



# THE UNIVERSITY *of* EDINBURGH

## Edinburgh Research Explorer

### “They should ask me so that they can help me”

Patterns of young children’s expressed feelings and beliefs when interviewed about violence and difficult experiences

**Citation for published version:**

Franchino-Olsen, H, Woollett, N, Thurston, C, Maluleke, P, Christofides, N & Meinck, F 2025, “They should ask me so that they can help me”: Patterns of young children’s expressed feelings and beliefs when interviewed about violence and difficult experiences’, *Child Abuse and Neglect*, vol. 162, no. Part 1, 106932, pp. 1-17. <https://doi.org/10.1016/j.chiabu.2024.106932>

**Digital Object Identifier (DOI):**

[10.1016/j.chiabu.2024.106932](https://doi.org/10.1016/j.chiabu.2024.106932)

**Link:**

[Link to publication record in Edinburgh Research Explorer](#)

**Document Version:**

Peer reviewed version

**Published In:**

Child Abuse and Neglect

**General rights**

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

**Take down policy**

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact [openaccess@ed.ac.uk](mailto:openaccess@ed.ac.uk) providing details, and we will remove access to the work immediately and investigate your claim.



**“They should ask me so that they can help me”: Patterns of young children’s expressed feelings and beliefs when interviewed about violence and difficult experiences**

Hannabeth Franchino-Olsen<sup>1,2§</sup>, Nataly Woollett<sup>3,4</sup>, Christina Thurston<sup>1</sup>, Pamela Maluleke<sup>3</sup>, Nicola Christofides<sup>3</sup>, and Franziska Meinck<sup>1,3,5</sup>

<sup>1</sup>School of Social and Political Sciences, University of Edinburgh, United Kingdom

<sup>2</sup>College of Public Health, The Ohio State University, United States

<sup>3</sup>School of Public Health, University of the Witwatersrand, Johannesburg, South Africa

<sup>4</sup>Department of Visual Arts, University of Johannesburg, South Africa

<sup>5</sup>School of Health Sciences, North-West University, Vanderbijlpark, South Africa

§ Corresponding author: Hannabeth Franchino-Olsen

College of Public Health

The Ohio State University

Columbus, OH 43210

franchino-olsen.1@osu.edu

## **Acknowledgments**

### **Funding**

This study is funded by the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation programme [Grant Agreement Number 852787] and the UK Research and Innovation Global Challenges Research Fund [ES/S008101/1]. CT was funded by an Economic and Social Research Council Studentship [ES/P000681/1].

The original Young Carers Study was funded by the Economic and Social Research Council (UK) and the National Research Foundation (RES-062-232068), the National Department of Social Development, the Claude Leon Foundation, the Nufeld Foundation (OPD/31598), the Health Economics and HIV/AIDS Research Division at the University of KwaZulu-Natal (R14304/AA002), the John Fell Fund (103/757), the University of Oxford Impact Acceleration Account (1602-KEA-189, 1311-KEA-004 & 1069-GCRF-227) and the Leverhulme Trust (PLP-2014-095). The funding bodies were not involved in the design, data collection, analysis, or interpretation of data, nor involved in writing the manuscript.

### **Acknowledgements**

Interrupt\_Violence Advisory Committee: Elsinah Mhlongo, Dr. Alexander Butchart, Prof. Karen Devries, Prof. Heidi Stöckl, Prof. Lorraine Sherr, Dr. Mark Boyes, Prof. Andrea Gonzales, Prof. Lucie Cluver and Prof. Michael P. Dunne.

Thank you to the study area local government, chief, indunas, and ward councillors.

### **Authors' contributions**

FM designed the Interrupt\_Violence study with substantive input from NC, NW, HFO, and CT. PM conducted the child qualitative interviews. HFO, FM, and NC conducted the focus group discussions. HFO, NW, and CT analyzed the qualitative data. HFO drafted this manuscript. All authors read and approved the final manuscript.

### **Ethical approval**

The INTERRUPT\_VIOLENCE study was approved by the University of Edinburgh School of Social and Political Science Research Ethics Committee (264227), the University of the Witwatersrand Human Research Ethics Committee (M190949) and North-West University Health Research Ethics Committee (NWU-00329-20-A1). Further ethical approval was granted from the Mpumalanga Department of Health (MP-202012-003). All methods were carried out in accordance with relevant guidelines and regulations or the Declaration of Helsinki. Written consent (adults) and assent (children) were obtained from all the study participants or their legal guardians for the study. Consent and assent procedures were approved by all involved Ethics Committees.

**“They should ask me so that they can help me”: Patterns of young children’s expressed feelings and beliefs when interviewed about violence and difficult experiences**

**Abstract**

**Background:** Children’s participation in research is a rights-based principle. However, young children are often excluded from research on sensitive topics, due to gatekeepers concerns that participation would cause distress/re-traumatization and conflict with the principle of providing adequate protection from harm. **Objective:** To provide evidence around young children’s feelings, including potential distress, and beliefs in mixed-method interviews about violence and difficult experiences. **Participants and Setting:** Data were collected from South African interviewer focus group discussions and young child (age 6–10) interviews, along with observations and fieldnotes from young child (age 6–17) interviews. **Methods:** We collected and analyzed qualitative data focused on children’s displayed and reported emotions and beliefs in violence-focused interviews. **Results:** Findings showed the quantitative interview was frequently a positive experience for young children, and children who became upset or emotional stated their feelings were due to violence they experienced. The interviewer seemed to represent a safe person to whom the child could disclose. The play- and arts-based methods of the interview were useful in building this safety and providing space for children to regulate difficult emotions. **Conclusions:** In a carefully managed interview environment using developmentally appropriate methods, young children are enthusiastic participants and do not appear to experience undue distress or trauma when asked about violence and other sensitive topics. Findings demonstrate that young children can be safely included in research about violence and issues that impact them and can exercise their right to participation when research methods, environments, and safeguards are appropriately adapted to their needs.

**Keywords:** young children; violence; abuse; research participation; rights

## Introduction

Violence against children (VAC) is a global issue with an estimated 1 billion children aged 2–17 experiencing violence each year with the potential for the negative impacts of violence stretching across the life course (Hillis et al., 2016). The ratification of the UN Convention on the Rights of the Child (UNCRC) represented a global recognition of children as autonomous beings with their own legal rights (Cater & Øverlien, 2014; Evang & Øverlien, 2015). These rights include the right to be heard—informed, involved, and consulted—on issues that impact them, which comprises their participation in research on violence (Office of the Special Representative of the Secretary-General on Violence against Children, 2021; Øverlien & Holt, 2021). Grounded in this rights-based paradigm, inclusion in research is a right and an acknowledgement that children are experts in their own lives and well-positioned to speak on their experiences (Evang & Øverlien, 2015; Øverlien & Holt, 2021; Woollett et al., 2024).

Despite this acceptance of children's right to involvement, many children (particularly young children, e.g., under age 10) have been excluded from VAC research studies, primarily due to child protection concerns (Øverlien & Holt, 2021; Pernebo & Almqvist, 2017). A child's right to participation in research is often seen as being in conflict with their right to protection from harm, including harm from distress or potential re-traumatization through their participation in sensitive research (Office of the Special Representative of the Secretary-General on Violence against Children, 2021; Øverlien & Holt, 2021). As a result, research ethics committees and other gatekeepers are often hesitant to allow children—especially young or VAC-exposed children—to participate in sensitive research (Øverlien & Holt, 2021). Their inclusion in research, however, is crucial, and VAC researchers have found an extraordinarily high prevalence of violence disclosure when young children are interviewed (Abrahamyan et al., 2024). This (seeming) tension between children's right to protection and

right to be heard must be investigated. The need to protect children from distress or other harms via their participation should not be so rigid and based on assumptions of such harms, without any evidence, that research with young or vulnerable children is unnecessarily curtailed (Evang & Øverlien, 2015).

Previous work in Nordic settings has explored how young children participating in VAC research are able to proactively exercise their agency and control their involvement and disclosures in an interview (Eriksson & Näsman, 2012; Evang & Øverlien, 2015). In accordance with the principles of the UNCRC, these results seem to indicate that young children can be empowered in an appropriately designed interview environment to manage their participation in a way that feels safe to them. As stated by Øverlien and Holt (2021), though researchers seek to allow children's participation in research without any potential distress, they "cannot absolutely eliminate this risk" and cannot "guarantee the study [they] conduct will not in any way cause discomfort, upset or even harm" (p. 660), just as it is with adults' participation. Thus, this risk needs to be carefully investigated and managed to determine whether and how young and vulnerable children can be included in research on VAC and other sensitive topics. If participation is possible, then the research methods and environment likely need to be carefully designed around this risk and managed to respond appropriately to potential upset, including having appropriate structures in place such as social workers, mental health professionals, and referral pathways (McTavish et al., 2017). Research is needed about the benefits and harms of participation for young children and how to hear what they are communicating both verbally and through their silences and non-verbal messages (Cater & Øverlien, 2014; Øverlien & Holt, 2021). This need for research is particularly acute in settings such as South Africa where the prevalence and acceptance of VAC is notably high and research with children is relatively scarce and urgently required (Chetty, 2019; Hsiao et al., 2018).

This study sought to contribute to filling this gap by investigating the emotional and behavioral responses displayed or reported by children in South Africa while participating in a quantitative interview about VAC and other sensitive health and family topics. With the intention to reconcile better the demands to protect children from distress while also creating space for their participation, the research aimed (1) to illuminate how children, primarily young children, behaved and reported feeling when asked about violence and other sensitive topics with a particular interest in potential indicators for distress and emotional regulation or dysregulation, (2) to explore patterns across the sample and through the mixed-methods nature of the data of children's expressed and demonstrated feelings, including how these emotions potentially manifested in the interviews, and (3) to examine how the child and the interviewer responded to the potential feelings of upset, dysregulation, or other emotions in the interview.

