core values and beliefs outlined in this chapter.

GUIDELINES FOR ASSESSING AND MONITORING CORE ATTITUDE COMPETENCIES

Health and psychosocial service providers should undergo an attitude assessment prior to working directly with children and families. Supervisors can use personal attitude assessments as a staff development tool to ensure that staff have the values and beliefs which will help children and families heal from sexual abuse. Supervisors and program managers are responsible for ensuring high quality care and action is required when poor staff attitudes negatively affect a child's well-being.

There are different methods for evaluating staff attitudes; the following two are recommended:

1. using the CCS Attitude Scale to assess belief and values,
2. directly observing staff and giving feedback on examples of good and bad practice during individual and groups case supervision.



SUPERVISION TOOL: THE CCS ATTITUDE SCALE

The CCS Attitude Scale is a tool for supervisors to evaluate attitudes amongst staff providing direct support to children who have been abused. The CCS Attitude Scale includes 14 statements about child sexual abuse that aim to assess personal values and beliefs. If needed, additional attitude competencies and/or questions can be added to the CCS Attitude Scale to better match values, attitudes and beliefs in a particular context or setting. The CCS Attitude Scale monitors an individual's attitudinal readiness for working directly with children, while also highlighting specific areas of focus for future training and education.

WHEN TO ADMINISTER

The CCS Attitude Scale can be administered in conjunction with the CCS Knowledge Assessment (CCS-KA). Ideally, the CCS Attitude Scale is given prior to staff working directly with child survivors.

HOW TO ADMINISTER

STEP 1

Set up a private, comfortable setting where the individual has at least 30 minutes to complete the personal assessment. The CCS Attitude Scale should not be given as homework or in other ways that would allow someone to consult with others. This is a personal assessment.

full-size tool at end of chapter

STEP 2

Explain the purpose. Supervisors should clearly explain to staff that this is an assessment to better understand their personal beliefs and feelings about sexual abuse. Emphasize to staff that all answers should be honest and self-reflective, and that the CCS Attitude Scale is a tool to identify areas where individuals can benefit from further coaching and staff development.

Supervision Tool: CCS Attitude Scale

Date:

Supervisor:

Staff Name:

Purpose and Instructions

PURPOSE: The practice of quality, empowering, and strengths-based care for children and families affected by sexual abuse requires that service providers recognize and are committed to upholding certain truths at the outset of working directly with children. Staff should exhibit child-friendly beliefs and attitudes in order to effectively provide compassionate and appropriate care and treatment to child survivors.

INSTRUCTIONS:

- 1) This is a self-administered tool. Meaning the supervisor will give the CCS Attitude Scale to the staff person working directly with child survivors and the staff person will complete on their own and return to the supervisor when finished.
- 2) The supervisor should explain that the questionnaire should be answered by the staff person only, and he/she should answer the questions as honestly as possible.
- 3) The CCS Attitude scale is divided into 14 questions aimed to get at a person's underlying feelings and beliefs about children and sexual abuse. The individual will score themselves how much they agree or disagree with a question on a scale of 1 through 4.
- 4) This assessment tool should be administered AFTER the staff receives training on child sexual abuse and BEFORE the staff starts to work directly with children. The CCS Attitude Scale should be administered regularly to gauge any changing attitudes and beliefs as staff working with child survivors.

NOTE: This Attitude Scale is not the only way for supervisors to monitor staff's attitude and behavior working with child survivors. In addition to using this tool, supervisors should observe counseling sessions with children to evaluate the staff person's ability to communicate healing attitudes to children.

Statements	Individual Scoring			
	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1. Children have something to offer the community.	4	3	2	1
2. Sexual abuse can be the child survivors fault.	1	2	3	4
3. Children should keep silent and not talk about sexual abuse.	1	2	3	4
4. Sexual abuse is always the perpetrators fault.	4	3	2	1
5. Children who are sexually abused are dirty and ruined.	1	2	3	4
6. It is my responsibility to hold adults and caregivers accountable when they blame children who have experienced sexual abuse.	4	3	2	1
7. Sexual abuse <u>does not</u> cause homosexuality.	4	3	2	1
8. Making a child feel shame and guilt after sexual abuse is sometimes okay.	1	2	3	4
9. I am responsible for believing and supporting children who are sexually abused, no matter what the community thinks.	4	3	2	1
10. A child may purposefully make up stories about being sexually abused.	1	2	3	4
11. Children can be sexually abused by a close relative.	4	3	2	1
12. Children deserve kindness, support and care after sexual abuse and this is my responsibility.	4	3	2	1
13. It is my responsibility to be aware of my own beliefs and values about sexual abuse and to talk to my supervisor if I find that I am blaming or judging children.	4	3	2	1
14. Children who are sexually abused CANNOT heal and recover and live a normal life.	1	2	3	4
For the Supervisor: Add up the number of points in each column, and then add each column together for the TOTAL SCORE.				
TOTAL SCORE				

STEP 3

Explain how to do it. The CCS Attitude Scale is divided into 14 questions aimed to identify a person's underlying attitudes (feelings and beliefs) about children and sexual abuse. Individuals will score themselves whether they agree or disagree with a question—based on a scale of 1 through 4.

