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Evaluating the Effectiveness of the Protocol for Forensic Interviews with Child Witnesses to Domestic Violence

Literature Review

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We stand with kids.

Background

Protective Factors, Resiliency, and The Bond of The Mother

Protective factors are conditions in families and communities that increase the overall health and well-being of families and children (Department of Health & Human Services, 2009). Furthermore, the Department of Health & Human Services (DHHS) (2009) describes protective factors serving as buffers that help parents who are at risk of abusing their children, and assisting to finding resources, support, or coping strategies to assist the parent, even in stressful situations. Research has presented that focusing on protective factors is a more productive approach than reducing risk factors because protective factors strengthen all families, assist service providers developing positive relationship with families and communication, and service providers are able to strengthen the families support network, which attributes to the long-term positive success of the family (p.8).

Various research has examined five main protective factors that are linked to a lower rate of child abuse and neglect:

- Nurturing and Attachment,
- Knowledge of Parenting and of Child and Youth Development,
- Parental Resilience,
- Social Connection, and
- Concrete Supports for Parents.

These studies express that all of these factors typically work synonymously with one another to reinforce the bond and relationship between the children and families (Center for the Study of Social Policy, 2003; Panel on Research on Child Abuse and Neglect, National Research Council, 1993; Pollard & Arthur, 1999; Shonkoff & Phillips, 2000). It is important to examine resiliency in children when assessing protective factors, because the child's resilience is associated to various protective factors.

The term *resilience* is defined by Masten et. Al. (1990) as “The process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances” (p. 426). In various studies, resilience encompasses both the bond of the mother as well as protective factors in the determination of the resiliency in the child. Martinez-Torteya et. al. (2009) explore resilience among children in the context of intimate partner violence toward their mothers. The authors suggest that a child’s resilience is associated with the co-occurrence of protection and lower risk to domestic violence exposure (p. 575).

Multiple studies examined supportive mothers as a main research focus in child protective cases because they are likely to interact with child protective systems and are most likely to have the care responsibilities of the child, regardless of if they are the only parent or in a relationship (Daniel & Taylor, 2001; Lewis & Welsh, 2005). Cowan & Hodgson (2007) also state that it is mothers, rather than fathers, are more likely to be the victims of domestic violence. While the women are often defined as the main caregiver, they are often subject to the blame of the maltreatment of the children. It important to address how the system has been responding to mothers in cases of domestic violence and how protective factors need to be assessed in cases where domestic violence is present.

Co-Occurrence and how the systems have been serving mothers

Numerous studies indicate that there is substantial overlap between children witnessing partner violence and child maltreatment (Appel & Holden, 1998; Jouriles, McDonald, Smith Slep, Heyman, & Garrido, 2008). A study published by Hamby et. Al. (2010) expresses that more than one third, (33.9%) of youth (ages 0-17) who witness partner violence, had also been maltreated within the past year, compared to 8.6% of youth who were maltreated who were non-witnesses. The authors further state that lifetime data suggests that 56.8% of youth who witness partner violence, had experienced some form of maltreatment (Hambley et. Al, 2010, p. 748). With the compelling numbers indicating a strong overlap of co-occurrence, there is often misunderstanding between the mothers and the systems that serve these families. Similarly, in communities with strong disconnect between agencies such as police, child protection, housing services, and women’s services,

there are strong implications for ensuring safety of mothers and their children (Humphreys, 2007).

A study conducted by Douglas and Walsh (2010), examined the dynamics between mothers who are victims of domestic violence, and the system response to these mothers. The authors argue that the failure to recognize the dynamics associated with domestic violence are likely to have substantial consequences in which child protection workers respond to mother and children. The participants in the study suggest that both the batterer and the mother, in child protective cases, were both seen as failing equally to protect. A participant described, "I think Child Safety don't see that there is a protective parent when there's violence, there's this assumption that both parents are problematic if there is any violence. Rather than, that violence is gendered, and that women actually do . . . or that there is often a protective parent. And it's better to have a system that works with the protective parent" (p.492).

Douglas and Walsh (2010) stated that many of the mother participants argued that at first, many child protection workers appeared to define the women as the main adult with the responsibility to care for the children in the household, then blamed the women for the domestic violence and for failure to protect their children. One participant commented, "[These mothers] are fine and decent women but they're just being blamed for the domestic violence, and they're actually being blamed for his violence, because they're not being protective enough. And the [Child Safety] Department is quite punitive in the measures that need to be in place for them to get their children back . . ." (p.393). Many studies concur that the women, in these situations, may be subject to more scrutiny than the male batterers (Douglas & Walsh, 2010; Humphreys, 2007; Powell Murray, 2008; Radford & Hester, 2006; Schneider, 2000).

Along with fear and mistrust within child protective systems, Connelly & Cavanaugh (2007) suggest that women continually have a difficult experience with police response in domestic violence cases- often fearing that obtaining a protective order will amplify the violence in the home. Additionally, there are compelling additions to the mistrust of systems when intersectionality of poverty, race, gender, Aboriginal women, and women

who are immigrants, are even more disadvantaged within their system interactions and its responses (Cossins, 2003; Crenshaw, 1991).

Prosecution of Domestic Violence

Overall, prosecution rates in America for domestic violence cases are low (Nelson, 2013). This can be due to a variety of factors, including but not limited to: timely police and prosecutor response, presence of witnesses, and a low deterrent effect on batterers. Charging and conviction of domestic violence cases is dependent on the response of law enforcement and prosecuting attorneys. However, when a first-responding police officer conducts a basic domestic violence investigation, 70% of the time prosecutors do not file criminal cases (Garner et.al., 2009). This stops the prosecution process in its tracks.

