OREGON INTERVIEWING GUIDELINES

SECOND EDITION 2004

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STATEMENT OF PURPOSE

The primary purpose of the *Oregon Interviewing Guidelines (Revised 2004)* is to promote consistency in the quality of care provided to those Oregon children who are interviewed for possible abuse. The authors strongly believe that the best method to improve child interviewing is to ensure that interviewers receive training that integrates research and clinical practice in compliance with Oregon Statutes.

The 2004 revision of the 1998 *Oregon Interviewing Guidelines* is intended to expand the usefulness of the document for all professionals who conduct interviews with children either in child abuse assessment centers or in the field. The goal is that the recommendations contained in this document will help child interviewers (1) to elicit reliable statements about possible abuse and (2) to maximize the amount of information provided by the child, given the child's age, circumstances, and readiness to talk.

While the guidelines are focused on child sexual abuse, the principles are applicable to conversing with children about physical abuse as well as exposure to additional risk factors, including domestic violence, neglect, exposure to alcohol and drug use or manufacture, and witnessing a crime. Irrespective of the setting, child interviewers must balance the sometimes competing goals of neutral fact gathering, long-term child protection issues, and the child's emotional well being.

These guidelines were developed after a thorough literature review. When research was unavailable or inconclusive committee members drew upon their collective clinical experience. In addition, experts in the field of child interviewing were contacted directly to review the revised guidelines.

As such, the guidelines represent a recommended standard of practice. They constitute a guide for navigating the many levels of knowledge, practical application, and decision making involved in interviewing children about concerns of abuse. Although interviewing children about possible abuse should always be grounded in scientific research, the practice of interviewing involves human interaction, often leading to unpredictable or surprising elements, which is a reminder there is no "perfect" interview. It is essential that evaluators have the freedom to exercise clinical judgment in individual cases. Child interviewers should be knowledgeable regarding practice guidelines, research, and child development and should be prepared to justify their decisions in individual cases.

The authors recognize that this revision is in response to the needs identified by a large number of individuals throughout the State of Oregon at this time. The guidelines should be considered a working document, to be updated further as researchers and practitioners expand scientific knowledge about child interviewing.

FOREWORD

The *Oregon Interviewing Guidelines* were originally developed at the request of the Health Advisory Council on Child Abuse, a group convened by the Oregon Legislature to ensure that child abuse evaluators in Oregon were highly skilled and well-trained. They were published in 1998 with the target audience being center-based interviewers.

A number of professionals in Oregon, who interview children in diverse settings, determined that the document should reflect diversity and incorporate the expanding research in the field of child maltreatment, as well as include topics previously not embraced in the guidelines. CARES Northwest staff responded with a proposal for a revision of the guidelines. Funding was provided by the Oregon Department of Justice, through a grant from the Children's Justice Act.

The proposal was accepted and a work group was created with representatives among center-based interviewers, the Oregon Department of Human Services, and law enforcement personnel throughout the state. The work group also included district attorney and Child Abuse Multidisciplinary Intervention (CAMI) representatives. Original authors of the Guidelines were queried and surveys were sent to professionals in the state who conduct child interviews, to elicit their opinion on content and format for the revised guidelines. Survey responses were read and categorized for use by the work group in planning the revision.

The *Oregon Interviewing Guidelines* revision was, in many cases, rewritten to include new research. In addition to the two new chapters written by Penny VanNess, LCSW, and Sherry Bohannan, LCSW, it was a collaboration of the following work group members:

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We are grateful for the time and expertise contributed by Marshall Brogie of the Department of Justice and Shelley O'Brian, coordinator of the Regional Training and Consultation Center at CARES Northwest in Portland, Oregon.

All revisions were written by work group members and reviewed by the work group; our legal consultant, Charles Sparks, DDA; other professionals in the state; and national experts, including Dr. Kathleen Faller and Dr. Karen Saywitz. These experts contributed invaluable insights and assured that the guidelines were consistent with national views of appropriate practice.

The original guidelines document served as a foundation for the revision and we wish to thank the original authors. The work involved in the revision represents a significant commitment of time and labor for the children of Oregon.

<h1 style="text-align:center">GUIDELINE LIST</h1>

Interviewer Training
Child abuse interviewers should have several years experience, training and continuing education in working with children through a background in mental health, child protection, law enforcement or social work. Training in child development and forensic questioning approaches is critical to supplement the interviewer's background training. Continuing education in the forms of peer consultation, literature updates, and legal updates also will be essential.

Multidisciplinary Team Involvement
Oregon Statute 418.747. Interagency teams for investigation, duties, training, method of investigation, and fatality review process.

Single Versus Multiple Interviewers/Interviewers
The number of people questioning a child about possible abuse should be minimized. Whenever possible, one professional interviewer should gather all of the relevant information from the child. Multiple sessions may be scheduled in complex cases or when new information arises.

Friendly, Neutral Approach to Children
Friendly, neutral verbal and nonverbal signals communicated by the interviewer to the child and the child's caregivers strengthen the structural integrity of the interview and promote the child's psychological well-being. The interview setting should be safe, supportive, comfortable and child friendly. In addition, the setting should minimize distractions, interruptions and contaminating influences.

Gathering and Documenting the History
The type of history gathered depends upon the purposes of the evaluation. Information likely to be important for any child interviewer includes descriptions of prior interviews, sources of sexual knowledge, and current experience with non-abusive genital touch (e.g., bathing, toileting, genital exams at the doctor's office).

Laying the Foundation
Interviewers must be prepared to orient the child to expected roles for child and interviewer, rules of communication, and the reasons for the interview.