STEP 4

Have the individual complete the CCS Attitude Scale in a quiet and comfortable setting.

2 CORE CHILD-FRIENDLY ATTITUDE COMPETENCIES

STEP 5

Score the CCS Attitude Scale. Each question was devised so that answers can range from a positive high of 4 to a negative low of 1. Guidelines for interpreting the scores are listed below:

- » **56–46 Points:** Scores in this range indicate that the helper has a child-friendly attitude—they have positive beliefs and values for working with children.
- » **45–35 Points:** Scores in this range indicate some troubling attitudes that may be harmful to children. Managers and supervisors should use their discretion in allowing staff to work on child sexual abuse cases and may want to consider “coaching” the staff person before they work independently with child survivors.
- » **34 Points and Below:** Scores in this range indicate that a helper is not ready to work with sexually abused children. Managers and supervisors should work independently with an individual who scores below 34 to address negative beliefs and attitudes and identify remedial actions.

STEP 6

Explain the results. Supervisors should communicate scores to staff as soon as possible to decrease their anxiety about performance.

Review the results with the staff member and discuss any troubling attitudes that were revealed during the self-assessment.

If the staff member does not meet, or only partially meets the required attitudes for working with child survivors, discuss with the individual whether he or she feels ready to work with child clients before engaging in additional self-reflection and/or training. It may not be appropriate for the individual to work with children until he or she undergoes personal reflection of the harmful values and/or beliefs discovered during the attitude assessment. If this is the case, supervisors will need to handle this conversation carefully and sensitively. In some settings, it may be required to discuss these results with a senior manager for advice on how to approach the conversation.

MONITORING ATTITUDES

The CCS Attitude Scale should be administered to individuals prior to working on cases of child sexual abuse. Following the initial evaluation, supervisors should administer the CCS Attitude Scale or another attitude assessment tool developed in your setting. This provides an opportunity to discover whether service providers' attitudes are changing, either in a positive or negative way. Service providers may thus engage in their own self-awareness process when working on cases as challenging as child sexual abuse.

Supervision Tool: CCS Attitude Scale

Date:

Supervisor:

Staff Name:

Purpose and Instructions

PURPOSE: The practice of quality, empowering, and strengths-based care for children and families affected by sexual abuse requires that service providers recognize and are committed to upholding certain truths at the outset of working directly with children. Staff should exhibit child-friendly beliefs and attitudes in order to effectively provide compassionate and appropriate care and treatment to child survivors.

INSTRUCTIONS:

- 1) This is a self-administered tool. Meaning the supervisor will give the CCS Attitude Scale to the staff person working directly with child survivors and the staff person will complete on their own and return to the supervisor when finished.
- 2) The supervisor should explain that the questionnaire should be answered by the staff person only, and he/she should answer the questions as honestly as possible.
- 3) The CCS Attitude scale is divided into 14 questions aimed to get at a person's underlying feelings and beliefs about children and sexual abuse. The individual will score themselves how much they agree or disagree with a question on a scale of 1 through 4.
- 4) This assessment tool should be administered AFTER the staff receives training on child sexual abuse and BEFORE the staff starts to work directly with children. The CCS Attitude Scale should be administered regularly to gauge any changing attitudes and beliefs as staff working with child survivors.

NOTE: This Attitude Scale is not the only way for supervisors to monitor staff's attitude and behavior working with child survivors. In addition to using this tool, supervisors should observe counseling sessions with children to evaluate the staff person's ability to communicate healing attitudes to children.

Statements	Individual Scoring			
	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1. Children have something to offer the community.	4	3	2	1
2. Sexual abuse can be the child survivors fault.	1	2	3	4
3. Children should keep silent and not talk about sexual abuse.	1	2	3	4
4. Sexual abuse is always the perpetrators fault.	4	3	2	1
5. Children who are sexually abused are dirty and ruined.	1	2	3	4
6. It is my responsibility to hold adults and caregivers accountable when they blame children who have experienced sexual abuse.	4	3	2	1
7. Sexual abuse <u>does not</u> cause homosexuality.	4	3	2	1
8. Making a child feel shame and guilt after sexual abuse is sometimes okay.	1	2	3	4
9. I am responsible for believing and supporting children who are sexually abused, no matter what the community thinks.	4	3	2	1
10. A child may purposefully make up stories about being sexually abused.	1	2	3	4
11. Children can be sexually abused by a close relative.	4	3	2	1
12. Children deserve kindness, support and care after sexual abuse and this is my responsibility.	4	3	2	1
13. It is my responsibility to be aware of my own beliefs and values about sexual abuse and to talk to my supervisor if I find that I am blaming or judging children.	4	3	2	1
14. Children who are sexually abused CANNOT heal and recover and live a normal life.	1	2	3	4
For the Supervisor: Add up the number of points in each column, and then add each column together for the TOTAL SCORE.				
TOTAL SCORE				