

Trauma-Sensitive

Reporting Field Guide





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Acknowledgement

The Norwegian Refugee Council (NRC) wishes to express its sincere gratitude to the team at the Dart Center for Journalism and Trauma, a project of the Columbia University Graduate School of Journalism, for their dedication to supporting NRC's communications and media professionals in their efforts to report on traumatic events in a responsible and ethical manner. Find out more by visiting www.dartcenter.org.

This guidebook would not have been possible without the support and guidance of Irene Caselli, Angelina Fusco, Dr. Zahera Harb, and Dr Kate Porterfield.

Foreword

The communications and media professionals at the Norwegian Refugee Council play a crucial role in documenting and exposing the human costs of humanitarian crises. Through the stories they produce, they shed light on the profound impact these crises have on individuals and communities globally and serve as a powerful means of raising awareness and advocating for change.

With such an important charge, it is one's most important responsibility to report stories accurately and objectively, but to do so in a way that is ethical and sensitive to the individuals and communities we are covering. This is particularly important when it comes to reporting on traumatic events, such as wars, natural disasters, and human rights abuses.

Trauma has a profound impact on individuals, especially children, and can have long-term effects on their mental health and well-being. It is therefore essential that we approach our reporting with care and consideration, striving to minimize any potential harm or re-traumatization that may result from our coverage.

This guidebook offers practical tips and guidelines for trauma-sensitive reporting and aims to serve as a valuable resource for those looking to approach their work with sensitivity and compassion.

Sincerely,

A handwritten signature in black ink that reads "Daniel Wheeler". The signature is fluid and cursive, with the first letter of each word being capitalized and larger than the others.

Film maker and former adviser to the Norwegian Refugee Council on advocacy and communications.

A Trauma-informed approach to working with refugees

The pervasive and profound impact of war and forced migration on children and adolescents has been well-documented over the last century, as global conditions have created generations of displaced children and families. The UNHCR reported in May 2022 that a staggering one hundred million people were forcibly displaced from their homes.¹

The work of NRC to document the experiences and address the needs of migrant populations requires a trauma-informed approach to field work. A trauma-informed approach is one in which recognition of the impact of trauma is central to the mission and activities of an organization. This approach requires that organizations engaged in work with traumatized populations utilize knowledge of the impact of trauma to guide their policies and procedures, work to prevent re-traumatization in survivors, collaborators, and staff, and promote ongoing education about best practices for the healing and recovery of traumatized people.²

The US-based Substance Abuse and Mental Health Services Administration (SAMSHA) provides this definition of a trauma-informed organization:

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

¹ <https://www.unrefugees.org/refugee-facts/statistics/>

² Bloom, S. L. (2010). Organizational stress as a barrier to trauma-informed service delivery. In M. Becker & B. A. Levin (Eds.), *Public Health Perspective of Women's mental health* (pp. 295–311). New York, NY: Springer.

It is beyond the scope of this report to document all of the complex factors that affect migrant children's well-being, and there are several resources that review the impact of forced migration and its accompanying stressors on children and their families (e.g. exposure to traumatic events, loss of home and stability, loss/separation from family members, vocational/ educational interruption, inadequate medical/ mental health care, under-resourced refugee/IDP camps, linguistic and cultural challenges, and other acculturation stressors).³

³ Review of Child and Adolescent Refugee Mental Health White Paper from the National Child Traumatic Stress Network Refugee Trauma Task Force, (2003) Retrieved at <https://www.nctsn.org>. ; Mental Health of Refugee Children and Youth: Epidemiology, Interventions, and Future Directions. Rochelle L. Frounfelker, Diana Miconi, Jordan Farrar, Mohamad Adam Brooks, Cécile Rousseau, Theresa S. Betancourt, Annual Review of Public Health 2020 41:1, 159-176 .

The myriad stressors facing displaced children must be recognized as affecting all aspects of children's development.

Thus, rather than focus on mental-health outcomes (which are often based on Western medical diagnostic categories and not culturally salient to non-Western populations), we posit here a biopsychosocial framework for understanding the experience and functioning of refugee/migrant youth.



Biopsychosocial framework for understanding refugee children

This framework allows providers to approach refugee children from a holistic perspective that includes resilience and adaptation, as well as adverse outcomes.

Below, we briefly review this model.

The biopsychosocial model proposes that trauma and adversity must be understood as potentially affecting all aspects of human functioning.

In a biopsychosocial framework, human functioning is viewed through multiple dimensions—the physiological, the psychological, and the interpersonal.⁴ Human functioning in each of these dimensions is adaptive—that is, people react to their environments and experiences in ways that foster survival, even if these adaptations can be problematic in other ways. Thus, the refugee child's functioning can be understood as reflecting their adaptations to their life circumstances.

⁴ This framework does not propose that these are the only dimensions of functioning that can be understood as part of the human response to trauma and adversity. There are multiple other intersecting parts of human identity that can be affected by the experience of trauma, such as spirituality, culture, and relationship to ecological and global systems. For the purposes of this paper, these three domains—bio, psycho and social—are explored as central to the functioning of refugee children.

With this model, behaviors which can seem problematic are recognized as adaptations that the child made in order to cope with the challenges of forced migration. This allows for a strength-based perspective on the refugee child's reactions and behaviors, rather than a pathology-based perspective. It must be noted that each of these domains are necessarily culturally embedded for humans. Meanings, reactions, and even basic vocabulary around trauma vary tremendously between and within cultures.

While the scope of this paper is not sufficient to address cultural influences on the biopsychosocial model, it is a critical area for refugee agencies to explore and prioritize in building services and assessments for displaced communities⁵.

An example may help illuminate this model of understanding the impact of migration on a child. Below, Table 1 illustrates the case of Abbas, a boy in a refugee camp in Iraq, in relation to biopsychosocial responses to forced migration of his family.

⁵ See Fong, R. (2004) *Culturally Competent Practice with Immigrant and Refugee Children and Families*, New York, London, Guildford Press.

Abbas, a refugee child

Abbas and his family fled Syria in 2014 when ISIS advanced into their town. Abbas was eight years old when they left, leaving most of their belongings behind in their home. As they escaped, they saw armed fighters along the roads out of their village. The ISIS fighters fired their guns into the air and shouted at the fleeing families.

Now, Abbas, his four siblings, and his parents live in a refugee camp in Iraq, sharing a large tent. His parents sleep on a mat behind a screen, while the children sleep together on four mats on the floor. Abbas often lies awake at night and then wants to sleep late in the morning, but he cannot because of the noise and activity in the tent, including his baby brother. He is quiet most of the time, though he occasionally lashes out at his siblings and fights with his older brother.

In the refugee camp, he plays soccer with other boys and seems to show genuine pleasure only during this activity. Otherwise, he does not participate in his classes, sitting quietly and staring into space. When his teacher asked him what he wanted to be, he replied, ***"A soldier, so I can kill the bad men."***



Biopsychosocial frame of Abba's functioning

BIO

PSYCHO

SOCIAL

Definition of dimension in relation to trauma

Neurophysiological reactions needed for survival and stress management during trauma (Fight or flight or shut-down reactions or combination of both).

