



ASSESSING and INTERVIEWING the CHILD CO-VICTIM

Caregivers need to pace interviews and assessments to the comfort level of the child. Every child should have a say in how much exposure is tolerable. Re-traumatization of the child, inflicting a "second wound," by failing to respect the child's need for safety, trust and control is unacceptable.

DEFINITIONS:

An **assessment** is a purposeful process intended to:

- collect and organize information in a useful way
- provide a context for understanding the child's social, emotional, and cognitive state
- provide a rationale for the treatment plan

An **interview** is a single discrete interaction intended to:

- ask questions to elicit specific information

While all assessments are interviews, not all interviews are assessments. Some types of interviews, such as forensic, focus solely on the collection of evidence about the homicide, they do not assess the child. It is important to recognize these different types of interactions and their specific goals.

All interactions with child co-victims must take into

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"As in any treatment, the initial phase of the work is assessment. It is important to recognize the symptomatology of the traumatized individuals in order to properly treat them."
-Steinberg, 1997

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consideration their need for the following 4 things:

1) Safety

- In any interview/assessment situation it is important that the child be reassured that s/he is safe. This can be accomplished by:
 - (a) verbal reassurance
 - (b) the child perceiving that the physical surroundings are safe. This includes decorating the office in a “child friendly” manner.
 - (c) reassuring that the incident is in the past and the child is safe from the perpetrator

2) Calmness

- Decreasing a child's level of arousal and agitation will help to reinforce a sense of calmness.
- Some of the same features of the physical space that help communicate safety may also be calming.
- It is the interviewers own demeanor that will set the tone of the interview regardless of the interview type - a warm, friendly, accepting, non-judgmental approach is optimal.

3) Separation from Traumatic Thoughts, Sensations and Emotions

- Traumatized children are often pre-occupied by imagery of the death or other thoughts that serve to decrease their resiliency.
- Children may be “possessed” by thoughts of retribution, and over protection which inhibit restorative story-telling.
- Helping children separate themselves from such thoughts may be a goal of psychotherapeutic intervention, but opportunities for this may arise in other types of interviews as well.

4) Sense of Choice

- Children must feel that they have a sense of choice with respect to the timing and duration of re-

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exposure to traumatic experiencing.

- The child must feel some sense of control or choice over how quickly or slowly, in how much detail, or what might be thought of as the “dosage” of the exposure to painful memories.
- Avoidance is a natural reaction, such that asking the child to revisit and describe some of the traumatic scene is in opposition to the impulse to avoid and to dissociate.
- Before beginning an interview with a child that will explore very aversive, unpleasant, and distressing experiences, it should be acknowledged that thinking about and talking about the death will be hard, but that doing so will help.

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6 Things to Remember When Interviewing Child Co-Victims

1. **PURPOSE of INTERVIEW:** Keep in mind what it is that you are trying to accomplish by interviewing the

child.

2. **AGE:** Consideration of the age of the child will largely determine how we ask questions.
3. **RELATIONSHIP to VICTIM:** Was the homicide victim a member of the extended or nuclear family, or someone outside the family? Did the victim live in the same household? What role(s) did the victim play in the child's life? What was the psychological and emotional importance of the victim in the child's life? These questions will help determine how significant the death is to the child.
4. **WITNESS to MURDER:** Whether or not the child actually witnessed the murder must be considered. If the child was a witness ask what the child heard, saw, smelled, or touched while the killing was happening. If the child was not a witness ask about the child's imagery of what happened.
5. **PHYSICALLY INJURED at MURDER:** The issue of whether the child was physically injured in the incident will potentially impact (1) where an interview can take place, (2) the severity of the trauma response due to increased perception of threat, and (3) the nature of secondary losses.
6. **TIME SINCE MURDER:** We must consider how much time has gone by since the death. The meaning we attach to post-trauma symptoms will be different if the death occurred last week, last month, or last year.

"Death holds a particular meaning for each child. This meaning is embedded in the world in which the child lives at the time of the loss and subsequently."
-Steinberg, 1997

5 TYPES OF INTERVIEWS:

(1) ASSESSMENT

- The information collected in an assessment should provide a contextual understanding of the child. By contextual, we mean **how the child is seen as**

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interacting in the present, and over time, within their physical and social environment.