Posing Appropriate Questions
To ensure clarity, the interviewer can move along a continuum of questions (Faller, 1999) from general to specific. The interviewer should elicit as much information as possible using open-ended questions which encourage the child to produce a free running narrative. The interviewer should use discretion in selecting questions which balance the goals of eliciting accurate information and facilitating complete disclosure.

The Use of Language in Child Interviews
The interviewer should utilize simple words, short sentences, and questions which ask about one concept at a time when questioning children regarding possible abuse. Questions should also be

formulated using the active voice (as opposed to a passive voice), and should not be complex in their make-up. With children under the age of 6, the interviewer must be particularly mindful of possible linguistic limitations.

Utilizing Anatomical Dolls and Other Tools
There is substantial research to support that young children have not yet developed strategies for retrieving information from their memories as well as their older counterparts and they may need external cues to facilitate memory. Further impacting children's reports is their limited ability to provide a narrative account. Since children attend more to sensory and perceptual information during encoding, it is thought that aiding children's retrieval strategies would be more effective when props and or cues are available rather than reliance on verbal questioning (Ackerman, 1985; and Pipe, Gee & Wilson, 1993).

Ending the Interview
Once all available information has been gathered, the interviewer should give the child the opportunity to ask questions and should make an effort to end the interview on a positive note.

Memory and Suggestibility
Children perceive, remember and report events differently than do adults. Fundamentally, the task of the interviewer is to cue the child's memory without tainting the memory or adversely impacting the way it is reported.

Interviewing the Nondisclosing Child
Nondisclosure is an acceptable and common outcome to many child abuse interviews. In order to facilitate and maximize the opportunity for children to disclose, it is important to understand the reasons why this event may occur and what strategies may be helpful.

Innacurate or False Reports
When an interviewer or other multidisciplinary team member is concerned that a child is making a false report, the interviewer should ask clarifying questions, so long as the questioning process will not be unduly stressful to the child.

Interviewing the Child with Special Needs
When a child with special needs must be evaluated for possible abuse, the interviewer should prepare in advance to minimize the accomodations the child must make in the interview setting. The interviewer should acquire information from people familiar with the child to answer the following questions:

- What is the special need?
- How does the special need affect the child in normal situations (school)?
- How will the special need affect the child's participation in the interview?

Interviewing in the Context of Custody and Visitation Disputes
The interviewer should allow extra time for evaluations when custody and/or visitation are in dispute and take caution to examine any existing interviewer bias about the situation.

Special Topics

When their role permits, or when safe for the child, interviewers should routinely ask children about other areas in their environment that could pose harm to the child. These include exposure to domestic violence, animal abuse and substance abuse in the home, as well as general care issues to identify child neglect.

INTERVIEWER TRAINING

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GUIDELINE:
Child abuse interviewers should have several years experience, training, and continuing education in working with children through a background in mental health, child protection, law enforcement, or social work. Training in child development and forensic questioning approaches is critical to supplement the interviewer's background training. Continuing education in the forms of peer consultation, literature updates, and legal updates also will be essential.
(See **Appendix** for "Core Literature for Child Interviewers")

SUPPORTING INFORMATION:

1. Child development and forensic practice
Minimum standards for the selection and training of child forensic interviewers ensure that Oregon's children receive unbiased, professional care. Research suggests that when child interviewing specialists are knowledgeable about child development and are trained in forensic issues, more accurate information is elicited, and system-induced trauma to children is reduced (California Attorney General's Office, 1994). Additionally, access to mental health services is generally improved.

2. Skill in speaking with children is of primary importance
As children grow and develop, they pass through stages when their language skills, reasoning abilities, and behavior patterns are unique to their age group. Within an age group, there is tremendous variability in children's abilities to report past events. These developmental phases and individual variability within phases present child interviewers with both an opportunity and a challenge. The skilled child interviewer has the opportunity to facilitate communication with the child at his or her highest functional level. The challenge is to be sufficiently well trained in child development and sufficiently experienced in conversing with children that the child's communication is facilitated. The interviewer should possess skills in conversing with children as a prerequisite for hiring.

3. Focused training is necessary
By state statute (ORS 418.747): "Each team member and those conducting child abuse investigations and interviews of child abuse victims shall be trained in risk assessment, dynamics of child abuse, child sexual abuse and rape of children, legally sound and age appropriate interview and investigatory techniques."

To meet these requirements, interviewers must have a basic knowledge of the following areas:

- Current scientific literature regarding child interviews
- Current scientific literature regarding child development
- Literature regarding medical findings pertaining to child abuse
- Literature regarding offender behavior

The interviewer must work well in a team setting, and be able to seek feedback from medical professionals, child protection staff, and law enforcement regarding the types of information important to their particular roles helping children.

4. Initial training includes literature review and apprenticeship

Ideally, agencies would maintain a collection of articles and books which inlude important historical articles, research summaries, and current findings regarding interviewing practice. All interviewers should have a complete knowledge and understanding of their county's multidisciplinary team's protocols.

Those new to the field of child interviewing should be provided with a one- to two-month training period, depending upon their background qualifications. During that time, the prospective interviewer should review the agency's collection of literature and receive "hands on" interviewing instruction with careful supervision. Experienced child interviewers may require only an orientation to the agency's program. Assistance in locating relevant research articles and continuing education opportunities should be provided by the agency . All child interviewers may need to demonstrate specific job-related competencies.

