

Opening doors

Ruth Marchant, Jessie Fuller and Emily Phibbs from *Triangle* discuss best practice in therapy when a child might be showing or telling that they are at risk

A nine year old tells you she has a bad, bad secret but can't say what it is

A four year old presents with extremely aggressive behaviour in your sessions

A 14 year old hints at coercive, violent relationships

A seven year old plays repetitively, whispering, 'Don't tell or I kill you'

A six year old tells you that Daddy has been 'sexy naughty'

Children experience much higher levels of abuse and neglect than those recorded in official statistics, with recent research suggesting, for example, that around 85 per cent of child sexual abuse goes unreported in England.¹

Therapists are well placed to notice and respond to early concerns about children and young people. But the way therapists respond when children begin to show or tell about possible abuse can determine whether they continue telling and therefore whether they can be kept safe. Therapists can also clarify, confuse or contaminate children's accounts – for instance, by becoming caught up in false accounts, believing them to be true – and therapists' responses can prove crucial in later legal proceedings. Contrary to the popular belief that children

'don't tell' about abuse, many adults report telling as children, but not being heard.²

Disclosure is often seen as a one-off, one-way event in which the adult is a passive recipient of a child's words. This article reframes 'disclosure' as a two-way interaction in which the response of the adult is a key determinant of children's safety. Many professionals are also given negative, prohibitive guidance about responding to early concerns. We instead offer a framework of positive, practical, evidence-based guidance. Therapists can draw on a robust knowledge base to enable them to respond confidently to children when there may be safeguarding concerns, and we introduce the analogy of 'opening doors' that a child might walk through, or not.

Closing doors by mistake

Multi-agency government guidance states: 'If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe.'³ But although most guidance, like this, says children should be listened to, it rarely explains how to do this well or safely. In fact, practitioners in many settings are given long lists of what not to do:

*Don't investigate, don't ask suggestive or leading questions, don't ask any questions at all, don't press the child for information, avoid making promises you can't keep, don't extend a child's account, never say you will keep a secret, don't interpret a child's behaviour, don't comment, don't react, do not express shock or disbelief, don't lead a child as this could prejudice police investigations, never promise the child complete confidentiality, do not question or cross-examine a child, never put words into a child's mouth.'*⁴⁻⁹

Such prohibitive, negative guidance can accidentally silence children, by creating anxiety, hesitancy or confusion in the adults.

A further complication for therapists is a common misunderstanding that therapy should only begin after any criminal investigation or trial is complete, whereas guidance is quite clear that pre-trial therapy is appropriate for many child witnesses.¹⁰ There is also no reason for therapy to cease if a child makes an allegation during therapy that triggers an investigation.

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In fact, it could be both counter-therapeutic and unethical to cease therapy in these situations. Consider the child in long-term therapy who makes a disclosure that leads to an immediate, significant change in their life – perhaps removal to foster care. The relationship with the therapist might be the only ongoing relationship at a time of significant psychological disruption and distress.

Opening doors

The analogy of opening doors has evolved within Triangle's training over two decades. Its roots were within the training of forensic interviewers. In our training evaluations, 'opening doors' was a set of ideas that many people remembered, and identified as helpful in their practice. Slowly, we began to use the ideas and images in wider contexts: in general safeguarding training, in guidance for teams around children, and in communication training. We produced a range of 'opening door' photographs with children and young people, who were active agents in the creation of the images.

Opening doors guidance is not about recording and passing on information; it is about the actual interaction with the child: what to do or say in that moment. The guidance is entirely positive, ie it tells people what to do rather than what not to do. It combines real examples of helpful and unhelpful adult responses.

Research has confirmed that children – especially young children and some disabled children – rely much more on unspoken communication than do adults.^{11,12} This applies both to receptive communication (children's ability to understand) and expressive communication (children's ability to explain). Therefore, being aware of one's own unspoken communication (intonation, facial expression and body language) and paying careful attention to children's unspoken communication is essential when exploring possible safeguarding concerns.

There is also now a robust knowledge base (too large to detail here) for investigative interviewing of children, founded on extensive worldwide research. This research provides the basis for much clearer guidance about how adults should respond to initial concerns. This would reduce the risks of confusing or contaminating children's accounts and also reduce the risk of accidentally silencing children.

Research is absolutely clear that the best way to elicit accurate information from children (including very young children) is to ask as few questions as possible and to make these short, non-leading, open-ended questions that trigger recall memory, let the child decide what to focus on, and do not introduce any information the child has not mentioned.¹³ Asking open-ended questions is not easy: 'Continually framing questions in an open-ended way is a technique alien to most everyday discourse between adults and children that needs to be laboriously learned, practised and maintained.'¹³

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A different approach

Our guidance takes all of the research findings into account and offers an accessible and safe way to explore possible concerns with children, gently and at their pace. The aim is to get just enough information to work out what action is required, without leading children or contaminating their accounts. This approach is safe in terms of safeguarding both children and potential evidence. It is also safe whether children have been abused, or have been misunderstood, or have been coached to give false accounts.

