

Speaking with children: Advice from investigative interviewers

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Introduction: The therapist's dilemma

Imagine that you are treating a child suffering from the effects of neglect. You do not suspect sexual abuse, and do not directly question the child about abuse, but she makes what sounds like an abuse disclosure. Or, you hear from another source (a sibling, for example, or a caretaker) that the child has made statements hinting that she was abused. What should you do? If you decide to question the child, you may inadvertently suggest information. Even if you are careful to avoid leading questions, you may later be attacked for contaminating the child's story, given the inherent polarization of the legal process. Unless you record the disclosure, the suggestiveness of your interviewing will be subject to question.

On the other hand, if you drop the subject, you may be missing a unique opportunity to elicit important information. You can simply report your suspicions of abuse, and let a social worker or police officer question the child, but the child is likely to be less forthcoming with a stranger than with a trusted therapist, particularly if the investigator lacks sensitivity or training. Moreover, from a legal perspective, the statements the child makes in therapy are much more likely to be admissible in court than what she says to an investigator.

Child therapists are often faced with this dilemma, because children often disclose abuse in the course of therapy for other problems. If the disclosure leads to a battle in court—whether it be family court, dependency court or criminal court—the defense is sure to attack the interviewing practices of the therapist. And for good reason: a large amount of research over the past ten years has documented the suggestibility of young children to leading questioning (Ceci, Bruck, & Battin, 2000; Saywitz & Lyon, 2002).

Child sexual abuse cases will be carefully scrutinized for signs that the child's testimony was contaminated by pretrial influences, and a leading candidate for such influence is the professional who first heard the child disclose. If that professional is you, you must either sharpen your interviewing skills, or be prepared for a very unpleasant day in court. Moreover, even if you believe it unlikely that suggestive questioning produces false allegations of abuse (Lyon, 1999), another good reason to improve your interviewing skills is to reduce the likelihood that a true allegation will look false because of poor questioning. If you inadvertently suggest false information to a truly abused child, the child's story may start to sound incredible, or simply inconsistent.

The goal of this chapter is to provide you with basic information about developmentally appropriate investigative interviewing. The emphasis is on techniques that have been proven by field and laboratory research to both decrease the suggestibility and increase the productivity of child witnesses. I draw heavily on work that has been done by Michael Lamb, Kathleen Sternberg, and their colleagues at the National Institute of Child Health and Development (NICHD). I also rely on my experience using a version of the NICHD interview protocol working with Astrid Heger, Mary Morahan, Catherine Koverola and a team of interviewers at the Los Angeles County-USC Violence Intervention Program. If you use these methods, you will maximize the amount of useful

information obtainable from children while also avoiding the risks of creating a false allegation or of making a true allegation look false. The methods I'll discuss work best with grade school children. Very young children will benefit less because of their innate immaturity, and older children are not as needful of special treatment. However, this is not an excuse to ignore either younger or older children; the best rule is to learn to speak simply and clearly with any child.

The problem with interviewing children about abuse

Abused children often find it difficult to discuss abuse. Anything dealing with nakedness and genital touch is potentially embarrassing (Saywitz, Goodman, Nicholas, & Moan, 1991), even more so if the child recognizes that the touching is wrong. Sexual abuse is secretive. Abusers frequently warn or threaten their victims not to tell (Smith & Elstein, 1993), and even without warnings, the secrecy surrounding the abuse teaches the child not to tell. Sexual abusers are often violent towards the child and the child's mother, reinforcing a reluctance to disclose (Sas & Cunningham, 1995). On the other hand, perpetrators often seduce their victims, making the child reluctant to tell for a different reason. If she or her family have positive feelings about the abuser—most likely if he is a family member or a friend of the family—she will be reluctant to get him into trouble and to hurt others who love him (Sauzier, 1989). Fear, loyalty, and embarrassment are disincentives to disclosure (for a review, see Lyon, 2002).

Even if a child is highly motivated to tell, her cognitive immaturity may make it difficult for her to do so. Young children often provide more information when asked recognition questions than when simply asked to tell "what happened." (e.g., Baker-Ward, Gordon, Ornstein, Larus, & Clubb, 1993). In free recall, one has to generate the to-be-remembered information on one's own, whereas with recognition one simply confirms or denies. Children also have limited understanding of what details are important, and limited ability to estimate time or number.

The solution to children's difficulties with disclosing abuse might seem simple: the interviewer can ask very direct questions in order to elicit a report, and if the child refuses to disclose, apply pressure on the child. However, pressure has some obvious problems. First, one does not know ahead of time which children one interviews have been abused. Pressure on a nonabused children may lead to a false allegation. Researchers have demonstrated that a number of coercive interviewing techniques can produce false reports, particularly in preschool children. These techniques include peer pressure (telling the child what other children have said), selective reinforcement (rewarding desired responses and punishing undesired responses), stereotype induction (telling the child that the suspect is a bad person), the use of authority (telling the child what the parent has said or what the interviewer believes), and the use and repetition of suggestive questions (for a review, see Ceci, Bruck, & Battin, 2000). Second, pressure may taint truly abused children's reports and make them look incredible or inconsistent. Finally, pressure conflicts with many clinician's perceptions of their role as a helping professional.

The "solution" is more complicated than direct questions and pressure on the child. Interviewers must search for a middle ground between a hands-off approach (any question is a

potentially leading question) and a highly coercive approach (every child is an abused and frightened child). Fortunately, such a middle ground often exists.

Question types

Everyone knows that they should not ask children leading questions, but few agree about what a leading question is. I find it useful to think of questions as lying along a continuum. On one end of the continuum the interviewer supplies details, and on the other end of the continuum the child supplies details. Consider the distinction between free recall and recognition. With free recall, the interviewer would simply ask "What happened," and the child supplies the details. With recognition, the interviewer provides choices and the child picks the correct choice. Hence, the interviewer supplies details that the child merely affirms or denies.

It is easy to understand why questions that move toward interviewer-supplied details increase the dangers of suggestibility. If the interviewer supplies details, many of the details are likely to be incorrect--the product of the interviewer's presuppositions or biases. And if children are susceptible to suggestion, because they trust the interviewer, because they wish to please the interviewer, and because they may doubt their own memory, interviewer-supplied details are going to taint the child's report, and possibly the child's memory for the event. Moreover, if children are inclined to guess, it will be easier for them to guess in response to questions with interviewer-supplied details.