Meaning making after experiencing trauma (Can be thoughts or feelings).

Attachment and reactions to other people after facing trauma (Can be feelings about other people or behaviours).

Common difficulties in response to migration trauma⁶

- Sleep disturbances
- Shortness of breath
- Edginess/irritability
- Regressed behaviours
- Intrusive images of trauma
- Hypervigilance
- Numbing of emotions/reactions
- Malnutrition
- Physical delays in development
- Infectious disease/immune deficiency
- General aches and pains
- Substance abuse

- Anxiety/Worry
- Depression/Sadness
- Anger
- Worry about further trauma happening
- Aggression/wish for revenge towards perpetrators
- Self-attacking beliefs
- Shame/Guilt
- Negative thoughts about the world
- Hopelessness
- Apathy/numbness

- Isolation from others
- Separation problems
- Worry/Anger at caregivers
- Loneliness
- Aggression towards peers
- Rejection of authority
- Negative beliefs about other people



⁶ Review of Child and Adolescent Refugee Mental Health White Paper from the National Child Traumatic Stress Network Refugee Trauma Task Force, (2003) Retrieved at <https://www.nctsn.org>.



BIO

PSYCHO

SOCIAL

Abbas' behaviours/problems

Sleep problems, irritability, withdrawal

Angry at times and saying he wants to fight ISIS

Fighting with his brothers, being isolated at school

Adaptation that may have contributed to Abbas' behaviours

- Hyperarousal while fleeing has led to arousal problems (sleep disturbance)
- Feeling overwhelmed has led to periods of shut-down (staring blankly at school).

- Feelings of fear when fleeing has left him wanting to exert control and feel powerful, thus his stated desire to be a soldier.

- Irritability from his arousal response has led him to have trouble controlling himself with brothers.
- Sadness from his losses is leading him to isolate from others.

Positive adaptation related to Abbas' behaviours

Abbas' hyperarousal helped him manage the journey from his home and kept him alert.

Wanting to defend his people after war helps him feel more powerful, even though it is a potentially 'negative' goal.

Abbas' isolation and irritability are not positive adaptations, but his positive reaction to soccer suggests that there are social activities that feel good to him.

Using the biopsychosocial model, professionals can view the child in front of them as having an array of adaptive responses in the face of displacement. Behaviors, feelings, and thoughts can be understood as coping responses that may have emerged in response to the stress of forced migration.

In this way, strengths and vulnerabilities are equally recognized in the child's responses. Thus, while Abbas' irritability and sleeplessness are disruptions in his biological functioning, these reactions are recognized as part of what he needed in order to manage the flight from his home.

Considering all of that, it is fundamental to consider the effects of trauma when interviewing a child or trying to get information from them.

The trauma-informed interview

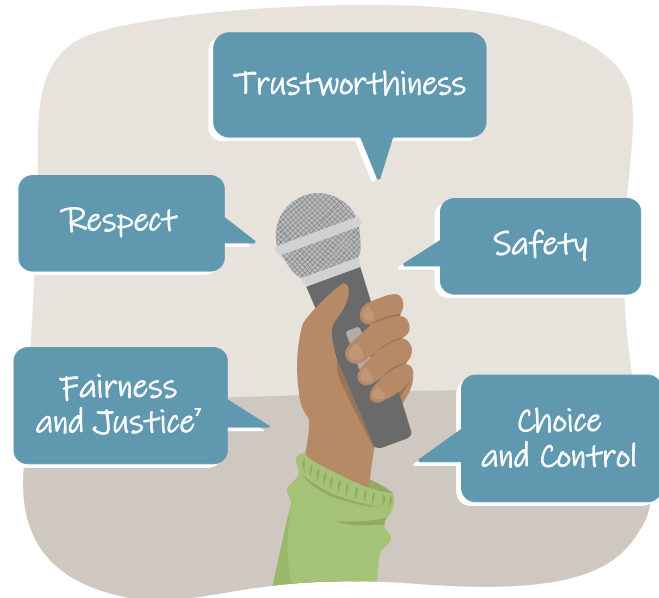
It is safe to assume that the children you are talking to within a refugee context have faced trauma.

Even though the trauma may have affected the child profoundly, it is important to recognize that refugee children may be resilient and have developed many strengths and capabilities.

That is why we talk about “trauma-informed interviewing”. This means that in order to interview a person who experienced trauma we need to understand the effects of trauma and what a person who experienced trauma may feel when they retell their story.

We also need to understand that our questions may impact them and find ways to minimize that potential harm.

Remember that trauma affects the multiple aspects of normal human functioning. Here are some key principles for trauma-informed journalism identified by Dart Centre Europe for Trauma and Journalism.



⁷ See Ethics and Practice: Interviewing Victims [Dart Centre for Journalism and Trauma](#).

Is interviewing a child absolutely necessary?

The first question to ask is whether it is absolutely necessary to conduct an interview with the child, and what you need to interview them about. Is there information that we can gather from adult relatives instead, and engage the child only to play and fill in other details? Can you tell the story by using other resources, such as data? Do we need to focus on a traumatic incident, or can we avoid discussing that issue? Also, how old is the child, and what is appropriate to ask and discuss with them?

The main guiding principle should be that of doing no harm when coming in contact with a child.

You may also need to consider whether it is the right time to do the interview. Do you know if the subject is ready to talk? Can you go back at another point in time, in case they are not? Consider that there are stories that can be told at a later time to avoid re-traumatizing a child, or other stories that perhaps are better to not open up for a refugee child.

Once you have established that you need to interview a child, and that you are clear about what you need to ask and they are ready for the interview, then it is helpful to think about the interview's structure, from initial consent to closure.

It is crucially important that before your field visit you do a proper risk assessment of the place you are visiting⁸. It is imperative to familiarize yourself with the surroundings and find the best location in which to interview or speak with a child and their family member or caregiver. Having a maximally safe physical space (with privacy and comfort) may prevent dynamics that could make the child feel intimidated or insecure about having a conversation. If you have people helping you with the interview setting, brief them, including translators on their roles. Explain the limitations and boundaries of your task.

Have your Informed consent form — including a brief on what the project/ story is about and its aims and objectives — ready. Prepare options or permissions/ control. This work before your interview is critical to maximizing safety and preventing difficulties in conducting the interview.

⁸ See Field Safety tip sheet by ABC Cameraman [Peter Drought](#).

Why is creating an interview frame important

Creating a frame for your interview will help you conduct it with a structure and basic components that you follow throughout the process. A frame allows you to conceptualize your interview with the child in a playful way so that you are not overwhelming them. Interviewers can use a basic structure that they follow which will help minimize any potential harm to the child. Important steps in this framing process are getting consent, easing the child into the interview without asking tough questions straight away, checking in with the child throughout and noticing and adjusting the approach in case of possible trauma reactions, closing the interview with a reflection that demonstrates respect and appreciation for the child's contributions.



