



Fact Sheet: Using Play Therapy to Support Healing and Documentation with Child Survivors¹

Play therapy has emerged as a valuable tool in supporting the healing and documentation process for child survivors of trauma, particularly in cases of sexual violence. Play, a natural and universal form of communication for children, allows them to express themselves, develop critical thinking, and cope with difficult emotions in ways that are developmentally appropriate. By engaging children in therapeutic play, professionals can create a safe space for them to explore their feelings, process traumatic experiences, and communicate in non-verbal ways. This fact sheet outlines the benefits of play therapy, its application in justice and documentation processes, and the steps necessary to implement it effectively. Through play, children who may struggle with verbal expression can find alternative ways to share their experiences, offering an essential method of evidence collection while promoting emotional healing.

Play therapy offers a child-centered approach that leverages the natural inclination of children to use play as a means of communication, helping them process complex emotions and experiences that they may struggle to verbalize.

What is Play Therapy?

Play therapy has its roots in play itself. Play is a freely chosen, individually directed activity that is undertaken for its own sake rather than for any reward. It is creative, conducted with an active, alert frame of mind, and usually structured by individually made rules.²

*Child-friendly space at Panzi Hospital,
Bukavu, DRC, 2024.*

Photo: Physicians for Human Rights



Since play is intrinsically motivated, freely chosen, and individually directed, it is a vector for discovery, learning to take initiative, negotiate and problem solve. Considering that it is usually guided by some form of normative framework, it allows children to develop boundaries, structure, and self-control. These are vital for cognitive development.³

Play is universal and for children; it helps them to communicate, learn new skills and practice old skills, learn self-control, develop creative thinking, express feelings, experiment, build self-confidence, problem solve, and tackle developmental challenges.⁴

Play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning process of children.⁵ Play therapy is based on the observation that the use of toys and play with children can help to build relationships between children and therapists, give children a way to express their thoughts and feelings, and provide insight into children's unconscious.⁶ Play therapy also seeks to harness the positives of play, which are to soothe and to enhance emotional literacy and coping for children.⁷

Children do not manifest or express distress in the same way that adults do, but procedures for documentation and justice processes frequently call for them to provide information in the way that would be expected of an adult, such as providing verbal testimony. For a child, non-verbal communication is integral, and play can become a language of expression that allows for sharing.⁸

What does this look like in practice?

Some general requirements to implement play therapy effectively include:

- A dedicated, private space,
- A trained therapist who can spend the time over multiple sessions to build a relationship where the child feels accepted and permitted to freely express themselves.⁹
- Ideally, toys and games; several different types of games are available, such as board games, arts and crafts, puppets, and sand trays, to name a few examples. These materials should be selected to be context specific.

Once the proper environment for play therapy sessions has been established, the sessions can generally proceed with the following steps:

- 1) **Informed Consent and Assent:** The first step of any therapy or documentation session is to receive informed consent from the responsible adult and informed assent from the child. Reference the foundational principles for more detail on how to structure these processes.
- 2) **Assessment:** Like other forms of therapy, play therapy always starts with an assessment, which is done through communicating with and observing the child. There should be an assessment of both how the child presents subjectively and objectively.
 - a. Subjective findings: How they describe their own mood (if they are able)
 - b. Objective findings: Their appearance, behavior, facial expressions, and use of words among others
 - Do they interact with you? For example, greet you, engage with you, make eye contact?
 - Is their level of interaction age-appropriate? How are their language skills?
 - What is their affect? Do they appear scared, happy, or shut down?
 - What toys do they pick? How do they use these toys? How do they use the space around them to play?
- 3) **Non-Directed Play:** Play therapy is typically non-directive, meaning the child takes the lead and chooses an activity. A lot can be learned from their choice of a toy or game.¹⁰ For example, aggressive toys (hammers, toy soldiers) are frequently used to express anger or explore power and control. Expressive toys, such as arts and crafts (crayons, paint, paper and scissors, mirrors) may be used to express something that happened and their feelings about it. Mastery toys, such as blocks and puzzles, can help children explore their self, self-confidence and self-esteem.



Children play with toys at a child-friendly space at Panzi Hospital, Bukavu, DRC, 2024.

Photo: Physicians for Human Rights

A great deal can also be learned about a child's emotional state from how they use their toys.¹¹ They might fiddle repetitively or pound modelling clay because they are anxious; this is called 'expressive' play through energy release and expression of emotion. They might also express their emotions through dramatic play by acting out or dramatizing real-life situations. Some children are too angry/fearful to act out their feelings and may instead choose to express situations by drawing or painting them or by creating a figure out of putty; this is called 'creative' play.

When engaging in play therapy, the therapist should make a point to observe the following factors as the child is engaging in non-directed play¹²:

- How does the child enter the playroom?
- How does the child greet you when you arrive at the playroom?
- How does the child interact with you?
- How does the child engage you?
- How does the child interact with the play materials?
- Is the child capable of making choices, setting goals, and making plans (watch for developmental delays)?
- How does the child manage the play space?
- What are the energy levels of the child?
- What are the child's language skills?
- What is the child's mood and effect?
- What is the child's level of creativity?
- Is the child's play age appropriate?
- How does the child respond to limited settings and closing rituals?

- 4) **Directive Play and Non-Suggestive Questioning:** As the child becomes more comfortable through non-directed play, the therapist may then decide to introduce more directive play or engage in non-suggestive questioning while the child is playing. In directed play therapy, the therapist will suggest a particular activity for the child, such as a game, arts and crafts, or using puppets to discuss topics using non-suggesting questioning techniques.