Fortunately there are questions between free recall and recognition. These include wh-questions (what, where, when, who, why, and how), which are often classified as either "general" or "specific." As wh- questions become more specific, the interviewer supplies more of the details. Compare "what was the man wearing?" (more general) with "what color were the man's shoes?" (more specific). Note that with a wh- question, unlike a free recall question like "what happened," the interviewer is focusing on particular aspects of the to-be-remembered event. This is helpful to the child who has difficulty in generating details on her own. However, as wh- questions become more specific, two dangers increase. One danger is that the interviewer's beliefs about the event will affect the child's report (e.g. the interviewer assumes the man was wearing shoes). Another danger is that a child who is inclined to guess will come up with a plausible response, one that is incorporated into the child's report.

Recognition questions can also vary in how leading they are. The simplest sort of recognition question is a yes/no question, which is any question that can simply be answered "yes" or "no." Like wh- questions, yes/no questions can also be either "general" ("Did he say anything?") or specific ("Did he tell you to keep a secret?"). Yes/no questions are not highly leading, but can be problematic if a child has a response-bias (a tendency to answer all questions "yes" or "no"), or is reluctant to answer "I don't know." The research is mixed on whether young children do indeed exhibit a "yes" bias to yes/no questions (cf. Greenhoot, Ornstein, Gordon, & Baker-Ward, 1999 [no yes-bias detected] with Peterson, Dowden, & Tobin, 1999 [yes-bias detected]). However, there is quite good evidence that young children are reluctant to answer "I don't know" to yes/no questions (Poole & Lindsay, 2001; Walker & Lunning, 1998). Moreover, children's responses to yes/no

questions are less accurate than their responses to open-ended questions (Baker-Ward, Gordon, Ornstein, Larus, & Clubb, 1993).

Yes/no questions can be made more leading by turning them into negative term questions (e.g., turn “Did he tell you to keep a secret?” into “Didn’t he tell you to keep a secret?”) (Whipple, 1915) or tag questions (e.g., “He told you to keep a secret, didn’t he?”) (Greenstock & Pipe, 1996). Negative term questions and tag questions are most likely to affect the responses of preschool children, who are more vulnerable to interviewer pressure.

Another kind of recognition question that is potentially problematic is the forced-choice question, in which the interviewer gives the child a series of choices from which the child chooses the correct response (e.g., “Was his shirt red or blue?”). Like yes/no questions, forced-choice questions assist the child in generating details but may also supply erroneous details. Because of their reluctance to answer “I don’t know” to recognition questions, young children feel compelled to choose one of the options even if they don’t know the correct answer, and even if neither answer is correct. When children do choose randomly, they tend to choose the last option (Walker & Lunning, 1998).

Interviewers often feel compelled to ask forced-choice questions, even when an open-ended question will elicit more details and be less subject to misunderstanding. For example, interviewers I train at the Violence Intervention Program often wish to ask “were your clothes on or off?” because this detail affects the seriousness of the abuse, and is often omitted by children describing abuse. One recent interview illustrates how dangerous this question is: my interviewer, doing her best to avoid such a question, instead asked “Where were your clothes?” and the child responded “around my ankles.” The detail was much more informative than an “on” or “off.” Indeed, if the child had picked one of the options, the interviewer would have an inaccurate picture of the abuse.

Interviewer also often rephrase wh- questions as yes/no questions, by prefacing the wh- question with “Can you tell me...” Although one could argue that prefacing wh- questions in this way reduces the likelihood that a child will guess a detail (because she can instead answer “no”), “no” responses are ambiguous. If a child says they “can’t” tell you, do they mean they don’t know or they don’t wish to talk? It is preferable to ask a wh- question that is sufficiently general so that children will feel comfortable answering “I don’t know.”

Although it is surely difficult to keep all the types of questions straight in one’s head, particularly during a sexual abuse interview, it is easy to remember three rules: keep questions as *general* as possible, use *wh-* questions, and avoid *recognition* questions. Wh- questions start with: what, where, when, who, why, and how. Recognition questions start with: did, was, and were. Let the child supply the details.

It is important to reiterate that the use of wh- questions is not only a means to avoid a negative—the dangers of suggestibility. It is also a means of eliciting details that one would never elicit were one to limit oneself to recognition questions. If you ask a series of yes/no questions, you will receive a series of yes/no answers, and the information you obtain will only be as good as your

ability to imagine the details. If you ask wh- questions, children will often mention idiosyncratic details of the abuse that lend their reports credibility and rebut claims of coaching. Moreover, the likelihood of logically inconsistent responses is reduced if your questions are wh- rather than yes/no, and in most cases consistency increases the credibility of a child's report.

Further guidance in the use of non-leading questioning can be found in the interview protocol developed by Michael Lamb and his colleagues at the National Institute of Child Health and Development (NICHD) (e.g. Sternberg, Lamb, Esplin, Orbach, & Hershkowitz, 2002). Of course, the NICHD protocol is not the only protocol (see, e.g., DeVoe & Faller, 1999), but it has received the most research support, and incorporates the best elements of a number of other protocols.

The NICHD protocol provides interviewers with two different types of prompts that elicit information from children without suggestion. The first type are time segmentation prompts, in which the interviewer asks the child to fill in the time-line of events that she has recalled (e.g. "What happened next?"). The second type are cue-questions in which the interviewer refers to details mentioned by the child and asks the child to elaborate (e.g. "You said he put some cream on his finger. Tell me more about that") (Sternberg et al., 2002).

In addition to being non-leading, an advantage of cue-questions is that they clearly specify the topic of interest. When interviewers use pronouns (such as "he" and "she") or deictics (such as "that" or "there"), children may become confused regarding the intended referent. Walker (1999) recommends that interviewers replace pronouns with names (e.g. replace "he" with "Steve") and specific nouns for deictics (e.g. replace "there" with "in the garage").

If an interviewer asks a specific wh- question, or a yes/no or forced-choice question, he or she should followup with an open-ended question, a technique the researchers call "pairing" (Sternberg et al., 2002). This minimizes the suggestiveness of the specific question.

Before asking the child to describe abuse, it is helpful to ask non-leading questions about innocuous events. Doing so teaches the child to provide narrative responses, allows one to assess the child's developmental level and ability to provide a coherent narrative, and puts the child at ease. In the NICHD protocol, the interviewer asks the child about things she likes to do and doesn't like to do, and the interviewer prompts the child with cue-questions so that the child elaborates her responses. For example, if a child responds "I like to play soccer," the interviewer says, "Tell me more about soccer." The interviewer then asks the child about a recent holiday, and follows up with time segmentation cues. The interviewer can determine if the child understands questions about what happened "just before" or "after" an event. Sternberg et al (1997) found that when sexual abuse interviewers used open-ended prompts rather than option-posing questions in the rapport-building phase of the interview, children provided longer and richer responses to the first substantive question about abuse, and longer responses to free recall questions throughout the interview.