There are many different training models for hands-on experience. One method, cognitive apprenticeship, provides an accurate description of good training practices found in many Oregon child abuse centers (Collins, Brown, & Hollum, 1991). Cognitive apprenticeship is built upon the premise that retention of information is strongly enhanced when the learner is an active participant rather than a passive observer during the training process. Portions of the cognitive apprenticeship model could be used to assist both new interviewers and experienced interviewers looking to sharpen their skills.

5. Continuing education includes peer consultation and literature review

In the area of child abuse interviewing, peer review is essential (Poole & Lamb, 1998). Depending upon the agency's volume of interviewing, peer consultation can be accomplished weekly, monthly, or on an "as needed" basis for difficult cases. On a statewide basis, agencies should be willing to make their experienced interviewers available for consultation with less experienced interviewers both within the agency and across agencies around the state. Peer review permits ongoing cognitive apprenticeship and provides emotional support to child interviewers, who by the nature of the work are at high risk for vicarious traumatization. Peer review should involve interviewers from assessment centers, law enforcement, and child protective services, all of whom can benefit from the sharing of skills as well as the discussions of different approaches to interviews.

Agencies should periodically update their collection of literature on child development and child interviewing. Annual or biannual attendance at conferences and maintenance of subscriptions to relevant journals should be sufficient in this domain. Interviewers who attend a conference should share the knowledge gained, along with relevant articles, with other interviewers in their agency and/or multidisciplinary team.

Consultation with multidisciplinary team members (child protective services and law enforcement professionals who attend the evaluation) and with attorneys, when a case goes to court, is very helpful in understanding the legal context. Following an interview or court appearance, the interviewer should solicit feedback and suggestions for improvement.

6. Informed consent for peer consultation
The laws governing the child's and parent's rights to confidentiality and to informed consent for release of records will vary, depending upon whether the interview occurs in a medical center or an advocacy center. Views on ethical obligations to the child may also vary across professional lines (law enforcement, social work, medicine, psychology). Consequently, it is not possible to make a definitive statement regarding agency policy for permitting peer consultation. Nonetheless, agencies may want to have in place a consent form acknowledging that peer consultation occurs and that it is used as a mechanism for ensuring that professionals evaluating the child maintain their expertise. By signing the form, the child's legal guardian acknowledges an understanding of the need for consultation and gives permission for the child to be interviewed under the condition that the recording will be shown to or heard by other professionals. Medical settings will need to follow current federal guidelines of the Health Insurance Portability and Accountability Act (HIPAA).

PRACTICE TIPS:

- **Court preparation**
  The interviewer should prepare by reviewing the interview record to identify focal issues prior to his or her court appearance. The interviewer should prepare by
  re-examing these issues as well as any relevant literature. Peer consultation could also be benefical.

- **Journal clubs can facilitate literature review.**
  A journal club is a regular, brief meeting in which members review a piece of literature and discuss it. The club could include members from different centers or agencies that are geographically proximate.

SOURCES:

California Attorney General's Office (1994). *Child Victim Witness Investigative Pilot Project: Research And Evaluation Final Report*. Sacramento, CA: Author.

Collins, A., Brown, J.S. & Hollum, A. (1991). Cognitive apprenticeship: Making thinking visible. *American Educator, Winter*, 6-46.

Poole, D. & Lamb, M. (1998). *Investigative Interviews of Children.* Washington, D.C.: American Psychological Association.

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MULTIDISCIPLINARY TEAM INVOLVEMENT

GUIDELINE:
Interagency teams for investigation, duties, training, method of investigation, and fatality review process.

Oregon Statute 418.747

1. The district attorney in each county shall be responsible for developing interagency and multidisciplinary teams to consist of but not be limited to:

    - Law enforcement personnel,
    - Department of Human Services child protective service workers,
    - School officials,
    - County health department personnel,
    - Child abuse intervention center workers, if available, and
    - Juvenile department representatives

In general, the following professionals are mandated by other statutes and licensing boards to report abuse to the appropriate authorities:

    - Medical providers/examiners
    - Mental health providers
    - Others specially trained in:
        - Child abuse
        - Child sexual abuse
        - Rape of children investigation

2. The teams shall develop a written protocol for immediate investigation of and notification procedures for child abuse cases and for interviewing child abuse victims. Each team also shall develop written agreements signed by member agencies that specify:

    - The role of each agency
    - Procedures to be followed to assess risks to the child
    - Guidelines for timely communication between member agencies
    - Guidelines for completion of responsibilities by member agencies
    - That upon clear disclosure that the alleged child abuse occurred in a child care facility as defined in ORS 657A.250, immediate notification of parents or guardians of children attending the child care facility is required regarding any abuse allegation and pending investigation
    - Criteria and procedures to be followed when removal of the child is necessary for the child's safety

3. Each team member and those conducting child abuse investigations and interviews of child abuse victims shall be trained in:
- risk assessment
- dynamics of child abuse
- child sexual abuse and rape of children
- legally sound and age appropriate interview and investigatory techniques

4. All investigations of child abuse and interviews of child abuse victims shall be carried out by appropriate personnel using the protocols and procedures called for in this section. If trained personnel are not available in a timely fashion and *it has been assessed by a law enforcement officer and/or child protective services worker that* there is reasonable cause to believe a delay in investigation or interview of the child abuse victim could place the child in jeopardy of physical harm, the investigation may proceed without full participation of all personnel. This authority applies only for as long as reasonable danger to the child exists. A reasonable effort to find and provide a trained investigator or interviewer shall be made.

5. Protection of the child is of primary importance. To ensure the safe placement of a child, the department may request that local multidisciplinary team members obtain criminal history information on any person who is part of the household where the department may place or has placed a child who is in the department's custody. All information obtained by the local team members and the department in the exercise of their duties is confidential and may only be disclosed as necessary to ensure the safe placement of a child.