Enabling, helpful and clear guidance on how to respond to children's possibly concerning behaviours or comments might sound like this:

You are part of children's first line of defence. It is your job to build helpful relationships with children. You will meet some children who are not safe. They may tell you. Or they may show you. This might happen suddenly, with no warning. Or it may happen slowly, bit by bit, over time. It is your job to notice low-level concerning behaviour that makes you skip a beat. It is your job to attend to the things children say or do that might not initially make sense. It is your job to think about the child who is very busy keeping quiet and still and watching every adult in the room. It is your job to notice. And it is your job to respond. This is how to do that job. And this is how to do it carefully and well.

How to open doors for children

- If a child tells or plays or draws or shows about possible abuse within a therapy session, listen and attend carefully, with 100 per cent of your attention, even if you look like you are doing something else. Many children find it easier if eye contact isn't demanded of them while telling.
- Let the child tell you what they want to tell you, or show you what they want to show you, as long as they are safe.

Figure 1a

Charlie is seven years old and lives with his mother. Her new partner, Tom, often stays over. Charlie spends every Saturday with his dad. You have been seeing Charlie for play therapy at school.
What might close the door for Charlie? What might open the door for him?

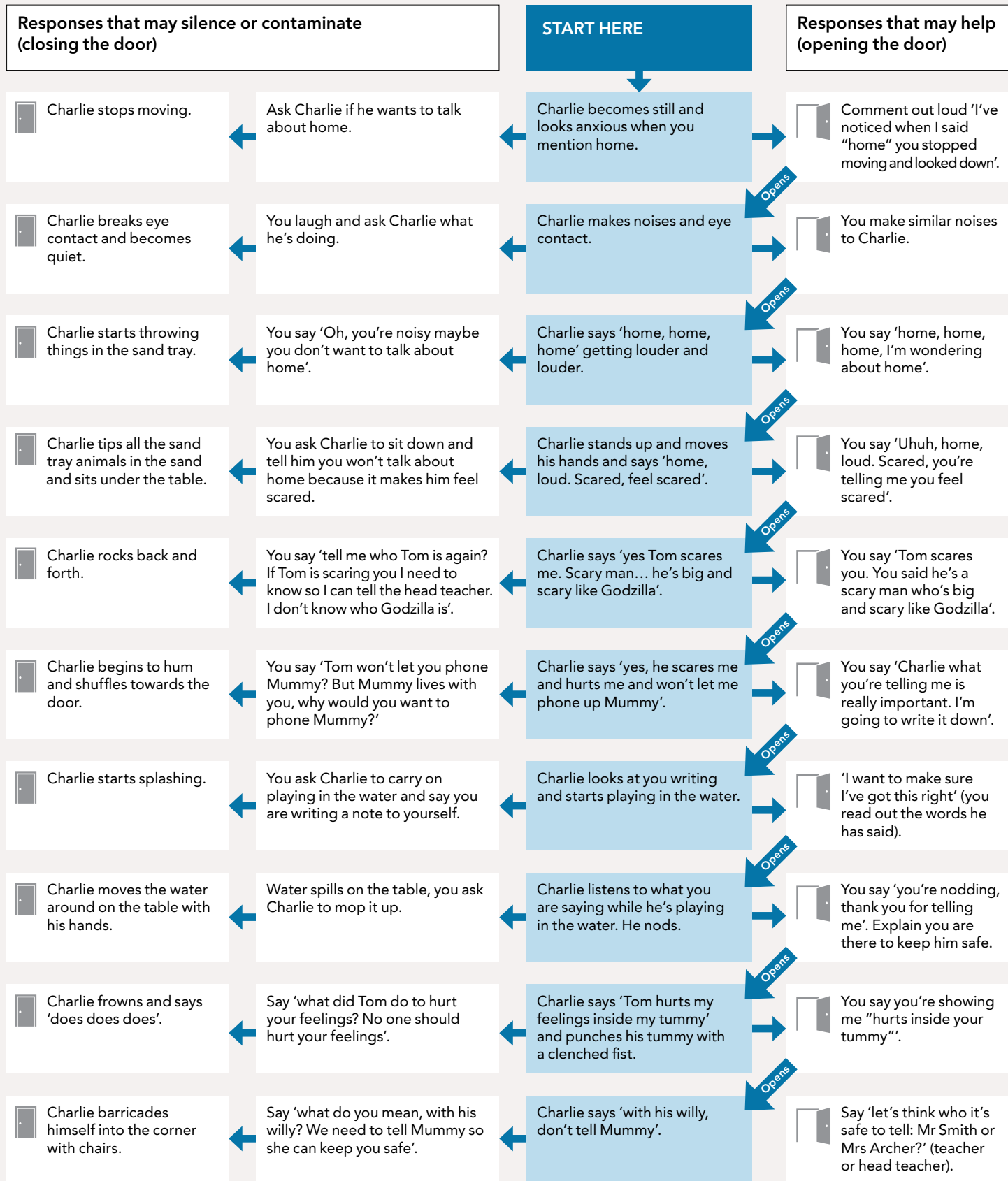
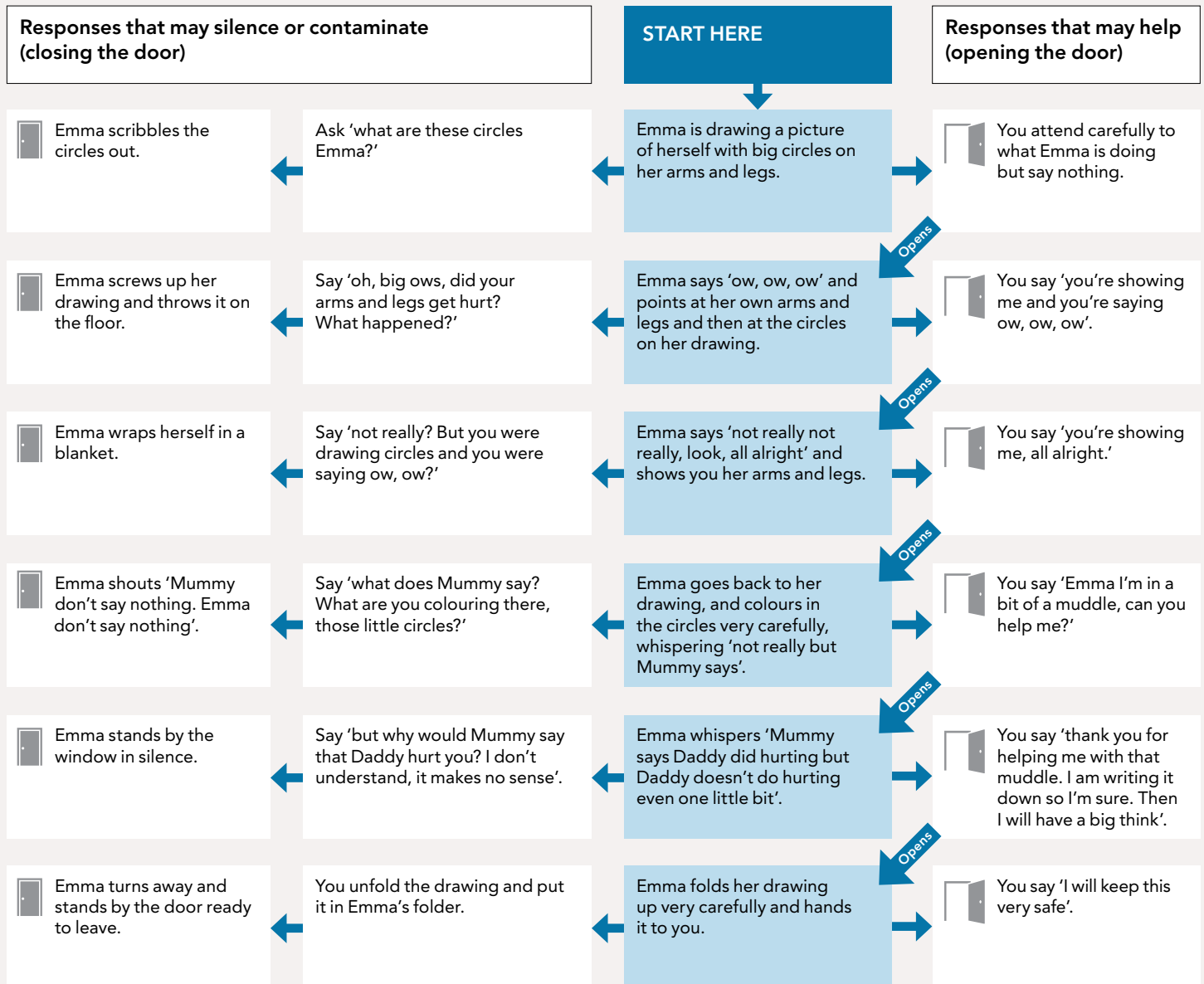


Figure 1b

Emma is six years old. Her parents separated acrimoniously last year. She spends half her time with each parent, but her mother has repeatedly tried to stop her seeing her father. You have been seeing Emma at a private clinic. She presents as shy and anxious. **What might close the door for Emma? What might open the door for her?**



