

## **Module D Exercise 4 - Age and Developmental Stage<sup>1</sup>**

### **INFANTS AND TODDLERS (0–5 years old)**

Very young children have **limited verbal communication skills**. They are therefore unlikely to make any disclosures about abuse. They should **not be interviewed directly about abuse**; although they can be interviewed about other topics (age appropriately). **Non-offending parents/caregivers should be the primary source of information** - other significant adults (e.g. people who have provided care) should be **consulted**.

**Talk simply and gently** about things that might be on their mind: “I expect you are thinking about what has happened to your family... It is sad when you don’t know where your parents are.” **Explain simply** about plans for the future. **According to how children respond** give further information. Just **acknowledging feelings** will be helpful. Children soon know when adults do not want to know what they are thinking and stop trying to communicate.

Some children at this age **stop talking if they have suffered a very upsetting experience**. Even if very young children do not ask questions they may be thinking about them. Provide **different ways for young children to express themselves**. Keep interviews short.

If children are **too young to talk**, ask parents/caregivers how they communicate. See if you can engage the child or observe them. Ask if communication has changed after abuse. Additional registration is needed for **separated children** under 5.

As children grow, so does their understanding of language and their capacity to express thoughts and feelings. **Avoid the presence of young children when parents / older siblings are interviewed on distressing subjects** – they can absorb what is going on around them.

### **YOUNGER CHILDREN (6–9 year olds)**

Children in this age range benefit from a **mix of verbal and creative techniques**. **They can be directly interviewed** about abuse by the caseworker, although it is recommended that information about the abuse is gathered from trusted sources in the child’s life instead.

They tend to think in **concrete (literal)** terms. If you ask “did the man drive you away in his car”, they might answer no because it was a truck. Or they may not respond to their name if you pronounce it wrongly.

Don’t ask questions about abstract ideas like justice or love. It may be **difficult to answer general questions**. They may just say “I don’t remember” or “the man did bad things”.

Don’t be offended by initial **lack of trust**. This is normal. Conversely, the child may want to please you so be careful to avoid leading questions.

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<sup>1</sup> Adapted from: Caring for Child Survivors and Communicating with Children in Distress

Caregivers/parents or someone the child trusts can be involved in the interview **as long as the child requests that the adult be present** (and the adult is not a suspected abuser).

### **YOUNGER & OLDER ADOLESCENTS (10–18 year olds)**

Adolescents have **more capacity for analytical thought and reflection** but remember they are also **still developing**. They **can be directly interviewed** about abuse. **Caregivers/parents or someone the child trusts can be involved** as long as the child requests them to be present (and that adult is not a suspected abuser).

**Some** older children are **unwilling to talk with an adult** because they think they might be criticised or because they have things they want to hide (e.g. children who have been involved in violent acts, or sexually abused).

Older children may or may not enjoy **creative techniques**, such as drawing. Other techniques to facilitate discussion on particular topics (see final exercise of module) may be useful though. Be aware of **gender and cultural considerations** at this age.

### **CHILDREN WITH DISABILITIES/MENTAL DISORDERS**

Children with disabilities (e.g. deaf or mute children) or mental disorders will **likely not benefit from verbal interviews**. Obtain information from the child's parent / caregiver. Ask about any changes to behavior and ensure the child's is being well protected, considering the increased risk of sexual abuse for children with disabilities.

**Communicate using non-verbal communication** (e.g. smiling and careful body language). Use dolls, toys, cartoons and other art materials to stimulate the child and see how they react, although take care not to interpret too much unless you have been specially trained.

Anticipate that **more time** will be needed for any meetings and exercise patience as communication will be more challenging. Review considerations for **young children** e.g. additional registration for unaccompanied and separated children under 5.

**For children with physical disabilities**, make sure your office is accessible. You may want to consider using a specialist sign language interpreter, although confidentiality will need to be carefully managed. Where children have not been taught formal sign language, find out what signs they do use and what they mean from their parents / caregivers.

**GENERAL GOOD PRACTICES:** Start interviews with general topics to break the ice. While doing so, make a mini assessment of their communication capacity. Don't revisit distressing events unless really necessary. Keep an open mind to the story even if you feel you need to correct the child or that they may not be giving you the full information you need. Show you believe them. Asking children to describe memories where it seems they are confused. This may be less stressful than asking for concrete information.