## **Methods**

### **Sample and data**

Data for this analysis come from the third wave of a mixed-methods longitudinal three-generational cohort study conducted in South Africa (Interrupt\_Violence). The study included young children (aged 6 and older), their parents (aged 21–28), and their parents' former primary caregivers (aged 32–92). More information on this study and its protocol can be found in Meinck et al. (2023). The child's standardized questionnaire interview used quantitative and qualitative elements. Quantitative elements included questions about experiences of abuse, violence in their home and family, community and peer violence, HIV status, physical and mental health, food insecurity, education, resilience, and safe/unsafe spaces. Qualitative elements included play- and arts-based methods. The questionnaire interview began with a "feeling faces" drawing and charades game, which helps children identify primary feelings in themselves and ensure a common vocabulary for subsequent

interview questions about feelings. Later in the interview, children completed a playdoh activity to help children demonstrate safe and unsafe people and spaces within their home. Additional play and drawing breaks were used throughout the interview to provide breaks in the questionnaire at the discretion of the interviewer. All these activities helped build rapport between the child and interviewer, ensured engagement through the use of play and art-making, and elevated interpersonal connection and understanding. More information on the elements included in the interviews with young children can be found in Franchino-Olsen et al. (2023). Data used for this study are summarized in Figure 1, which provides a timeline for the in-field data collected from children, and Table 1, which provides a summary of the data collected, including the scope of each data source.

[FIGURE 1 HERE]

[TABLE 1 HERE]

Qualitative data were collected from three sources: (1) Qualitative interviews with purposively sampled young children who had participated in the child questionnaire interview (aged 6–10), which were conducted by a highly-skilled young adult qualitative interviewer and done in the preferred/home language of the children (XiTsonga or SiSwati). Children were purposively sampled to represent young children (aged 6–10) who participated in the child questionnaire interviews and to include children who did and did not state or demonstrate upset/distress from and engagement in the questionnaire interview. These follow-up interviews were conducted two to seven days after they participated in the questionnaire interview, lasted approximately 20–30 minutes, and explored children's recollections, thoughts, and feelings on the questionnaire interview (n=8). The interview guide for this qualitative interview was written and iteratively revised by the study's qualitative team who had been conducting in-depth qualitative interviews with young children as part of the Interrupt\_Violence study's mixed-method primary research aims for



six months. The interview guide was pilot tested on one American 6-year-old to assess levels of cognitive understanding of the question items and the processes, particularly the drawing tasks. Additionally, the interview guide was enhanced iteratively throughout the interview process as new themes emerged which were subsequently explored in future interviews. The qualitative interviewer was not the interviewer with whom the children completed the questionnaire interview. Most qualitative interviews were conducted with both the interviewer and the child sitting on the ground and began with the pair playing a game the child chose. During the qualitative interview, children were encouraged to draw a picture based on their recollection of the questionnaire interview, and this artwork was used to explore and probe around how they felt about the questionnaire experience. (2) Focus group discussions (FGDs) with Interrupt\_Violence fieldwork staff explored the topic of children's experiences and demonstrated feelings when being interviewed about VAC and other sensitive or difficult topics (e.g., HIV, food insecurity). FGDs (n=3) were conducted with staff—interviewers and a social worker (all from the local community who spoke English and the local languages)—in small groups (4–7 staff present) across the two study fieldwork sites (rural site (site 1); peri-urban site (site 2)) midway through the 3-year data collection for the Interrupt\_Violence study, lasted approximately 90 minutes each, and were conducted by the study investigators and this manuscript's first author. (3) Fieldnotes were compiled by interviewers at the completion of a child questionnaire interview (n=129) which included their general observations from the questionnaire, noted any significant events or disclosures from the interview, stated how well the child was able to engage and participate in the interview, noted any signs of distress or discomfort displayed by the child during the interview, commented on whether the child seemed upset and how that was displayed, explained how they responded if the child was upset or dysregulated and how the child seemed after the interviewer's response, and noted any concerns the interviewer had at the

conclusion of the session. Fieldnote data were enhanced by the authors' in-field observations of child interviews (n=4) with special focus paid to the attention, engagement, and non-verbal cues the children displayed, as well as the responsiveness of the interviewers and the rapport built between the interviewer and child during the session.

Children were also asked two closed-ended exit questions at the end of the questionnaire interview. They indicated how upset or bothered they were by the questions they had been asked (not at all/a little bit/very) and whether they would be willing to participate in another interview now that they knew what it was like (yes/no). These answers were captured in the quantitative data collected, and the children's answers allowed interviewers to ask probing questions and gain additional insights into the child's interview experience which were captured in the qualitative fieldnotes.

Given children's participation in multiple stages of this research, all of which took place as a one-on-one interview with study staff, we will use the following terms throughout the paper to avoid confusion: (1) The "questionnaire interview" or "questionnaire" refers to children's participation in the mixed-methods questionnaire interview in which all children in the study participate (n=129). Fieldnotes and in-field observations are drawn from these questionnaire interviews. (2) The "qualitative interview" refers to the small number of children (n=8) who participated in a follow-up interview with a skilled qualitative interviewer who explored with them their thoughts and feelings about the experience of participating in the questionnaire.

These data sources and the timeline of in-field data collection are detailed in Figure 1 and Table 1. To summarize, the child was invited to participate in the questionnaire interview after their parent had participated in their own adult-focused interview. The questionnaire interview was the child's first engagement with the study, and they completed the interview with one study interviewer trained to interview young children using a mixed-method

questionnaire, which included play- and arts-based methods among quantitative questions. (The child's interviewer was often the same individual who interviewed their parent). The questionnaire interview ended with the two exit questions which were followed by the interviewer's completion of the fieldnotes. Authors completed in-field observations of the child questionnaire interviews at both the rural and peri-urban study sites. Children selected for the qualitative interview were contacted two to seven days after completing the questionnaire interview. Qualitative interviews were conducted by a second interviewer highly skilled in qualitative research and implementation of play- and arts-based methods. The parent and child were introduced to the qualitative interviewer by the interviewer who completed the child questionnaire, and the child was invited to participate. Following more than one year of in-field work conducting child interviews, study staff were invited to participate in FGDs.

### **Interview environment**

Interviewers for the questionnaire interview were hired from the local community, were all proficient in the local language in which the interview was conducted (XiTsonga or SiSwati), had a minimum of a high school education, and had prior fieldwork experience. All interviewers underwent an in-depth, multi-week, trauma-informed training with key topics covering child development and rights, arts-based methods, incorporating playfulness into the interview environment, and managing referrals to the social worker. More information on the interviewer training can be found in Silima et al. (under review). Throughout the course of the study, interviewers received ongoing training and professional development focused on conducting the child questionnaire interviews. These ongoing trainings provided mentoring and opportunities for values clarification on topics such as violence against children and child rights and deepened interviewers understanding of trauma and child development. (For example, training sessions were held which centered around how to identify risk based on

child behaviors and how these behaviors may differ for a 5-year-old child compared to a 15-year-old adolescent.) Prior to inviting the child to participate in the interview, parental consent was obtained after which child assent was sought, as described above. On the day of the child's questionnaire interview, the interviewer secured a private space for the interview to occur; this was typically an outdoor space within sight of the child's home that would allow them to have a conversation without being overheard. A second study staff member was on-site during the child questionnaire interview to ensure the interview space remained private and free of interruptions and to manage any family members or neighbors who had questions about the process.

For the qualitative interview, the interviewer was a highly skilled qualitative interviewer who had completed a university degree, spoke the local languages in which the interview was conducted (XiTsonga and SiSwati), and had experience conducting qualitative interviews on sensitive topics. The qualitative interviewer was particularly skilled in speaking to and engaging children with playfulness and developmentally appropriate methods. As described above, parental consent was sought and obtained prior to approaching the child to invite them to participate in the qualitative interview and obtaining child assent. As with the questionnaire interview, the qualitative interview took place in a private space—often outdoors away from family members and neighbors—where the interviewer and the child could not be overheard.

The interviewers and study social workers worked as an integrated team in close collaboration. As such, if child distress arose during either interview or if disclosures or observations were made that required a referral to the social workers, these referrals were made and communicated immediately to the social worker assigned to the field site who was responsive and available to assist according to the child's distress or the urgency of the referral. The social workers regularly provided feedback to the interviewers on the

management of the referrals without violating participant confidentiality. Study social workers were supervised by members of the investigative team who were qualified social workers. All submitted referrals were initially attended to in a timely manner (typically 0–14 days, depending on case urgency), and many cases involved multiple visits by the social worker to the family and connections to further services before being closed.

### **Reflexivity statement**

Interviewers who conducted the questionnaire interviews and who participated in the FGDs were Black South Africans from the communities in which the study was conducted. Likewise, the study social workers were also Black South Africans from the local communities. As such, they had the language capability and contextual sensitivity needed for the interviews, but many also shared some of the values the study methods were seeking to challenge (e.g., the expectation of children to quietly obey adults and not express their own opinions). Interviewers and social workers had all completed a high school degree and a minority had also completed a university degree. All staff were cisgender men and women with approximately twice as many women as men on the study team.

The qualitative interviewer was a Black South African woman who was midway through completion of a Master's degree. Though she did not come from the study communities, she was sensitive to the culture and the context of these communities, spoke the local languages fluently, and had in-depth qualitative interview experience. The interview observations were done by this work's first and last authors who were, respectively, American and German White cisgender women and members of the study's investigator team. Observations took place when investigators were in the field for two months and involved the authors shadowing study staff who completed child questionnaire interviews. The fieldwork, study investigator, and study management team—which included the authors of this work—were a multiracial research team from four countries. Individuals who analyzed

the data have three to 22 years of experience conducting research in low- and middle-income countries.

