

A background image showing a close-up of an adult's hand gently holding a child's arm. The child is wearing a colorful patterned garment. The image is slightly blurred, focusing attention on the text.

# **Caring for Child Survivors Of Sexual Abuse (CCS) Training (Second Edition)**



# **CCS**

## **Communication Skills**

### **Module 4**

## Objectives

- Understand the role of communication in building trust with a child survivor.
- Know how to adapt communication to the individual child survivor.
- Practice implementing the guidelines for communicating with child survivors.
- Demonstrate child-friendly communication techniques.
- Practice addressing communication challenges with child survivors.

# What are the Components of Effective Communication?

## Non-Verbal

- Body language.
- Facial expressions.
- Eye contact.
- Physical contact.

## Verbal

- Simple words, short sentences.
- Voice tone, volume, pitch, rhythm.
- Explain words/concepts.
- Repeat/paraphrase self.
- Careful choice of words.
- Avoid judgmental or stigmatizing language.
- Appropriate language for sensitive topics.
- Adapt words for children in local context.

## Active Listening

- Acknowledgement/ show you are listening.
- Mirror/reflect back.
- Clarify and ask for more information.
- Summarize and paraphrase to ensure understanding.

## What does Communication look like here?

- What does communication look like in your context and culture?
- How do adults and children interact and speak with each other?
- What expectations do adults have about how children should communicate?
- How does communication and expectations around communication change for children depending on their age, gender, disability, and other personal or situational factors?

# How Communication Facilitates a Helping Relationship?

## How easy was it?

- How easy is it for community members to talk about sexual abuse occurring in the community?
- When you were a child how easy was it for you to talk to your parents about something you felt ashamed of?
- When you were a teenager, how easy was it for you to talk to your parents about your feelings?
- How easy is it to talk about child sexual abuse within your workplace? With survivors? With each other?

## **After Sexual Abuse, Children may find it hard to:**

- Trust people.
- Feel safe with adults.
- Adjust back to daily life.
- Communicate with others.
- Understand and manage feelings.

**All communication should aim to address these common difficulties.**



## **What might happen if you don't use the appropriate Communication Skills when engaging with Child Survivors?**

- Children will stop talking to you.
- Children may deny the abuse happened.
- Children will feel worse and suffer more.
- Children will tell different people different things.
- Children will be put under additional distress emotionally and psychologically.

**The goal of Communication between a Caseworker and a Child Survivor is to establish a trusting, safe, and supportive helping relationship.**

**The helping relationship empowers the  
Child Survivor and non-offending caregiver  
to feel safe, cared for, and respected  
by the Caseworker.**

**Every meeting with the Child Survivor  
and non-offending caregiver is an  
opportunity for the Caseworker to  
strengthen the helping relationship.**

# Best Practices for Communicating with Child Survivors.

# Guidelines for Communicating with Child Survivors

- 1** Prepare a safe, confidential and child-friendly space.
- 2** Be nurturing, comforting and supportive.
- 3** Provide reassurance.
- 4** Help the child feel safe.
- 5** Explain to the child why you want to speak with them and what they can expect.
- 6** Do not cause further distress.
- 7** Speak so children understand.
- 8** Use child friendly nonverbal techniques.
- 9** Pay attention to non-verbal communication.
- 10** Respect child survivors' opinions, thoughts, and beliefs.

# 1 Prepare a safe, confidential and child-friendly space.

- Choose a safe and comfortable space for child survivor; private and free from distraction and danger.
- Set appointments at opportune times of day.
- Assess the space.
- Be prepared to adjust communication techniques based on age and developmental stage.

## 2

## Be nurturing, comforting and supportive.

- Be positive, supportive and calm.
- Show you believe the child.
- Show child survivor friendly body language.
- Ask child survivor when, where, and with whom they'd like to talk.
- Ask the child survivor if they prefer another way of communicating.



### 3

## Reassure the child.

- Use healing statements.
- Emphasize perpetrator responsibility and that the abuse was not their fault in a gender sensitive manner.
- Emphasize you are there to help begin the healing process.
- Validate the child survivor's feelings as normal.