- Each team shall classify, assess and review cases under investigation.

- Each multidisciplinary team shall develop policies that provide for an independent review of investigation procedures of sensitive cases after completion of court actions on particular cases. The policies shall include independent citizen input. Parents of child abuse victims shall be notified of the review procedure.

- Each team shall establish a local multidisciplinary fatality review process. The purposes of the review process are to:
    - Coordinate various agencies and specialists to review a fatality caused by child abuse or neglect
    - Identify local and state issues related to preventable deaths
    - Promote implementation of recommendations on the local level

- In establishing the review process and carrying out reviews, the members of the local multidisciplinary team shall be assisted by the local medical examiner or county health officer as well as others specially trained in areas relevant to the purpose of the local team.

- The categories of fatalities reviewed by the multidisciplinary team include:
    - Child fatalities in which child abuse or neglect may have occurred at any time prior to death or have been a factor in the fatality
    - Any category established by the local multidisciplinary team

- All child fatalities where the child is less than 18 years of age and there is an autopsy performed by the medical examiner
- Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748

6. The local multidisciplinary team shall develop a written protocol for review of child fatalities. The protocol shall be designed to facilitate communication and information between persons who perform autopsies and those professionals and agencies concerned with the prevention, investigation and treatment of child abuse and neglect.

7. Within the guidelines, and in a format established by the statewide interdisciplinary team established under ORS 418.748, the local team shall provide the statewide team with information regarding child fatalities under subsection (10) of this section.

8. The local multidisciplinary team shall have access to and subpoena power to obtain all medical records, hospital records and records maintained by any state, county or local agency, including, but not limited to, police investigations data, coroner or medical examiner investigative data and social services records, as necessary to complete the review of a specific fatality under subsection (8)(a) of this section. All meetings of the local team relating to the fatality review process required by subsections (8) to (13) of this section shall be exempt from the provisions of ORS 192.610 to 192.690. All information and records acquired by the local team in the exercise of its duties are confidential and may only be disclosed as necessary to carry out the purposes of the local fatality review process.

SINGLE VERSUS MULTIPLE INTERVIEWERS/INTERVIEWS

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GUIDELINE:
The number of people questioning a child about possible abuse should be minimized. Whenever possible, one professional interviewer should gather all of the relevant information from the child. Multiple sessions may be scheduled in complex cases or when new information arises.

SUPPORTING INFORMATION:

1. There will usually be more than one interviewer
For the purpose of this section, the term "interview" will be defined as **any** conversation, discussion, or professional interview in which the child discloses and/or is questioned about the possibility of abuse.

Typically when there is a suspicion of sexual abuse, a child has disclosed to someone (a parent, therapist, school counselor) and that person will need to gather information in order to protect the child. Child protection workers, law enforcement officers, therapists, counselors, and any other persons to whom the child discloses should gather enough information to substantiate a concern of abuse, and to identify the alleged offender so that the child can be protected (i.e., typically "who" and "what" information).   This information may be contained in the child's initial disclosure and no further questioning will be necessary, as when the child says, "Daddy put his pee pee in my pee and told me not to tell." In such cases, the initial interviewer can give the child support, reassure the child that they will be protected, and prepare the child for a more indepth interview by authorities.   Interviewers should follow multidisciplinary protocols regarding who will interview children, when the interviews will occur (field or center-based), and how the interview will be documented (i.e., in writing, audiotaped, and/or videotaped).

Child protection workers and/or law enforcement officers may need to conduct an immediate field interview because there is an immediate safety threat to the child and/or the community. In these circumstances, an indepth interview may be required to gather additional information to assess the level of risk and determine what steps need to be taken to protect the child and/or the community. When field interviews are necessary, child protective services workers and law enforcement officers should make every effort to work together in the interest of minimizing the number of interviews the child will participate in. Field interviewing teams should prepare for each interview, giving consideration to what role each person present will take during the interview (i.e., who will take the lead, what questions will be asked, and what approach will be taken to obtain information).

If the child is to be evaluated at a center, it is recommended that only minimal information be gathered during the initial contact with the child. If an indepth field interview is required to ensure the protection of the child, it is recommended that as much information as possible about the field interview be provided to the center-based interviewer. Then an informed decision can be made regarding the need for the center-based interview and what needs to be covered during that interview.   Also when the center-based interviewer has information regarding the field

interview, efforts can be made to avoid repetitive lines of questioning unless further clarification of the child's statement is required.

Regardless of whether the interview is to be conducted in the field or in a center, it is recommended that the child be interviewed by a trained and skilled interviewer, i.e., law enforcement officer, child protection worker, or center-based interviewer. If one of these individuals also receives the initial disclosure, he or she may function as the child's primary interviewer and gather all relevant information, even if multiple sessions are needed to address concerns from different disciplines.

2. Minimizing the number of interviewers reduces potential for contamination

Ceci, Bruck, and Rosenthal (1995) noted that child witnesses are interviewed repeatedly regarding allegations of abuse, possibly as often as 12 to 30 times both formally (by trained professionals) and informally (by untrained individuals). Often children will discuss their abuse experience (constituting an informal interview) with other individuals, such as parents and teachers, who will not have training in interviewing children. **The risk to the evaluation process is that these informal interviews may not be neutral.**

3. A single interviewer during an interview will facilitate a child disclosing

The decision regarding how many people will be involved in conducting an interview with a child will most likely be determined by local protocols and practice. Both the single interviewer and team interviewing approaches are acceptable practices. Regardless of the approach, a single individual should be identified as the primary interviewer. This will minimize the amount of confusion for the child, be less likely to interrupt the flow of the interview, and will more easily allow the child to develop trust and rapport, thus reducing a child's stress and thereby facilitating the child's disclosure (Poole & Lamb, 1998). If the team approach is used, it is recommended that the number of individuals in the room be kept to the fewest number possible. There should be a pre-arranged plan for who will be the lead interviewer, and the child should be informed of each individual's role in the interviewing process.