The protocol also provides clear guidance for introducing the topic of abuse in an investigative interview. The first question is "Tell me why you came to talk to me." The researchers have found that most children understand the purpose of the investigative interview and are ready to

disclose (Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). This is probably attributable to the fact that most reports of sexual abuse are due to disclosures by the victims, so that most children questioned about abuse have previously disclosed. If the child does not mention abuse, the interviewer says "It is important for me to understand why you came to talk to me." If the child remains unresponsive, the interviewer works through a series of increasingly focused questions, which are based on the child's previous disclosure (or the reason abuse is suspected), but avoid directly suggesting that a particular suspect has performed a specific act. The questions include:

I heard that you saw a policeman [social worker, doctor, etc.] last week [yesterday]. Tell me what you talked about.

As I told you, my job is to talk to kids about things that might have happened to them. It's very important that I understand why you are here. Tell me why you think your mom [your dad, etc.] brought you here today.

Is your mom [dad, etc.] worried that something may have happened to you? Tell me what they are worried about.

I heard that someone has been bothering you. Tell me everything about the bothering.

I heard that someone may have done something to you that wasn't right. Tell me everything about that, everything that you can remember.

In addition to the questions in the NICHD protocol, there are other ways of approaching the topic of abuse, and some of them even less leading. In our interviews at the Violence Intervention Program, a number of children who disclosed abuse did so in response to a "feelings task," in which we asked children to tell us about the time they were the most happy, the most mad, the most sad, and the most scared (Lyon, Koverola, Morahan, & Heger, 2002). Faller (1996) recommends that the interviewer ask the child about different people in the child's life and what the child likes and does not like about each individual. If the interviewer asks about a number of people other than the perpetrator, questions about the perpetrator would not be unduly leading. Another example of a good introductory question would be to ask children whose residence has changed because of the abuse allegations about their move and the reasons for it.

Interview instructions

It may be possible to reduce misconceptions children have about interviews through instructions. Young children are accustomed to speaking to authoritative adults (teachers, parents) who already know the answers to many of their questions. Given a strongly worded question, they may agree, not because of what they believe, but because of their desire to please the interviewer and because of their reluctance to appear ignorant. On the other hand, children who have been abused but who are afraid to reveal may need non-leading encouragement to do so. Researchers have examined instructions that will reduce children's tendency to defer to authoritative interviewers, to increase children's willingness to say "I don't know" or "I don't understand," and increase children's willingness to disclose negative experiences (see Table 1)

<p>Table 1: Interview Instructions for the Child</p>

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| <ol style="list-style-type: none"> 1. Tell the child you don't know what happened. 2. Tell the child it is o.k. to say "I don't know," but important to answer when she does know. 3. Tell the child it is o.k. to say "I don't understand," and that if she does, you will ask an easier question. 4. Elicit a promise from the child that she will tell the truth. |
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1. Tell the child you don't know what happened

It is helpful to tell the child, "I don't know what's happened to you. I won't be able to tell you the answers to my questions." Children often assume that interviewers are knowledgeable, even though the interviewer did not witness the to-be-remembered event (Saywitz & Nathanson, 1992). Children are more suggestible when they believe the interviewer knows what occurred (Ceci, Ross, & Toglia, 1987; Kwok & Winer, 1986; Lampinen & Smith, 1995; Toglia, Ross, Ceci, & Hembrooke, 1992). Informing children that one doesn't know has been shown to reduce suggestibility to misleading questions (Mulder & Vrij, 1996).

This instruction has its limitations. Young preschool children (three and younger) are not likely to benefit, because of their limited ability to reason about the knowledge states of others (Welch-Ross, 2000). Highly suggestive questions will still increase error, and children may forget the instruction.

2. Tell the child it is o.k. to say "I don't know," but important to answer when she does know.

The NICHD protocol recommends that the interviewer say the following: If I ask you a question and you don't know the answer, then just say "I don't know." So, if I ask you, what is my dog's name, what do you say? O.k., because you don't know. But what if I ask you, Do you have a dog? Ok, because you do know.

Children are often reluctant to answer "I don't know," particularly when asked yes/no questions (e.g., Poole & Lindsay, 2001) or specific wh- questions (e.g., Memon & Vartoukian, 1996). A number of studies have found that instructing children that "I don't know" answers are acceptable reduces children's suggestibility to misleading questions (Endres, Poggenpohl, & Erben, 1999; Gee, Gregory, & Pipe, 1999; Saywitz & Moan-Hardie, 1994; Walker & Lunning, 1998; Warren, Hulse-Trotter, & Tubbs, 1991).

This instruction has its limitations as well. Unless the interviewer emphasizes answering when one does know as much as refusing to answer when one doesn't, children may overuse the "I don't know" response, and thus answer non-misleading questions less accurately (Gee, Gregory, & Pipe, 1999; Saywitz & Moan-Hardie, 1994; Warren, Hulse-Trotter, & Tubbs, 1991). Furthermore, if children already feel comfortable answering "I don't know," the instruction may be unproductive (Moston, 1987). Children are more likely to answer "I don't know" without instruction if asked wh-questions in a comfortable atmosphere (Moston, 1987).

3. Tell the child that it is o.k. to say "I don't understand," and that if she does, you will ask an easier question.

Based on the NICHD protocol, our interviewers at the Violence Intervention Program tell children the following: If I ask you a question and you don't know what I mean or what I am saying, you can say "I don't know what you mean." I will ask it in a different way. So if I ask you, What is your gender, what do you say? Good, because Gender is a big word. So then I would ask, are you a boy or a girl? O.k. because "boy or girl" is an easier way to say "gender."

Children rarely ask for clarification of questions they do not understand (Carter, Bottoms, & Levine, 1996; Perry et al., 1995; Saywitz, Snyder & Nathanson, 1999). Children are less adept than adults at monitoring their comprehension. Even if they recognize incomprehension, they are more reluctant to let the interviewer know.

Telling children that it is permissible to say they do not understand and that doing so will lead the interviewer to reword the question reduces the likelihood that grade school children will attempt to answer incomprehensible questions (Saywitz, Snyder, & Nathanson, 1999). More extensive training and reinforcement improves performance still further (Saywitz et al., 1999), and even has some effect with preschool children (Peters & Nunez, 1999).

As with the other instructions, the efficacy of the "I don't understand" instruction is likely limited by the age of the child: very young children will be incapable of detecting anything but the most obvious complexities. Moreover, children underutilize the option, instead attempting to answer most difficult questions (Peters & Nunez, 1999; Saywitz et al., 1999).