Informed consent

The first step in all interview settings is to get informed consent. It is not enough to ask, “Is it okay if we talk to you and your child?”. In contrast to consent received when asking for someone’s political opinion after an election or news event, in order to get informed consent, it is necessary to be clear on exactly what the purpose and use of the interview is for. (For example: “We are writing about the experience of refugees from your country. Would you be willing to share some information with us, so that we can learn more about what has happened? We will be writing a report that explains this so people can understand about these problems in your country. You do not have to participate but we would really love to hear anything you would like to share.”)

The context is fundamental in how to get consent properly because it often reflects a clear power structure, in which the interviewee may consent to talking with the false hope of benefiting directly from the interview. For example, does the person you’re talking to perceive you as someone in power who may be able to help them with their asylum process?

Be as frank as possible about your specific role within the organization, making sure you don’t overpromise. Describe your role as a communication officer, explain what story you want to write and why, and, when appropriate, share examples of your work. Explain that you don’t make any decisions about their future, but that sharing their story might help the public understand their situation.

It is important to explain that they can withdraw their consent at any time and provide NRC contact details they can reach out to if that need arises.

Also remember that you aren't interviewing a public figure, but a young person who is potentially vulnerable. Consequently, be extra careful when they share personal details and double-check in which ways you may need to protect their identity to not put them at risk.

Additionally, don't patronize children or speak down to them. Displaced children often ascend prematurely into adult roles: they are making life and death decisions and may well be capable of deciding whether to talk with you. Show respect but also remember that these are minors who you are interviewing, and you hold tremendous authority in relation to them. It is ideal to get consent from the child's parent or main caregiver as well as from the child herself. Getting the parent's consent is essential, unless it is completely impossible. Parents must be able to understand what is being asked of their child and how it will be used. Additionally, asking the child for consent gives the child a sense of agency. For people who have been powerless due to trauma, war and forced migration, asking for their consent is a powerful way to give them a sense of control and mastery.

One way to go about this is to tell the child: "I have already spoken to your mother/aunt/older brother, and they are okay for us to speak. But first I want to ask you too if you are okay to talk to me."

By doing this you not only make sure you have all the rights to the information you receive, but you also let the child know that you are looking after them by asking a guardian and also caring for their opinion.



Explain the process

Before starting the interview, explain what you would like to talk about and for how long.

It can be helpful for you to establish how long you have for an interview so you can manage your time better, and it is important for the child to know what to expect, rather than to be nervous throughout about what is coming next and how long they have to speak. Also, keep the interview to age-appropriate lengths: thirty minutes for those under age 9, forty-five minutes for children between 10 and 14 and one hour for teens are good guidelines. Children with emotional or cognitive impairments may only tolerate shorter interviews. Explain that you can take breaks whenever is needed. You must be willing to shorten or abandon questions if the child shows signs of stress or expresses a desire to stop the interview. Never push ahead if the child is asking to stop.

If you are with a larger team or are using audio, photographic or video equipment, take time to introduce the rest of the team and make the child familiar with the process.

You can have them listen to the surround sound or see how a camera works. If you have a portable printer or a Polaroid, sharing a printed picture can also be a great way to show them what your process is and can help break the ice.



Think of the interview's physical set-up

Make sure the child feels safe when you interview them, that there is a trusted adult around, and the location is as safe, familiar, and comfortable as the situation allows.

If there is a crowd around the child, try to take them elsewhere where the child can feel safer and talk to you about details, they may feel ashamed of, or cry if they need to without feeling judged. However, do not make a child feel isolated by you as this could increase anxiety. You can say, "Hey, want to go over here where it's a little quieter?" Remember that children who have suffered trauma feel anxious about their safety and often cannot express this.



Interview the child from a comfortable eye level if you can, by squatting or sitting down, so they do not feel overpowered. If you cannot hear each other without shouting, consider moving in closer if the child is quiet, again, always attentive to the child's comfort level with your physical closeness.

If you need to stop to monitor your audio recorder or get distracted by a sound, make sure to communicate this to the child so that they know you are paying attention and are focused on them rather than something else. Try to find a way to show the child how you are working with your equipment, even inviting them to assist you if possible. (For example, "Hey, want to adjust this button for me? It helps with the sound!") If you are working through an interpreter, make sure they are also aware of the goals of the interview and they translate precisely and accurately throughout the interview and even when you are checking in or making small talk.

Ease into the interview

There are several techniques that can be used to start an interview with a child without going straight for the hard questions or information. This phase of the interview can help you to understand how the child is feeling, how they communicate, and how stressed they are, and can also help the child to feel more at ease.

Here are some examples of language or communication strategies you can use:

*“I’d like to learn about you.
Can you help me learn some things?”*

*“Let’s write your name together.
I want to learn how to write it correctly!”*

Show them a map of the area and point out where you are together. Show them your notepad or camera and let them touch them or even try the equipment out.

Ask about school (if not in a refugee camp), siblings (if you know there have been no losses or trauma connected to their siblings), or a game they like to play.

“What else would you like me to know about you?”

Before going into the proper interview, make sure you introduce your questions, and keep checking if they are okay with answering. For example, if you want to hear about what happened in their country of origin, you can try by asking like this:

*“I was wondering if we could talk about your
country now and the war that happened.
Would that be, ok?”*

Here you are introducing the next topic so they can anticipate it and asking their permission.

These strategies help to give the child agency and control.

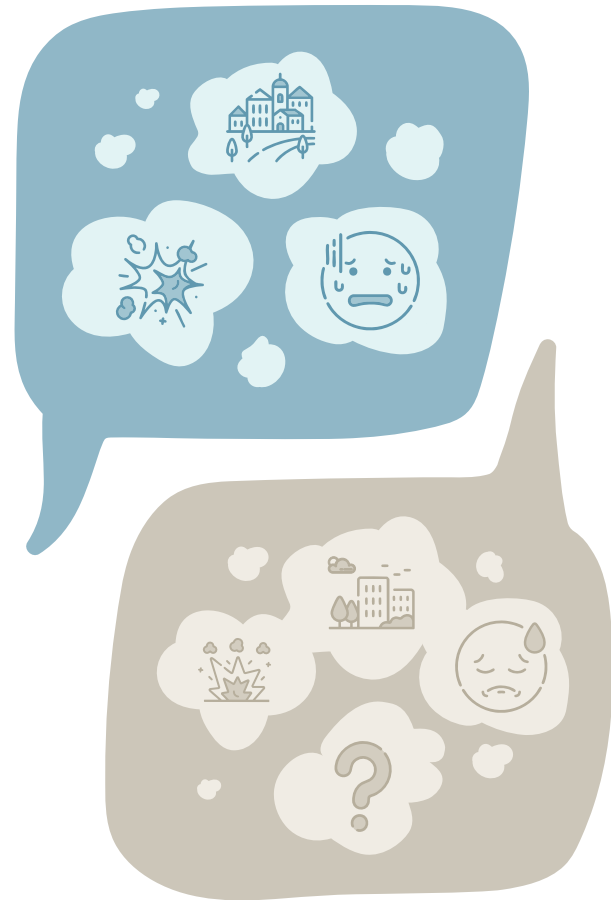
Repeat back what you hear

Another way to validate what the child is telling you while checking the information is to reflect on what you hear.