4. Ideally, all conversations with the child are documented

In order to track potential sources of contamination, all conversations with the child regarding the allegations should be documented, including both questions and answers. Child protection workers and law enforcement officers should carefully document questions and answers, either via recordings or detailed notes, during their conversations with the child. Center personnel should encourage parents, teachers, and others receiving the initial disclosure to write notes regarding their conversations with the child.

If prior conversations have not been documented, the center interviewer, law enforcement officer, or child protection worker, depending on local protocol, should document these conversations. An attempt should be made to gather information regarding the context of the initial disclosure (spontaneous versus elicited through questioning) as well as the specific questions and answers. The interviewer can then use this information to detect potential sources of bias, and may be able to develop questions to assess the emotional and cognitive impact on the child of any biased information.

5. The need for multiple sessions, in some cases

Many interviewing protocols are designed to complete an interview in a single session. Clinical practice reveals that the single interview format works for many children. However, some children will require more than one session in order to fully disclose. For example, when children are abused over a long period of time or abused by multiple perpetrators, or when there is an ongoing custody dispute, the time required to gather complete information may exceed the child's ability to attend to and concentrate on the interviewer's questions in one session. Other children may have difficulty disclosing to a relative stranger. Very young children (Boat & Everson, 1988; Hewitt, 1999) and children with special needs are likely to fall into this latter category. Younger children more often disclose accidentally or are referred due to concerning behaviors, statements, or physical findings (Sorensen & Snow, 1991). It is likely to take less time to elicit information from a child who intentionally discloses than from one who is being interviewed for other reasons.

In these instances, an extended interviewing format, which breaks down the components of the single interview into multiple sessions, may be necessary to establish rapport with the child and ease more slowly into abuse-focused questioning. When multiple sessions are required to thoroughly interview a child, it is important to understand that there may be variance in the child's statements. It may appear that the child's statements have changed, when in fact children, especially young children, do not tend to report the same information over time, even very short periods of time (Fivush and Schwarzmueller, 1995). Ideally, local jurisdictions should develop protocols for deciding when to schedule follow-up interviews and/or utilize an extended interviewing approach. These protocols should also clearly delineate goals of follow-up sessions, to maintain distinctions between the forensic interview situation and more therapeutically driven conversations.

6. Multiple sessions are not likely to be problematic when they are well-documented and are conducted by a single, unbiased interviewer

A large body of research suggests that repeated recall of information may innoculate against forgetting (see Brainerd & Ornstein, 1991, for a review). Multiple recall sessions produce more accurate information than single sessions, and more information is recalled during later sessions than during earlier sessions. Similarly, young children may produce highly accurate reports, but may provide very different information across sessions (See Fivush, 1993 and 1995, for a review). Interviews over multiple sessions may be necessary to elicit complete accounts from some children. Several writers (see Faller, 1996, for a review) recommend multiple sessions to conduct a more complete assessment of the child's adjustment, rather than focusing primarily on abuse.

Multiple interviews may be beneficial for some children and do not appear to increase error in memory, provided the interviews are neutral. Neutral interviews (Ceci & Bruck, 1995) are characterized by limited numbers of leading or suggestive questions, a lack of motive for the child to make a false report, and a neutral stance by the interviewer, i.e., no coercion as well as acceptance of the child's statements without undue positive or negative emotion. The interviewer should carefully document interviewing procedures, preferably via audio or video recording.

7. Biased interviews can be very problematic, particularly when they are numerous

Biased interviews are those in which the interviewer attempts to guide the child into making particular statements that confirm the interviewer's hypotheses about what happened to the child. Biased interviews typically include one or more of the following components: asking numerous leading questions ("Your dad touched your privates, didn't he?"), making coercive statements ("You'll feel better once you tell" "I know something bad happened to you; don't be afraid to tell me"), making pejorative comments about the alleged perpetratorr ("Your friends told me what Bill did to them"), or providing support to the child only when the child discloses abuse (see Ceci & Bruck, 1995, for a review). Research indicates that children are typically accurate in neutral interviews. Even in circumstances where one or two suggestive or leading questions are asked, most children will resist the suggestion and continue to provide accurate information. However, when the interviewer is biased, there is a higher possibility that some children will make false accusations. As the number of biasing factors increases, and the number of biased interviews increases, the rates of false reports can rise dramatically.

8. Inconsistency as an element of children's disclosures

Inconsistency in children's statements across interviews is frequently viewed by those unfamiliar with children's cognitive abilities as evidence of inaccuracy or fabrication. When children mention something in one interview and not in another this does not necessarily mean that the information is unreliable (Poole & Lamb, 1998). In one study (Peterson, C & Whalen, N., 2001) children's reports were highly consistent over four interviewers spanning two years. Preschoolers were also highly consistent when questioned in a similar manner in each interview. Inconsistencies occur despite high levels of accuracy (90 percent in several studies).