4. Elicit a promise from the child that she will tell the truth.

Ask the child, "Do you promise that you will tell me the truth?" Then ask, "Are you going to tell me any lies?"

Although children are unlikely to understand adult versions of the oath, they recognize the significance of promises by grade school, and still younger children understand that when one says one "will" do something, one is likely to do it (Lyon, 2000). Research with both maltreated and non-maltreated children has found that eliciting a promise to tell the truth increases children's honesty (Lyon, 2000; Talwar, Lee, Bala, & Lindsay, 2002).

The promise must be worded carefully, however. It is a good idea to mention both "promise" and "will," because children understand the meaning of "will" before they understand the meaning of "promise." Following up with "are you going to tell me any lies?" will ensure that the child is not simply assenting to questions she does not understand (because the appropriate answer is "no"), and the question is easier than asking the child to "promise not to tell any lies" (Lyon, 2000).

In sum, interview instructions are easy to administer, and will improve the performance of many children. They will have the greatest effect on older children, and when highly suggestive questions are asked. However, given the limitations of instructions, the optimal solution is to ask simple non-leading questions. The best way to improve children's performance is to improve the questions we ask.

Difficult concepts: Number and time

Interviewers often wish to know when and how many times abusive acts occurred. If one consults the literature, one often reads that children understand a particular concept at such and such an age. However, discussion of the ages of acquisition can be misleading when one decides how to question an individual child.

When developmental researchers state that children achieve some competence at a particular age, it is fair to assume that in an interview, much older children will often have difficulty exhibiting such competence. This is so for several reasons. First, the research usually refers to the youngest age at which a competency *first* appears in the *most* supportive context. For example, children's understanding of language is usually tested in a non-stressful environment using visible materials, rather than in a stressful context involving to-be-remembered events. Second, much of the research examines the ability of healthy children from enriched home environments, with little effort to sample children with diverse backgrounds. This is in large part because developmental psychologists are often more interested in the order in which abilities appear rather than the precise age at which they appear. Children with different abilities will acquire skills in the same order (generally speaking), but obviously not at the same time. Third, the fact that an age group shows evidence of understanding does not mean that an individual within that group will. Indeed, it is

possible for a group of children to perform above chance on a task based on the good performance of a small proportion of children.

In addition to potentially overestimating children's abilities, age guides may sometimes underestimate what children can do. The history of developmental psychology is filled with research demonstrating good performance by preschoolers on tasks once believed to be mastered only by second or third grade. Part of the problem is that the tasks were difficult for reasons unrelated to the competencies being tested. This is the flip-side of the point above about supportive contexts: a highly supportive context may overestimate abilities, but a confusing context may underestimate abilities.

A final problem with age guides is that they focus one's attention on the competency of the child rather than on the abilities of the interviewer. It is rarely the case that a child lacks competency essential to communication. It is more often the case that a child lacks understanding of an unnecessarily complex form of speaking preferred by adults.

Number

In general, it is a mistake to ask a child "how many times" an event occurred, because of the likelihood that a child will arbitrarily pick a inherently incredible or arbitrary number ("a million", "thirty-eight"), and because the number changes from interview to interview. A moment's reflection highlights what a difficult task it is to estimate how many times something has occurred. Either one imagines each event and mentally counts, or one estimates the number by multiplying the frequency the events occurred in a particular time span (e.g. "every weekend") by the total time span over which the events occurred (Bradburn, 2000).

It is easy to misjudge a child's ability to make such an estimate. Children can often recite numbers before they know how to count, and can count objects before they can count events in memory (Walker, 1999). What constitutes an "event" is also open to question—does the child enumerate abuse by reflecting on particular acts, or on times when a series of acts occurred? Legally, enumeration is not necessary. If the child's case ever goes to court, he or she can be asked about specific events, and questions about numerosity should be disallowed as developmentally inappropriate.

The NICHD protocol recommends that after the child has first disclosed abuse, and described an episode, the interviewer ask "Did this happen one time or more than one time?" If the child says "more than one time," the interviewer then inquires about the "last time" the abuse occurred, the "first time" the abuse occurred, and the time the child remembers "the most." The interviewer follows up by asking if there are "any other times" the child remembers. For each narrative, the interviewer asks the time segmentation prompts and cue questions described above.

Time

Similar to number skills, children learn how to tell time before they can tell what time an event occurred. Unless one looks at a watch or calendar during an event, subsequent recall of the time requires inferential skills (e.g. “it was shortly before New Year’s, so it probably was December”) (Friedman, 1993). Although many children will fail to make such inferences, the interviewer can often elicit information from the child about contemporaneous events, which enables the interviewer to estimate the time. For example, children can often tell you where others were at the time of the abuse (e.g. “my mother was at church”), or what the child had been doing (e.g. asleep at night, taking a nap after school), in order to estimate clock time, and where the child was living or staying in order to estimate the year. Legally, exact dates and times are not necessary, particularly if the abuser had frequent access to the child and the abuse occurred on multiple occasions over a period of time (Myers, 1997).

Some temporal terms can be confusing for the young child. “Yesterday” and “today” are difficult for young children, in part because of their shifting meaning (today is tomorrow’s yesterday). Moreover, the amount of time segmented by the words is initially unclear; for the young child “yesterday” often refers to anything in the past, and “tomorrow” refers to anything in the future (Harner, 1982). Obviously, the interviewer should not assume that the child understands weeks and months, or that she can estimate time using these intervals.

The practice narrative in which the child describes a recent holiday enables the interviewer to determine if the child understands terms that are essential for providing a chronology. Most important is understanding of “next,” “before,” and “after,” because these words are used extensively when providing the child with time segmentation cues. Because younger children will often describe events in the order in which they occurred, regardless of whether one asks about what happened “before” or “after” another event (Carni & French, 1984), the safest course is to ask “what happened next” questions as much as possible.

However, even children who understand “before” and “after” can be confused by the order in which events are mentioned. Young children “may assume the order in which events are mentioned in a sentence is the same as the chronological order in which the events occurred” (Richardson, 1993, p. 111). For example, Richardson (1993) cites a sexual abuse case in which the child was asked “Before your father took you to the hospital, where were you?” Because “where were you” was asked *after* “before your father took you to the hospital,” the child responded to “where were you” by stating where she was *after* she went to the hospital. The child might not exhibit the same confusion if asked “Where were you before you went to the hospital?” A child’s apparent confusion regarding chronology may be attributable to the interviewer’s questions rather than the child’s failing memory.