## Examples of Healing Statements.

- “I believe you.”
- “It’s not your fault.”
- “I am sorry this happened to you.”
- Other children have also gone through this – “you are not alone.”
- “You have been very brave to be talking to me about what happened.”
- “I appreciate that you feel comfortable enough to share this with me.”

# 4

## Help the child feel safe.

- Sit at a comfortable distance and at the same level as the child survivor, where they can see the door.
- Offer choice of having a trusted adult with them during the meeting.
- Speak in a gentle, warm, calm, reassuring voice – slow and clear.
- Do not force the child to speak.
- Do not include suspected perpetrators in the meeting.
- Tell the truth to the child survivor even when difficult.

# 5

## **Tell the Child Survivor why you are talking to them.**

- Explain who you are and purpose of meeting.
- Tell the child survivor how long the meeting will be.
- If there is an interpreter, introduce to the child survivor.
- If writing information, explain why.
- Allow the child survivor to have a trusted adult in the meeting.

## 6

### Do not cause further distress.

- Monitor interactions that distress the child survivor.
- Do not become angry.
- Do not force child survivor to answer questions or to do anything they don't want to do.
- Do not require the child survivor to repeat their story.
- Limit activities and communication that cause distress.

# 7

## Speak so children understand.

- Present information in an understandable language and vocabulary.
- Ensure adaptation to age and developmental stage.
- Ask clear and simple questions focusing on recent events.
- Use different communication tools.
- Explain why you are asking sensitive questions.
- Validate that the process is difficult and tell them they can take their time.

# Adjustments for Age/Developmental Stage and Disability

0-5 years old	6-12 years old	13-18 years old	Children w/ disabilities
<ul style="list-style-type: none"> <li>Limited verbal communication skills - unable to directly disclose.</li> <li>Should not be communicated with directly about their sexual abuse.</li> <li>Non-offending caregiver(s) are primary source of information about the child survivor and sexual abuse.</li> </ul>	<ul style="list-style-type: none"> <li>30 minutes or less.</li> <li>Can be directly communicated with about sexual abuse.</li> <li>Non-offending caregiver(s) or someone the child survivor trusts can accompany them.</li> <li>Use toys, art, and other child-friendly materials.</li> <li>Gather details from trusted sources in the child survivor's life with informed assent/consent.</li> </ul>	<ul style="list-style-type: none"> <li>30-60 minutes.</li> <li>Communicate directly with child survivors in this age range.</li> <li>Non-offending caregiver(s) or someone the child survivor trusts can be involved if the requested by the child survivor.</li> <li>Use of art and other adolescent-friendly materials may be useful.</li> </ul>	<ul style="list-style-type: none"> <li>Do not assume all children with disabilities cannot communicate or communicate differently from other children.</li> <li>Communication depends on the type of disability.</li> <li>Non-offending caregivers or other trusted persons can advise on how to communicate with the child survivor.</li> </ul>

## 8

### Use child-friendly, non-verbal techniques.

- Using art, dolls, drawing , culturally appropriate toys, & other activities.
- Children may feel less threatened.
- May find it easier to express emotions.
- Can complement verbal sharing of information.
- Can express emotions / ideas during and after.
- Can use at all stages of child survivor's care and treatment.



# Child-friendly Non-verbal Communication techniques

## Non-directive

Service provider invites children to draw a picture or tell a story; does not give specific directions about what.



## Non-physical contact

- Ask child to draw his / her family.
- Draw his / her daily activities.
- Draw their safety circle.
- Have child use dolls/puppets to answer to question.

**Purpose is to aide with communication, not to interpret or psychoanalyze!**

# 9

## Pay attention to Non-verbal Communication.

- Pay attention to your body language and the child survivor's.
- Maintain eye-contact where culturally appropriate.
- Use warm, comforting body language.
- Avoid touching the child unless it is appropriate culturally to convey warmth.
- Pause the meeting if the child begins to cry, shakes their head, turns away, closes themselves off (e.g., curl into a ball), etc.