Reuse their words to show that you are listening, while also clarifying information. Do not rephrase their words when clarifying. For example, say, "You told me that your village went 'boom,' and it was scary. Is that right?" rather than "You heard artillery then?"

Further examples of language with which you can reflect to a child are: "I want to tell you what I learned from you. Is that, okay?" or "What you're telling me is so important. Can I tell you what I heard you tell me?" or "I heard you say ... Do I have that right?"

This can be more effective than asking the same question in a different way, or than saying that you did not understand something.



The questions to ask and the questions to avoid — false memories, flashbacks, and triggers

Avoid asking unnecessary details if they can re-traumatize the child. You may want to get more information about an explosion, or the looks of a smuggler, but beware that these details may bring the child back to the scene and cause them harm, while not adding much to your account of their story. Remember that the biological imprint of trauma can be triggered by memories and details of traumatic events. This means a child can feel anxious, frightened, or shut down as memories come back to them.

Children may also talk about false memories or dreams as if they had happened for real, so be sensitive in how you handle things that may seem exaggerated and also check the information with a parent or guardian. Do not to challenge a child on the truthfulness of a story if it seems outlandish and, instead, consider moving on to another topic.

Also be aware that a child might say what they think you may want to hear. Be respectful. If you come across contradictions in what the child is telling you, this might not be because someone wants to fool you. Just because somebody's memory doesn't tally with reality

doesn't mean that they are lying. They may simply have trouble remembering⁹.

If you avoid leading questions (like "Were you scared?"), you may get a more honest answer. For example, you can try with: "What was the hardest part?"

Also be prepared for children to take the conversation to unusual places. This may also be a sign that the child needs to take a break and does not want to talk about a certain issue. Be flexible and suggest a break for drawing or for a walk, rather than insisting on the same details. You may not get the information you want from the child, and you will have to gather it the best you can from a caregiver.

⁹ It is important to know that memory is not like a video recording. When we remember things, we remake a slightly newer version of the old memory as we recall it. It gets reconstructed and reconsolidated over time. In trauma, this is complicated by the fact that all those visceral, hot shards of memory have not yet been filed away in the same places that we keep other kinds of autobiographical memories. When somebody is being attacked and in survival mode, their brain is concentrating on other things. One might think of a traumatic memory as being potentially "too big" to file away easily. This is why people have intrusions and nightmares. The brain is trying to process and make a memory out of these strong experiences and make sense of them. Some people have very accurate and precise recall of traumatic experiences. But people often mix things up, put them in the wrong order or blank out sections of what happened completely. This can make traumatic memories less reliable than other memories. (Dart Centre Europe 2022). See Interviewing in the aftermath of Trauma tip sheet by [Kimina Lyall](#).

Notice possible trauma reactions

Trauma and depression symptoms can look very different from child to child, depending on their age and their personal reaction to the events they witnessed.

U.S. child trauma psychologist Chandra Ghosh Ippen uses animals to understand the wide spectrum of children's reactions — from fight to flight and freeze. For a children's book she wrote called *Once I Was Very Very Scared*, she uses a dog to represent the fight response ("sometimes we bark and growl"), the rabbit as a runner (the flight response), the turtle as a reminder that sometimes we slow down and hide in response to stress, while the elephant doesn't like to talk and retreats. During an interview, we may start to recognize some possible reactions of trauma if the child gets angry or start looking absent. In case we recognize any of these signs, then we can once again check in with the child and think about taking a break for water or for play.

If you need to stop the interview altogether but have the chance to come back, that may create more trust with the child. Try to normalize this, saying, "You know, everyone needs a break sometimes from talking about hard things. Adults do that and so do kids. Let's take a break and we can come back later, if we decide together that we want to!"

If they cry, let them cry.

Use physical touch very carefully, as you may not know cultural meanings around touch or if the child has any negative experiences of being touched or hurt.

At most, a light touch on the shoulder or arm can be done. Otherwise you can say you are sorry and that it is okay to cry, that the interview can stop. Normalizing by saying, "Lots of kids in this situation feel sad and cry when they talk about hard memories." Avoid saying: "I know how you feel" because most likely you don't.



Displacement techniques and mastery

One way to help children cope is by using displacement techniques.

For example, you can use open-ended sentences (“A lot of children feel scared when they need to leave their homes.”) and see how the child reacts. While a child may not be able to tell the story about how scared they were, they may find it possible to talk about “other children” or at least feel validated enough to share their own feelings too. You can ask, “What do you think it is like for the kids in this camp?” or “I wonder what it was like for other kids in your country who had to leave their homes.”

Children may also find it helpful if you can highlight how brave they were or how their experience can teach others how to cope in certain situations (mastery).

You can say things such as:

“I would like to learn from you so I can share with other kids who have been through war.”

“You are very brave to share this story, other kids can learn from it because of your story.”

“Can you teach me about...”



Also, if they are not comfortable talking about strictly personal experiences, you can frame them in terms of the “systems” around them. You can ask for example about how they interacted with the police or with other adults who were migrating with them. You might ask, “What was it like for kids when soldiers were around?” or “What is it like for kids to deal with police in the camps?”.

Wrapping up actively

Try to avoid leaving the child in the middle of a painful memory, or immediately after they have cried or shown other signs of trauma.

Just like you eased into the interview, ease out. This allows the child to feel they have done well, and also to take some distance from what they told you, and it also gives you a chance to provide some feedback and give some extra information about the next steps.

For example, you can show them your notes (“You helped me learn so much, see how much I wrote”) or show them your pictures.

You can say something along these lines: “You’ve done such a good job today. You really helped me learn a lot. I am so glad we talked. We will stop talking soon. Do you want to tell me anything else or ask me any questions?” Think ahead about what personal details you might share with a child (where you are from, how long you have worked with the organization, etc.) and avoid overwhelming them with too much personal detail about your life.

You can also ask the child what they are going to do next, so that they can ease back into their daily routine or tell you about what they like to play. If you can, explain what you will do next as transparently as you can: go back to your office and listen back to the interview and then write up their story so that other people can read it.

If you can, offer to come back and show the story to them, before or after publication.

Make sure you manage expectations correctly and that you don’t overpromise before saying goodbye. If you know that you will be leaving the country, don’t promise a visit. Leave your phone number to an older family member if it is appropriate and say you will share the final article like that.

Tell the child that you will always remember what they told you and that they have helped you learn a lot today about their country/the camp/whatever topic they discussed.

After the interview

Such interviews can be loaded and leave you with a feeling of impotence. While it is important to set boundaries for the interviewee and for yourself (you are not a psychologist nor an aid worker nor a decision-maker), it is likely that you have more scope for action and more access to information than the child you interviewed. So, can you refer this child to someone else? Is there another agency that may be able to provide psychological support, or a pair of shoes, or football training? Having looked up resources in the community BEFORE your interview will allow you to decide if you should share these resources with the parent or guardian. Again, you are not being an aid worker in this context but sharing helpful information.

