

# Best Practices in Communicating with Child Survivors

## Developing a Helping Relationship through Safe and Healing Communication<sup>1</sup>

Effective communication skills are fundamental to delivering good care. The heart of compassionate and effective service provision relies on the case worker having the appropriate knowledge, attitudes and skills to communicate trust, comfort and care to children. It is through the dynamic process of communication (verbal and non-verbal) that positive, helpful relationships are developed and healing starts to occur. Evidence shows that direct case workers can impact a child's healing based on their responses to a child's disclosure of abuse – in other words, what case workers say and how they say it.

The goal of communication between a case worker and a child is to establish a trusting, safe and supporting helping relationship. A helping relationship is a relationship of trust that empowers the child and caregiver(s) to feel cared for and respected by the case worker. Every meeting with a child survivor and her/his caregiver(s) is an opportunity for a case worker to strengthen the helping relationship.

It is a common mistake to assume that children are too young to be aware of what is going on around them or too young to be adversely affected by dangerous or distressing experiences such as sexual abuse. Children – even young children – are aware, but may find it extremely difficult to talk to others about what they have experienced. For example, children may not be aware of what sexual abuse is and therefore not have the words to communicate, or they may feel guilty, ashamed, or responsible for the abuse, making it especially difficult for them to talk about what has happened.

Some children will find it difficult to trust adults, especially those they do not know well. They may “test out” whether adults will react critically or sympathetically toward them. For example, children may refuse to speak or they may react strongly (e.g., yell or scream) when questioned. Other children will be afraid of being overwhelmed by their emotions if they express them to an adult.

Effective and compassionate communication is crucial to sharing information with the child and caregiver(s) about sexual abuse and available services, and supporting psychological healing from sexual abuse-related distress. Sharing information empowers the child and caregiver(s) to participate in and make informed decisions about the care they receive. Communicating belief in the child, that the sexual abuse is not the child's fault, and that the child has done the right thing by disclosing the abuse promotes psychological healing.

### **Best Practices for Communicating with Child Survivors**

Child survivors may not understand what is happening to them or they may experience fear, embarrassment or shame about the sexual abuse, which affects their willingness and ability to talk to case workers. Your initial reaction will impact their sense of safety and willingness to talk, as well as their psychological well-being. Direct case workers responding to child sexual abuse cases should adhere to the following set of communication best practices when working with children who have been sexually abused. These best practices should be followed regardless of the purpose of the communication. While specific communication techniques will need to be adapted according to a child's age and developmental stage, the core communication principles outlined below should guide communication, regardless of the child's age, gender or cultural context.

**1) Be nurturing, comforting and supportive.** A positive, supportive and calm response will help child survivors feel better, while a negative response (such as not believing the child or getting angry with the child) could cause them further harm. Show friendly body language, belief in what they are telling you, and ask them where, with who, and how they would like to communicate.

**2) Reassure the child.** Children need to be reassured that they are not at fault for what has happened to them, that they are believed, and that the feelings they have are normal. Healing statements such as "I believe you" and "It's not your fault" are essential to communicate at the outset of disclosure and throughout care and treatment. Children rarely lie about being sexually abused and case workers should find opportunities to tell them they are brave for talking about the abuse and that they are there to help them begin the healing process.

**3) Do no harm: be careful not to distress the child further.** Case workers should remain calm, in control and comforting, and monitor any interactions that might distress the child further. Do not become angry with a child, force a child to answer a question that s/he is not ready to answer, force a child to speak about the sexual abuse before s/he is ready, or have the child repeat her/his story of abuse multiple times to different people. Staff should make every effort to limit activities and communication that cause the child distress.

*Sample script: It can be scary to tell the story of what happened. If you start to feel funny in your body or scared, we can stop talking or take a break. Maybe you want to heave a hand signal that shows me if you want to stop.*

**4) Speak so children understand.** Every effort should be made to communicate appropriately with children; information must be presented to them in ways and using words and language that they understand, based on their age and developmental stage. Ask clear and simple questions, and explain questions, particularly sensitive ones, when needed. Tell the child this is not easy and go that you can go as slowly as needed.

**5) Help children feel safe.** Find a safe space, one that is private, quiet and away from any potential danger. Offer children the choice to have a trusted adult present or not while you talk with them. Do not force a child to speak to, or in front of, someone they appear not to trust. Do not include the person suspected of abusing the child in the interview. Tell the child the truth—even when it is emotionally difficult. If you don't know the answer to a question, tell the child, "I don't know." Honesty and openness develop trust and help children feel safe.

**6) Tell children why you are talking with them.** Every time a case worker sits down to communicate with a child survivor, s/he should take the time to explain to the child the purpose of the meeting, how long it will take, who the translator is (if applicable), why you are writing information down (if you are), and what will be asked or worked on during the session. At every step of the process, explain to children what is happening to help secure their physical and emotional well-being.

