

Focused Questions for Interviewing Children Suspected of Maltreatment and other Traumatic Experiences

Kathleen Coulborn Faller, PhD, ACSW

Introduction

In assessing for child trauma caused by abuse and other insults, a central source of information is the child. Information may derive from the child's verbal and behavioral communications, the child's functioning, and the child's physical condition. The focus of this article is on eliciting verbal communication from the child.

For professionals assessing for child maltreatment, interest in the child as the source of statements about trauma originated in efforts to gather data about sexual abuse, where the evaluator has little to rely upon other than what the child states or demonstrates. However, querying about sexual abuse has taught evaluators important lessons. Evaluators should avoid coercing, interrogating, or leading the child. Not only may such practices result in actual inaccuracies or fabrications in the child's responses, these practices can also result in legal and ethical challenges to the evaluator's work. Accordingly, this article will provide questions that are focused—that is, they may direct the child's attention to a particular topic, but are not leading—that is, they do not suggest responses (Faller, 1993).

This article addresses both maltreatment and other inappropriate caretaker behaviors. Caretaker substance abuse, domestic violence, and other endangering behaviors are often associated with child maltreatment, and they can cause secondary trauma to children who witness/experience them. It is important for professionals concerned about child protection and well-being to ask questions about a range of caretaker behaviors that might place children at risk. This article provides general information about strategies for approaching sensitive material and illustrative questions covering several areas of inquiry.

Questions in the context of the child interview

The focus of this article is on one component of child interviews, questioning strategies, and not on all aspects of the child interview. However, some guidance will be provided about the interview as a whole in order to put the questions in context.

The role of the evaluator, the structure of services, logistical considerations, safety issues, and the specifics of the allegation or concerns all impact on whether there will be a single interview or more than one. However, practice and research suggest that for most children disclosure is a process (Elliot & Briere, 1994; Sorenson & Snow, 1991; Summit, 1983) rather than an event. The evaluator must be judicious in juggling competing priorities: the need to know about maltreatment and other trauma, the goal of not re-traumatizing the child, the ad-

monition to avoid leading the child, and the issue of child safety.

It is appropriate at the beginning of the interview to tell the child that you will be asking lots of questions. Some will be easy and some will be harder. You may want to tell the child that he/she doesn't have to answer a question that's too hard. It is also appropriate to tell the child that if he/she doesn't know or doesn't remember the answer, to say so. Finally, it is appropriate to tell the child if he/she doesn't understand the question to say so, and you will try to ask it in a better way. With young and developmentally delayed children, this introduction will be too complicated. However in some cases, the evaluator will be able to modify the introduction to be consistent with the child's comprehension.

It is important for professionals concerned about child protection and well-being to ask questions about a range of caretaker behaviors that might place children at risk.

Before conducting trauma focused interviewing, assess the child's developmental level so that questioning can be geared to the child's level of functioning. This can be a formal or informal assessment.

Begin the interview by asking questions about positive or neutral topics so that a relationship can be developed before difficult material is introduced (Faller, 1990). This

also provides the evaluator an opportunity to assess the child's developmental level.

Questions about sensitive topics can be alternated with less stressful inquiry or with activities, such as games or play. It may also be useful to mediate the stress level of the inquiry by allowing the child to engage in an activity such as drawing or playing with cars during the questioning.

If it is too difficult for the child to talk, offer the child other media with which to communicate, such as drawing, anatomical drawings, anatomical dolls, the dollhouse, or writing. With young children, the media will be limited to those with which the child can demonstrate, such as the dolls or the dollhouse. With older children it may be appropriate to offer them a choice of media.

The evaluator may draw the interview to a close when disclosure is complete, when disclosure is incomplete, but time is up or the child needs to stop, or when concerns have been adequately explored and there is no disclosure. The evaluator needs to reserve time for the child to return to a state of equilibrium if he/she has been stressed by the interview. It is appropriate to apprise the child of what the next steps will be.

