

Research and Practice in Child Interviewing

Implications for Children Exposed to Domestic Violence

KATHLEEN COULBORN FALLER

University of Michigan School of Social Work

Recent research documents the comorbidity of child maltreatment and domestic violence as well as the detrimental impact of exposure to domestic violence on children. Domestic violence and child interviewing also share the distinction of being contested social issues. This article argues that methods employed in interviewing children about child maltreatment can be applied to interviewing children about exposure to domestic violence. The article describes how cognitive interviewing, narrative elaboration, and event segmentation can be employed when talking to children about domestic violence. In addition, the article discusses how focused questions related to child maltreatment and child endangerment can be used to elicit information from children about domestic violence.

Keywords: *domestic violence; child interviewing; children exposed to domestic violence*

Child abuse and neglect must be reported by professionals who work with children and must be investigated by child welfare personnel. At the present time, however, children witnessing and being affected by domestic violence do not fall within the child protection mandate.

In this article, I will highlight the high comorbidity of domestic violence and child maltreatment, describe briefly the detrimental impact of domestic violence on children, and argue that an appropriate area of inquiry for professionals who are assessing children and their problems is children's exposure to domestic violence. Because domestic violence, like child sexual abuse, is a contested issue, I will recommend applying research and practice knowledge that guides interviewing children about possible sexual abuse to the issue of domestic violence.

COMORBIDITY

Research has demonstrated the co-occurrence of domestic violence and child maltreatment. For example, incidence research in the domestic violence domain informs us that 50% of batterers also abuse children. In addition, 25% of victims of domestic violence abuse their children (Edelson, 1999b; Saunders, 1994; Straus, 1983). High percentages of dual violence families are also found in domestic violence community-based research samples, including high rates of child neglect (Beeman, Hagemeister, & Edelson, 2001).

Similarly, child maltreatment researchers find rates of domestic violence ranging from 22% (Peddle & Wang, 2001) to 85% (English, 1998). Child welfare research and practice indicate that variations in proportions of cases identified with domestic abuse problems are, in large part, a consequence of the level of family involvement in the child welfare system (English, 1998; Peddle & Wang, 2001). This finding suggests two phenomena. First, the longer the family is involved in the child welfare system, the more likely domestic violence will be identified as a family problem. Second, situations of greater severity, such as those involving the comorbidity of domestic violence and child maltreatment, remain longer in the child welfare system.

THE IMPACT OF DOMESTIC VIOLENCE ON CHILDREN

Practitioners and researchers have described the ways in which children experience domestic violence. These include actually witnessing domestic abuse, hearing but not seeing the violence, being forced to watch the abuse, being caught in the cross fire of violence between parents and thereby injured, being held hostage by the batterer, being used as a weapon in an attack, and being manipulated by the assailant (Edelson, 1999a; Ganley & Schechter, 1996). Manipulations include the assailant using the child as a go-between, interrogating the child, using the child as a spy, and making the child ask the mother to reconcile (Ganley & Schechter, 1996).

Because child maltreatment often is present with domestic violence, it is difficult to determine the specific impact of exposure to domestic violence on children (Edelson, 1999a). Nevertheless, approximately half of children who are exposed to domestic violence have emotional and behavioral problems (Graham-Bermann, 2001). These include lower social competence (Edelson, 1999a), deficits in cognitive functioning (Rossman, 1998), higher probability of using and justifying violence in conflict resolution (Carlson, 1991; Jaffe,

Wilson, & Wolfe, 1986), higher levels of anxiety, evidence of post-traumatic stress disorder, temperament problems (Maker, Kemmelmeier, & Peterson, 1998), and depression (Silvern et al., 1995).

There is also evidence that being exposed to domestic violence during childhood has effects on adult functioning. These include expectations of violence in adult intimate relationships (Widom, 1989) and violent and criminal behavior as adults (Rivera & Widom, 1990; Widom, 1989). Both the immediate and delayed effects of domestic violence on children support the need for its detection.

Indeed, there is an emerging appreciation of the high comorbidity, the impact of domestic violence on children, and the competing needs of mothers and children caught in domestic violence situations among both advocates for battered women and child welfare professionals (U.S. Department of Health and Human Services, 1998). And professionals investigating child maltreatment are beginning to also assess for child-endangering behaviors. For example, forensic interviewers at the Center for Child Protection, in the course of gathering information from children about sexual abuse, also ask about other parental behaviors, including substance abuse and domestic violence (Davies et al., 1996).

