

Perceived Differences and Similarities in Approaches between GBV and Child Protection Case Management

GBV and Child Protection (CP) Case Management Approaches – Are they really that different?

To begin, both GBV and CP case management approaches include a six-step model, which includes the following steps:

1. Introduction and Engagement (GBV)/Identification and Intake (CP)
2. Intake & Assessment (GBV)/Assessment (CP)
3. Case Action Planning
4. Implementation of the Case Action Plan
5. Follow-up & Review
6. Closure

These six steps, although represented with slightly different names, essentially capture the same flow of the case management process in which caseworkers become aware of a person who has experienced, or is at risk of experiencing harm, engage that person in services, assess their needs, create a plan to address the needs, act on that plan, follow-up to ensure the plan is working, and then close the case.

Where are the similarities?

- **Ecological framework** – the ecological framework, which is used in both GBV and CP case management, takes into account the survivor or child's full environment – the people, things, and important information in the home, the community, and the larger environment. This includes the individual's living situation, financial situation, supportive adults or people in their life, and the larger context in which they live, such as a conflict or disaster and the broader systemic and societal forces in their life.
- **Safety, recovery from harm and protection from further harm** – both GBV and CP case management aim to help survivors and children find safety after being exposed to abuse, neglect, and/or exploitation,

recover from their experiences of harm, and build protective factors to prevent them from experiencing further harm.

- **Strengths-based** – being strengths-based, or focusing on the resources, support, and capacities that individuals and families have, is an approach used in both GBV and CP case management. This includes looking for supportive individuals and identifying individual and community capacities.
- **Intersectionality** – both approaches to case management are attentive to the many different components of a person's identity and how those identities interact to shape that person's experiences. For example, a person's gender, age and developmental stage, sexual orientation, ethnicity, race, religion, social standing, economic situation and many other identities factor into their day-to-day lived experiences of harm, safety, and access to support and services.

Complimentary Differences

The differences seen across GBV and CP case management approaches are best seen as complimentary differences in which combining the unique approaches leads to strong and well-rounded service provision for those clients whose protection needs are relevant for both CP and GBV. These complimentary differences ultimately stem from the GBV survivor-centered approach and the CP best-interest principle. This is most commonly observed during the first three steps of case management:

- Step 1: Introduction and Engagement (GBV)/Identification and Intake (CP)
 - o In GBV work, case management begins with a survivor seeking out services for the violence she has experienced. This is because survivors have been victimized and controlled by their abusers, a pattern that service providers do not want to replicate by 'identifying' survivors against their will. This also helps reduce the risk of retaliatory violence from abusers. It is also important to note that mandatory reporting requirements vary across both approaches and should be taken into consideration.
 - o In CP work, case management often begins with identification in which CP actors seek out children in need of protection, including accepting referrals from other sources. This is because children, by virtue of their age, developmental capacity and standing in society, are often not able to or capable of reaching out on their own for protection. It is important to note that mandatory reporting requirements vary across both approaches and should be taken into consideration.
- Step 2: Intake & Assessment (GBV)/Assessment (CP)
 - o In GBV work, intake and assessment is often focused on the incident for which the survivor sought out services and only involves other individuals at the request of the survivor.
 - o In CP work, assessment takes into account the child's age and developmental stage and involves multiple perspectives including

the child, caregivers and other 'safe adults' in the child's life, as well as the caseworker's observations.

- Step 3: Case Action Planning
 - o In GBV work, the survivor guides the case action plans and makes all decisions relating to her services. Additionally, it always involves safety planning as an ongoing activity and service.
 - o In CP work, the child's wishes should guide decision making, but ultimately, decisions are made with the child, caseworker and caregiver(s). In certain contexts, when the child is at severe risk, it will be necessary for authorities to make a formal decision according to the child's best interest. At times, decisions may involve alternative care systems through formal or informal channels.

Another key difference is in regard to the spaces in which case management services are offered.

- In GBV work, the survivor typically meets with a caseworker in a safe space that is anonymous for safety reasons.
- In CP work, caseworkers regularly meet with children and their families in the home. They can also have meetings in schools or in other safe spaces in the community.

How do we work together?

First and foremost, collaboration is key! It is always good practice for GBV case workers to understand CP case workers' approach and vice versa, and where possible basic trainings should be provided on both approaches to strengthen service provision. Both GBV and CP caseworkers should be trained on each other's approaches and foundational principles. If GBV caseworkers are working with children, it is critical that they are trained on assent and consent; alternative care; working with caregivers; child development; and child-friendly communication techniques.

Additionally, where CP and GBV actors are both present, there should be clear agreements between them and other actors so that collaboration is smooth and involves minimal stress to clients while maximizing their access to services and resources. If both CP and GBV services are relevant for a client, good practice includes having one point of contact for the client that, whenever possible, remains the caseworker with whom the client had first made contact.

Case conferencing is another important practice for enhancing collaboration and improving communication to ultimately provide the strongest services possible. This allows for different service providers' perspectives, resources, and skills to be incorporated to clients' case action plans. In terms of service provision, each sector has different strengths and specializations that should be recognized as distinct but often complementary.

Finally, the model of collaboration, understanding, and ongoing support must be reflected in supervision, both in terms of supervisors' areas of knowledge and expertise, and also in the way supervisors support their supervisees in their work.

Some resources include:

- Caring for Child Survivors:
<https://gbvresponders.org/response/clinical-care-sexual-assault-survivors/>
- GBV Case Management Guidelines:
<https://gbvresponders.org/response/gbv-case-management/>

Multiple Choice Questionsⁱ

You are a case worker and a survivor who is an adult is sharing their experience in an abusive marriage. You strongly believe it is in the interest of the survivor to leave the abusive marriage. What should you do?

- A) Consider a survivor-centered approach and let her make her own choice
- B) Refer her to counselling or psychosocial support services
- C) Convince her to leave
- D) Determine what's in her best interest

The GBV and CP case management approaches are completely different.

- A) True
- B) False

You could seek out individuals who would benefit from your services in:

- A) GBV case management
- B) CP case management
- C) Neither
- D) Both



ⁱ Consider a survivor-centered approach and let her make her own choice & Refer her to counseling or psychosocial support services; False; CP case management