*Sample script: Today I want to ask you some questions about what happened. The reason I need this information is so I can understand and know how to help you. I know this might be scary. We don't have to discuss everything today. We can take it step by step. And you can decide to stop at any time. I want to help you as much as I can...*

**7) Use appropriate people.** Only case workers who have been trained to work with child survivors should be engaged in communication and service delivery. Ask the child if s/he prefers to work with female or male staff. In principle only female case workers and interpreters should speak with girls about sexual abuse. Boy survivors should be offered the choice (if possible) to talk with a female or a male case worker. Case workers should be aware of any information or concerns already known about the case, as well as services that are available to the child.

**8) Pay attention to non-verbal communication.** It is important to pay attention to both the child's and your own non-verbal communication during any interaction. Children may demonstrate that they are distressed by crying, shaking or hiding their face, or changing their body posture. If a child

appears to be distressed or disengaged, case workers should take a pause to check-in with the child, take a break, or stop the interview altogether. Conversely, case workers should be aware of their own non-verbal communication. Avoid touching the child. If your body becomes tense or if you appear to be uninterested in the child's story, s/he may interpret your non-verbal behavior in negative ways, thus affecting her/his trust and willingness to talk.

**9) Respect children's opinions, beliefs and thoughts.** Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Case workers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. Empower the child so s/he is in control of what happens during communication exchanges. The child should be free to answer "I don't know" or to stop speaking with a case worker if s/he is in distress. The child's right to participation includes the right to choose not to participate.

#### Communication Guidelines by Age/Abilities

|                    | 0-5 Years Old                                                                                                                                          | 6-9 Years Old                                                                                                                                                       | 10-18 Years Old                                                                         | Children with Disabilities                                                                                                                 |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Preparation</b> | Review existing information                                                                                                                            | Review existing information                                                                                                                                         | Review existing information                                                             | Review existing information; ask trusted caregiver on best way to communicate                                                              |
| <b>Method</b>      | Communicate with trusted caregiver(s) – they should be the primary source of information; other significant adults in child's life should be consulted | Communicate directly with the child; trusted caregiver(s) can be present; obtain additional information/details from the trusted caregiver(s) following the session | Communicate directly with the child; involve trusted caregiver(s) if the child requests | Depends on the type of disability the child has; obtain additional information/details from the trusted caregiver(s) following the session |
| <b>Duration</b>    | 1 hour                                                                                                                                                 | 30 minutes                                                                                                                                                          | Ages 10-14: 45 minutes<br>Ages 15-18: 1 hour                                            | Ask caregiver                                                                                                                              |

|                   |                                                                          |                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                 |
|-------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Techniques</b> | Direct communication with trusted caregiver(s); use open ended questions | Mixed verbal and non-verbal techniques – for example, specific, concrete questions (not abstract or general) plus use of toys, art, and other materials based on child's interest | Direct communication with child; use open ended questions; art-based techniques can help – ask child; involve trusted caregiver(s) at request of child | Ask caregiver; use dolls, toys and other art materials to allow the child to communicate freely |
|-------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

### Creating a Safe and Supportive Environment for Communication

Case workers are responsible for ensuring that children's emotional and physical safety are safeguarded during all communications. The following strategies can help create a feeling of safety, which is essential for children expected to share personal and painful experiences with case workers.

**1) Choose a safe location.** Interviews with children should take place in a confidential, safe and child-friendly atmosphere. A child-friendly atmosphere can include child-friendly toys and materials appropriate to the context or a safe space to sit comfortably on the floor. If the space has a door, it is recommended it remain ajar.

**2) Explain who you are.** All case workers should tell the child about the organization they work for, their role, and the purpose of the meeting in a way the child understand. For example, "My name is Mariam and my job is to help girls and boys when they feel sad or have any problems. I work for an organization called Safe Places that helps children and other people. I am here to listen to you and give you information about how to get help if you need it."

**3) Obtain permission from trusted caregiver.** Talking with children about sexual abuse requires permission from them and their caregivers. However, permission can depend on the child's age and circumstances. If the caregiver or another adult responsible for the child is the suspected abuser, the case worker should seek permission from another responsible and safe adult, for example the person who brought the child in for help. If the person who brought the child in is not the caregiver, and the caregiver is not deemed to be a threat, every effort should be made to locate the caregiver and obtain their consent before proceeding with services.

**4) Ask children for permission to speak.** Ask children ages six and above for permission to speak with them. While children may not be able to give legal consent, they have the ability to “assent” to being asked about their experiences. Children have the right to express their views and opinions, and seeking permission from children to ask questions demonstrates the case worker’s respect of their rights.