When writing up the interview, avoid falling into simplistic binaries. Beware of depicting people as victims and perpetrators and choose your language carefully. Do you need to label someone as a victim or a survivor? Do you need to go to the other extreme and call them a hero? A child can be brave and scared at the same time, and showing those nuances is possible by choosing quotes, adjectives, and scenes carefully.

Ask yourself if the child may recognize himself in the interview and go back to them if possible. Beware of not oversharing details that may put them in danger and check in with editors and social workers that may understand their situation better.

Avoid using information that would embarrass or hurt a child — even if they gave you permission to use it. For example, there is no need to talk about bed-wetting problems or illegal drug use, unless such details are central to the story.

Also think of secondary trauma, and of the effect that this interview has had on you and on your team. What feelings came up for you as you talked with these children? It is normal to feel sad, angry, and even despairing after seeing children who have suffered. Can you find time to debrief after the interview and to share how you felt with team members or with other trusted people? (See section below on Secondary traumatic stress and well-being for more information.)



Involving children and their families in your fieldwork

In order to approach children that have been affected by trauma, it is important to consider some extra elements.

The first element is the power dynamic between the interviewer and the interviewee. This is more evident in contexts such as refugee camps or makeshift temporary accommodation, but it is most likely applicable to most situations in which the asylum seekers lives are in limbo, especially if they are children. Always be aware that you may hold power in the eyes of your sources and be careful that you do not promise anything you cannot deliver.

Another critical element to consider when preparing for an interview is the importance of cultural differences and cultural meanings around the events you are discussing.

Awareness is the first tool necessary for an interviewer.

It is important to think about who you are, what you are wearing, and how you come across to those you interview. Depending on the culture of origin of the people you are interviewing, your gender, appearance, national origin and economic status may become triggers of painful events, or even may just be unfamiliar and strange to those you speak with.

For example, it may not be advisable to interview girls if you are a man, especially if you suspect they may have been victims of violence. Having a female colleague conducting the interviews of girls is a standard way to help girls feel safe and at ease. Another small example is that, in some cultures, birthdays are not central to someone's identity as they may be for Westerners – so asking about age or birthdate may not make sense in every context.

You may refer to a child as a refugee or migrant, but those words have political connotations. Think carefully about the words you use and brief your translator and team accordingly. If you can, ask the child how they would like to be introduced, if they prefer highlighting the age, nationality or current situation, for example.

It is also advisable to learn all that you can about the country and culture of origin of the people you are interviewing. You can do so by reading or talking to colleagues that have more experience than you with that culture. You may be able to ask some broader questions about the country or culture of origin directly to the interviewee, but those questions need to be phrased in ways that may not come through as judgmental or insensitive.

For example, asking “why” questions may seem like you are placing blame on someone. Try with open-ended questions instead that leave the interviewee the chance to take the lead. Instead of asking: “Why did your parents fight with the neighbors?”, you can say: “I hear that there was tension between your parents and the neighbors. Can you tell me what that was like?”

Find out as much as you can about the child’s story and the traumatic event that happened before the interview by talking to older relatives or social workers. Use documents such as police reports and court records if appropriate. Ask caregivers and others who know the child if there are topics or details that are especially difficult for the child to talk about and be sensitive. Remember that events that were traumatic for the child may also be traumatic to the parents. So, use the same trauma-informed approach with adults you interview.

Conversely, some parents may not be able to recognize the impact of a trauma on a child and may say something like “He was little, so he doesn’t really remember what happened.” Interviewers may find discrepancies between what children actually describe to you and what their parents think they remember.



If you work within a larger team, make sure that everyone has grounding in a trauma-informed approach before you go to the ground, and that you can have a conversation about topics to handle sensitively, as well as cultural awareness. If you can't brief the team beforehand, do take the lead and be the spokesperson, and talk to the team afterwards about potential areas for improvement or challenges that came up.

Be careful not to blame team members for difficulties they encountered in the work.

If you rely on an interpreter, it is very important to understand that their origin and background may become a trigger too, depending on the geopolitical context of the migrant experience. Interpreters may inadvertently remind subjects of perpetrators of other groups from their homeland. Make sure interpreters are briefed around trauma-informed practice and that they stick to what you say in the translation, even if there are details that may appear to be minor.

For example, when you check in during the interview, make sure the interpreter keeps translating your check-ins as well. Even saying, "I hear you" after an interviewee tells you something, is important for interpreters to translate. If you shift to the interpreter for any reason to address them, explain this to your subject by saying something like, ***"I'm going to ask the interpreter a question to clarify something right now. We will interpret this for you as well."***

Never have side conversations with the interpreter that are not interpreted.