APPLYING KNOWLEDGE FROM RESEARCH AND PRACTICE ON CHILD INTERVIEWING TO CHILDREN IN DOMESTIC VIOLENCE SITUATIONS

The practice of interviewing children about possible maltreatment developed, by default, as a method to determine the probability of sexual abuse. Professionals resorted to interviewing the child because modes of investigation employed in physical abuse and neglect did not resolve reports of sexual abuse. More specifically, because sexual abuse usually leaves no physical signs, medical examinations, other investigations into the child's physical condition, and investigations of the child's environment—the investigative methods used routinely in other types of maltreatment—do not normally yield confirmatory or disconfirmatory evidence about sexual abuse.

Child interview strategies that may elicit information about sexual abuse not only may be informative in other types of child maltreatment but also may yield useful data when children are otherwise endangered, including by being witnesses or exposed to domestic violence. Thus, research and practice related to interview techniques with children having a history of possible sexual abuse may inform inquiry into experiences of observing and being trau-

matized by domestic violence. Moreover, children may be more candid than the adults in their household when asked about domestic violence. Such direct assessment also will allow child protection workers, law enforcement, and other professionals working with children to gather information about the impact of domestic violence on children.

There are two general categories of research that inform child interviewing: analogue studies (e.g., Bruck, Ceci, Francoeur, & Renick, 1995; Carter, Bottoms, & Levine, 1995; Ceci & Bruck, 1993; Ceci, Huffman, Smith, & Loftus, 1994; Ceci, Loftus, Leichtman, & Bruck, 1994; Clarke-Stewart, Thompson, & Lapore, 1989; Goodman, Hirschman, Hepps, & Rudy, 1991; Goodman, Wilson, Hazan, & Reed, 1989; Leichtman & Ceci, 1995; Loftus & Davies, 1984; Myers, Saywitz, & Goodman, 1996; Peterson, & Biggs, 1997; Zaragoza, 1991) and studies of actual cases of abuse (e.g., Bradley & Wood, 1996; Cantlon, Payne, & Erbaugh, 1996; Carnes, Nelson-Gardell, & Wilson, 2000; DeVoe & Faller, 1999; Eisen, Goodman, Davis, & Qin, 1999; Eisen, Goodman, Qin, & Davis, 1998; Keary & Fitzpatrick, 1994; Lawson & Chaffin, 1992; Sas & Cunningham, 1995; Sorenson & Snow, 1991; Sternberg et al., 1997). Analogue studies are much more numerous than studies of actual cases. Both types of research have their strengths and limitations. Because of the limitations of both the analogue and the real world research, the guidance being suggested for individuals interviewing children about domestic violence will draw on practice (e.g., Faller, 1993, 1996) as well as research.

In addition, many approaches used in interviewing children about possible abuse emphasize the danger of false positives, whereas empirical findings for real world research, analogue studies, and adults reporting sexual abuse during childhood indicate a greater problem is false negatives (Aman & Goodman, 1990; Faller, 1988; Goodman & Clarke-Stewart, 1991; Lawson & Chaffin, 1992; Russell, 1986; Sorenson & Snow, 1991). Thus, methods that will be recommended will take into account the relative risk of false negatives versus positives.

Three interview strategies that can be productively applied to inquiry about domestic violence will be discussed. Following that discussion, specific questioning strategies will be suggested.

INTERVIEW STRATEGIES

The interview strategies to be proposed assume an event has taken place and the child is being asked to describe it. Three strategies are being recommended: cognitive interviewing, narrative elaboration, and segmentation.

The cognitive interview is an approach to data gathering originally employed with adult witnesses to crimes and then applied in analogue studies with children. Presently, its use is being advised in actual cases of child maltreatment (Carnes et al., 2000; Saywitz & Geiselman, 1998; Yuille, 2002). Three components of the cognitive interview have considerable potential when children have witnessed domestic violence. The core component of the cognitive interview is context reconstruction. Although some professionals advise instruction to the child to "make a picture in your head" of the place where the event occurred (Saywitz & Geiselman, 1998), for children, actually drawing the place may be a superior approach (Faller, 1996). Not only may children be more accomplished at drawing than at talking about a place, but also an actual picture helps the interviewer spatially locate the events the child is describing. These drawings also may be useful to interviewers because they provide cues for further inquiry.