# 10

## Respect the Child Survivor's thoughts and beliefs.

- Allow the child survivor to express their opinions, thoughts, and beliefs about what happened and the decisions being made – and communicate this right to the child survivor.
- Empower the child to be in control during communication – they can stop at any time, they can say “I don’t know”, etc.
- The child’s right to participation includes the right to choose not to participate.

# Implementing the Communication Best Practices with Child Survivors.

## Let's practice!

- There will be 6 groups (at least 4 people per group).
- Each group will be assigned a role play.
- In your group, assign roles (caseworker, child survivor, caregiver, observer).
- Caseworker should implement the communication guidelines focusing on initial engagement as with the child and/or caregiver.
- Observers should provide feedback to the caseworker after role play is finished.
- At least two group members should be the caseworker at least once.

## Role play feedback in groups

- Carefully observe the role play.
- Notice if they follow the best practices.
- Write down 2-3 concrete ways in which they followed the best practices, naming the best practice.
- Write down 1 suggestion of what you might do differently or add if you were the caseworker.
- Share in plenary.

# Vignettes for Role Plays

- **Group 1:** A mother brought her 6-year-old boy to you because she witnessed her uncle abusing the boy when she came back early from the market one day. The boy will not tell her any details of what happened. She does not know how many times this has happened or how long it has been happening. She brought him to you to see if she could find out more.
- **Group 2:** A 9-year-old girl told her best friend that an 18-year-old neighbor has been 'touching her private parts' and recently tried to have sex with her. Her best friend has told her that she should come to your center and talk to someone but she is too afraid to tell anyone else. Her friend tells you about this one day during a young adolescent girls group activity.
- **Group 3:** A 16-year-old girl with a developmental delay has come to the clinic for pre-natal services. Her mother brought her in to get services and says she does not know how the girl got pregnant because she does not attend school and rarely goes out in the community. Her mother mentions that this is her second pregnancy. The health worker suspects that someone in the compound may be abusing the girl and calls you for support.
- **Group 4:** A 10-year-old boy, lives with his aunt and uncle. His aunt recently found him crying uncontrollably after she returned home from the market. When she questioned him, he told her that their neighbor has been kissing his private parts. His aunt takes him to the child-friendly center for help.
- **Group 5:** A 3-year old girl lives with her aunt in a camp. The aunt notices some discharge coming out of her vagina while helping her in the bathroom. When the aunt asks her if she can take a look because she is concerned, the girl refuses. The aunt takes her to the health center and the health worker suggests she speak with a caseworker.
- **Group 6:** A 14-year old boy was recruited into an armed group. He was sexually abused by his commanders and forced to sexually abuse others. He has returned home and swings between anger and depression. He refuses to talk about what happened.

# Common Communication Challenges with Child Survivors



## Common communication challenges with Child Survivors

- Child survivors who do not want to communicate.
- Child survivors who are having a hard time do not acknowledge their experience of sexual abuse.
- Child survivors who cry uncontrollably.
- Children who become overwhelmed (shut down, get distracted, etc.).
- Child survivors who experience sudden panic attacks or flashbacks.

## **Child Survivors who do not acknowledge their experience of Sexual Abuse**

- Stay neutral: Let the child know that it is not your job to decide whether something happened or not. That you are there to listen, understand & help.
- Normalize – that it is common that when children experience something they feel badly about that they do not want to think about it or even acknowledge it happened.
- Be patient. Tell them you understand and that the child does not have to share anything she/he does not want to.
- If possible try to speak with the child & person who referred separately.
- Remember your role is to establish a relationship where the child feels safe enough to disclose details of abuse if it did occur.

## Child Survivors who will not communicate

- Normalize. Tell them it is normal and that you understand that they do not want to talk.
- Try using non-verbal techniques.
- See if you are creating an atmosphere of fear and blame OR trust and safety.
- Make sure there are no other reasons why the child will not speak – for example, is the other person in the room someone the child feels safe with?
- Disclosure is a process and children are smart. They won't share information if they don't think they will be helped or believed. Reassure the child that you believe them and will support them.