- If you aren't sure what the child said or did, or if you aren't sure what they meant, offer an open invitation, eg 'tell me more about that' or 'show me that again'.
- Then say things like 'uhuh' or 'mmm' or 'go on' to show you are listening. These are safe things to say because they encourage the child to continue, without directing their account in any way. Saying 'OK' or 'right' or 'yes' is more risky because these can suggest approval of what the child is telling you – and some things that children need to tell about are really not OK.
- Make clear, through your behaviour and body language, that you are calm and alright and that you have time. Give the child as much physical space as they need.
- Adapt your language and communication style in line with the child's needs. Be clear about what you need to know. Ask one question at a time. Let the child or young person use his or her own words.
- Try to get just enough information to work out what action is required. Make a careful record of what the child said and did, and any questions you asked.
- If a child tries to demonstrate violent or sexual acts using your body, say calmly, 'I can't let you do that,' and if necessary move away.
- If appropriate, reflect back using the child's own words. Say exactly what they said, without expanding or amending or asking questions. If appropriate, comment to show that you have noticed what a child is doing.
- Let the child know what you will do next. This can be very simple: 'I am going to have a think and then I will come back.' Then perhaps: 'A policeman called Jon is going to come to see you here at school today; he needs your help. I will stay with you when he's here.'

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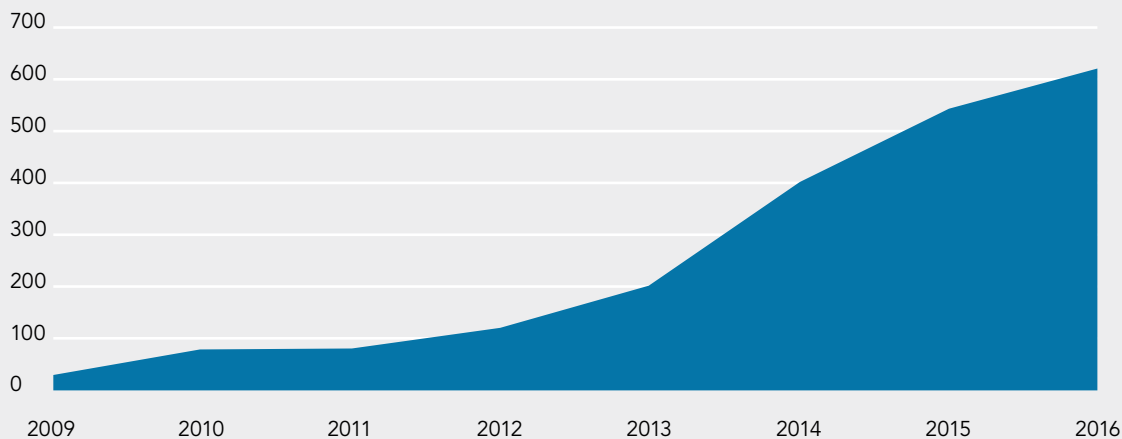
The aim is to keep opening doors, to keep an open mind about what you see and hear. You may need to carry on opening doors throughout an interaction that may last only five minutes or be spread across several weeks or months, and may involve telling, showing or drawing.

Opening doors in action

The two examples in figure 1 show this door-opening approach in action, each following a child through a sequence of moments where therapists have opportunities to open or close doors. These are composites drawn from many real examples. We have learnt that even when doors get closed by mistake, it can be possible to re-open them later.

Figure 2

0–4 year olds referred for intermediary support: figures from the National Crime Agency for England and Wales 2009–2016



Finally, the legal context

The way in which we elicit and assess the testimony of children has been the subject of intense research and media attention for many years.^{13–16} In 2010, the Appeal Court upheld a conviction for rape based on the evidence of a child aged three at interview (four at trial), who was describing events that had occurred when she was two. The judgment stated: *'The age of a witness is not determinative on his or her ability to give truthful and accurate evidence.'*¹⁷

In the five years following this judgment, there has been a significant increase in the number of young children giving evidence in criminal proceedings in England, reflected, for example, in patterns of referral for intermediary support (see figure 2 – intermediaries enable children's communication in legal proceedings). Confident early pick-up of possible concerns – by careful opening of doors, by therapists and others – is an essential foundation for children's safety.

Ruth Marchant's background is in psychology and residential childcare. She works now as a forensic interviewer and witness intermediary, providing communication support to children in their involvement with the police and the courts. She has particular expertise with very young children and children with communication difficulties arising from impairment or trauma.

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Ruth, Emily and Jessie work together in Triangle, an independent organisation enabling children's communication across the UK, particularly in legal contexts. www.triangle.org.uk

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