Conclusion

I've attempted to provide the reader with a brief overview of developmentally appropriate interview strategies (see Table 2). The goal of these strategies is to maximize the amount of information one obtains from children while minimizing errors and misunderstandings attributable to poorly worded and suggestive questions. I've focused on techniques that are supported by laboratory and observational research on investigative interviewing, which was inspired by concerns over children's suggestibility.

Much more should be done. The "new wave" of modern research on children's suggestibility (Bruck, Ceci, & Hembrooke, 1998) emphasized the dangers of false allegations and suggestive techniques, and generated a list of techniques to be avoided. I predict that the next wave will acknowledge the risks of false denials and emphasize techniques for overcoming reluctance and minimizing developmental limitations. Researchers developing structured protocols have already taken important steps in this direction.

Table 2: Ten Tips For Interviewing Children

1. Begin with instructions.
2. Ask for a practice narrative.
3. Keep questions as general and open-ended as possible.
4. Use 'wh' questions (what, where, when, who, why, how).
5. Ask time-segmentation questions (e.g., "What happened just after he...") and cue-questions (e.g., "You said he...Tell me more about that").
6. Avoid recognition questions (did, was, were). If you ask a recognition question, follow up with an open-ended question.
7. Replace pronouns with names (e.g., "Steve" instead of "he").
8. Replace deictics with nouns (e.g. "In the garage" instead of "there").
9. Don't ask how many times an event occurred, but whether it happened once or more than once. Follow up by focusing on individual episodes.
10. Don't ask what time or what date an event occurred, but about concurrent events that enable you to estimate the time.

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Introduction: Children and Trauma

What is trauma?

Many different things may be called “traumatic”. “*Trauma*” refers to experiences that are overwhelming, and may leave a person feeling **helpless**, **vulnerable**, or **very frightened**.

Trauma may include **specific types of events**, such as being in an accident or experiencing a natural disaster like a hurricane or an earthquake. Trauma may also include **ongoing stressors**, such as physical or sexual abuse.

For children, **trauma is often about more than physical harm**. For instance, separation from a caregiver, emotional neglect, and lack of a stable home (such as living in many different foster homes) are often very traumatic.

How does trauma impact children?

Children who have experienced ongoing trauma may have many different reactions. Children may:

- ✓ **Develop an expectation that bad things will happen to them.**
When children have many bad things happen, they may come to expect them. They may over-estimate times when they are in danger, or be fearful or withdrawn.

- ✓ Have a hard time forming relationships with other people.

Trauma often involves children being hurt by others, and/or not having been protected. When early relationships are not consistently safe, children may develop a sense of mistrust in relationships.

- ✓ Have difficulty managing, or regulating feelings and behavior.

Traumatic stress is overwhelming, and children are flooded by strong emotions and high levels of arousal. Children may feel like they are unable to rely on others to help them with these feelings—for instance, they may believe no one is safe; they may worry other people will think they are bad; etc.

Without tools, children may try to over-control or shut down emotional experience; may try to manage feelings and arousal through behaviors; or may rely on more dangerous overt methods (such as substance abuse or self-injury).

- ✓ Have difficulty developing a positive sense of themselves.

Children who experience trauma may feel damaged, powerless, ashamed, and/or unlovable. It is often easier for children to blame themselves for bad things happening, than to blame others. Over time, children may develop a belief that there is something wrong with them.

Understanding Triggers

The Body's Alarm System

Everyone has a built-in alarm system that signals us when we might be in danger. Evolution has helped human beings to survive by creating efficient systems in our brain that recognize danger signals, and prepare us to respond. We become particularly efficient at recognizing signals that have been associated with past danger experiences. In the human brain, this system is known as the *limbic* system.

Normative Danger Response

When our brain recognizes danger, it prepares our body to deal with it. There are three primary ways that people can respond to something dangerous: We can **FIGHT** it, we can get away from it (“**FLIGHT**”), or we can **FREEZE**.

What we choose to do often depends on the type of danger. So, for example:

-A large dog begins attacking your dog. You are bigger than the threat, and motivated to help your dog. Response? **FIGHT**

-You are standing in the street, and hear the squeal of brakes. You realize a car is speeding toward you. Response? **FLIGHT**

-You are a small child being hit by your father. You are not big enough to fight him, and not fast enough to run away. Response? **FREEZE**

Note: The “Freeze” response is often the least understood and/or talked about, but may be the response most accessible to young children. It is a survival response that is used when someone can not fight the danger, and can not physically escape it (and, in fact, doing either one might increase the danger). The only option, then, is to mentally escape.

The Danger Response and Arousal

When the brain labels something in the environment as dangerous, it must rapidly mobilize the body. The brain initiates the release of chemicals that provide our body with the energy needed to cope with danger (i.e., to run from the car, or to fight the attacking dog). The brain is remarkably efficient--within milliseconds of perceiving danger, the body's arousal level goes up, sensory perception shifts, and “non-essential functions” (such as digestion) shut down. Interestingly, higher cognitive processes—such as logic, planning, and impulse-control—are considered *nonessential* in the face of danger. (Think about it—if a car is speeding toward you, do you want to be *thinking*, or do you want to be *running*?)

It is important to understand that this sequence will be initiated, irregardless of whether the danger is *real* or simply *perceived*.

The Overactive Alarm

Typically, when the danger signal first goes off, the “thinking” part of our brain evaluates the immediate environment. If there is no apparent danger (i.e., it’s a “false alarm”), the alarm system is shut off, and we continue with previous activities. For example: you are walking up a busy street, and hear a car backfire. Within moments, your brain will activate the sensory systems which scan your environment, assess the cause of the noise, and label it as non-threatening. Almost immediately, you are able to continue on your way.

For some people, however, the brain’s danger signal goes off too often. This generally occurs when there has been repeated danger in the past (remember, the more our brain engages in any activity, the more efficient it becomes). Children who have experienced repeated or chronic trauma often have *overactive alarms*—they may perceive danger more quickly, and/or may label many things as potentially dangerous.

Consider again the example used above—you are walking down the street, and a car backfires. Now imagine, however, that you have been in combat, or have lived in an area with frequent gunfire. As soon as the noise occurs, your body immediately prepares for danger. In this scenario, your “thinking brain” is less likely to get involved, or to take the time to assess whether the danger is real or not. This is because in the past, waiting would have put you at risk for being shot. In order to keep you safe, then, the “thinking brain” stays out of the way, and lets the action brain

take over. This overactive alarm is therefore adaptive—in times of actual danger, it kept you alive—but in the present, it may cause you to react too strongly to things that may really be safe.