## Child Survivors who cry uncontrollably

- Let the child cry, whilst offering comfort – you are bearing witness to their story and allowing them to express their feelings Tell them they are not to blame.
- Tell them they are not alone and that their reactions are normal.
- Tell them they did nothing wrong.
- Ask them if they want to continue or stop.

## Child Survivors who become overwhelmed

- If the child survivor “shuts down”, name what you are observing and ask them if they would like to take a break.
- If the child survivor changes the subject or does something to distract from the conversation, gently name that you noticed they changed the subject/did something else and gently ask whether what you were talking about felt uncomfortable.
- Validate feelings of discomfort.
- Revisit when the child is feeling better and let them know this.

## Child Survivors who experience panic attacks

- Stop asking questions and tell them the event/abuse is over and that they are safe.
- If child survivor is having shallow breath, help them to breath:
  - Place hand on stomach; feel hand move out with inhalation, and in with exhalation.
- Tell them they are safe and that this is a normal reaction.
- Refer them to specialized mental health support if they are not getting better.

## Child Survivors who experience flashbacks

- Stay calm. Do not touch the child as this could be further triggering.
- Stop asking questions. Speaking slowly remind them where they are and who are you. Tell them that they are safe.
- Re-orient them to the present moment by:
  - Ask them to listen to the sound of your voice. Ask them to indicate they can hear you and know who are.
  - If their eyes have closed, ask them to open them.
  - Ask the child to look around the room/ space and name colors they see, objects they see.
  - Tell the child to put both feet on the ground.
  - Continue to ask them to identify things around them using their senses.
- Refer them to specialized mental health support if they are not getting better.

# Vignettes for Role Plays

- A mother brought her 6-year-old boy to you because she witnessed her uncle abusing the boy when she came back early from the market one day. The boy will not tell her any details of what happened. She does not know how many times this has happened or how long it has been happening. She brought him to you to see if she could find out more. – **does not acknowledge the sexual abuse**
- A 10-year-old boy, lives with his aunt and uncle. His aunt recently found him crying uncontrollably after she returned home from the market. When she asked him what was wrong, he told her that their neighbor has been kissing his private parts. His aunt takes him to the child-friendly center for help. – **crying uncontrollably**
- A 3-year old girl lives with her uncle in a camp. The uncle notices some discharge coming out of her vagina while helping her in the bathroom. When the uncle asks her if he can take a look because he is concerned, the girl refuses. He takes her to the health center and the health worker suggests he speak with a caseworker. – **refuses to speak**
- A 9-year-old girl with visual impairment was raped by a stranger at the bus station late at night. She is brought to the hospital and tells the caseworker there what happened. She, however, does not acknowledge that anything happened to her the next day. – **does not acknowledge the sexual abuse**
- A 16-year-old girl with a developmental delay has come to the clinic for pre-natal services. Her mother brought her in to get services and says she does not know how the girl got pregnant because she does not attend school and rarely goes out in the community. Her mother mentions that this is her second pregnancy. The health worker suspects that someone in the compound may be abusing the girl and calls you for support. – **overwhelmed**
- A 14-year old boy was recruited into an armed group. He was sexually abused by his commanders and forced to sexually abuse others. He has returned home and swings between anger and depression. He refuses to talk about what happened. – **refuses to speak**



## Key Messages

- Children who have experienced abuse may have difficulty talking about it with others.
- Communication must use child-friendly techniques, demonstrate empathy and belief, build trust.
- Child survivors have specific needs and require support in different ways based on their age, gender, development, capacity, the type and duration of abuse experienced, and other factors. Communication must be adjusted to successfully build a supportive relationship.
- Communication skills (verbal and nonverbal) help build supportive relationships and facilitate the child survivor's healing.
- Different techniques and resources can help facilitate conversations with child survivors.

# Questions?