- An assessment should not be seen as a static "snapshot" of the child, but should place current behavior in its context.
- Three important issues to consider when doing an assessment are: (1) pre-loss history, (2) home atmosphere, and (3) future life plans.
- Assessment of a child will include interviews with others who know the child well (e.g., parents, grandparents and other relatives, teachers and school counselors).
- A thorough assessment of a child should also incorporate other sources of data that do not come from the interview, such as school records and psychological tests.

(2) FORENSIC

- The forensic interview's focus is much more narrow; it is **intended to elicit very specific factual information.**
- This interview is not intended to be therapeutic for the child or to assess the child, but for the purpose of collecting evidence about the crime.
- The specific purpose of a forensic interview may be to find out what a child witness heard or saw, the chronology of events, and the identities of those involved in the incident.
- There are protocols for forensic interviews that are intended to limit their scope so as to avoid contamination of the child's testimony and to preserve the credibility of the child's account.

(3) CRISIS INTERVENTION

- Crisis intervention interviews, whether conducted individually or in groups are likely to follow prescribed protocols which, unlike an assessment, are **focused on the child's reactions to the immediate situation.**

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- This type of interview is intended to help the child tell the story of what happened, describe his or her sensory experience and behavior, to ventilate acute emotional reactions, describe thoughts and imagery, and identify sources of support, and coping skills.
 - It would also incorporate educating and reassuring the child, acknowledgment and validation of the child's responses to the incident, and helping to calm and soothe the child.
 - The immediate goal of this type of interview is to reduce the level of post-traumatic stress, re-establish a sense of safety and control, normalize current reactions, and predict and prepare the child for coping with future reactions.
 - The Pynoos and Eth interview format described in detail at the end of this section is an example of a crisis intervention interview.

(4) PSYCHOTHERAPEUTIC

- The questions asked in therapeutic interviews may not follow a prescribed format, but are **attuned to the specific treatment goals of a given child**.
- There are many therapeutic approaches to interviewing children who have experienced a violent death.
- The choice of approach, ideally, is determined by the assessment which will help separate pre-existing symptoms from those that appear to be specifically related to the violent death of a family member or friend.

(5) PARENTAL

- Interviewing an adult **can give a fuller picture of the child** including a developmental history, history of previous family deaths, especially violent deaths, prior traumas (domestic violence, accidents, fires, etc.), current and past medications, school history,

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and observations of trauma and separation-distress-related behaviors.

- In the assessment used by AVP, at least one parent or caretaker is interviewed.
- The child and adult are interviewed separately and together.
- The separate interview with the adult often provides data that the child, especially the very young child, may not be aware of or be able to communicate.
- The interview with both the child and the adult is used to see the interaction between the child and adult.

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STANDARDIZED TESTS

- In addition to assessment information derived from interviews, there are a growing number of assessment instruments that can provide both qualitative and quantitative data regarding a child's reaction to

trauma.

- Standardized self-report scales, such as the Impact of Events scale are more formalized, and can measure the intrusive and avoidant symptoms of post-traumatic stress.
- Standardized scales have a tendency to be skewed towards conscious material which can lead to neglect of more unconscious experience.
- Less structured methods of assessment are generally recommended in psychodynamic treatment because of the need to examine the underlying, unconscious fears, wishes, and thoughts in order to facilitate working them through (Steinberg, 1997).
- For more information about standardized tests see Appendix F.

Pynoos and Eth Interview (adapted from “Witness to Violence: The Child Interview,” 1986)

- For use in an initial meeting with a recently traumatized child, age 3 to 16.
- Technique is generic in nature, in that it can be used with children who have witnessed murder, suicide, rape, accidental death, aggravated assault, kidnapping, and school or community violence.
- Prior to the interview it is important to obtain some information from family, police, or other sources about the family circumstances, the homicide, and the child’s subsequent

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- behavior or responses.
- Children should be seen alone in a quiet room.
 - Entire interview requires approximately 90 minutes.
 - Interview should be conducted by a clinical professional.

1st Stage: Opening

This allows the child to first express the impact of the trauma in free drawing and story telling enables to interviewer to appreciate the child's preliminary means of coping and defense mechanisms.