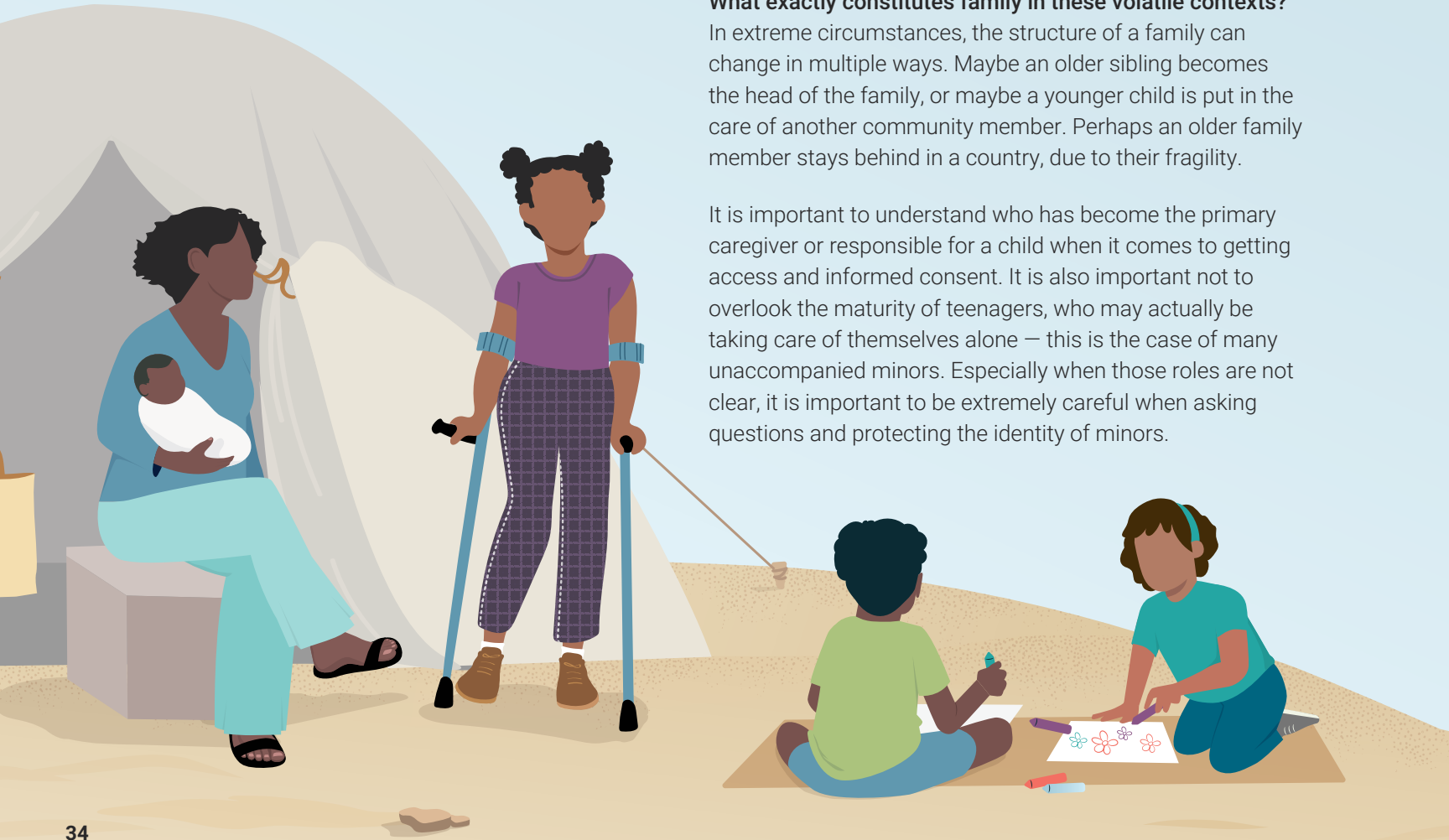


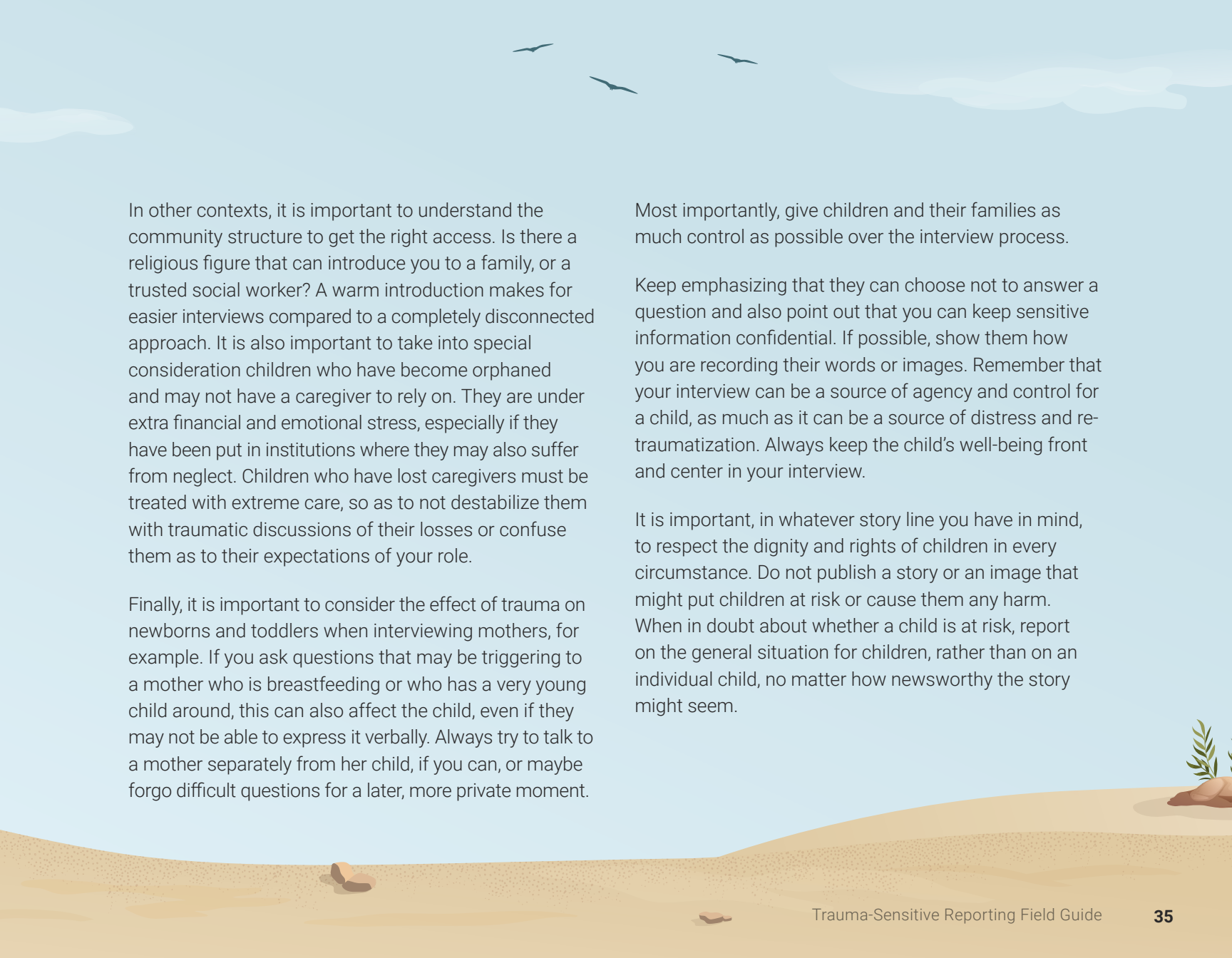
Rethink the idea of “family”

What exactly constitutes family in these volatile contexts?

In extreme circumstances, the structure of a family can change in multiple ways. Maybe an older sibling becomes the head of the family, or maybe a younger child is put in the care of another community member. Perhaps an older family member stays behind in a country, due to their fragility.

It is important to understand who has become the primary caregiver or responsible for a child when it comes to getting access and informed consent. It is also important not to overlook the maturity of teenagers, who may actually be taking care of themselves alone — this is the case of many unaccompanied minors. Especially when those roles are not clear, it is important to be extremely careful when asking questions and protecting the identity of minors.





In other contexts, it is important to understand the community structure to get the right access. Is there a religious figure that can introduce you to a family, or a trusted social worker? A warm introduction makes for easier interviews compared to a completely disconnected approach. It is also important to take into special consideration children who have become orphaned and may not have a caregiver to rely on. They are under extra financial and emotional stress, especially if they have been put in institutions where they may also suffer from neglect. Children who have lost caregivers must be treated with extreme care, so as to not destabilize them with traumatic discussions of their losses or confuse them as to their expectations of your role.

Finally, it is important to consider the effect of trauma on newborns and toddlers when interviewing mothers, for example. If you ask questions that may be triggering to a mother who is breastfeeding or who has a very young child around, this can also affect the child, even if they may not be able to express it verbally. Always try to talk to a mother separately from her child, if you can, or maybe forgo difficult questions for a later, more private moment.

Most importantly, give children and their families as much control as possible over the interview process.

Keep emphasizing that they can choose not to answer a question and also point out that you can keep sensitive information confidential. If possible, show them how you are recording their words or images. Remember that your interview can be a source of agency and control for a child, as much as it can be a source of distress and re-traumatization. Always keep the child's well-being front and center in your interview.