Studies examining children's normal autobiographical recall show that consistency ranges from a high of about 60 percent for sixth graders (Hudson & Fivush, 1987) to lows of 10 to 25 percent for preschoolers (Fivush & Hammond, 1990). These effects have not been attributable to different interviewers (the effect is similar when children are interviewed by the same interviewer multiple times), nor to contamination of the child's report during prior interviews (see Fivush, 1993 & 1995, for a review). Some of the effect may be attributable to different questions being posed in different interviews. Fivush (1993) hypothesizes that the effect is largely attributable to developmental processes, whereby young children have not absorbed social norms regarding what to report about an event. Further, as children grow and develop the type of information that is more salient or memorable changes. Fivush suggests that young children may require more support from the interviewer in the form of specific questions and memory retrieval cues.

PRACTICE TIPS:

- **When a child makes an extensive disclosure to the initial interviewer**
  Some children will feel burdened by the secret and will "spill their guts" to the first person they are able to tell about the abuse. This person may be a parent, a teacher, a school counselor, a therapist, or a trusted caseworker. In these cases, the initial interviewer should respond just as in other cases. Specifically, the interviewer should

support and reassure the child and make every attempt to document the child's statements during the initial disclosure. Any questions should be open-ended rather than specific .

- **Under no circumstances should the initial interviewer try to stop the disclosure** until a center-based assessment can be arranged. It would be helpful for the initial interviewer to let the child know that they appreciate the trust invested in them, that they will do everything they can to protect the child, and then establish a link for the center assessment. This discussion should support the child's initial disclosure, while also explaining to the child why a second interview will be necessary. It should be clear from this conversation that a second interview does not mean the child was disbelieved after the first statement. What follows is an example of a good transition:

  "I'm glad you told me about this problem. I want to make sure you're safe and that grownups who can protect you know all about what happened. I think it would be helpful for you to have an appointment with a person who will want to know what you just told me, and who will ask some questions so they understand exactly what happened. Other kids I know have talked to these people, and the kids tell me they're very nice and easy to talk to. I will talk to your (non-offending caretaker) about making an appointment for you."

- **In some cases, it may be helpful for this initial interviewer to be involved in the center-based assessment.** It is important to note that while transitioning is helpful, the initial interviewer should not imply that the child must talk to the interviewer or that the child must tell exactly the same story to the interviewer. The general idea is that the child should understand that the interviewer will be there to help them and listen to whatever they have to say.

- **Interviewers may need to instruct parents on handling child disclosures**
  It is helpful for parents to receive instruction from knowledgeable persons regarding how to respond if the child makes further statements. Ideally, the first professional (police officer, child protection worker, therapist, center intake worker) to contact the parents would instruct the parents to listen empathically to their child's statements and to offer emotional support, but to avoid further questioning. The parents should also be instructed to jot down the child's statements once they have supported the child, including the events that preceded the child's disclosure. All professionals interviewing children should work closely with other community professionals to ensure consistency in communicating with parents regarding responding to children's disclosures.

CAUTIONARY NOTE:

- **Repeated interviews should never be used to "rehearse" a child**
  Because each interview carries with it the potential for contamination of a child's report, multiple interviews should only be planned when they are necessary to elicit a complete account. Even when the interviewer is neutral, recall errors have been noted to increase over multiple sessions, probably due to forgetting over time (Warren & Lane, 1995). This effect also may be attributable to the impact of repeating the same or similar questions. Repeated interviews with biased interviewers have produced numerous false allegations, fabricated elaborations on the child's narrative, and reports of nonevents as actual experience (see Ceci & Bruck, 1995, for a review). Moreover, if a child appears rehearsed in court, they may be judged less credible as a witness (Flin, 1991).

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FRIENDLY, NEUTRAL APPROACH TO CHILDREN

FRIENDLY, NEUTRAL APPROACH TO CHILDREN

GUIDELINE:
Friendly, neutral verbal and nonverbal signals communicated by the interviewer to the child and the child's caregivers strengthen the structural integrity of the interview and promote the child's psychological well-being. The interview setting should be safe, supportive, comfortable, and child friendly. In addition, the setting should minimize distractions, interruptions, and contaminating influences.

NEUTRAL APPROACH

SUPPORTING INFORMATION:

1. Enhancing information quality
Virtually every expert on child interviewing has endorsed rapport building as an important initial phase that facilitates communication and disclosure. Walker and Hunt (1998) compared expert recommendations, practices, and state statutes from North America and Europe. They determined that there was a high degree of consensus for several aspects of interviewing, including building rapport with children prior to questioning on the topic of abuse. When rapport is developed using open-ended questions that invite the child to speak freely, children are more detailed in their disclosures (Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, 1996). Implicit in the rapport building process is the interviewer's verbal and nonverbal presentation. Research findings show that warm, supportive, and nonauthoritarian interviewers help to decrease suggestibility and increase accuracy in children's reports of abuse (Carter, Bottoms, & Levine, 1996; Hartwig & Wilson, 2002).

2. Friendly/nurturing interviewer
Numerous studies of nonvictims indicate that both children and adults are more accurate in the presence of a nonauthoritative, supportive interviewer (Ceci, Ross, & Toglia, 1987; Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991; Goodman, Sharma, Thomas, & Considine, 1995; Tobey & Goodman, 1992). Goodman and colleagues (1991) found that children speaking with a **friendly, nurturing** interviewer (who gave them cookies and juice at the beginning of the interview, and was warm and praising throughout) were more resistant to leading questions than children speaking with a more neutral interviewer. The accuracy rate of three to four year olds with a friendly interviewer was comparable to that of older children. Careful attention to when and how supportive comments and praise are given (sprinkled throughout the interview and not contingent on disclosures of abuse) can convey a friendly and nurturing tone without contaminating the interview.