If a domestic violence case has one or multiple witnesses, prosecution rates do increase (Trimble et.al, 2004). Most likely, these witnesses will be children who are in the home. Domestic violence rates are highest among 18-35-year-olds, and children are present in 61-86% of the homes with parents in that age range (U.S. Census Bureau, 2003). Because of this, it is important to gather statements from all witnesses involved, whether it be a child or adult, to increase prosecution rates of domestic violence cases.

Even if there is appropriate and timely systems response to domestic violence, and witnesses are taken into account, domestic violence perpetrators are still likely to reoffend (Payne, 2017). One reason for this is because of the low probability of prosecution in spousal abuse cases (Lerman, 1992), together with the fact that arrest is only a minor nuisance to the abuser who is usually out of jail within a few hours following the arrest (Hirshcel et.al, 1992). These factors help to explain the lack of deterrent effect legal systems interventions have on many batterers, unless results are more permanent or costly to the offender.

Describing Child First Approach First Witness Interview Protocol

The ChildFirst® Forensic Interview Protocol is a forensic interview protocol designed by and for the front-line child abuse professional and is an approved and accredited by the National Children's Alliance (Zero Abuse Project, 2018). The protocol has

undergone regular updating over the years as new research has been conducted in the fields of forensic interviewing and child development. The ChildFirst® Forensic Interview Protocol is widely utilized and highly regarded throughout the United States and several other countries. The use of forensic interviewing, particularly with the ChildFirst® Forensic Interview Protocol, has been upheld through appellate court opinions for providing expert forensic testimony. The use of the ChildFirst® Forensic Interview Protocol for child abuse investigations has also been upheld through appellate court opinions (Mooneyham v. State, 2005; Barthman v. State, 2018).

The overriding principle of the ChildFirst® Forensic Interview Protocol is that it is always in the best interest of the child. This means that the interview is based on the idea that the cognitive, physical, emotional, and psychological needs of the child are our primary concern (Zero Abuse Project, et.al.) The phases of a ChildFirst® Forensic Interview include: Rapport, Transition to Topic of Concern, Explore Details, and Closure. The Rapport phase is intended to orient the child to the interview and to encourage narratives. The Transition to Topic of Concern phase is intended to provide structure to communicate about maltreatment. The Explore Details phase is intended to use narrative to obtain details of the abuse report, consider multiple forms of maltreatment, and to explore alternative hypotheses. Finally, the Closure phase is intended to provide a respectful end to the interview, to address personal safety for the child, to address the child's questions and concerns, and to return the child to a neutral state (ChildFirst® Forensic Interview Protocol, 2018). Interviewers using this protocol depend on the use of open-ended questions to illicit narrative, non-suggestive questioning techniques, exploration of alternative hypotheses, and respectful interviewing practices to ensure a legally defensible child forensic interview. In addition to forensically sound questioning techniques, interviewers may also employ the use of interview aids including anatomical diagrams and anatomical dolls, if deemed appropriate and defensible by a trained interviewer who is well versed in the relevant research (Kendrick, 2013). In ChildFirst® forensic interviews, the types of questions used, and the order these questions are used in, emphasize and demonstrate developmentally appropriate and legally defensible questioning techniques (Graffam Walker, 2013).

Domestic Violence Protocol Implementation

First Witness Child Advocacy Center has, over the past three years, created and implemented a protocol for forensic interview with child witness to domestic violence, that involves the investigative team, forensic interviewers, and advocates (First Witness Child Advocacy Center, 2019). It has been shown that the combined efforts of a cohesive multidisciplinary team create the most optimal results for a child and their family (Banks et.al., 2008).

The First Witness Domestic Violence Forensic Interview Protocol requires that investigators assigned to the case will bring a history of domestic violence investigations or family assessments to each forensic interview. Any case where a child was a witness to a domestic violence incident that could possibly result in a felony or misdemeanor charge are able to be forensically interviewed at First Witness. According to most recent complete data for the United States, perpetrators of domestic violence are arrested or charged about 40% of the time when an incident is reported to the police. When a domestic violence incident involves serious injury to either party, *and* a criminal complaint is signed, the alleged offender is arrested or charged 89% of the time (Reaves, 2017).

When the family arrives at First Witness, the non-offending caregiver will be assigned an advocate. That advocate will sit with the caregiver during the interview, answer questions, and continue to advocate on the caregiver's behalf until the caregiver decides that it is no longer needed. A separate advocate will be assigned to the child being interviewed that day and will continue to advocate on behalf of the child throughout the investigative process as requested. Assigning a separate advocate to the child lets the child know that they have adults who will listen to them and believe them, as well as connect them with necessary services (Unicef, 2006).

A professional forensic interviewer will always interview the child victim/witness at First Witness Child Advocacy Center. The ChildFirst Forensic Interview Protocol already has the structure in place to screen for all forms of maltreatment, including but not limited to, physical abuse, sexual abuse, neglect, psychological abuse, and witness to domestic

violence. Studies show that co-occurrence with these types of abuse is common (Appel et.al., 1998; Bidarra et.al., 2016; Coulter et.al., 2015). Modifications can be made to the protocol depending on the specific interviewer's professional expertise and multidisciplinary and investigative team approval. All modifications to the initial protocol will be documented in the interviewer's forensic report.

During the forensic interview for a witness to domestic violence case, the professional interviewer will screen for possible dynamics surrounding the issue of domestic violence. Some examples of these types of screening questions include: "What happens when someone breaks a rule at home?", followed by exploring this question for each member of the family, as well as pets to screen for animal abuse. Studies have shown a co-occurrence rate between domestic violence perpetrators and animal abuse perpetrators (Loring et.al., 2007). The interviewer will use a variety of screening questions to elicit potential protective factors, as well as domestic violence co-occurrence with other types of abuse in the household (First Witness Child Advocacy Center: Addendum, 2019).

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