Questioning guidelines

Expect to ask numerous questions about the sensitive topics to be addressed. Numerous questions are nec-

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essary for at least four reasons. First and most obviously, there are many topics you need to learn about. Second, especially with young children, free recall memory is not well developed, and it is necessary to provide cues (Saywitz, Goodman, Nicholas, & Moan, 1991), which may require trial and error questions. For example, the term "touch" may not trigger the child's memory, but the term "hurt" may. Third, children who live in chaotic and abusive environments may not perceive endangering and maltreating experiences as anything out of the ordinary and worth reporting, making numerous questions necessary. Finally, children may be reluctant to disclose these experiences, necessitating numerous questions to overcome this reluctance (Summit, 1983). They may be reluctant either because they have been specifically admonished not to tell, because of attachment to the persons harming them, or because of general lack of trust of adults, including or especially helping professionals.

When you believe the child's response is less than candid, try not to ask the same question again, but to vary the manner in which you pursue the topic. As already noted, you may not have asked the right question to trigger memory. Moreover, you don't want to be perceived either by the child or others reviewing your interview as pressuring the child to provide a specific response.

When interviewing children, use as open-ended questions as is feasible. Maltreated children are particularly sensitive to issues related to compliance and control. Questions that are too pointed can interfere with communication, either by causing "social desirability responses" or by resulting in wariness and denial of actual facts or non-response. However, especially with young children, focused questions, that direct the child to a specific topic are usually needed.

A useful principle when asking about endangering or maltreating behaviors is not to include both the person engaging in the behavior and the behavior in the same sentence (or *direct* question). This principle allows for focused but non-leading questions. Examples follow:

- **A person-focused question:** How does your dad treat you?
- **A behavior-focused question:** Does anyone at your house ever get spanked?

Each type of question will require follow-up questions. For example, in the case of the behavior-focused question, the interviewer might follow an affirmative response from the child with questions such as:

- Who gets spanked?
- What do you get spanked with?
- What for?
- How often?
- Does it ever leave a mark?
- How long does it hurt?
- Do they use other punishments besides spanking?

Another type of focused but non-leading question is

one that queries about *circumstances* of possible maltreatment or endangerment. Examples are as follows:

- What is it like when grandpa is in charge and your mom is out?
- When your mom's upset, what does she do?
- What do you do when you visit your dad?

In many instances, the child has already come to adult or professional attention because of possible maltreatment. The evaluator usually knows about these circumstances. When other methods to help the child focus on possible maltreatment have been unsuccessful, the interviewer may focus the child on that information. Examples are as follows:

- The doctor said you had an owee. How did you get that?
- Did you tell your foster mom about something that happened before you came to foster care?
- I heard you were really afraid to go home from school today. Can you tell me why?

There will be times when *multiple choice* questions are appropriate, for example to inquire about the context of maltreatment or endangerment when the child is non-responsive to a focused question. For example

If the child is non-responsive to "do you remember which house you lived in when your dad started hitting you?", the evaluator could ask "Was it the house in Michigan or Florida?"

Finally, in rare circumstances, the evaluator will resort to *direct* questions, when more open-ended questions are not productive and the evaluator remains concerned. Examples are:

- Is your uncle drunk when he hurts you?
- Does your father hit you with a belt?

Substantive areas for questions

It is useful to divide questions into abuse related and endangering related questions. However as already noted, many endangering behaviors do lead directly or indirectly to maltreatment or harm to the child. Clearly the evaluator cannot cover all possible areas in depth. It is useful to plan ahead of time which areas to ask questions about and to have strategies in mind for approaching these topics. It is desirable to generate more than one approach, should the first (or second) be unproductive, but leave you with some worries.

A list of questions for each area is being provided primarily because most mental health professionals do not learn about this type of questioning in their training and may not have thought of ways of asking these sensitive questions. The suggested questions are not exhaustive, but merely illustrative. Moreover, evaluators should tailor their questions to the circumstances of the case and the child's developmental level.