When engaging in non-suggestive questioning, use short non-leading, and open-ended questions that trigger recall memory. This will allow the child to decide what to focus on and will avoid the introduction of any information the child has not mentioned. Care is needed to not lead the child by showing them approval or disapproval when they do or say certain things or to push them too hard or too fast, as this can instill anxiety and curtail healing. A good practice is to reflect back to the child using their own words. Say exactly what they said without expanding, amending, or asking questions. Then wait for the child. Often, the child continues their line of thought/speech. Observing non-verbal communication is essential. For example, try to comment to show we have noticed what a child is doing. "You're moving around", "you are pulling your jeans". Often, by just describing your observation and letting it sit, the child will explain their behavior.

Why is Play Therapy important for documentation and justice processes?

In the context of supporting trauma-informed documentation and justice pathways for child survivors of sexual violence, play therapy has two important uses: (1) to help survivors process their trauma and (2) to support documentation and evidence collection.

Research has shown that play therapy allows children to work through or process their unique, individual reactions to traumatic experiences through an empathic therapeutic relationship with a skilled play therapist.¹³ It has also been shown to enhance children's ability to express themselves and cope with their feelings. This is particularly important for very young children, who have more limited verbal and written communication and therefore, can use play as a language to express their thoughts and feelings.

For children who have experienced sexual violence, play might be used, in addition to other types of therapy, as a tool for evidence gathering. However, this is generally only achieved after numerous foundational play therapy sessions.

Play as evidence collection is particularly important for younger children (under the age of six) or those who have communication impairments or autism spectrum disorders. Sadly, these groups have an increased risk of experiencing violence but a reduced likelihood of it being identified or reported. Recognizing that communication is a two-way street and a child's communicative competence is very dependent on an adult's competence, many governmental and non-governmental organizations are incorporating play into their evidence collection.

Citations

- 1 Developed with support from Emily Kiragu, Youth Friendly MoH—Naivasha CRH and Dr. Jessica Lee
- 2 Peter Gray Ph.D., "What Is Play?"
- 3 Ginsburg, and the Committee on Communications, and and the Committee on Psychosocial Aspects of Child and Family Health, "The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds."
- 4 Ibid.; Plan International and Clowns Without Borders Sweden, "Laughter and Play: Games and Creative Exercises for Adolescents in Crisis Settings."
- 5 Koukourikos et al., "An Overview of Play Therapy."
- 6 Ibid.; Association for Play Therapy, "Play Therapy Makes a Difference."
- 7 Association for Play Therapy, "Play Therapy Makes a Difference"; Landreth, "Child-Centered Play Therapy."

- 8 Chauhan et al., "Play Therapy"; Association for Play Therapy, "Play Therapy Makes a Difference."
- 9 Plan International and Clowns Without Borders Sweden, "Laughter and Play: Games and Creative Exercises for Adolescents in Crisis Settings"; Ibharim et al., "The Use of Child-Centered Play Therapy for Children Who Have Experienced Sexual Abuse."
- 10 Koukourikos et al., "An Overview of Play Therapy"; Lawver and Blankenship, "Play Therapy."
- 11 Ibharim et al., "The Use of Child-Centered Play Therapy for Children Who Have Experienced Sexual Abuse."
- 12 Ibid.
- 13 Ibid.

References:

- Association for Play Therapy. "Play Therapy Makes a Difference." *Association for Play Therapy*. Accessed September 30, 2024. <https://www.a4pt.org/page/PTMakesADifference>.
- Chauhan, Nidhi, Diksha Sachdeva, Savita Malhotra, and Nitin Gupta. "Play Therapy: An Analytical Mode of Therapy in Children." *Journal of Indian Association for Child and Adolescent Mental Health* 20, no. 2 (April 1, 2024): 136–46. doi:10.1177/09731342241238524.
- Ginsburg, Kenneth R., and the Committee on Communications, and the Committee on Psychosocial Aspects of Child and Family Health. "The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds." *Pediatrics* 119, no. 1 (January 1, 2007): 182–91. doi:10.1542/peds.2006-2697.
- Ibharim, Nur Shakila, Wan Mohamed Ridzwan Wan Ismail, Nurul Iman Abdul Jalil, and Anisah Zainab Musa. "The Use of Child-Centered Play Therapy for Children Who Have Experienced Sexual Abuse." *International Journal of Academic Research in Business and Social Sciences* 13, no. 8 (August 16, 2023): 956–73.
- Koukourikos, Konstantinos, Areti Tsaloglidou, Laila Tzeha, Christos Iliadis, Aikaterini Frantzana, Aristi Katsimbeli, and Lambrini Kourkouta. "An Overview of Play Therapy." *Materia Socio-Medica* 33, no. 4 (December 2021): 293–97. doi:10.5455/msm.2021.33.293-297.
- Landreth, Garry L. "Child-Centered Play Therapy." In *Play Therapy*, 4th ed. Routledge, 2023.
- Lawver, Timothy, and Kelly Blankenship. "Play Therapy." *Psychiatry (Edgmont)* 5, no. 10 (October 2008): 24–28.
- Peter Gray Ph.D. "What Is Play? How Children Define It." *Psychology Today*, May 15, 2022. <https://www.psychologytoday.com/us/blog/freedom-to-learn/202205/what-is-play-how-children-define-it>.
- Plan International and Clowns Without Borders Sweden. "Laughter and Play: Games and Creative Exercises for Adolescents in Crisis Settings," August 2024AD. <https://plan-international.org/uploads/2022/11/GLO-Laughter-and-Play-Manual-highres-IO-Final-Eng-July20.pdf>.