### **Ethical considerations**

This study was granted ethical approval by the University of Edinburgh School of Social and Political Science Research Ethics Committee, the University of the Witwatersrand Human Research Ethics Committee, North-West University Health Research Ethics Committee, and the Mpumalanga Department of Health. The cohort study from which this data were drawn had numerous safeguards in place to ensure young children could participate with reasonable safety and that data were ethically collected. Given the multi-generational nature of the cohort study, children were only recruited and invited to participate in the questionnaire after their parent (young adult) participated in the study themselves. Following their questionnaire interview, young adults with an eligible oldest child (age 6–17) for whom they are the primary caregiver were invited to have their child participate in the child questionnaire interview. If active parental consent was obtained from the parent included in the study, the young child was invited to participate and to provide assent. Approximately 18% of young adults with eligible children refused to provide consent for their child to participate with the main reason stated for refusal being their concern about the length of time required for their child's participation. Once parental consent was obtained and children knew that their parent had given permission for their participation, none of the children declined to provide assent to participate in the questionnaire interview. Young adults and children were informed before consent/assent was obtained of the circumstances which would result in mandatory referrals as per the South African Children's Act (Children's Act, 2005). This procedure sought to ensure that children were only recruited and invited to the study once their caregiver understood the scope of the interview and mandated reporting requirements, as the young adults and children were asked to report about violence, health, home life, and

other experiences.

For the children invited to participate in the follow-up qualitative interview, none of the parents or children declined to participate. As with the questionnaire interview, the child's parent (young adult) who participated in the study were approached to first provide parental consent for their child's participation before the child was approached and invited to participate. All approached families (n=8) provided parental consent and child assent for participation in the qualitative interview.

The study utilized a distress protocol in all interviews and interactions with children, which allowed the interviewers to respond to any distress or dysregulation the child experienced in a way that sought to help the child manage their emotions as safely as possible. The study also employed a full-time, supervised, and registered social worker (registered with the South African Council for Social Service Professions) at each fieldwork site (n=2) who was available to manage all mandated and voluntary referrals prompted by the interviews and to respond quickly to any cases of child distress or endangerment. In general, participants in the study communities appreciate the opportunity to be attended to by a social worker, and the attitude towards mandated social worker referrals is viewed much more positively (i.e., seen as a chance to get individualized help with challenges and to gain access to social support systems) and with less stigma and resistance than it is in many high-income contexts. The interviewers all participated in an in-depth, multi-week (240 hours), face-to-face training session conducted by the research investigators, some of whom are therapists and social workers, which provided instruction around child rights and protection and prepared them to prioritize the safety of children in their fieldwork tasks. Ongoing training was conducted regularly once the study was underway to provide interviewers continued training and mentorship around ethically supporting and protecting children. (For more information on the staff training, please see Silima et al. (under review).)

All questionnaire interview data collected for this study, which includes the questionnaire items, exit questions, and fieldnotes, were encrypted and submitted to the KoboToolBox Server—an open-source tool for mobile data collection—where they were stored on an encrypted container and pulled onto a safe server at the University of Edinburgh. Data from the qualitative interviews and FGDs were stored, transcribed, and translated on an encrypted file sharing platform at the University of Edinburgh. In-field observations were also transcribed and stored on the same encrypted file sharing platform.

### **Analysis**

Qualitative analyses were conducted using MAXQDA 2022, version 22.4.0 (VERBI Software, 2022). The data were inductively coded with simultaneous codes using general themes for children's distress, emotions, and responses during interviews (Braun & Clarke, 2006). Subsequent coding rounds thematically grouped and subcategorized themes to produce a coding scheme focused on children's feelings and opinions, interviewer responsiveness and rapport, and the implications of interviewing young children about VAC experiences. Thematic codes were developed by the lead author in collaboration with the co-authors, and data were assessed and discussed for reliability with an additional coder. Final coding structure was agreed upon by the research team.

### **Results**

Eight children participated in follow-up qualitative interviews. Ten total study staff (interviewers; social worker) participated in one or more of the FGDs. Fieldnote data from 129 child questionnaires were analyzed. Demographic information from the child questionnaire and qualitative interviews can be found in Table 2. In response to the questionnaire's quantitative exit questions, 98 children (76%) stated they were not at all upset or bothered by the questions, 14 (11%) were a little bit upset/bothered, and nine (7%) were very upset/bothered (eight children (6%) had missing data for this item). When asked if they



would want to participate in this questionnaire again, 112 children (87%) said yes and nine (7%) said no (eight children (6%) had missing data for this item). Of the nine children who stated they would not want to be interviewed again, eight reported being not at all upset or bothered by the questions. The one child (boy; age 6) who said they were very upset and would not want to participate again was included in the qualitative interview sample and the follow-up interview indicated that he did not want to do those questions again because he had already answered them, but he insisted that he wanted the questionnaire interviewer to come back and ask him questions again. Of the children who stated they were a little or very upset/bothered by the questionnaire interview (n=23), fieldnotes provided insight and reported that children indicated they felt distressed because they were reminded of the experiences they reported or the hardships they faced. Fieldnotes from the seven children who said they would not want to do a questionnaire interview again indicated that these children had disclosed difficult VAC experiences, which the interviewer aimed to manage and respond to empathetically. Fieldnotes and child qualitative interviews provided additional insights into how the children felt during and after the questionnaire, their reflections on the experience, how the interviewer worked to ensure the child felt regulated and secure following the questionnaire. Additional follow-up visits were made by our study social workers to ensure the child received the counselling and care needed. These insights are examined below in the qualitative results, which explore the patterns across the sample and the methods of the feelings children displayed or expressed in the questionnaire interview and the sources of detected distress. Additional findings include the importance of the child developing rapport and trust with the interviewer, as it helps them process and manage emotions throughout the questionnaire interview, and children's post-interview experiences, including referrals to the study social worker. Finally, the views of children and adults on children's participation in VAC research are explored.

[TABLE 2 HERE]

### **Feelings children displayed or expressed in the questionnaire interview**

Children displayed and reported feeling a broad range of emotions during the questionnaire interview. Children often appeared excited to be interviewed and enthusiastically wanted to participate in the interview and arts-based tasks. In the child qualitative interviews, one child (girl; age 10) reflected on her time with the questionnaire interviewer and summarized it as “we were happy together”.

*The child was so keen to be interviewed, she was ready to be interviewed, she had energy she enjoyed drawing her household rooms and [...] she was smiling to each question I have asked her.* (Male interviewer fieldnote, girl, age 6)

In addition to excitement, children would often express their playfulness during the interview (interpreted by the interviewers as a demonstration of happy and relaxed feelings) through verbal and non-verbal cues and many remained talkative throughout the interview giving detailed and in-depth answers to even close-ended questions.

*The child was very playful and participated very well in all the questions I asked. She is a wonderful bubbly kid who is developing very well, even able to write some names of her siblings. She is very very playful and wanted to play throughout the interview.* (Male interviewer fieldnote, girl, age 6)

Some children became sad or upset during the questionnaire, often shown by crying, particularly when discussing violence or other difficult life experiences.

*She is crying, she's cried [...] she's upset because [the violence] happens to her.* (Interviewer 3, Site 2 FGD)

Some children seemed shy or withdrawn during the interview. In some cases, interviewers viewed this as the child's natural disposition and sought additional cues to ensure the child wanted to continue with the interview.

*The child was too shy but showing some of kind interest, he was not talking unless I ask him a question and probing for more understandable answers. He didn't show any signs of discomfort with me being around* (Male interviewer fieldnote, boy, age 14)

Fieldnotes and FGDs indicated that interviewers believed they were able to detect—through verbal and non-verbal cues—when a child was naturally shy and when they were shutting

down or losing focus because of the sensitive nature of the interview.

*If the participant or the child that I'll be interviewing, they have experienced violence. Some just turned the other way. Maybe if during the interview they were looking at you then when you start asking about violence. They turn the other way. And then they start playing on the ground, just being shy around the question. (Interviewer 3, Site 1 FGD)*

A few children demonstrated their anger or frustration during the interview, which may have been a manifestation of avoidance. The patience of the interviewer and the safety they seemed to have established may have worked to counter some children's avoidance and allowed them to process their feelings within the interview, which likely represented the interviewer challenging the child's avoidance in a safe, ethical manner.

*I've had a child that actually walked away. He didn't tell me where he was going. He just walked away and then I just waited there, and I gave him his space and then he came back and said "Okay". I was like, "Are you okay?" He's like, "Yeah, I'm fine", and then we continued with the interview from then, but then yeah, I think he needed to walk away and just take a walk and come back, yeah. So that's what happens sometimes. (Interviewer 3, Site 1 FGD)*

Two children initially displayed shock or disbelief when asked about a taboo or sensitive subject, though they appeared to relax and move past the shock once they understood why the question was included (e.g., for sexual abuse, initially shocked to hear it raised but outwardly relaxed when interviewer explained that this item was included to help those who had been abused). Though some children did feel difficult emotions during the interview, others appeared to go through the whole interview without any distress or discomfort even when disclosing difficult experiences.

When asked to reflect on their feelings during the questionnaire in the qualitative interview, nearly all children (n=7; 87%) reflected positively on the questionnaire, often reporting that the experience made them happy, that they liked everything they did with the interviewer, that they remember smiling and laughing throughout and enjoyed having an adult who wanted to talk and listen to them, and that they felt "okay" and not angry when asked about violence or abuse. One child (boy; age 10) said he liked the interviewer and

“everything” about the process but did later contradict this, noting he felt angry when asked about whether his mother hit him because he loved her and did not want to be asked that.

Another child emphasized that he liked the questionnaire experience but that he felt scared in his interactions with the questionnaire interviewer.

Interviewer: *Do you remember how you felt before [the questionnaire interview]?*

Child: *I was afraid...I was afraid because I didn't know him.*

Interviewer: *And then after you sat down and he started talking to you, how did you feel?*

Child: *I was still afraid.*

Interviewer: *You were still afraid all the time you were talking?*

Child: *Yeah.*

Interviewer: *How did you feel when he was leaving?*

Child: *I was better.*

Interviewer: *What is it that was scaring you when you were talking to him? What made you afraid?*

Child: *Because [I believed] they sent him to come and beat me.*

Interviewer: *Oh and then after he was done talking to you and you saw that he didn't beat you, you felt happy?*

Child: *Yeah.* (Boy; age 10)

One of the children qualitatively interviewed reflected negatively on the questionnaire experience saying he left the interview scared and upset because he was under the impression that a social worker would be coming to take him away from his home because of his mother's abuse towards him, and that he would not want his peers to participate.