Once the child has the context in mind or on paper, the child is instructed to tell everything he or she can remember from the beginning to the middle to the end, reporting every detail, even those that seem unimportant. The child can also be asked to telephone and report additional details, should they come to mind later on.

A third component of the cognitive interview that is considered less useful in interviews about child maltreatment is asking the child to take another's perspective and report the event a second time from that person's perspective. Concerns about the use of this technique with children are two: (a) The child may not have the capacity to take another's perspective, and (b) this strategy may encourage guessing or fantasy. However, if a child is asked to report domestic violence, which is an event the child witnessed, it might be very appropriate and informative to ask the child to recount the event from the domestic violence victim's perspective.

A second interview strategy that may be helpful with children who have been witnesses to domestic violence is narrative elaboration (Saywitz & Geiselman, 1998; Saywitz, Nathanson, Snyder, & Lamphear, 1993). In narrative elaboration, children, age 6 through 11, are trained to use cue cards (simple pictures to represent participants, actions/affective states, and resolutions), which serve as triggers for the child so he or she is sure to include these aspects of the event. Cue cards might be very appropriate in cases where children have been exposed to domestic violence. The action card in this series is a baseball breaking a window. It might be appropriate where there are concerns about domestic violence to have a cue card with people arguing.

A third strategy that might be useful in situations of domestic violence comes from the work of Lamb and Sternberg (1999). They have developed techniques that encourage children to provide a free narrative about sexual

abuse. To gather additional detail after the child has exhausted initial recollection of an event, they have developed a technique called segmentation. The interviewer asks the child to tell everything they can recall about a particular segment of the event, for example, "before your mother went into the living room" or "after your little brother went to bed." Because there is often a lot of activity in situations of domestic violence, segmentation might be very helpful in assisting the child in providing details about the entire series of events related to the violence. In addition, focusing on a particular period of time may serve to decrease the child's level of anxiety about the event as a whole.

QUESTIONING TECHNIQUES

A variety of types of questions are recommended when inquiring about abuse (Bourg et al., 1999; Faller, 1999, 2000; Yuille, 2002). Among the most preferred types of questions for forensic interviews are general questions—open-ended questions that do not assume an event or experience, such as "How are you doing today?"—and inquiry into the topic of concern—open-ended questions that assume there may have been an event or experience, for example, "Do you know why you came to talk to me today?" Because children are not usually asked in child welfare or mental health agencies to provide information about domestic violence, these types of questions may not elicit information about experiences with domestic violence.

Focused inquiry is probably needed. Focused questions, "questions that focus the child on a particular topic, place, or person, but refrain from providing information about the subject" (Myers, Goodman, & Saywitz, 1996, p. 13), can be quite open ended. One type of focused question inquires about people in the child's life. These may be the questions of choice when there are concerns about domestic violence. The interviewer asks a series of parallel questions about important people in the child's life, for example, siblings, mother, and father. These questions begin with a broad focus and become narrower. When affirmative responses are obtained, such as "My dad is mean," the interviewer should usually follow with invitational questions, open-ended questions that invite the child to elaborate, for example, "Tell me all about that" or "Tell me how he is mean." In addition, interviewers can employ narrative cues, interviewer utterances that encourage the child to continue his or her account, such as "Anything else?" or "And then what happened?" Sometimes, it is necessary to follow a focused question with a multiple choice question—a question in which the interviewer provides the child with several choices from which to choose, such as "Were you indoors or out of doors when he hurt you?"—or direct questions—a direct inquiry into

whether an individual committed a particular act, such as “Did your dad hit your mom in the face?”

The questions that follow are illustrative but not inclusive of all possible lines of inquiry about people in the child’s life. People-focused inquiries are as follows:

Tell me about [blank].
 What is [blank] like?
 Are there things you and [blank] do together?
 Tell me about those things.
 Are there things you like about [blank]?
 What are they?
 Are there any things you don’t like about [blank]?
 What? Tell me all about them.
 Anything else you don’t like about [blank]?
 Are there any things [blank] does to you that you don’t like?
 Tell me all about those.
 Any other things you can think of?
 Are there any things [blank] does to other people you don’t like?
 Tell me about them.
 Does [blank] ever hurt you in any way?
 How?
 Do you remember whether he did that before or after he beat up your mom?

Another potentially revealing approach is inquiry about the effects of domestic violence. Interviewers can ask children about sleep patterns; affects such as fears, anger, and anxiety; and behavior problems. The following questions focus on the possible impact of domestic violence. Interviewers may conduct general inquiry about emotions:

What makes you happy?
 What makes you sad?
 What makes you angry?
 What makes you scared?