What Triggers the Alarm?

False alarms can happen when we hear, see, or feel something that reminds us of dangerous or frightening things that happened in the past. Those reminders are called “**TRIGGERS**”. Our brain has learned to recognize those reminders, because in the past when they were around, dangerous things happened, and we had to respond quickly.

Different children have different reminders. For instance, for a child who has witnessed domestic violence, hearing people yell or watching adults argue might activate the alarm. For children who have not received enough attention, feeling alone or scared might turn on the alarm.

Often, these reminders, or triggers, are subtle. For example, trauma is often associated with unpredictability, chaos, or sudden change. As a result, even subtle changes in expected routine may activate a child’s danger response.

Common triggers for traumatized children include:

- ✓ Unpredictability or sudden change
- ✓ Transition
- ✓ Loss of control
- ✓ Feelings of vulnerability or rejection
- ✓ Confrontation, authority, or limit-setting
- ✓ Loneliness
- ✓ Sensory overload (too much stimulation from the environment)

Triggers may not always seem to make sense. For instance, [some children may be triggered by positive experiences](#), such as praise, intimacy, or feelings of peace. There are many possible reasons for this. For example:

A child who has experienced previous losses, rejection, or abandonment may be frightened or mistrustful of positive relationships.

A child who has received praise or bribery while being sexually abused may fear ulterior motives.

A child who has experienced consistent chaos may find calmness or routine unsettling.

It is important that children learn to tolerate these positive experiences, but also important for caregivers to be aware of the potential for distress.

How do you know your child has been triggered?

The primary function of the triggered response is to help the child achieve safety, in the face of perceived danger. Remember, there are three primary danger responses available to human beings:

FIGHT **FLIGHT** **FREEZE**

What do these look like in children?

FIGHT may look like:

- ✓ Hyperactivity, verbal aggression, oppositional behavior, limit-testing, physical aggression, “bouncing off the walls”

FLIGHT may look like:

- ✓ Withdrawal, escaping, running away, self-isolation, avoidance

FREEZE may look like:

- ✓ Spacing out, looking dazed, daydreaming, forgetfulness, shutting down emotionally

Emotionally, children may appear fearful, angry, or shut down. Their bodies may show evidence of increased arousal: trembling, shaking, or curling up.

Look for moments when the intensity of the child’s response does not match the intensity of the stressor, or when a child’s behaviors seem inexplicable or confusing. Consider—might your child’s alarm system have gone off?

Learning Your Child's Language

It's not what I say....

Trauma can impact children's ability to understand, tolerate, and manage feelings. Even minor stressors may act as **triggers** that flood children with emotion. Often, children do not even know what it is that is upsetting them—only that there is a strong, bad feeling inside of them, and that *something* needs to happen to make it go away. In the face of these overwhelming feelings, and without strategies to cope with them, children will simply *react*: they work out the distress with their bodies and their actions.

Often, the only thing harder than dealing with feelings, is talking to other people about them—especially for children who don't know themselves what they are feeling, or why they are feeling it. Furthermore, for children who have been hurt in the past by other people, or who did not have their needs met early in life, reaching out for help may feel dangerous or frightening.

What I'm trying to say is...

Most children communicate to some degree through behavior; the ability to use words to share feelings and experience grows naturally over the course of development, particularly as caregivers use their own words to reflect back experience. Consider these examples:

A four-year-old returns home from preschool. She is quieter than usual, and when her mother asks if she wants to play she shakes her head and curls up in a

chair. Her mother sits next to her, and says, “You’re so quiet today. Do you feel sick?” The child shakes her head.

A ten-year-old comes home from school and slams the door. He throws his bag onto the kitchen table and says, “I’m never riding that stupid bus again!”

A fifteen-year-old has been nervous about her first date. She spends an hour in her room, trying on clothes, then finally comes downstairs, tearful. “Everything looks so stupid on me—I’m not going!”

Most caregivers are familiar with situations such as these, and—even if the precipitating event isn’t yet known—will quickly recognize that feelings are driving these behaviors. Through their own words or actions, caregivers help children name and work through the emotion-inducing life events that they experience day-to-day.

The experiences driving traumatized children’s behaviors may be less obvious, and the feelings may be bigger, stronger, or more sudden, but at core, the emotions are the same: fear, sadness, anger, anxiety, and even joy.

Tuning In

Attunement is the ability to read your children’s cues and respond in a way that helps them manage their emotions, cope with distressing situations, and/or make good choices. When a caregiver is attuned, he or she can respond to the emotion underlying a child’s actions, rather than simply reacting to the most distressing behavior.

Consider two different scenarios for one of the above examples:

A ten-year-old comes home from school and slams the door. He throws his bag onto the kitchen table and says, "I'm never riding that stupid bus again!"

Scenario 1: *His mother is going through mail in the kitchen, and looks up as he enters the house.*

Mother: "How many times have I told you not to slam that door!?"

The child kicks his bag. "What's the big deal—it's just a stupid door!"

Mother: "That's it—if you can't be polite, you can just go to your room!"

Scenario 2: *His mother is going through mail in the kitchen, and looks up as he enters the house.*

Mother: "Whoa—you seem pretty mad. Did something happen on the bus?"

The child looks down, kicking his bag gently. "Stupid bus driver hates me—he won't let me sit with my friends. I'm not riding it anymore!"

Mother pulls out a chair. "C'mere—why don't you tell me what happened, and we'll see if we can figure it out?"

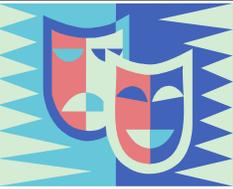
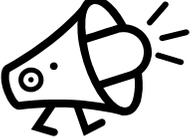
In the first scenario, the child’s mother responds to the behavior—slamming the door—and the emotion escalates, leaving both mother and child frustrated. In the second example, the mother responds to the emotion—anger? Frustration?—and provides the child with support, calming the situation.

Most situations aren’t quite this straightforward, and no caregiver can be attuned at all times. The goal is not to be the “perfect parent”, but to try—more times than not—to understand the feelings driving children’s behavior.

Putting on your detective hat

Attunement requires caregivers to be “feelings detectives.” Every child has cues that help signal what might be going on.

Learn your child’s individual communication strategies. Pay attention to the following domains, and consider: How does your child look when he/she is angry? Sad? Excited? Worried? For each of these emotions, ask yourself the following questions...