Interviewer: *How did you feel when you were talking to her [the questionnaire interviewer] that day?*

Child: *I felt scared.*

Interviewer: *What scared you?*

Child: *I thought they wanted to take me to the social workers.*

Interviewer: *What did they tell you a social worker does?*

Child: *It takes [my] mother. [...] That she abuses me [and] that's why they [would] take her.* (Boy; age 10)

**Open to showing feelings to interviewer, not others.** Interviewers noted that children seemed to view them and the questionnaire interview space as a safe place to express emotions and were sometimes willing to speak about their feelings with the interviewer while

wanting to keep their family from noticing their moods. In one example, the child and interviewer were outside and speaking away from where her family could hear the conversation, and the child made sure to position herself so that only the interviewer was able to see her emotional response.

*So in that case they [the child] were sitting [turned away from the caregivers], the caregivers they were sitting but the direction that they were sitting they were facing us. And the child, she didn't make a sound when she cried, but tears were coming out. (Interviewer 2, Site 1 FGD)*

### **Source and patterns of distress**

**From the difficult life events, not from questionnaire interview.** In the qualitative interviews following their questionnaire participation, young children consistently reported that the difficult feelings they felt at some questions (i.e., those about violence/abuse they had experienced) were because the life event was painful or upsetting but that they did not find the questionnaire to be distressing nor did they report or demonstrate resistance to answering these questions. For example, one child reflected on the questionnaire saying that it hurt to talk about the occasions when she had suffered abuse—specifically, being beaten—but that it made her happy or relieved to talk about these painful experiences with the interviewer, which she viewed as the interviewer teaching her.

*Interviewer: So after you were done talking [with the questionnaire interviewer], how were you feeling? After she's asked you everything she had asked you?*

*Child: I felt happy.*

*Interviewer: Why? What made you feel happy after you were done talking?*

*Child: It was because she taught me.*

*Interviewer: What did you speak about that was sad or painful?*

*Child: It's this here. [child gestures to a drawing]*

*Interviewer: That your mother beats you?*

*Child: Yeah. (Girl; age 10)*

Another child elaborated on what made him angry the day of the questionnaire, providing details from his home life that were bothering him before and after the questionnaire but clarified that he did not feel angry or upset because of the questionnaire experience or the

questions asked.

Interviewer: *How did you feel when you were done speaking to [questionnaire interviewer]?*

Child: *I was angry.*

Interviewer: *Why?*

Child: *My mother told me I had to go sleep over there [away from home] again. [...] I'm scared to sleep there.*

Interviewer: *Oh, you were scared of where you were going to sleep.*

Child: *Yes.*

Interviewer: *But speaking to [the interviewer] didn't make you scared?*

Child: *No.* (Boy; age 10)

Likewise, another child reported feeling that she found the topics in the questionnaire okay to talk about.

Interviewer: *How did you feel in your heart when you talked about your parent's fighting?*

Child: *It feels hurt.*

Interviewer: *If you check what you and brother [name of questionnaire interviewer] discussed. Which topic do you feel like you should not have talked about?*

Child: *There isn't.*

Interviewer: *You were okay talking about everything?*

Child: *Yes.* (Girl; age 7)

Staff perspectives reinforced this finding as they emphasized their belief that the source of the difficult feelings for children who experienced distress, sadness, or anger during a questionnaire interview were the difficult life events they recounted and not the recounting itself. As one interviewer recounted, children might get angry or upset during the questionnaire, but they would find a way to express the source of the emotion, communicating to the interviewer something akin to "I'm angry but I'm not angry at you. I'm angry that my uncle did this to me or my mom beats me" (Interviewer 2, Site 1 FGD). In their view, children carried these feelings with them, but the interview gave them a safe and designated space to use their voice and release these feelings.

Fieldnotes revealed an unexpected pattern in the qualitative data. We assumed that experiences of VAC and perhaps HIV status would be the events to evoke the biggest

emotional responses in the questionnaire, as these are stigmatized topics on which children usually feel the pressure to remain silent and bottled up. However, multiple fieldnotes revealed that children expressed the most distress and upset feelings by their experiences of food insecurity, even when co-occurring with VAC events.

*The child was active, able to answer questions asked. By then when I ask those questions about "Is there enough to eat in your home when you are hungry" she wasn't okay at all. (Male interviewer fieldnote, girl, age 12)*

**Mood shifts during questionnaire interview.** Children often experienced a spectrum of emotions during the questionnaire. Their mood could shift from happy to sad or quiet to happy again as the topic and focus of the conversation changed. Interviewers were responsible for perceiving these shifting moods—which could be displayed verbally and non-verbally (e.g., change in tone or volume of voice, energy change, body language shifts, manifestations of avoidance, etc.)—and adapting their interview and management techniques in a manner that was responsive to what the child was feeling in the moment. One interviewer noted that, after a dip in their mood or energy, children would often resume joking with the interviewer, start calling to their friends or siblings, or would return to their interview space after taking a short break, which the interviewer understood as the child processing their feelings about the difficult questions and being ready to resume the questionnaire.

*Some of our children, they lower their voices. Okay, you can hear me now. I'm loud. But then you ask me about violence. Then I start to lower "Yeah, it happened to me." Or, I just know. I didn't say yes. But you can see the sadness and that the mood is suddenly dropping and then you can now tell that okay, now you have to have a bit of a break and talk about this further and ask if the child is okay because the mood is no longer as exciting as it was when we were all playful. Now, it's changing, like it's clear that okay, now this is a different energy. (Interviewer 3, Site 1 FGD)*

**Children's impressions of adult-facilitated interviews.** Informed child assent and parental consent was obtained prior to each questionnaire and qualitative interview. However, some children appeared distressed or nervous at the start of their questionnaire. As noted above, one child (boy; age 10) felt stressed and afraid from when he was first introduced to the interviewer and was worried that he had come to beat or hurt him.

In general, from their point of view and reflected in the fieldnotes and FGDs, interviewers felt they typically were able to detect these feelings from children and help children move through those feelings of distress or nervousness—often via play- or arts-based activities at the start of the interview—which allowed the child to feel more comfortable and begin to trust the interviewer early in the process.

*The child was scared when we arrived but I have managed to talk to her by introducing the games we were going to play and before the interview we started by coloring the dot to dot book and she was so happy, her first smile was when we played the feeling faces and after that she lean close to me like friends do and she was participating as expected. (Female interviewer fieldnote, girl, age 7)*

This interviewer belief may be accurate in most of the questionnaire interviews, as other children in the qualitative interview reported feeling scared or nervous when they were first introduced to the interviewer. They said they felt this way because they didn't understand why an unknown adult wanted to talk to them (i.e., the purpose of the questionnaire), were unsure if they would be nice to them, and were worried that the interviewer would “go around telling people” their answers. Upon reflection, they said once they understood why the interviewer was there, started to play and draw with the interviewer, and began to trust that the interviewer was a “nice” person then they relaxed and reported enjoying the questionnaire and their time participating. Even the 10-year-old boy who reported feeling scared of a beating from the interviewer seemed to feel that he would be happy had the circumstances of the questionnaire been different, saying including children in these types of questionnaire interviews was “okay” if they sat down with the child properly, explained the purpose of the questions, and ensured the child did not cry.

### **Rapport and trust with interviewer key to managing emotions**

The trust and rapport built between the interviewer and child before and throughout the questionnaire seemed essential to how the children responded to the questionnaire experience and how they demonstrated, managed, and processed emotions that arose. The



rapport building began in the interviewer's initial interactions with the child and was strengthened throughout the questionnaire. Children reflected on the questionnaire interviews and reported feeling happy about the experience because they viewed the interviewer a fun adult who they could trust, who cared about and wanted to play and chat with them, who was kind and "not hard on them" (i.e., harsh or unkind), who "loved children", who taught them how to draw things, who was attentive to their feelings and able to tell when they were upset, and who believed them and comforted them following disclosures. The interviewer worked to build trust with the child by empathetic and attentive listening, reaffirming their belief in the child's answers, validating their experience (i.e., stating "That is a difficult experience to go through."), and responsively adapting their approach to the emotions and needs of the child throughout the interview and using the tools readily available to them (i.e., arts- and play-based materials; interviewer's playful physicality). For example, one observation of a questionnaire interview noted that when the interviewer would ask a question with a simple scale (e.g., yes/no; a lot/sometimes/never), the child (girl; age 8) would give a clear, in-depth answer that lasted several minutes, as it was clear she felt comfortable and wanted to talk about it with the interviewer who actively listened and validated her answer.

*When we start, we will also build the rapport with the child. So after when we go to those [violence] questions the child trust us. Like he or she is comfortable to share 'cause someone will say that some other times I ever maybe tell my mom, but then my mom never trusted [believed] me, but then I'm happy because I have someone who trust [believes] me. (Interviewer 1, Site 1 FGD)*

Examples like the previously described child who was willing to let the interviewer, but not her family, see her cry seemed to demonstrate that the child felt comfortable with the interviewer and viewed them as a safe person. Interviewers gave examples in which they were attuned and responsive to the emotions and needs of a child, which further established rapport and trust.

*So there was this child, like, emotionally she was not okay well, you know, she started to cry while explaining her story. Then we stopped for 5 to 10 minutes because we*

*were sitting outside and there were other kids who were playing on the street. So after that I asked her, do you want me to go? She said no. Do you want to go and play? She said no, you can stay with me. Then we stayed a little bit longer. Then after that we continued with our conversation. Then we are done, she said now I can go and play.*  
(Interviewer 4, Site 1 FGD)

Additional examples included children demonstrating trust and comfort by asking that interviewers stay to interview their friends or siblings.

The child qualitative interviews captured some examples of a lack of rapport or poor rapport established during the questionnaire. The boy who spent the whole questionnaire worried the interviewer was going to beat him did not feel a positive rapport was built between them and was upset that the interviewer was not attuned or responsive to his feelings.