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Questions about possible maltreatment

1. Care questions

- Who takes care of you?
- How do they do it?
- Are there things you like about how they do this?
- Are there any things you don't like?
- Who puts you to bed?
- What time?
- 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 —— 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?
- Who sees that you get to school?
- Who takes care of you when you're sick?

2. Environment questions

- Who lives at your house?
- Tell me what your house is like.
- Do you like it there?
- Is it cleaner, not as clean, or the same as your foster home?
- Where do you sleep?
- Where do others sleep?
- Do you have a bed?
- Who cleans?
- Where do the animals go to the bathroom?
- Who does the laundry?

3. People questions

- Tell me about ——.
- What is —— like?
- Are there things you and —— do together?
- Do you do things alone with ——?
- Are there things you like about ——?
- What?
- Are there any things you don't like about ——?
- What?
- Are there any things —— does to you that you don't like?
- Are there any things —— does to your body you don't like?
- To what part?
- Does —— ever hurt you in any way?
- How?

4. Discipline/physical abuse

- What happens when you or (your brother) misbehaves?
- Are there any other ways they treat you when you misbehave?
- What ways do they punish at your house?

- When they spank, do they use a hand or something else?
- What does that feel like?
- How long does it hurt?
- About how many times a week do you get whipped?
- What for?
- Does it ever leave a mark?
- What does the mark look like?
- Usually how long does it take before it goes away?
- Do your parents ever disagree about how you get punished?
- Did you ever have to go to the doctor because of a punishment?

5. Injuries or scars/physical abuse or neglect

- If the interviewer notes the child has an injury or scar, the interviewer should ask the child about it.
- How did you get hurt?
- If the explanation does not fit the injury,
- Are you sure that's how it happened?
- What did —— do when you got hurt?
- Did anyone take you to the doctor when you got hurt?
- What did the doctor say?
- What did the doctor do?

6. Body parts/sexual abuse

There are lots of ways to ask about sexual abuse. One is by asking about the sexual body parts. This is usually done as part of a general body parts inventory, using anatomical dolls or anatomical drawings.

a. Questions related to the penis, when abuse by a male

- What do you call this part? (using the child's name for the penis in further questioning)
- Who has one?
- What is it for?
- Is it ever used for anything else besides peeing?
- Did you ever see one?
- Whose?
- When?
- What was he doing?
- Did you ever see it any other time?
- Did you ever have to do anything to one?
- Did anyone ever do anything to you with one?
- How did he do that?
- Do you remember whether the penis was sticking up or hanging down?
- Did anything come out of the end of it?
- What did the stuff look like?
- What color was it?
- What did it taste like?

b. Questions related to the vagina, when victim is a female

- What do you call this part? (use child's term)
- Who has one?

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Do you have one?
Did anything ever happen to yours?
Did anyone ever hurt you there?
Did anyone ever do anything to your (vagina)?
What did they do?
Who was it?
What did — use when — did it?
What part of his body did he use?
Was it on top of your clothing or underneath?
Was it on the outside of your (vagina) or inside?
Do you remember what it felt like?

7. Context questions (most relevant to sexual abuse but may be relevant to other kinds of trauma)

Do you remember the last time this happened?
Can you tell me everything you remember about the last time?
Do you know how old you were when it started?
Can you tell me everything you remember about the first time?
Did it happen one time, two times or lots of times?
Where did it happen?
Where was your mom when it happened?
Where were the other kids?
Did it happen in the daytime or night or both?
Was it on a day when you go to school or not?
Do you remember what time of year it was?
Do you remember what you were wearing?
Did any clothes get taken off?
Who took them off?
What was — wearing?
Did — take any clothes off?
Did — say anything when — did it?
Did — say anything about telling or not telling?
Did you tell?
What did you tell?
What did they do?

8. Emotional maltreatment questions

Does anyone ever praise you?
Who?
What for?
How often?
Do you think you are treated the same as other kids in the family or different? Worse or better?
How are you treated?
When you have problems, who can you talk to?
When you are really upset, what do your parents do?
Does anyone ever yell at you or call you names?
Can you tell me about that?
Are there ever times when grown-ups tell you to break the law?
Can you tell me about that?