Or they may employ more focused questions related to the impact of domestic violence.

How do you sleep?
 Do you ever have nightmares?
 Tell me about your nightmares.
 What is the scariest thing that has happened to you?
 Do you ever get so angry you want to hurt someone?
 Tell me about what you do.

The interviewer may also need to inquire more directly about domestic violence using focused questions, followed by invitational questions, narrative cues, multiple choice, and direct questions.

Do your mom and dad ever disagree?
 Tell me what you remember about their last disagreement.
 What do they do when they disagree?
 Anything else you can think of that they disagree about?
 Do they ever have fights?
 What do they fight about?
 How do they fight?
 Do they just yell, or do they ever hit?
 Do people in your family slap, hit with a fist, kick, bite?
 Tell me everything you remember about the last time that happened.
 Does anyone ever get hurt?
 Tell me about that.
 Does this happen a lot, or has it happened just a few times?
 Does anyone ever have to go to the doctor/hospital?
 Do any kids ever get hurt when they are fighting?
 Does anyone in your family have a gun or knife?
 Who?
 What can you tell me about [gun or knife]?
 How does it effect you when your mom and dad fight?

Because of the high correlation between domestic violence, child maltreatment, and other parental endangering behavior, for instance substance abuse, focused questions with subsequent follow-up inquiry should be employed to ask about these areas, as well.

For example, many victims of domestic violence have a difficult time providing adequate care for their children and may neglect them. Questions about child care may enlighten the interviewer. Illustrative examples are provided below.

Who takes care of you?
 How do they take care of you?
 Are there things you like about how they do this?
 Tell me all about those.
 Are there any things you don't like?
 Can you tell me what you remember about that?
 Anything else you don't like?
 Tell me about bedtime.
 Who puts you to bed?
 What time do you go to bed?
 What about food at your house?
 Who cooks?
 What meals do you eat?

What do you eat?
 Are there any times when there's no food?
 What do you do then?
 When [blank] isn't there, who takes care of you?
 Are there times you baby-sit for/take care of yourself?
 Is there someone you can call?
 How long are you alone?
 Are there any younger kids you look out for?
 Can you tell me about the last time you took care of yourself?
 Who helps you get dressed?
 Tell me how they do this.
 Who sees you get to school?
 How do they do this?
 Who takes care of you when you're sick?

Illustrative questions that focus on possible substance abuse are as follows:

Does anyone at your house ever drink alcohol?
 Tell me about the last time [blank] drank alcohol.
 Does anyone at your house ever drink beer?
 Does anyone at your house ever drink whisky?
 How does your mom act when she drinks whisky?
 How many times a week does [blank] drink?
 Does anyone ever fight when they drink?
 Do they just yell, or does someone get hit?
 Tell me about the last time there was a fight?

Similar questions can be asked about drug use.

Both analogue studies (e.g., Saywitz, Goodman, Nicholas, & Moan, 1991; Steward et al., 1996) and real world research (e.g., DeVoe & Faller, 2002; Faller, 2000) indicate many questions will be required to determine whether children are at risk. A single question such as "Is there any violence in the home?" may elicit a false negative because children are fearful about revealing family secrets. A series of questions may persuade the child that the interviewer is genuinely interested and may overcome the child's reluctance to disclose. In addition, a simple affirmative response will rarely provide the interviewer with sufficient information to determine whether there is maltreatment, domestic violence, or other problems.

CONCLUSION

Interviewing children about possible domestic violence may be a strategy to insure both their safety and that of victims of domestic violence. Often, the

victim of domestic violence will not disclose because of a variety of dynamics associated with episodes of domestic violence. Children usually do not seek help for domestic violence on their own. Therefore, specific inquiry may be needed to uncover domestic violence and associated traumas.

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Kathleen Coulborn Faller, Ph.D., A.C.S.W., D.C.S.W., is professor of social work at the University of Michigan. She is also director of the Family Assessment Clinic, a multidisciplinary team that evaluates complex child maltreatment cases and provides treatment; principal investigator on the Interdisciplinary Child Welfare Training Program, a federally funded program to train multidisciplinary, community-based teams to address the needs of complex child welfare cases; principal investigator on the Public Child Welfare Supervisor Training Program; and principal investigator of the Hasbro Early Assessment Project. All of these programs are at the University of Michigan.