Discussion: Responding to a Disclosure
of GBV against Children

Expected duration: 15 mins

Objective: reflect on child friendly communication styles to engage with GBV survivors and enhance understanding of risks related to engaging parents/caregivers

* Read out the story of Zara and highlight that this is a voluntary disclosure:
* “ Zara is 10 years old and is seeking asylum with her family. In a conversation with an education assistant in school, she mentions that someone at home touched her in a way that she didn’t like and she starts to cry. “Someone touched me here” says Zara and points to her private parts.”
* Use the following questions to prompt the discussion:
* What do you think are some immediate things that we should and should not say to Zara in this situation?
* What body language and non-verbal communication should we use and what should we avoid?
* Should we inform Zara’s parents/caregivers?
* Invite a few participants to share their ideas that they think will support Zara in this situation.
* Focus the discussion on elements specific to handling a disclosure of a child survivor instead of an adult survivor**.**
* Reinforce correct understanding of roles and responsibilities.

Key considerations:

* Acknowledge that although there is no strict right and wrong, there are certain statements that can be particularly healing for a child survivor, and certain things we should avoid doing as it may generate more stress.
* Probing into difficult experiences of children can cause further distress and harm to the child, if not handled properly. Probing into concerns without ensuring that the child is safe may also lead to higher risk and harm. In other words: If you are not a child protection/GBV specialist, you should not ask for details. Rather, allow the child to speak, listen actively, provide reassurance and refer the child to a service provider as soon as possible.
* Important reactions and actions include:
* Reassure: “*This is not your fault.”*
* Do not blame the child: *“Why were you there alone?”,* “Why did you decide to go with this person?”, “Why were you out so late?” This is something we may have to reinforce many times as children often blame themselves and take responsibility for someone else’s wrongdoings.
* Do not overreact or underreact to what the child is telling you: ”*That is nothing to worry about”, ”Oh wow! This is terrible”*
* Be honest: *“What you have told me is very important. I am not allowed to keep this a secret, so I will have to talk to someone who has experience helping children who have been in similar situations.”*
* Offer comfort: Be responsive to the child’s age and maturity to decide what to offer them.
* Generally, avoid physical contact to comfort the child, such as holding hand or hugging. Resist the common response to hug the child or hold their hand. Respect the child’s physical space (personal bubble) and child safeguarding principles. Consider what seems most appropriate in the situation/context (e.g. if a young child has become separated from the family during an evacuation, it may be appropriate to hold the child’s hand to provide comfort).
* Be patient: The child will most likely not explain everything in chronological order, this is not something for you to investigate or clarify. Your role is to listen and then link the child to specialized services as soon as possible. Do not rush or hurry the child. Avoid looking at the time or your phone, walking around, interrupting the child or get distracted.
* Involvement of the parents/caregivers:
* Do not try to meet with or discuss with the family, caregivers or people living in the same home as the child.
* Instead, consult a child protection/GBV specialist as soon as possible (sharing only the information as guided/requested by the child protection/GBV specialist in order for them to provide support).
* In situations where there is any reason to believe the caregiver could be the perpetrator, or complicit in the abuse, or a perpetrator may be living in the same house as the child it is very important that frontline workers refer the case directly to a child protection/GBV specialist (sharing only the information as guided/requested by the child protection/GBV specialist in order for them to provide support), without discussing with the caregiver or family as this can put the child at further and immediate risk.