How Children Communicate:	
 <p>Facial expression</p>	<p>What does your child show on his face? This may include intense expressions, but may also include a lack of expressiveness.</p>
 <p>Tone of voice</p>	<p>Does your child’s voice became louder? Softer? Higher-pitched?</p>

How Children Communicate:



Extent of speech

Does your child suddenly have more to say than usual? Does she become quiet? How pressured (in a rush) is her speech?



Quality of speech

Do your child's words become disorganized? Is he rambling, or having a hard time getting words out? Do his words seem more babyish or regressed than usual?



Posturing/Muscular expression

What does your child's body look like? Is she curled up? Are her fists clenched? Are her muscles tense or loose? Is her posture closed or open?



Approach versus avoidance

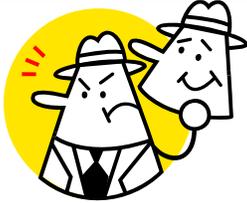
Does your child become withdrawn and retreat? Does he become overly clingy? Does he seem to want to do both at the same time?



Affect modulation capacity

Does your child seem to have a harder time than usual being soothed, and/or self-soothing? Does she start to need more comforting from you or someone else? How receptive is she to comfort—does this change in the face of stress?

How Children Communicate:



Mood

Does your child's mood overtly change? For instance, is he normally even-tempered, but becomes more reactive in the face of intense emotion? If so, pay attention to signs of moodiness—it can serve as a warning sign that something is going on.

Now What?

When your detective skills tell you that something is going on with your child, it's time for action. But what kind of action? Often, we rush to solve children's problems for them, or try to help them "solve" things themselves. Sometimes, though, the most important action is simply to be there, to provide support and to help children name, understand, and regulate their feelings. Only after doing that, can children move toward solving problems.

Consider a possible example from your own life—you've had a hard day, your boss is irritating you, people are making demands, and you come home ready for a little sympathy. Your spouse notices that you are upset, and asks what is going on. You begin to unload: "My boss is so unreasonable! Can you believe he asked me to..." Your spouse listens to your story, then shrugs, and says, "Well, you could have..." (or, "Why don't you just...?").

Do you feel more frustrated, or less?

Most of us want someone to *hear* us, before they solve our problems, or tell us what we could have, should have, or what *they* would have done. When people hear us, understand us, and give us empathy, it validates our

experience, shares the burden, and often, helps us begin to feel better.

Following five rules can help caregivers (or partners in any type of listening situation) become better listeners.

Reflective Listening Skills for Caregivers:	
Step	Description
1. Accept and respect all of a child's feelings.	There should never be a hidden agenda to "change" the child's feelings. A child feels what he or she feels. We may not like the child's <i>behaviors</i> , or we may not completely understand their reaction, but it should always be okay to be mad, or sad, or excited.
2. Show your child that you are listening.	Use active listening skills: use eye contact, nod your head, respond verbally, etc. Don't interrupt too much, or take over the conversation. Use all the techniques that you like someone to use when they are paying attention to <i>you</i> .
3. Tell your child what you hear him/her saying.	<p>Reflect back what you hear. Validate the importance of the situation to the child (even if you, yourself, do not think it was that big of a deal):</p> <p style="text-align: center;"><i>"So, you didn't think your teacher was listening to you? Wow, that must have been really hard."</i></p> <p>Ask questions if you're not sure what part affected the child.</p>
4. Name the feelings.	<p>Reflect back the child's feelings. If your child doesn't state a feeling, offer a guess (name at least two possibilities), but be prepared to be wrong:</p> <p style="text-align: center;"><i>"You seem kind of worried or maybe angry. Is that right?"</i></p> <p>Name the cues—<i>why</i> do you think the child seems worried, or angry. Always allow the child to correct you. If your child denies any feelings at all, let that be okay, but then either</p> <p>(a) name the behaviors:</p> <p style="text-align: center;"><i>"Okay, maybe you're not mad, but you're throwing your things around and yelling. What do you think might be going on?"</i></p> <p>Or..(b) normalize feelings in general:</p> <p style="text-align: center;"><i>"Okay, maybe you're not mad, but I can understand how someone might feel really mad or upset if someone wasn't listening to them."</i></p>

Reflective Listening Skills for Caregivers:

Step	Description
5. Offer advice/ suggestions/ reassurance/ alternative perceptions <i>only</i> after helping child to express how he/she feels.	<p>Don't jump to problem-solving until you've taken the time to hear what your child has to say. Validate the feelings and the situation <i>first</i>, then collaborate with your child to come up with a solution, if appropriate. Keep in mind that solutions may simply be about how to express and cope with the feeling. If a child rejects your attempts at help, let them know the offer stands:</p> <p><i>"It's okay if you don't want to talk about it right now, but if you start to feel like it, you can come find me."</i></p>

Understanding the Impact of Traumatic Stress in Developmental Context

Developmental Stage Tasks:	Impact of Trauma Exposure
Stage: Infancy/Toddlers	
<ul style="list-style-type: none"> ➤ <u>Tasks</u>: Identity, Connection, Exploration, Agency ➤ Communication through physical activity ➤ Strong increase in anxiety when immediate needs not met ➤ Need physical human contact for reassurance ➤ Growth of sensory perception/response 	<ul style="list-style-type: none"> ➤ Altered connections; sacrifice of exploration; deficits in agency ➤ Deficits in development of non-verbal/dyadic communication strategies ➤ Exposure to significant arousal in absence of strategies for soothing ➤ Multiple potential “triggers”/ danger cues solidified on NON-VERBAL level
Stage: Early Childhood/Preschool	
<ul style="list-style-type: none"> ➤ Increased focus on development of agency, independence ➤ Need for structure and security ➤ Cognitively aware of need for nurturing ➤ Minimal concept of time/space ➤ Speech available; but feelings still communicated more through play and behavior, needs through words 	<ul style="list-style-type: none"> ➤ Continued sacrifice of independence (or—age-inappropriate independence) ➤ Development of rigid control strategies to manage anxiety ➤ Reliance on primitive coping/self-soothing ➤ Building of defenses against affect and/or connection ➤ Continued deficits in self-expression
Stage: Middle Childhood/Elementary School	
<ul style="list-style-type: none"> ➤ Increase in independence and industry ➤ Increased ties to and investment in school, community, peers ➤ Concrete information more important than abstract in meaning-making ➤ Early understanding of time/space, but still focused on the present 	<ul style="list-style-type: none"> ➤ Reduced development of competencies across domains ➤ School deficits/impairments ➤ Building and internalization of negative self-concept/ self-blame ➤ Failure to develop adequate peer relationships; vulnerability to harm by others ➤ Early onset depression/ hopelessness/ helplessness
Stage: Adolescence	
<ul style="list-style-type: none"> ➤ Striving for independence; separation/individuation ➤ Peer group important source of support, information, and reference ➤ Self-conscious; belief in self as focus of attention ➤ Body image, sexual image, self-image all important ➤ Black-and-white view; extremes, judgments ➤ Able to see future but less able to see consequences 	<ul style="list-style-type: none"> ➤ Premature separation <i>or</i> age-inappropriate dependence ➤ Risk for negative peer influence and affiliation ➤ Significant risk for high-risk behaviors ➤ Over-control/perfectionism ➤ Ongoing reliance on primitive coping strategies, with failure to develop age-appropriate strategies ➤ Crystallization of negative self-identity