Establishing the Focus: Let the child know that you have had experience helping other children in similar situations. Inform the child that they are not alone in their predicament.

Free Drawing and Story Telling: Ask the child to draw whatever they'd like but something they can tell a story about. These drawings will vary from nearly direct accounts of the homicide to richly endowed works of fiction. Ask the child to elaborate further on both the drawing and story by asking general questions such as "what happens next?"

Traumatic Reference: The key concept in this opening stage is that the violent event remains intrusive on the child's mind and will be represented somewhere in the drawing or story. The interviewer's task is to find the traumatic references.

2nd Stage: Trauma

The interviewer now shifts the attention to the actual traumatic event. The interviewer must be sensitive to how physically exhausted and emotionally spent the child is.

Relaxation time and snacks should be offered. The child needs to feel that they are being cared for during this emotionally challenging time.

Emotional Release: The transition from the child's drawing or story to the explicit discussion of the homicide is a critical moment. Link some aspect of the drawing or story directly to the trauma. What often follows is a profound emotional outcry from the child.

Reconstruction: The child may choose to reenact or draw the event but the interviewer must encourage the child to use words. Props (dolls, puppets, weapons, etc.) are made available. The interviewer must be willing to participate acting as the victim, assailant or police officer. Although the child may display an increase of anxiety, afterward the child appears strengthened in his or her mastery of the trauma.

Perceptual Experience: Address the child's sensory experience of the event (i.e. sound of gunfire, the sudden silence of the victim, etc.). Whenever the child describes an intense emotional experience, ask where he or she felt it in their body.

Special Detailing: The child may imbue a particular detail with special traumatic meaning. The interviewer should recognize the unconscious significance of these details.

Worst Moment: Ask the child about their worst moment, this moment is a particularly empathic time for the child as they generally feel especially understood and close to the interviewer.

Violence/Physical Mutilation: Children may be haunted by visual images of the death or mutilation and struggle to unburden themselves of the sight.

Issues of Human Accountability: Since homicides are of human design the child now has to grapple with questions of accountability and responsibility.

Inner Plans of Action: Children tend to attempt to reverse their helplessness by formulating a plan of action that would have remedied the situation (calling the police, grabbing the weapon from the assailant, etc.) Discussing their inner plans of action may offset their lingering feelings of personal responsibility.

Punishment or Retaliation: Allow the child to fully express these feelings before reminding them of the realistic limitations of what they could have done. Children generally are relieved by the permission to imagine the torture or execution of the assailant.

Counterretaliation: Ideas of revenge may often lead children to worry about the return of the assailant. Children must be reassured of their safety.

Child's Impulse Control: Examine the child's own impulse control by asking "what do you do when you get angry?" Viewing an open display of violence, such as a homicide, may challenge their impulse control.

Previous Trauma: At this time children commonly mention past traumatic events.

Traumatic Dreams: Inquire about recent dreams or nightmares.

Future Orientation: Ask the child about his or her concerns about the future. Often times children immediately construct a vivid and restricted view of their own future (e.g. will never marry, will live in a fortress, etc.)

Current Stresses: Common concerns of children are: changes in living situation or schools, and contacts with the police or legal system.

3rd Stage: Closure

The final stage assists the child in addressing his or her current life concerns with an increased sense of security, competence and mastery.

Recapitulation: Review and summarize the interview. Attempt to make the child feel less alone by stating that their responses are understandable, realistic and universal.

Realistic Fears: Reassure them that it is alright to feel sad, angry, helpless and/or afraid.

Expectable Course: Share with children the expectable course they will pass through such as "you may have some bad dreams but they'll happen less and less with time."

Child's Courage: Acknowledge the child's bravery.

Child's Critique: Ask the child what has been helpful or disturbing about the interview.

Leave-taking: Thank the child for sharing the interview experience with you. Give the child your professional card, no matter how young, and tell them that you are available for future contact.

GROUP EXERCISE: OBSERVATION ROLE PLAY

Observe the role play of a child co-victim being interviewed. Once the interview is complete we will discuss the following as a group:

8. What type of interview was this?
9. How did the interviewer take the child's age into

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consideration?

10. How did the interviewer make the child feel safe?
11. How did the interviewer give the child a sense of choice?
12. What information and/or conclusions did the interviewer yield?