Interviewer: *What did he do to make you feel better? That you shouldn't be afraid? What did he do?*

Child: *Nothing.* (Boy; age 10)

Two other children—who overall had positive feelings on the questionnaire and their interviewer—noted moments of disconnect and lack of attentiveness from their interviewer. One of these children (girl; age 10) believed her interviewer saw she was sad and did not provide comfort (“she [the interviewer] just left it”), which made her more upset in the moment. The other said she felt angry during one of the questions, but the interviewer did not notice or acknowledge it.

Interviewer: *When he [the interviewer] made you angry, did he see that he made you angry?*

Child: *No.* (Girl; age 7)

These examples highlight that children's distress and feelings during questionnaire participation are often directly linked to the interviewer's sensitivity and responsiveness to the child's shifting emotions.

A key element used in building the trust and rapport was the interviewer's use of and invitation to play, drawing, laughter, and silliness. A nine-year-old girl recounted, “I felt happy when she told me that...we will play fun games.” This relationship and these creative

methods to engage in the interview potentially reduced distress and made children more comfortable.

Interviewer: *What did you like most from all that [questionnaire]?*

Child: *Writing, drawing, reading, crayons, and listening to ma'am [interviewer name].* (Boy; age 6)

Investigator: *Is there anything that you found is really helpful to like kind of build that trust and help them maybe talk about their own household experience?*

Interviewer 3: *I think, uhm, just believing them and supporting them sometimes or just playing with them. It does build the trust. Especially with the first two games that build a trust with the children, 'cause even though maybe they may be tired or might be bored, but once you start playing with them, they started smiling.* (Site 1 FGD)

Play, art, and physicality also seemed to help mitigate distress by allowing the child to focus their attention on drawing or on selecting (and often shaking or playing with) a container used throughout the questionnaire to aid in understanding questionnaire scales (e.g., never/sometimes/always).

*She liked the drawing task so much that she kept making new drawings even when not prompted. [...] When a tricky topic would come up that she didn't want to verbalize, the tactile containers were helpful because she preferred to point to them... (She showed this continued desire to participate in many ways, including that she kept using the containers without prompting.)* (Interview observation, female interviewer, site 2, girl, age 8)

The fieldnotes also highlight how interviewers would use play and arts-based activities sprinkled throughout the questionnaire to take breaks from the interview when a child become emotional, which often followed disclosing a difficult experience. This would give the child space to move through their feelings and, as needed, talk about their emotions in a less formal and child-friendly way with this trusted adult. Once the child seemed to relax and return to a regulated state, the pair could return to the questionnaire until another break was needed.

The skilled management of the space by the interviewer following a disclosure or a shift in the child's demonstrated mood seemed to allow the questionnaire to remain a safe space. Interviewers felt that the emotions elicited by the questionnaire could be managed—particularly via arts- and play-based methods—and could allow the child to talk through and

potentially process difficult or traumatic experiences.

*Interviewer 3: I think there's some parts we, whether we like it or not, the questionnaire is going to be sad. Especially [with what we] ask, and it triggers certain things that happen to you. It's not going to be a happy feeling. But when we are done with those sections that we can start, or even during the sections, we can actually help the child go through it by comforting them and also after that playing games and making jokes just to help them deal with it and to not really stay on that feeling, but then just say okay, we've talked about it now we are in this part now. We just gonna actually go to our safe place, basically, yeah.*

*Investigator: Yeah. So I think I'm hearing you say that maybe it's not a reasonable expectation to think that children can't feel any distress or won't feel any distress, like they're going to feel sad, but they can handle it or you can handle it with them.*

*Interviewer 3: Yes, we can handle it. There's ways to handle it. If maybe, for example, they went through sexual abuse, we shouldn't expect it not to hurt. We shouldn't expect it not to be traumatic. It is going to be traumatic sometimes. Even what I'm going to be doing is not going to help [solve it all the way] even. But going further, let's try to help the child. (Site 1 FGD)*

### **Child experiences following the questionnaire interview**

Interviewers believed the children had positive views and feelings toward their questionnaire interview experience, as they often expressed a desire for their siblings to also be interviewed and apparently spoke fondly of the experience to their peers. For example, interviewers stated that on returning to a community, friends of the children who previously participated would ask to participate in the questionnaire or ask to spend time with the interviewer, and adults in other families would express their interest in being recruited to the study to allow their child to participate.

Children's views on the questionnaire experience were, unsurprisingly, more complex than what the interviewers believed. Most of the children reflected positively on the questionnaire experience, though one child discussed the stress he felt throughout, and another was insistent that he would not want to participate again nor let other children he knew participate; notably both these children were those who reported poor rapport with their interviewer. One child (boy; age 6) said he was happy during the questionnaire and would like his friends and siblings to participate in it "because they would also like to have fun". He seemed to leave the questionnaire not feeling distressed, as he noted that he liked the

interviewer but did not think about them or the experience after they left. Another child (girl; age 10) did continue to think about the questionnaire afterwards, saying she happily told her mother about the experience and later taught her sibling some of the drawing games and other play-based activities she enjoyed from the interview. One child (girl; age 7) said they liked talking to the interviewer and would like to do it again so she could play with them again. Similarly, one child (girl; age 10) said she felt happy afterwards knowing a kind adult came to teach her while another (girl; age 9) spoke positively of her experience and interviewer saying, "I [was] happy with what she did for me." Building on the previous theme that some children initially felt nervous at the start of the questionnaire because they did not know the interviewer or what to expect, one child (boy; age 10) noted that when the new interviewer arrived for the qualitative interview he felt relaxed and not scared because he now knew what to expect in an interview and had enjoyed the chance to chat during the questionnaire.

### **Views on referrals/follow-up visits**

Staff viewed the referrals to and follow-up visits by the study social workers as an essential element in interviewing young children about VAC and in ensuring that the child could emotionally handle the questionnaire. They felt that seeking a referral for what the child disclosed was a key step of believing the child and an opportunity to demonstrate that belief through action. Staff described many experiences where the questionnaire interview was the first time a child had disclosed abuse to any adult and emphasized that vocally believing and validating the child at their first mention of the experience was crucial. They then described how they would explain to the child that the social worker would be coming to visit to ensure they received help and care for this experience, which they felt was an essential second step that demonstrated their belief in the child's disclosure via the action of the referral and follow-up visit(s). While staff felt most children responded to the social worker referral positively, two children in the qualitative interviews noted that they felt

worried or distressed about the social worker referral because of how the interviewer had explained the referral to them. As described above, one boy (age 10) left the questionnaire believing the social worker was coming to take them from their home and another (boy; age 10) was nervous because they thought the social worker coming meant he had done something wrong.

### **Adults views on asking young children about VAC**

Interviewers felt strongly that young children should be interviewed about VAC and other difficult experiences. As community members living in the same or similar communities as the children interviewed, they were able to speak knowledgeably about the common and often normalized experiences of violence and abuse in these settings. Their first-hand knowledge of witnessing the effect of asking young children about VAC convinced them that these were important conversations to have and that children were emotionally capable of handling the experience. One interviewer remarked that was riskier not to include young children in the questionnaire interviews because the interview space gave them a chance to cope with the experiences with a safe adult while also making the child aware that abuse and violence are not acceptable and that they can seek help for these experiences.

*So most of the children at home they are not listened to and they need someone to talk to. So I think we're there just to fill up the gap of the house or the home wherever they're staying. (Interviewer 2, Site 1 FGD)*

### **Children's views on participating in VAC research**

Children typically believed that including children in these types of questionnaire interviews (with play- and arts-based elements) where adults asked about violence and other difficult topics was a positive thing, though several were very specific around how they believed the interaction should feel to the child and the conditions in which adults should or should not ask about these topics. One child viewed the questionnaire experience as an adult teaching her things, which was a dynamic she enjoyed and felt comfortable with, insisting

that adults should not have difficult conversations with children but should sit and teach children things.

Interviewer: *What made you happy [about the questionnaire and follow up visits]?*

Child: *I was happy that they are coming to teach me. [...]*

Interviewer: *How did it [the questionnaire experience] help you?*

Child: *Because we were sitting together, even when she was teaching me* (Girl; age 10)

The arts-based methods introduced in the questionnaire were understood to her as a caring adult teaching her a new skill, so she was comfortable with questionnaire interview.

Likewise, another child (boy; age 10) said these types of interviews were okay, even if they were momentarily difficult for the child, because the children “need to learn” and the adults were there to help them, noting his apparent belief that children should be given the chance to talk on topics that matter to them saying, “It’s wrong that they [children] keep quiet.” Similar to the perspectives of the interviewers, one child (girl; age 9) explained that interviews around VAC were valuable because “it will help them [the child] even when they are old” before providing an example where a child is able to reflect on the experience at an older age and benefit from the conversation they had with the interviewer and what they learned from that experience.

Children were often specific about what they wanted the VAC interviews to include and avoid. Children emphasized that they wanted the interviews to happen only if the interviewer was able to help them.

Interviewer: *Do you think it is okay to ask you even though it hurts?*

Child: *I feel okay...They should ask me so that they can help me.*

Interviewer: *They should ask only if it can help you?*

Child: *Yes.*

Interviewer: *What if it won't help you?*

Child: *We shouldn't talk about it.* (Girl; age 10)

Children typically spoke of help as the adult listening to them and believing them, as well comforting the child and reassuring them that violence they had disclosed was not acceptable

nor their fault. Though additional help was available via follow-up visits from the social worker, this did not come up in the child qualitative interviews.

In exploring this theme of including children in VAC research, several children provided unprompted clarifications around how they believed adults should ask these difficult questions. Children clarified that though the topic of the question may speak to a difficult life experience, the interviewer must be kind and speak to child in a kind, soft, and friendly way. In these explanations, many children revealed their implicit worry that adults conducting this research would approach children harshly or unkindly, asking the questions by standing over them and yelling. Children wanted these sensitive items asked in a “good manner” so the child would not feel they had done something wrong in answering them and wanted the adults to “sit down and talk” to them calmly. One child (girl; age 9) indicated that she was not worried about doing an interview with potentially upsetting questions because she trusted that the interviewer would soothe her if she got upset, as her questionnaire interviewer had done. Another child said that the interviewer could ask some upsetting questions as long as that was not how they spent all of their time together and the discussion moved on to happier topics.