It is important, in whatever story line you have in mind, to respect the dignity and rights of children in every circumstance. Do not publish a story or an image that might put children at risk or cause them any harm. When in doubt about whether a child is at risk, report on the general situation for children, rather than on an individual child, no matter how newsworthy the story might seem.

Effective and ethical visual storytelling

Always assume the material (visuals/audios) you are gathering will be viewed/heard by the community that the child comes from and make your assessment of how to use it based on that.

Ethical visual storytelling is about identifying what the story really is and not just what it looks like. Listen to the child story first and not jump into creating the “coolest” stereotypical image about them.

Content representing children must not be discriminatory, objectifying, or harmful to the child. Do not discriminate in choosing children to film or photograph because of their sex, race, age, religion, status, educational background, abilities, or disabilities.

Always seek permission from children and their guardians before gathering information or multimedia materials about them. That comes in addition to your interview informed consent. For example, do not collect photographs from family albums or take pictures of those on your mobile without having the permission to do so.

Ensure that they fully understand why the visual content is being gathered, how it will be used and who will and might be able to see the content. Ask them to describe how they feel about this and explore whether there is anyone they would like to ensure does not see their photo or content about them.

Ask the child if they are comfortable with using their own name and face or they want to be anonymous. If that is the case, use what [Amy Romer](#) calls an environmental portrait. **Or simply pixel their faces if they are comfortable with that.**

Don't underestimate the children's ability to accept and reject certain portrayals of their living conditions. Give them additional control over consent. With the advancement of digital technologies, you will be able to show them what photos you have taken. Ask if they approve that you use those. Don't take their consent for granted, simply because their parents or guardian agreed on you filming them.



Building trust with the children you are working with is critical. Explain whether the visual content gathered will be used for internal purposes or for external promotional materials and ensure that they understand the difference. Tell them where and how you are going to use those photos or images. Ask them if it is okay to use the photo this way, after you explain the usage—even if you have already gotten consent.

Avoid questions, visible expressions of attitude, body language, comments or framing of the information and visuals in a way that is judgmental, insensitive to cultural values, discriminatory and/or that can place children in danger, expose children to humiliation or reactivate the pain of traumatic events as mentioned earlier.

When photographing or gathering information from a school or education facility hosting refugees, seek permission from the person in charge as well. The person in charge can help you seek consent from the parents or guardians of children present before the visual content gathering begins. The consent is only valid for one content-gathering mission and a new process must be initiated ahead of each new mission to the school or education facility.

Best practice requires adequate planning for the process.

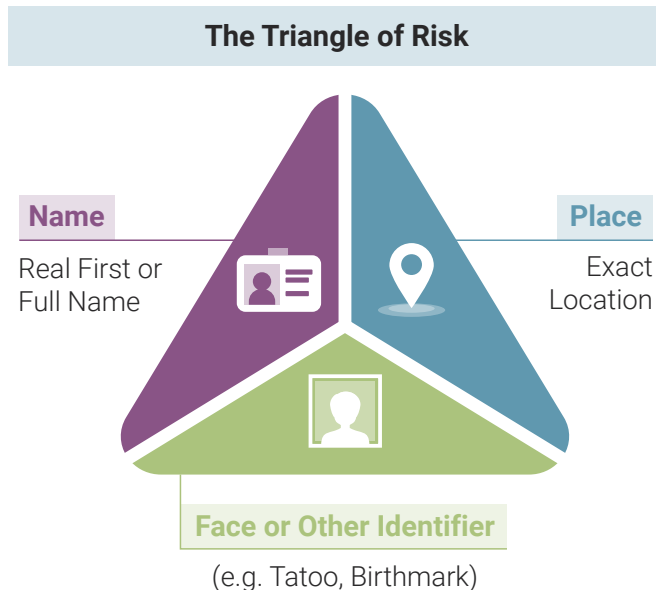
Where risky or controversial, such as in the following cases, the content should be reviewed by an NRC protection officer with safeguarding experience before being published:

- A survivor of any form of exploitation or abuse
- A current or former child combatant

If any content is gathered that may put a child at risk you have the responsibility to delete the images from the equipment and ensure that any additional identifying information is also safely deleted.

Make sure children are not posing in an unsuitable way or in a manner that might have a sexual connotation or seem exploitative. Be aware of cultural norms about exposure of face and body, particularly for female subjects. Communications material might be used in countries where nudity or exposure of certain body areas is not the norm, and this can lead to inappropriate use of the content. You or any other photojournalist working with your agency must therefore not take or use images that show children naked from the waist down, even small children.

When publishing the visual content, make sure that the child is not obviously identifiable to the audience. Use Save the Children's triangle of risk below as a guiding tool.



REMEMBER!

Always remove at least one of these in all content; in more sensitive stories you should remove at least two.

Ask yourself how you would feel if the child was your own. Whenever conducting communications work with children, consider whether the work you are conducting is in the child's best interest and proceed on that basis.

Cross-examine your own power dynamics, why you have access to a place and what the work you're doing provides for the people you're telling the story about¹⁰. Imagine what it feels like to be photographed after suffering trauma and loss.

Encourage participatory visual storytelling whenever possible. Allow children to take control of telling their story visually by incorporating their opinions on what to include. Only seek their input if you can honor at least part of their requests.

Always remember to avoid an exploitative ("pornographic") use of misery and suffering and the any insensitive commodification of the experiences of atrocities and abuse.

Remember the human beings at the center of these stories— what they have suffered and lost and how they are dignified people, deserving of agency and respect.

¹⁰ By Tara Pixley, a visual journalist and professor with over 20 years of experience, for a conversation on ethical storytelling.

Secondary traumatic stress in aid workers:

Applying the biopsychosocial model to ourselves and our teams (self-care)

For those who work with displaced migrant children and their families, exposure to traumatic stories, images and distressed people is a frequent occurrence. The human experience of bearing witness, hearing about, and responding to other humans' suffering, while gratifying, can also be painful and challenging for service providers. It is essential that aid organizations and those who work with forced migrants recognize that this material can be overwhelming and even secondarily traumatizing for team members. Symptoms of secondary traumatic stress—such as intrusive imagery, hyperarousal, changed meanings, and isolation— can mirror those experienced by trauma survivors.

The biopsychosocial model of understanding the imprint of trauma has been described above in relation to refugee children and the adaptations they may have made in response to experiences of war, displacement, and resettlement. We now turn this same model to the refugee worker, providing an example of how secondary traumatic stress can imprint on the aid worker's biopsychosocial functioning.