3. Neutral interviewer
Saywitz and colleagues (Saywitz, Geiselman, & Bornstein, 1992) compared positive, neutral, and condescending interview techniques and found that positive interviewers produced the greatest quantity of accurate details. However, a concomitant increase for inaccurate details was

also noted. The neutral interviewers produced fewer accurate details, but also elicited the fewest number of inaccuracies.

In sum, studies of nonabused children indicate that a friendly approach appears to be beneficial, but can carry some risk of provoking inaccuracies. A neutral approach risks fewer inaccuracies, but may be associated with missing some accurate information. However, a friendly approach is also likely to be associated with better psychological outcomes for the child, particularly a child victim. Therefore, it might be helpful to do the following:

- Use a friendly, nurturing approach in the rapport building phase.
- Use a more neutral approach as the interview progresses into the disclosure phase.
- Temporarily suspend questioning or switch momentarily to a less stressful topic, if a child exhibits signs of distress. At these junctures, suspending the neutral stance and adopting a nurturing tone of voice and/or body posture can be helpful.

4. Friendly nonverbal approach

Nonverbal communication is conveyed simultaneously through many channels. The key to a friendly approach is congruency. A smiling face needs to be matched with elevated vocal tones and body posture oriented toward the recipient. Eye gaze should be direct but nonthreatening. The interviewer should attempt to be on the same eye level as the recipient. For example, when greeting children, the interviewer can kneel down; when greeting parents, the interviewer can stand if they stand or sit beside them if they remain seated. This nonverbal behavior should be maintained during the greeting, as the child is introduced to the interview setting, and as rapport building begins. However, the interviewer must be careful about giving nonverbal responses to children's statements that appear friendly but might actually have negative consequences for the integrity of the interview.

5. Neutral nonverbal responses

Neutral nonverbal behavior is recommended during the questioning phase. The interviewer may tailor his or her vocal tones to the child's needs (soft-spoken interviewer with soft-spoken child). An interviewer should always feel free to communicate warmth and support through the voice. However, experts recommend that the interviewer be judicious in using affirmative and negative head nods and in writing the child's responses. These behaviors may imply an expected response, as in the case of affirmative head nods while the question is being posed; or may imply approval or disapproval of the child's answer to a question, as in the case of writing the child's responses only when discussing certain topics. The interviewer either should provide these responses throughout the interview (i.e., during rapport building and closure as well as during disclosure), or should avoid these behaviors entirely.

6. Neutral verbal approaches

The interviewer can acknowledge a child's disclosure with neutral verbal responses ("Um-hmm." "I see."), paraphrasing the child's statements ("You said that he took you into his bedroom."), and encouragement to continue running narratives. "What happened next?" "Did anything else happen in your mother's bedroom?" "How did the touching end?" are examples of such questions. The interviewer may also repeat what the child just said. However, caution should be exercised so as not to insert words or alter the child's statement in a way that might

convey a very different meaning. If, for example, the child said, "and then he hit me in the stomach," the interviewer could repeat, "and he hit you in the stomach." The interviewer should avoid affective reactions to the child's statements.

7. Supportive/encouraging approaches

Verbal praise, e.g., "You're doing fine; you can count really high," also should not be contingent and should occur throughout the interview irrespective of the quality of particular statements. While it is important to express warmth and empathy, the interviewer should accomplish this without conveying expectations or assumptions about what the child might be feeling (Lamb, et al., 1994). Rather than, "I know this is hard for you" or "I know that you are scared", the child should be asked how he or she is feeling or whether this is hard to talk about. It is also important that the interviewer not guess at a child's response if the interviewer had difficulty hearing exactly what the child said. The interviewer should let the child know her or his response was not heard and ask the child to say it again. For example, when working with young children, the interviewer might say, "My ears weren't working well" or "I didn't hear what you said; tell me again." Another potential problem for some interviewers is to respond too quickly, especially when questioning young children. Poole and Lamb (1998) recommend that the interviewer allow at least a 10-second pause, to allow children time to process the information

INTERVIEWER BIASES

Interviewer bias can take several forms. The interviewer's questions, responses to the child's statements, and nonverbal behavior may evidence a bias (Faller, 1996; Ceci & Bruck, 1995). Biased nonverbal behavior can include suggestive head nods (negative or positive head nods while asking if a child was touched in the privates), tense vocal tones, note taking only when abuse is disclosed, leaning forward or away as a child discloses, etc. Biased verbal behavior includes phrasing questions so that compliance with the interviewer's bias is encouraged, i.e., asking leading or coercive questions. These biases are very difficult to monitor and may alter one's behavior without conscious awareness.

1. Interviewer's reactions

Pleasure, anger, or disgust are equally inappropriate responses to a child's statements. Expressions of pleasure communicate insensitivity to the impact of the abuse and the disclosure process on the child, suggesting that the child is only valued for making disclosures. Indicators of anger and disgust at the perpetrator may inadvertently communicate similar feelings regarding the child's involvement in the abuse. Saywitz (1995) found that interviewers who responded to children's statements with surprise, enthusiasm, or repulsion could impact what and how children disclose. Anger and disgust may also bias the child's later responses in that they may be more likely to make false accusations and acquiesce to leading suggestions. Lepore and Sesco (1994) interviewed children regarding games played with an experimenter. When interviewed in an incriminating versus a neutral mode, children were more likely to succumb to misleading questions about touching and kissing. The incriminating mode involved the interviewer placing value judgements on the child's report (e.g., "That was bad; what else did he do?" "He shouldn't have done that," "That was a bad touch," or "People who touch kids should be put in jail"). Similar outcomes have occurred in other studies, where children were told before meeting a

person that the person was clumsy (Leichtman & Ceci, 1995) or were told after observing a neutral event that the "perpetrator's" behavior during the event was bad (Clarke-Stewart, Thompson, & Lepore, 1989).