Interviewer: *Do you feel I should continue to ask you even when it upsets you?*

Child: *Yes.*

Interviewer: *Why should I ask you will it will upset you?*

Child: *Because when we are done talking about that, we will start learning about [discussing] school and things that happen at home.*

Interviewer: *So you feel it is okay for me to ask you as long as we don't talk about it the whole day?*

Child: *Yes. (Girl; age 10)*

### **Discussion**

This paper investigated data from a research study in South Africa to understand how young children felt and responded to being interviewed about violence and other sensitive topics. We were particularly interested to explore the feelings young children displayed or



later reported feeling in the interviews, including patterns across the sample regarding how those feelings manifested and how the interviewer-child relationship impacted these feelings and sense of coping. Overall, the findings demonstrated that young children were willing and able to participate in interviews investigating VAC experiences without demonstrating undue or concerning levels of distress or dysregulation.

Many children appeared enthusiastic and reported feeling excited to take part, and others demonstrated feeling happy or relaxed during the questionnaire by remaining playful and/or talkative throughout. While some children were naturally shy or quiet, requiring the interviewer to monitor them for non-verbal cues of interest or distress, other children became more shy or withdrawn when sensitive questions were asked. Occasionally, a child demonstrated anger or frustration, though interviewers noted that these children often said they wanted to continue with the questionnaire but first needed time and space to process their anger. Likewise, some children demonstrated and reported becoming upset or sad during the questionnaire, which sometimes was shown by crying. A few children reported disliking the questionnaire experience and did not want to participate again, and follow-up qualitative interviews with some of these children revealed that their understanding of the purpose of the questionnaire (i.e., how it had been explained (or not) to them) and the rapport and trust they had with the interviewer throughout impacted their enjoyment and opinions on the experience. In the questionnaire, the source of most upset feelings did not seem to be that the children were asked about VAC; instead, the feelings typically originated from the difficult life events the child had experienced. The questionnaire appeared to create a space for them to reflect on difficult experiences from their lives, and children's emotions seemed to flow from the upset or feelings they carried about their difficult experiences or circumstances. These difficult events included VAC and HIV, as well as food insecurity due to poverty. Comments from parents participating in the young adult questionnaire also indicated that

neglect and deprivational abuse, including withholding food as punishment, are practiced in these communities and may explain children's sensitivity and upset when considering these experiences (Golden, 2003).

Some children reported feelings of hurt or upset in response to individual questions, but overall, most said they felt relieved or okay speaking on the difficult topics. It is worth noting the patterns in the questionnaire interviews or moments within them when an interviewer was not attuned to the needs of a child or failed to build positive rapport, which negatively impacted the child's emotional response to the questionnaire experience. In one case, a child's feelings of distress resulted from a poorly conducted questionnaire overall in which the interviewer was not attentive or responsive to the child's feelings and verbal/non-verbal cues. One other child left feeling worried about the social worker's follow-up visit because of how it was explained to him, while two other children reflected positively on the questionnaire overall despite reporting moments when their interviewer was not attentive or responsive to their feelings and cues. When feelings of distress or upset (manifested by displays of sadness, anger, becoming withdrawn, etc.) did arise, attentive interviewers were able to safely manage the children's emotions and help them discuss and process their feelings, ensuring that the child did not remain in a state of dysregulation for long. As noted by Øverlien and Holt (2021), while we cannot eliminate the risk of re-traumatization or discomfort in an interview with a young child, the findings from this study showed that children who did display feelings of upset when discussing difficult topics were able to use the help of the interviewer who assisted them in managing and coping with their feelings. In general, participation seemed to be a positive experience for the young children—as has been stated in other research with young children (Eriksson & Näsman, 2012)—with interviewers noting that children often wanted their friends or siblings to be interviewed as well and that children left the interview seeming happy and secure, a view reinforced by most of the child

qualitative interviews.

As children displayed a diverse mix of feelings and behaviors in these interviews, they required the skilled attention of the interviewer to help them manage and cope with their feelings and disclosures. This management and coping were aided by the interviewer and their relationship with the child, as well as the arts and play elements woven into their interactions. The physicality via arts and play entailed a kinesthetic involvement for the child potentially facilitating a release of emotions that emerged through the interview via an active changing of feeling states through play and movement and engagement of the body. Thus, the physical involvement of arts- and play-based methods extended beyond their data collection utility and created space for building rapport, engaging the child around difficult topics, and providing an outlet for emotions and stress in a way that was comfortable and developmentally appropriate for young children, as has been noted by others (Woollett et al., 2023).

The qualitative interviews highlighted that young children were especially sensitive to the tone and manner in which these questionnaire items were asked and the feelings of comfort and safety cultivated within the interview space. All but one child in qualitative sample said they would complete the questionnaire again, and their insistence on adults being kind, speaking well to children, and making them feel safe emphasized that many were assuming adults—perhaps particularly adults unknown to them—would, by default, be harsh or unkind to a child. Every child was very resistant to the idea of engaging in an interview in which they felt they would be yelled at or told they were not a good person. They wanted the adults to be gentle and kind and to believe the child and validate their responses and feelings, as many of them reported experiencing in their initial questionnaire interview.

As has been shown previously, the trust and rapport built between the interviewer and the child were essential in creating a space where the child felt safe and in which their

feelings throughout the questionnaire could be responded to appropriately (Spratling et al., 2012). This rapport building started in the interviewer's first interaction with the child, when introducing the study, telling them about the play- and arts-based methods, and seeking their informed assent. The training, skills, and individual qualities of the interviewer seems to have facilitated this rapport building in the interview space, including the interviewer's playfulness, their understanding of developmentally appropriate behavior of young children, their enthusiasm to listen and respond to a child's answers, and their efforts to actively seek continuous consent for participation from the child throughout the interview. The consequence of failing to establish this initial rapport and trust was demonstrated by the case of the 10-year-old boy who never understood why the interviewer was there to speak to him and spent the whole questionnaire stressed and worried that he would be beaten. This represents a failure at not only establishing rapport but ensuring the child is fully informed—in a developmentally appropriate manner—and actively assenting to participation before proceeding (Morrison, 2023).

In most cases wherein this rapport and trust were established, the interviewer seemed to represent a safe adult for the child. This seemed to be the case even with the interviewer change between the questionnaire interview and the qualitative interview. The qualitative interviewer was quickly able to establish trust and rapport with the child, possibly because the questionnaire interviewer facilitated the introduction of the qualitative interview to the child thus building on the trust already established via the questionnaire interview. This reflects the best practice that the interviewer and interview environment need to feel safe, secure, and predictable to the child, in direct contrast to violent events they may have experienced (Øverlien & Holt, 2021). As stated by one interviewer in an FGD, children seemed happy and comfortable sharing difficult experiences—some of which they had not disclosed to their caregivers—which highlights that many children in this context are not

used to speaking up, being believed, or not being undermined by adults, so the questionnaire interview presented an unusual opportunity for a child to interact with an adult who was attentive and listened to their feelings. When the child spoke of difficult experiences, trust was affirmed via the interviewer believing the child and subsequently connecting the child and/or their family to follow-up services via referral to the study social worker. Both the verbal confirmation of belief and subsequent referral action were essential elements of the protocol and the in-depth interviewer training (Silima et al., under review). Often, after a child displayed upset, which was typically followed by a play break, the interviewer would pause to check in on the child and help them manage their emotions before asking if they wanted to continue with the questions, which reflected the ongoing invitation and permission extended to the child. This allowed the child to provide ongoing consent throughout the interview, demonstrating their desire to continue to participate and use their voice, as has been noted in other violence studies with children (Roth, 2023). On some occasions, the child would become distracted or change the subject after being asked about a difficult event. As has been shown in previous interviews with young children, this seemed to represent the child exercising their agency to direct the conversation or regulate their own involvement according to their comfort (Evang & Øverlien, 2015). This continuous seeking of consent is essential and requires directly asking the children if they want to continue or providing them 'stop and go' signs through the interview, as well as close reading of verbal and non-verbal cues to differentiate between silences or quiet that provides a child space to disclose and those which indicate a child may not want to continue (Øverlien & Holt, 2021).

When trust and rapport were established and the child felt like the interview environment was a safe space, children understood "help" to mean speaking to the interviewer about their difficult experiences and being believed and comforted by this trusted adult. This builds on previous work by Devries and colleagues (2015) which highlighted how

children participating in violence research understood the concept of help. In the South African communities from which children in the present study were sampled, mental health is not well understood or viewed as a significant in people's lives with many mental health concerns being unacknowledged or untreated (Mboweni et al., 2023). These findings highlight what has been emphasized elsewhere: there are significant therapeutic advantages to telling your story to someone who will listen without judgement and who will express concern (Jaffe et al., 2015; McClinton Appollis et al., 2020; Neelakantan et al., 2023). This may be especially relevant for young children in this context who are often not listened to or believed but who experience a high prevalence of VAC.

Prior to beginning the interview, some of the children demonstrated excitement and enthusiasm for the opportunity to use their voice and speak to an interested adult about their lives. Other children began the interview seeming hesitant, shy, or a bit withdrawn. This initial nervousness may speak to their expectations in interactions with unknown adults, who they perhaps view as unsafe or uncaring, or may reflect feelings of anxiety about performing well in an interview with a new adult visitor. It may also reflect the unequal power dynamics they experience with adults in their lives, which may make them feel unsafe or unheard. To ease these nervous feelings and attempt to establish themselves as a safe adult who wanted to listen to them, the interviewer used play- and arts-based methods early in their interactions to help build the rapport and trust needed to help the child feel relaxed and safe during the interview. Child qualitative interviews emphasized that the play- and arts-based elements woven into the questionnaire were the elements of the questionnaire interview that the children best remembered and that allowed them to feel seen and attended to by the interviewer.