#### Informed Consent/Assent Guidelines

| Age Group       | Child            | Caregiver                                       | If No Caregiver or Not in the Child’s Best Interest                                                                               | Means                           |
|-----------------|------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 0-5 years old   | N/A              | Informed consent                                | Other trusted adult’s or case worker’s informed consent                                                                           | Written consent                 |
| 6-11 years old  | Informed assent  | Informed consent                                | Other trusted adult’s or case worker’s informed consent                                                                           | Oral assent, written consent    |
| 12-14 years old | Informed assent  | Informed consent                                | Other trusted adult’s informed consent or child’s informed assent. Sufficient level of maturity of the child can take due weight. | Written assent, written consent |
| 15-18           | Informed consent | Obtain informed consent with child’s permission | Child’s informed consent and sufficient level of maturity takes due weight                                                        | Written consent                 |

**1) Have a trusted adult present.** To the extent possible, children should have a trusted caregiver or adult with them, especially very young children and children who may be afraid of the case worker. There may be times when it is appropriate to talk to children and caregivers separately, but if children want the trusted caregiver with them, they should be included. If children hesitate to speak in front of their caregiver(s), consider talking with them alone.

**2) Maintain equality.** Sit at the same height as the child and try not to bend over or look down at the child, or squat to look up into the child’s face. Keep your eyes aligned with the child’s eyes if appropriate to the context. These strategies promote a sense of respect for the child and reinforce feelings of trust.

**3) Explain what will happen.** The case worker should explain what will happen and what the child’s rights are during the session. This helps children

know what to expect and what they can control. For example, children have the right to stop the interview at any time or not answer a question. Children have the right to make mistakes and should be allowed to change their minds. Remind children that there are no right or wrong answers, and that what you are interested in is their experiences and ideas.

**4) Explain the process.** Explain the purpose of your meeting in child-friendly terms. Tell the child, using language s/he will understand, how you will use the information s/he provides to help her/him, and how the information might need to be shared.

**5) Do not make promises you cannot keep.** It is important to reassure children that they can trust you, but to also inform them that you might need to share some of the information they provide in order for you to keep them safe. If the child discloses s/he is being hurt and is unsafe, the child should know that you cannot keep this information confidential – you must tell others who need to know to keep the child safe.

*Sample script: My job is to help you and make sure that you are not hurt again. If I hear something I am worried about, I may need to talk to another person to make sure that you get the help you need. But I will talk to you about this first. Is that okay?*

**6) Do not force or pressure the child to talk.** It is better to go slowly and not to ask for too much information too quickly. Children may become flooded with feelings of fear when discussing their experiences of abuse and case workers should stop if the child appears distressed. Case workers can always follow-up in subsequent sessions. At all times, the child should set the pace of the conversation, not the case worker.

### Communication Dos and Don'ts

| DO                                                                                                                                                | DO NOT                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Explain your role, why you are talking to her/him, and tell the child her/his rights in a way s/he understands                                    | Fail to explain who you are and why you are talking to them; use technical terms that the child does not understand                |
| Build rapport by starting with general topics such as school, family, friends, things they like to do, etc.                                       | Start the conversation with direct questions about their experience(s) of sexual abuse                                             |
| Use simple and clear open ended questions                                                                                                         | Ask yes or no questions, multiple choice questions, leading questions, or questions that are complicated or confusing              |
| Let the child express her/himself how s/he chooses – talking, drawing, crying, being angry, etc. – and tell her/him that what they feel is normal | Stop the child from crying or indicate that their behavior/reaction/feeling is wrong or abnormal – do not tell her/him how to feel |
| Ask questions such as:                                                                                                                            | Ask questions such as:                                                                                                             |

|                                                                                                                                                                                            |                                                                                                                                                          |
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| <p>“Has anyone ever touched you in a way that makes you confused or scared?”</p> <p>“Can you show me on this doll how you were touched?”</p>                                               | <p>“Did he put his hands on your breasts?”</p> <p>“Did he touch you here?”</p>                                                                           |
| <p>Gently ask for more details with statements such as:</p> <p>“Can you tell me more about that?”</p> <p>“Can you help me understand better...”</p> <p>“Can you give me an example...”</p> | <p>Question the child by using statements such as:</p> <p>“Why?”</p> <p>“How come?”</p> <p>(The child may not be able to answer or may feel accused)</p> |
| <p>Encourage the child with gentle nods and statements such as:</p> <p>“Go on...”</p> <p>“And then what happened?”</p>                                                                     | <p>Be completely silent or make assumptions as the child is talking</p>                                                                                  |
| <p>Be patient – allow the child to tell her/his story at her/his own pace</p>                                                                                                              | <p>Push the child to tell you more than s/he is comfortable sharing; put words into the child’s mouth</p>                                                |
| <p>Believe the child and empathize with her/him, remembering that recalling details of the incident can be challenging</p>                                                                 | <p>Immediately doubt or question if details do not align or are not correct</p>                                                                          |
| <p>Reassure the child that the abuse was not their fault and that they did the right thing by telling you</p>                                                                              | <p>Blame the child</p>                                                                                                                                   |
| <p>Thank the child for telling you what happened and that they are very brave</p>                                                                                                          | <p>Be dismissive or discouraging</p>                                                                                                                     |




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<sup>1</sup> Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial caseworkers in humanitarian settings. 2012.