

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

### **Be nurturing, comforting and supportive**

Children who have been sexually abused most likely will come to your attention through a caregiver or another adult; abused children rarely seek help on their own. Children may not understand what is happening to them or they may experience fear, embarrassment or shame about the abuse, which affects their willingness and ability to talk to service providers. Your initial reaction will impact their sense of safety and willingness to talk, as well as their psychological well-being. A positive, supportive response will help abused children feel better, while a negative response (such as not believing the child or getting angry with the child) could cause them further harm.

### **Reassure the Child**

Children need to be reassured that they are not at fault for what has happened to them and that they are believed. Children rarely lie about being sexually abused and service providers should make every effort to encourage them to share their experiences. 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.

Service providers communicating with child survivors need to find opportunities to tell them that they are brave for talking about the abuse and that they are not to blame for what they have experienced. Tell children that they are not responsible for the abuse and to emphasize that they are there to help them begin the healing process.

### **Do no harm: be careful not to traumatize the child further**

Service providers should monitor any interactions that might upset or further traumatize the child. Do not become angry with a child, force a child to answer a question that he or she is not ready to answer, force a child to speak about the sexual abuse before he/she is ready, or have the child repeat her/his story of abuse multiple times to different people. Staff should try to limit activities and communication that cause the child distress.

### **Speak so children understand**

Communicate appropriately with children; information must be presented to them in ways and language that they understand, based on their age and developmental stage.

### **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.

### **Tell children why you are talking with them**

Every time a service provider sits down to communicate with a child survivor, she should take the time to explain to the child the purpose of the meeting. It is important to explain to the child why the service provider wants to speak with them, and what will be asked of the child and his/her caregiver. At every step of the process, explain to children what is happening to help secure their physical and emotional well-being.

### **Healing Statements**

"I believe you."

"I am glad that you told me."

"I am sorry this happened to you."

"This is not your fault."

"You are very brave to talk with me and we will try to help you."

### **Use appropriate people**

In principle, only female service providers and interpreters should speak with girls about sexual abuse. Male child survivors should be offered the choice (if possible) to talk with a female or male provider, as some boys will feel more comfortable with a female service provider. Ask the child if he or she would prefer to have male or female trained staff on hand.

### **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. Curling into a ball, for example, is an indication to the adult working with the child to take a break or stop the interview altogether. Conversely, adults communicate non-verbally as well. If your body becomes tense or if you appear to be uninterested in the child's story, he or she may interpret your non-verbal behavior in negative ways, thus affecting his or her trust and willingness to talk.

### **Respect children's opinions, beliefs and thoughts**

Children have a right to express their opinions, beliefs and thoughts about what has happened to them and any decisions made on their behalf. Service providers 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 he/she is in control of what happens. The child should be free to answer "I don't know" or to stop speaking if he/she is in distress. The child's right to participation includes the right to choose not to participate.

### **Guidelines for communicating with children about their experience of sexual abuse**

Sexual abuse can be a traumatic experience for children, and talking about abusive experiences can trigger feelings and emotions that the child experienced during the actual abuse. Service providers must be aware of this and handle conversations about sexual abuse with sensitivity. Service providers need to talk to boys and girls about their experiences of sexual abuse in order to understand what happened and to direct care and treatment

### **Creating a safe and supportive environment**

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 or a space to sit comfortably on the floor.

### **Explain who you are**

All service providers must identify the organization they represent and explain their role and the purpose of the meeting.

Below is an example of a service provider working with a psychosocial agency.

“My name is Asha and my job is to help girls and boys when they feel sad or have any problems. The name of my organization is Safe Places and we have six other women here who also help children and other people. My job is to keep you safe and to listen to you, and give you information about how to get help if you need it.”

### **Obtain permission.**

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 service provider 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 intake and assessment interviews and other aspects of service.

### **Maintain equality**

Sit at the same height as the child; keep your eyes aligned with the child’s eyes. Try not to bend over or look down at the child, or squat to look up into the child’s face. These strategies promote a sense of respect for the child and reinforce feelings of trust.

### **Ask for permission to speak**

Ask children above the age of seven 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 service provider’s respect of their rights.

**Explain what will happen**

The service provider 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. Children rarely end conversations arbitrarily, but they and their parents feel safer if they know they can. Finally, it never hurts to remind children that there are no right or wrong answers. You are only interested in their experiences and ideas.

**Explain the process**

Explain the purpose of your meeting in child-friendly terms. Either before, during or after the general discussion, tell the child, using language he or she will understand, how the information he or she provides might need to be shared. Tell the child you want to hear about their experience and be as specific as you can. For example, tell the child about other people ("families," "kids your age," "people like you") who have had the same kind of thing happen to them and how they have found it helpful to talk to others.

**Talk with the child with trusted adults.**

To the greatest extent possible during any intake and/or assessment, children should have a trusted adult with them, especially very young children and children who are afraid of the service provider. During the assessment phase, there may be times when it is appropriate to talk to children and parents separately, but if the parent(s) are not suspected perpetrator(s) and children want them in the room, they should be included. On the other hand, some children will hesitate to speak in front of parents and service providers will need to consider talking with them alone.

**Do not make promises you cannot keep.**

A child may say, "I have something I need to tell you but you have to promise to keep it a secret." The child's trust has most likely been broken already by someone close to him or her. It is important to reassure them that they can trust you, but also to 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 he or she is being hurt and is unsafe, you must tell others who need to know, and the child should know that you cannot keep this information confidential.

**Don't 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 service providers should stop if the child appears distressed. Follow-up conversations with children who become distressed are not considered "multiple interviews." At all times, the child should set the pace of the conversation, not the service provider.

Reference UNICEF IRC (2012) Caring for child survivors of sexual abuse, guidelines For communicating with children about their experience of sexual abuse, pg 62-68