Questions about endangering behaviors:

1. Family violence

Do your mom and dad have disagreements?
Do they ever have fights?
What do they fight about?
How do they fight?

Do they just yell or do they ever hit?
Does anyone ever get hurt?
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)?

2. Substance abuse

Does anyone at your house ever drink alcohol?
Does anyone at your house ever drink beer?
Does anyone at your house ever drink whisky?
How many times a week does — drink?
Does this happen a lot or every once in a while?
How does — act when they drink?
Does — ever fall down?
Can — take care of you O.K. when she's drinking?
Does she ever just fall asleep?
Does — ever get mad?
Does — ever go to the bar?
How often?
Does — ever hurt anyone when they drink?
Does — ever drive a car when — has been drinking?
Did — ever have an accident?
Did — ever have to go to the hospital or to a counselor for drinking?
Are there any drugs at your house?
Do you know which ones?
Who uses them?
What happens when they use them?
Do you know how they get them?
Where does the money for them come from?
Do you know?
Did — ever get sick from drugs?
Then what happened?
Did — ever have to go to the hospital?
Do you know how old you were when — started using drugs?
Do you know how many times a day/week — has to have the drug?

3. Prostitution

Does your mom have boyfriends?
Do you know those men that come to your house?
How do those men treat your mom?
What do you do when they are there?
Does — ever give your mom money?
What does your mom do when she goes out?
Does anyone baby-sit for you when she's out?

4. Criminal activity

Does — ever get in trouble with the police?
What for?
Did the police ever come to your house?
What for?
Did — ever get arrested?

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- Did — ever have to go to jail?
- Did — ever have to go to court?
- Did anybody in your house ever steal anything?
What?
- What happened next?
- Does — ever get in fights?
When?
- Where?
- Who with?

5. Mental illness

- Does — ever act strange/crazy?
- What does — do?
Can she take care of you when she's acting strange?
- What do you do when — is like that?
- Did — ever have to go to the hospital for that?
- Does — take medicine to keep from acting strange?
- Does — ever not take the medicine?
What happens then?

Child Abuse and Disabilities

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two with physical examination findings considered suspicious for sexual abuse), and an additional five had other supportive evidence. The authors discuss issues concerning sexual abuse disclosures utilizing facilitated communication and conclude that their results do not support nor refute validation of this communication technique. Since many of these children had other indicators for sexual abuse, the authors recommend that all allegations of abuse in developmentally disabled children be evaluated, including a complete medical examination. This study also implies that sexual abuse may be more common in communicatively impaired children

In summary, the medical literature provides some useful guidelines to assist the medical practitioner in screening for abuse in disabled populations. Primary care providers should be attentive for signs of abuse in children with higher developmental functioning. All children with disabilities should have complete medical examinations, including a height, weight, and (external) genital examination at every office visit. Abnormal weight loss in children who are severely developmentally disabled should not be overlooked and should be considered a possible sign of neglect. Communicatively impaired children should be considered to be a higher risk for sexual abuse. Child protective workers and others involved in the investigation of child abuse cases should work together with medical child abuse professionals to identify disabilities in children. The primary care medical provider should be able to screen children for developmental problems and to identify risk factors for abuse. Through medical record review, children who are identified by child protective services as suspected of being abused should have records which identify their developmental issues. Child protective workers and others involved in the investigation of child abuse cases should work together with medical professionals to optimize the child's chances for growth and education.

Conclusion

Interviewing children with a possible history of victimization is a challenging task because so much hangs on the evaluator's ability to elicit descriptions of experiences from the child during such interviews. Articles such as this are intended to ease the task of the evaluator and result in accurate and complete disclosures.

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Address correspondence to: Ann S. Botash, MD 90
Presidential Plaza Syracuse, NY 13202 Phone: 315-464-
5834 Fax: 315-464-2030 Email: Botasha@hscsyr.edu

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