Rosa, a refugee aid worker

Rosa is an aid worker with a refugee agency that provides services in refugee/IDP camps around the world and that advocates and educates about the impact of forced migration on people and communities. Rosa has worked for over ten years in this field and has been a dedicated and creative team leader on multiple projects, including evaluating and writing about various camps where services are provided for migrants. Rosa often works “after hours,” taking calls and emails on the weekend and volunteering to take on extra projects. She is passionate about refugee work and takes on younger staff as a mentor. Rosa recently returned from a trip to a refugee camp in Iraq that she found particularly difficult. She met with a family with nine children whose father had been killed in their home country. The mother was overwhelmed and tearful throughout the conversation with Rosa and her team and the children looked stressed and sad. Upon returning home, Rosa felt more tired than usual and struggled with feeling sad. She missed the staff “debrief” after the trip, saying she was under the weather and then did not respond to several emails from peers about the report they needed to complete.

Rosa reached out to her therapist and scheduled an extra appointment and used the session to talk about her reactions to the trip. She cried and said she felt incredible guilt at leaving that mother in the terrible situation she was in and returning to her comfortable home. The therapist and Rosa spoke at length about this kind of guilt, sometimes called “moral injury.” Rosa scheduled another appointment to continue the conversation.



Biopsychosocial frame of Rosa's functioning

BIO

PSYCHO

SOCIAL

Definition of dimension in relation to secondary trauma

Neurophysiological reactions needed for stress management after exposure to images/stories of trauma (Can be hyperarousal or shut-down reactions or combination of both).

Meaning making after witnessing/learning about trauma (Can be thoughts or feelings about what has been seen, heard).

Attachment and reactions to other people after seeing/hearing about trauma (Can be feelings about other people or behaviours).

Common difficulties in response to secondary trauma¹¹

- Sleep disturbance
- Irritability
- Intrusive images of trauma
- Hyperarousal/agitation
- Hypervigilance/feeling on edge
- Numbing of emotions/reactions

- Negative emotions, such as anger, anxiety, sadness
- Self-attacking beliefs
- Guilt/Moral injury
- Negative thoughts about the world
- Hopelessness
- Apathy/numbness

- Isolation from others
- Loneliness
- Negative beliefs/feelings about other people
- Feeling misunderstood
- Anger at those who do not understand the work



¹¹ Akinsulure-Smith, A, Espinosa, A., Chu, T., & Hallock, R. (2018). Secondary traumatic stress and burnout among refugee resettlement workers: The role of coping and emotional intelligence, *Journal of Traumatic Stress*, (31) 202-212.; Hensel, J, et al. (2015). Meta-Analysis of Risk Factors for Secondary Traumatic Stress in Therapeutic Work with Trauma Victims. *Journal of Traumatic Stress*, 83-91.

A stylized illustration of a workspace. In the foreground, a dark brown wooden desk holds a silver laptop and a small white notepad. To the left, a large, dome-shaped lamp hangs from the ceiling. In the background, a window with a grid pattern is visible, and a small potted plant sits on a shelf. The overall color palette is warm and muted, with shades of beige, brown, and green.

BIO

PSYCHO

SOCIAL

Rosa's reactions

- | | | |
|--|---|---|
| <ul style="list-style-type: none">• Fatigue• Lack of motivation | <ul style="list-style-type: none">• Sadness• Guilt | <ul style="list-style-type: none">• Isolation from others |
|--|---|---|

Adaptation that may have contributed to Rosa's responses

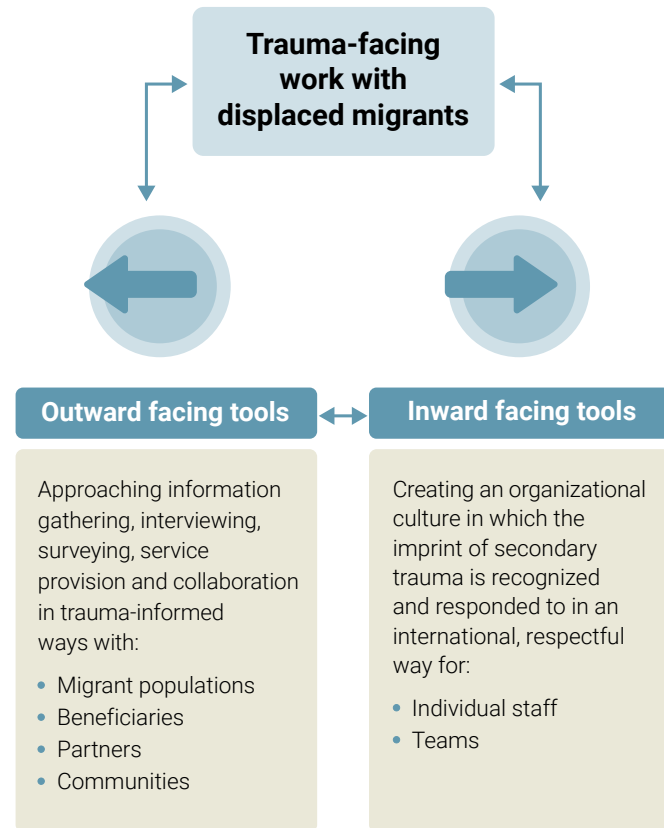
- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Rosa's responsiveness and empathy to the mother who she interviewed may have led her to 'absorb' some of the woman's feelings, resulting in fatigue and low energy. | <ul style="list-style-type: none">• Her empathy may have led her to then feel 'moral injury' about the disparity in her circumstance vs. the mother's. | <ul style="list-style-type: none">• The experience of moral injury and guilt may have pushed Rosa away from peers, since she was usually highly engaged.• Seeking the therapist's guidance was a way to address this. |
|---|--|--|

Addressing secondary traumatic stress in refugee organisations requires ongoing, systemic focus on these issues.

Below are three areas for intervention.

1. Training for the entire organization on the biopsychosocial impact of trauma in work with displaced migrants.

The model below illustrates the areas of training for strengthening outward-facing tools and inward-facing tools for refugee service providers. This model endorses trauma-informed skill-building as necessary for both service provision (outward) and for enhancing staff well-being (inward). The creation of shared vocabulary and understanding of basic trauma concepts is a goal for creating a trauma-informed staff.





2. Provision of opportunities for staff to discuss trauma-facing challenges.

Organizations that provide opportunities for staff to process experiences in trauma-facing work may create more open attitudes about the benefits of sharing with one another, thereby enhancing peer support. These conversations must be carefully designed with input from staff as to how and when they would like to have process conversations, including whether such meetings are optional or mandatory. Rules or “agreements” should be discussed in advance, (such as limiting the sharing of too much traumatic detail or providing options for “opting-out” if the material is too heavy, as well as guidelines around respecting personal histories around trauma, identity and culture.) with care and good faith efforts to be respectful, these conversations among staff can be beneficial and foster staff cohesion.

3. Provision of opportunities for staff to engage in well-being activities.

In addition to processing trauma with peers, staff should be encouraged to engage in well-being activities. This may include scheduled “well-being time,” such as recreational or cultural events for teams. Establishing a well-being resource library can help staff access apps, websites, and other materials focused on wellness.

Staff trained in the biopsychosocial model can use this framework to facilitate the sharing of well-being resources across different domains. Embedding well-being and trauma awareness into the workplace requires ongoing commitment from all levels of an organization. Management must actively support and participate in discussions about trauma-informed best practices while fostering a culture of well-being.







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