The play- and arts-based methods used in the interviews have been discussed in detail elsewhere (Franchino-Olsen et al., 2023; Woollett et al., 2023), and findings showed that the

methods used for this study were enjoyable and developmentally appropriate for young children and facilitated their engagement with the sensitive research topics. These results echo previous findings which demonstrated arts and other creative means of expression to be empowering for children who have experienced violence and are seeking to recover from it (Office of the Special Representative of the Secretary-General on Violence against Children, 2021) and that play and levity in the interview help children relax and find ease within the interview while also serving as a source of potential data (Eriksson & Näsman, 2012; Spratling et al., 2012). They also demonstrate how the use of art, play, and tactile aids met the need for vulnerable children to be able to find safety and flexibility in the interview, to facilitate their answers being understood, and to regulate their participation and seek support from the interviewer, as needed (Øverlien & Holt, 2021; Pernebo & Almqvist, 2017). Additionally, the interviewer used arts-based methods and play breaks to help the child cope with difficult feelings that arose in the questionnaire. The interviewer's responsiveness to the child's feelings allowed them to pause the interview and engage in physical or creative task, which helped the child process their feelings around their difficult experiences before returning to the interview questions. Children understood these breaks as the interviewer noticing and caring about their feelings and as providing comfort in their feelings of upset, which built rapport and trust in the interviewer-child relationship and helped the child feel positively about the interview experience upon reflection.

### **Limitations**

The limitations of these findings include that they are drawn from a single research study in South Africa, which represents two low-resource regions in one South African province. The findings may be influenced by a social-desirability bias, as children potentially felt pressure to give "right" answers and as study staff (from which the FGD and fieldnotes were drawn) knew the study team (other staff; investigators) would hear and/or have access

to their answers. The child qualitative interviewer sought to limit this by reminding children that they were allowed to give negative feedback and then responding to critiques or negative feelings in an affirming manner while thanking them for their thoughts. The qualitative interview was conducted by a skilled qualitative interviewer who had not conducted any of the questionnaire interviews to allow children to speak freely without damaging their relationship with their previous interviewer. Investigators sought to limit this potential bias in the FGDs and fieldnotes by repeatedly clarifying that negative feedback from the staff and difficult fieldnote accounts could be given without it impacting the interviewers' job performance or standing on the team, and the authors have reason to feel these efforts were likely successful at limiting this bias given many accounts the staff provided in FGDs and fieldnotes about difficult or challenging interview experiences. The authors' in-field observation notes of child questionnaire interviews had a limited sample size (n=4) and, thus, did not add additional themes to the findings. Though not sufficient to reach qualitative saturation, these observation notes did enrich understanding of the dynamics and behaviors often noted throughout the fieldnotes and proved valuable in analysis. Though the study has had continued follow up with many of the children and their families after the questionnaire interview via the social work referrals and continued contact in the community, this study does not have longitudinal data available to determine whether the interviews had a long-term impact on the young children.

### **Implications for research**

These findings confirm that it is essential to listen to and believe children, including young children, about their experiences of violence and other difficult events. One way of demonstrating that belief is by including them in interview settings where they have a chance to have their reports validated. In addition, interviewers need to make earnest and intentional invitations, often repeatedly, to engage in discussion around these weighty issues and ensure



it is safe enough to do so. This work builds on existing calls stressing the importance of seeking and amplifying the views and voices of young children in violence research (Callaghan et al., 2017; Evang & Øverlien, 2015; Roth, 2023). This listening to and prioritizing of children's voices is only possible if young children and adolescents are asked about these experiences in research. As described by Callaghan and colleagues (2017), an individual's (in this case, a young child's) difficulties around expressing violence experiences "are often not really about the individual's inability to articulate their experience; rather the difficulty lies with the listener's capacity or willingness to listen to the experience being communicated" (p. 3371). This was clear in the child qualitative data as some questionnaire interviewers failed in their responsiveness and rapport to notice and react to the verbal and non-verbal cues of children, which impacted the quality of the interview and children's feelings on the experience. The hesitancy of researchers and gatekeepers to adapt properly to create space and safety for the inclusion of young children around issues that impact them is not sufficient reason to exclude them from this work (Øverlien & Holt, 2021; Skovdal & Daniel, 2012). However, the examples here of the failure to inform children of the purpose of the interview and to respond to cues demonstrate how essential interviewer selection and training is for young child interviews; it is likely that not every qualified interviewer of adolescents/adults will have the skills and playfulness to appropriately engage with and interview young children in an attentive and responsive manner. Likewise, to avoid causing harm, the interviewer needs the skills and training to understand child behavior through a trauma-informed lens and to engage with and respond to the child in all their interactions—before, during, and after the interview—in a way that is sensitive to the needs, trauma, voice, and power of the child. The inclusion of young children is essential to understand their lives and to empower them with the agency to use their voice and speak their views early in life. Recognizing that research frequently offers benefits to participants (access to services,

reimbursement, recognition etc.) there may also be an argument for children's agency being galvanized in violence research where children themselves can actively navigate this opportunity to get their needs met (just as adults do). Their inclusion is a rights-based issue: their participation in research should be facilitated and exclusion from research that concerns them may be unethical (Evang & Øverlien, 2015; Pernebo & Almqvist, 2017). Inclusion of young children is also practical: their valid and nuanced reporting of their experiences can inform better targeted prevention and programming. Their participation may, additionally, provide them the opportunity to have their experiences of violence validated—as they are listened to and believed—and support their recovery from violent experiences (Eriksson & Näsman, 2012). These findings have demonstrated that young children can—and should—be included in violence research without eliciting significant distress from their participation. However, caution must be exercised, and the vulnerability and protection needs of young children should not be overlooked in any efforts seeking to include them in research (Evang & Øverlien, 2015). When appropriate safeguards and response protocols are in place to respond to emotions and disclosures, when the research is designed to be appropriately based on an understanding of and adapted for early childhood development (e.g., play- and arts-based methods, recognition of the emotional and cognitive capacities of young children), and when the interview environment is respectful of young children's verbal and non-verbal signals (of emotional responses and beyond) and includes an attentive and responsive interviewer, young children are able to participate safely and enthusiastically and provide ongoing consent throughout the interview to speak about their lived experience. Echoing the words of Øverlien and Holt (2021), we “advocate for ethical and skillful research practice that elicits children's views” (p. 659). Future studies should seek greater inclusion of young children to allow them to exercise their rights and speak about issues that impact their lives.

- Abrahamyan, A., Soares, S., Fraga, S., & Barros, H. (2024). Prevalence of Parental Violent Discipline Toward Children: Findings From A Portuguese Population. *Journal of Interpersonal Violence*, 08862605241230552.  
<https://doi.org/10.1177/08862605241230552>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Callaghan, J. E. M., Fellin, L. C., Mavrou, S., Alexander, J., & Sixsmith, J. (2017). The Management of Disclosure in Children's Accounts of Domestic Violence: Practices of Telling and Not Telling. *Journal of Child and Family Studies*, 26(12), 3370–3387.  
<https://doi.org/10.1007/s10826-017-0832-3>
- Cater, Å., & Øverlien, C. (2014). Children exposed to domestic violence: A discussion about research ethics and researchers' responsibilities. *Nordic Social Work Research*, 4(1), 67–79. <https://doi.org/10.1080/2156857X.2013.801878>
- Chetty, R. (2019). A country with a broken psyche: Violence against children in South Africa. *Child Abuse Research: A South African Journal*, 20(1), 1–10.
- Children's Act, 38, Parliament of South Africa (2005).  
<https://www.justice.gov.za/legislation/acts/2005-038%20childrensact.pdf>
- Devries, K. M., Child, J. C., Elbourne, D., Naker, D., & Heise, L. (2015). "I never expected that it would happen, coming to ask me such questions": Ethical aspects of asking children about violence in resource poor settings. *Trials*, 16(1).  
<https://doi.org/10.1186/s13063-015-1004-7>
- Eriksson, M., & Näsman, E. (2012). Interviews with Children Exposed to Violence: Interviews with Children Exposed to Violence. *Children & Society*, 26(1), 63–73.  
<https://doi.org/10.1111/j.1099-0860.2010.00322.x>

- Evang, A., & Øverlien, C. (2015). 'If you look, you have to leave': Young children regulating research interviews about experiences of domestic violence. *Journal of Early Childhood Research*, 13(2), 113–125. <https://doi.org/10.1177/1476718X14538595>
- Franchino-Olsen, H., Christofides, N., Woollett, N., Fouche, A., Silima, M., Thurston, C., Monaisa, K., & Meinck, F. (2023). Conducting Violence Research Across Multiple Family Generations and with Young Children: Findings from a Mixed-Methods Pilot Study in South Africa. *International Journal on Child Maltreatment: Research, Policy and Practice*. <https://doi.org/10.1007/s42448-023-00157-w>
- Golden, M. H. (2003). How to distinguish between neglect and deprivational abuse. *Archives of Disease in Childhood*, 88(2), 105–107. <https://doi.org/10.1136/adc.88.2.105>
- Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global Prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates. *Pediatrics*, 137(3), e20154079. <https://doi.org/10.1542/peds.2015-4079>
- Hsiao, C., Fry, D., Ward, C. L., Ganz, G., Casey, T., Zheng, X., & Fang, X. (2018). Violence against children in South Africa: The cost of inaction to society and the economy. *BMJ Global Health*, 3(1), e000573. <https://doi.org/10.1136/bmjgh-2017-000573>
- Jaffe, A. E., DiLillo, D., Hoffman, L., Haikalis, M., & Dykstra, R. E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, 40, 40–56. <https://doi.org/10.1016/j.cpr.2015.05.004>
- Mboweni, E. N., Mphasha, M. H., & Skaal, L. (2023). Exploring Mental Health Awareness: A Study on Knowledge and Perceptions of Mental Health Disorders among Residents of Matsafeni Village, Mbombela, Mpumalanga Province. *Healthcare*, 12(1), 85. <https://doi.org/10.3390/healthcare12010085>
- McClinton Appollis, T., Eggers, S. M., De Vries, P. J., De Vries, H., Lund, C., & Mathews, C. (2020). The Impact of Participation in Research About Abuse and Intimate Partner