Summary prepared by Margaret E. Blaustein, Ph.D., Director of Training

Developmental Stage Tasks:	Impact of Trauma Exposure
Stage: Adulthood	
<ul style="list-style-type: none"> ➤ Solidification of identity, formation of adult relationships, transition into multiple roles, evaluation of life industry ➤ Able to function independently, with others as occasional source of instrumental or emotional support ➤ Capacity to take perspective ➤ Capacity to use abstract thought ➤ Able to link past, present, and future 	<ul style="list-style-type: none"> ➤ Altered self-identity (self-blame, guilt, shame, damage, powerlessness, etc.) ➤ Impaired capacity to form mature relationships (over-dependence or under dependence) ➤ Difficulty regulating emotional and physiological states, and increasingly rigid reliance on primitive strategies ➤ Breakdown of cognitive processes in face of danger/ overwhelming stress ➤ Splintered identity and functioning



Resources on Trauma and Children

National Child Traumatic Stress Network: www.NCTSN.org

The NCTSN includes working groups on children in the legal system, and trauma and culture. NCTSN was part of an American Psychological Association November 16, 2005 Congressional briefing, "Ethnic Minority Children Experiencing Traumatic Events: Promoting Mental Health and Resilience".

For more information: Ellen Gerrity, NCCTS associate director, egerrity@psych.duhs.duke.edu. For information about the NCTSN Culture Consortium, or to join the NCTSN Culture listserv, email Susan Ko, Service Systems Core director, at sko@mednet.ucla.edu

The Trauma Center at Justice Resource Institute: www.traumacenter.org

Some projects include:

Project JOY fosters the physical, social, and emotional development of homeless and impoverished children who have experienced trauma or chronic emotional distress. At Project Joy, young people engage in fun, high-energy cooperative games, creative movement activities and non-competitive sports. Founder and Director Steven Gross, MSW, design and conduct activities as a therapeutic process through which participating children develop a foundation of self worth, social efficacy, and community on which to grow and thrive.

Project REACH provides mobile crisis response intervention teams for human trafficking cases. Staff work with mental health and trauma in child and adult victims of trafficking.

Children's Trauma Recovery Foundation, a community based trauma response network to respond to traumatic events (namely homicide, suicide, and other forms of sudden violent death) within the City of Boston. Director Steve Gross has been part of numerous child trauma specialty teams nationally and internationally, including the Child Trauma Specialty Team hired by UNICEF and Center for Crisis Psychology to design and implement classroom based psycho social intervention program in response to the August 17, 1999 and November 12, 1999 earthquakes in Turkey that left 20,000 dead, over 75,000 children homeless.

Project REACH

1269 Beacon Street Brookline, MA, 02446

Phone: 617-232-1303 Fax: 617-232-1280

<http://www.traumacenter.org/projectreach>

Project REACH offers crisis mental health services for survivors of slavery, human trafficking, and sexual and labor exploitation throughout the Eastern region of the United States, and Texas. On-site and phone-based consultation are available to local providers.



New Publications:

<http://www.traumacenter.org/webarticles.html#JTS>

- van der Kolk, 2005, Child Abuse & Victimization, *Psychiatric Annals*, pp. 374-378.
- van der Kolk, 2005, Developmental Trauma Disorder, *Psychiatric Annals*, pp. 401-408.
- Cook, Spinazzola, Ford, Lanktree, Blaustein, Cloitre, DeRosa, Hubbard, Kagan, Mallah, Olafson, van der Kolk, 2005, Complex Trauma in Children & Adolescents, *Psychiatric Annals*, pp. 390-398.
- Kinniburgh, Blaustein, Spinazzola & van der Kolk 2005, Attachment, Self-Regulation & Competency, *Psychiatric Annals*, pp. 424-430.
- Spinazzola, Ford, Zucker, van der Kolk, Silva, Smith, Blaustein, 2005, Survey Evaluates Complex Trauma Exposure, Outcome and Intervention Among Children & Adolescents, *Psychiatric Annals*, pp. 433-439.

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Saturday, April 22, 2006. El Paso Texas

8:40am – 9:45am **ADOLESCENT DEVELOPMENT AND THE IMPACT OF TRAUMA**

- What is Trauma?
- Recognizing Trauma in Children, Adolescent Behavior, Effect of Age and Culture
- Best Practices

Natalia Walter (moderator), Project REACH of the Trauma Center, Boston, MA

Jose Hidalgo, M.D., Project REACH, Boston, MA

Anne Wideman, Ph.D., Doctors of the World, Tucson, AZ

Materials Include

Project REACH: Psychological Trauma and Human Trafficking, 2005

Trauma Center resources for more information

Kinniburgh & Blaustein: Introduction to Children and Trauma
And Understanding the Impact of Traumatic Stress in Developmental Context

These materials are part of the Attachment, Self-Regulation, and Competency (ARC): A Comprehensive Framework for Intervention with Traumatized Youth curriculum (Kinniburgh & Blaustein, 2005). This framework, designated a “promising practice” by the National Child Traumatic Stress Network, is a flexible model of intervention which targets 10 key domains, in order to build resilient outcome among youth who have been exposed to complex traumatic events. Further information about this framework or materials may be obtained by contacting one of the two primary authors, at kkinniburgh@jri.org or mblaustein@jri.org.

Kinniburgh & Blaustein: Introduction to Children and Trauma
And Understanding the Impact of Traumatic Stress in Developmental
Context

These materials are part of the *Attachment, Self-Regulation, and Competency (ARC): A Comprehensive Framework for Intervention with Traumatized Youth curriculum* (Kinniburgh & Blaustein, 2005). This framework, designated a "promising practice" by the National Child Traumatic Stress Network, is a flexible model of intervention which targets 10 key domains, in order to build resilient outcome among youth who have been exposed to complex traumatic events. Further information about this framework or materials may be obtained by contacting one of the two primary authors, at kkinniburgh@jri.org or mblaustein@jri.org.