- Violence: An Investigation of Harms, Benefits, and Regrets in Young Adolescents in the Western Cape of South Africa. *Journal of Interpersonal Violence*, 35(3–4), 943–963. <https://doi.org/10.1177/0886260517691522>
- McTavish, J. R., Kimber, M., Devries, K., Colombini, M., MacGregor, J. C. D., Wathen, C. N., Agarwal, A., & MacMillan, H. L. (2017). Mandated reporters' experiences with reporting child maltreatment: A meta-synthesis of qualitative studies. *BMJ Open*, 7(10), e013942. <https://doi.org/10.1136/bmjopen-2016-013942>
- Meinck, F., Woollett, N., Franchino-Olsen, H., Silima, M., Thurston, C., Fouché, A., Monaisa, K., & Christofides, N. (2023). Interrupting the intergenerational cycle of violence: Protocol for a three-generational longitudinal mixed-methods study in South Africa (INTERRUPT\_VIOLENCE). *BMC Public Health*, 23(1), 395. <https://doi.org/10.1186/s12889-023-15168-y>
- Morrison, F. (2023). Theoretical Grounding on Children's Participation in Research on Maltreatment. In M. Roth, R. Alfandari, & G. Crous (Eds.), *Participatory Research on Child Maltreatment with Children and Adult Survivors* (pp. 13–26). Emerald Publishing Limited. <https://doi.org/10.1108/978-1-80455-526-220231005>
- Neelakantan, L., Fry, D., Florian, L., & Meinck, F. (2023). Adolescents' Experiences of Participating in Sensitive Research: A Scoping Review of Qualitative Studies. *Trauma, Violence, & Abuse*, 24(3), 1405–1426. <https://doi.org/10.1177/15248380211069072>
- Office of the Special Representative of the Secretary-General on Violence against Children. (2021). *Children as Agents of Positive Change: A Mapping of Children's Initiatives Across Regions, Towards an Inclusive and Healthy World Free From Violence*. United Nations.

[https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/publications/children\\_as\\_agents\\_of\\_positive\\_change.pdf](https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/documents/publications/children_as_agents_of_positive_change.pdf)

Øverlien, C., & Holt, S. (2021). Qualitative interviews with children and adolescents who have experienced domestic violence and abuse. In J. Devaney, C. Bradbury-Jones, R. J. Macy, C. Øverlien, & S. Holt (Eds.), *The Routledge International Handbook of Domestic Violence and Abuse* (1st ed., pp. 657–670). Routledge.

<https://doi.org/10.4324/9780429331053-48>

Pernebo, K., & Almqvist, K. (2017). Young Children Exposed to Intimate Partner Violence Describe their Abused Parent: A Qualitative Study. *Journal of Family Violence*, 32(2), 169–178. <https://doi.org/10.1007/s10896-016-9856-5>

Roth, M. (2023). The Ethics of Research With Children on Violence Re-Examined. In M. Roth, R. Alfandari, & G. Crous (Eds.), *Participatory Research on Child Maltreatment with Children and Adult Survivors* (pp. 65–81). Emerald Publishing Limited.

<https://doi.org/10.1108/978-1-80455-526-220231005>

Silima, M., Monaisa, K., Meinck, F., Franchino-Olsen, H., Christofides, N., Woollett, N., Thurston, C., & Fouche, A. (n.d.). “When we speak to them at their level, they are able to speak everything”: Reflections on training fieldworkers in South Africa to conduct research on violence across three generations. *Under Review*.

Skovdal, M., & Daniel, M. (2012). Resilience through participation and coping-enabling social environments: The case of HIV-affected children in sub-Saharan Africa. *African Journal of AIDS Research*, 11(3), 153–164.

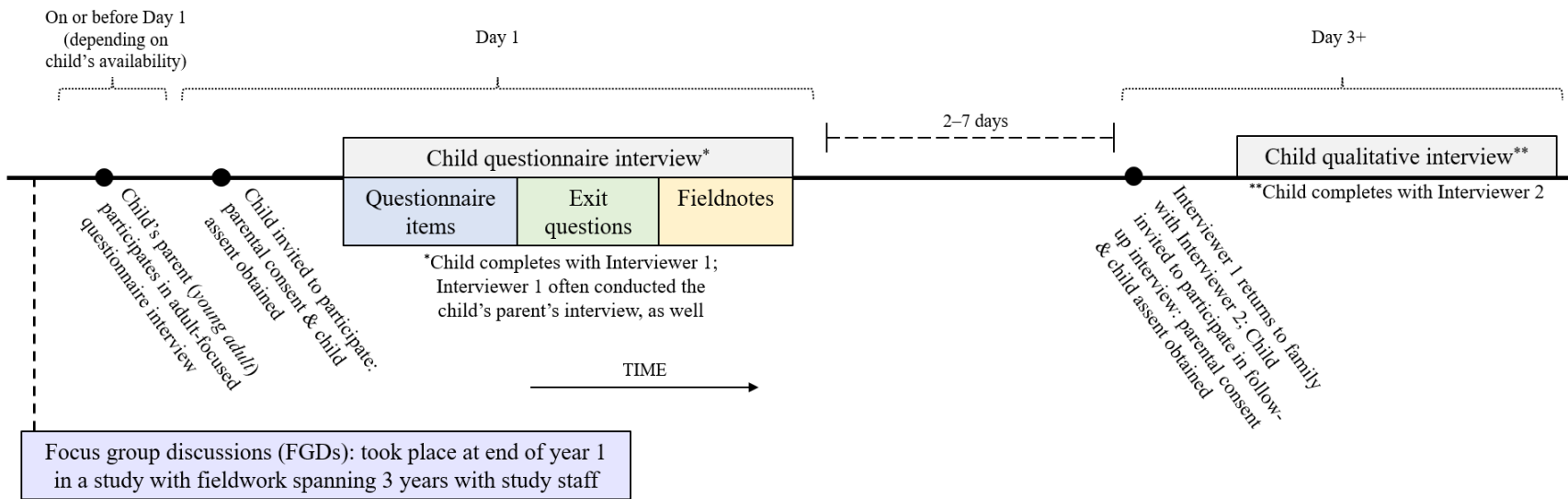
<https://doi.org/10.2989/16085906.2012.734975>

Spratling, R., Coke, S., & Minick, P. (2012). Qualitative data collection with children. *Applied Nursing Research*, 25(1), 47–53. <https://doi.org/10.1016/j.apnr.2010.02.005>

VERBI Software. (2022). *MAXQDA 2022* (22.4.0) [Computer software]. VERBI Software.  
maxqda.com

Woollett, N., Christofides, N., Franchino-Olsen, H., Silima, M., Fouche, A., & Meinck, F.  
(2023). 'Through the drawings...they are able to tell you straight': Using arts-based  
methods in violence research in South Africa. *PLOS Global Public Health*, 3(10),  
e0002209. <https://doi.org/10.1371/journal.pgph.0002209>

Woollett, N., Christofides, N., Franchino-Olsen, H., Silima, M., Fouche, A., & Meinck, F.  
(2024). "Children Are Like Vuvuzelas Always Ready to Blow": Exploring How to  
Engage Young Children in Violence Research. *Journal of Interpersonal Violence*,  
08862605241230088. <https://doi.org/10.1177/08862605241230088>



**Figure 1: Timeline for in-field data collection with children (questionnaire interview, including exit questions and fieldnotes, and qualitative interview) and focus group discussion with study staff**



**Table 1: Summary of data collected for this analysis**

Data source	Sample size	Duration	Data collection	Scope & Included elements
Exit questions (n=2) from questionnaire interview with children aged 6–17	129	Whole interview with exit questions: <60 minutes	Completed by Interviewer 1	<p><u>Exit questions:</u> <i>Scope</i>—Child’s feelings of upset &amp; willingness to participate again  <i>Included</i>—Closed-end, quantitative items</p> <p><u>Questionnaire interview:</u> <i>Scope</i>—Child’s experiences of abuse, violence in home &amp; family, community &amp; peer violence, HIV status, physical and mental health, food insecurity, education, resilience, and safe/unsafe spaces  <i>Included</i>—Standardized questionnaire with quantitative items &amp; arts-based qualitative items</p>
Fieldnotes from questionnaire interview with children aged 6–17	129	~10 minutes	Recorded by Interviewer 1 at completion of questionnaire interview	<i>Scope</i> —General interview observations, notes regarding any significant interview events or disclosures, reflection on the child’s ability to engage and participate, child’s emotions (including distress, discomfort, upset) throughout interview and how displayed, interviewer’s response to displays of upset or dysregulation & how child seemed after response, and any interviewer concerns following child’s interview answers and interviewer’s observations
Study investigator in-field observations of questionnaire interview with children aged 6–10	4	Whole interview with exit questions: <60 minutes	Observations by study investigators	<i>Scope</i> —General observations on child’s interview behavior and affect with special focus on their attention, engagement, and non-verbal cues, as well as the interviewer’s responsiveness and the rapport built between the interviewer and child during the whole interview
Qualitative interview with children aged 6–10	8	20–30 minutes	Completed by Interviewer 2	<i>Scope</i> —Child’s recollections, thoughts, and feelings on the questionnaire interview

**Table 2: Demographic information of children interviewed (questionnaire: n=129; qualitative: n=8)**

	<b>Questionnaire interview</b>	<b>Qualitative interview</b>
<b>Gender</b>	<b>n (%)</b>	<b>n (%)</b>
<i>Boy</i>	55 (43)	4 (50)
<i>Girl</i>	74 (57)	4 (50)
<b>Age</b>		
<i>6</i>	34 (26)	1 (13)
<i>7</i>	20 (16)	1 (13)
<i>8</i>	25 (19)	0 (0)
<i>9</i>	17 (13)	1 (13)
<i>10</i>	17 (13)	5 (63)
<i>11–12</i>	9 (7)	0 (0)
<i>13–14</i>	4 (3)	0 (0)
<i>15–17</i>	3 (2)	0 (0)