2. Interviewer's preconceived notions towards type of child, circumstance, or perpetrator
The interviewer can also carry preconceived notions about the type of child or circumstance or perpetrator. Examples might include: "I dislike interviews with hyperactive boys"; "This is just a custody battle; this child was not really abused"; "This perpetrator is a jerk; I hope he gets punished"; "You shouldn't leave your children with teenage boys; they can't control their impulses." A long tradition of psychological research indicates that biases affect the outcomes of social interactions in numerous settings. When there is a power differential between conversants, the less powerful individual is likely to attempt to please the more powerful individual through statements and behavior (Ney, 1995; Rosenthal, 1985; Rosenthal & Rubin, 1978).   Child interviewing studies indicate that interviewer biases provoke erroneous child reports and lead to inaccurate descriptions of the child's report by the interviewer (Ceci, Leichtman, & White, 1995; Dent, 1982; Goodman, Sharma, Thomas, & Considine, 1995). Dent (1982) noted that interviewers who formed a preconceived notion of what happened during a staged event elicited the highest proportion of incorrect information. The interviewers in these studies questioned in a suggestive manner regarding the preconceived interpretation, and they tended to ignore information inconsistent with their biases. Similarly, other researchers have primed interviewers with accurate versus inaccurate information, and then asked them to elicit event reports from children (c.f., Ceci, Leichtman, & White, 1995). Interviewers with inaccurate information asked misleading questions, elicited high rates of inaccurate information and false reports, and ignored inconsistent information in describing the child's report.

NEGATIVE OUTCOMES FOR BIASES

Goodman and colleagues (1995) noted that children tended to "shut down" with biased interviewers, in that they reported less information and made statements such as "that's all we did", which may have been attempts to deflect biased questioning. These children also added more fantasy material and inaccurate statements into their descriptions than did children talking with unbiased interviewers.

Although these studies involved nonabused children, it seems clear that a similar outcome could occur with children who have been abused, particularly when the child already is angry or feels vindictive toward the perpetrator. As previously mentioned, interviewer bias is consistently associated with high rates of false reports among nonabused children. It is therefore critically important that interviewers be able to self-monitor their biases and develop coping skills to counteract biases.

GUARDING AGAINST BIASES

Several strategies to help guard against interviewer bias have been developed.

1. History free approach
Providing the interviewer with minimal information regarding the allegation may be a legitimate approach to guarding against interviewer bias. Before being widely adopted, the effectiveness of the "history free" approach to interviewing needs to be carefully examined both in clinical and research contexts, because the forensic interviewer can never be completely blind to that history, i.e., the child is seeing the interviewer due to a concern regarding abuse. Some interviewers in Oregon and other states follow the history free interviewing practice. However, there is widespread support by many organizations, including the National Center for Prosecution of Child Abuse, The American Prosecutors Research Institute, and the National District Attorney's Association (1993) for the interviewer to conduct a caregiver history to include the allegations of abuse. If an interviewer is blind to the history, this could actually affect the integrity of the interview by interfering with the important stage of rapport building. Without background information, an interviewer would not have helpful information from the caregiver to promote the child's comfort and well-being. By discussing events, activities, objects, subjects—both positive and negative—the interviewer may have an impact on the child's ability to discuss information. Moreover, this step could be used to clarify information as well as minimize confusion that might exist regarding names, relationships, and places. In addition, access to the child's history can help narrow the focus of questioning. Very young children can quickly tire, become distracted, and talk elaborately about content unrelated to the concerns before the topic of abuse can be explored.

2. Considering alternative hypotheses
The interviewer is encouraged to remain open to the possibility that no abuse occurred (null hypothesis) and/or consider that other explanations exist. This can be accomplished by implementing the following:

- Ask the parent and the child about other sources of sexual knowledge.
- Inquire about the quality of previous interviews with the child.
- Refrain from asking leading or coercive questions.
- Ask children about information sources and coaching, when the source of the child's report is at issue.
- Institute self and peer monitoring through videotape or DVD review and supervision of cases.
- Make use of live supervision or review of videotapes.
- Formulate questions to examine concerns regarding a child's credibility.

The responses of the legal system to videotapes of biased interviews also constitute a formidable quality control mechanism. Not all of these procedures will be necessary in every interview. However, the greater the concern regarding the child's credibility, the greater the number of these options that should be utilized.

3. Testing hypotheses

The authors of these guidelines are concerned about potential misapplications of the recommendation to test a specific alternative hypothesis during a forensic interview.

While we agree with Ceci and Bruck regarding the need to avoid "confirmatory bias" or the dogged pursuit of the hypothesis that the child was sexually abused, we depart from Ceci and Bruck at the point at which the interviewer is encouraged to ask leading questions about a specific alternative hypothesis. While Ceci and Bruck recommend questions we feel are appropriate in some circumstances ("Did that really happen?" and "Did someone tell you this happened, or did you see it happen?"), they also suggest saying, "You're kidding me, aren't you?" and "Who else besides your teacher touched your private parts? Did mommy touch them too?". The authors of these guidelines feel strongly that asking leading questions regarding a specific alternative hypothesis is **not** a viable solution to the problem of interviewer bias. If the child acquiesces to leading questions about the alternative hypothesis, two possibilities exist: (1) the child told the truth about the abuse (possibly in response to a neutral, nonleading set of questions), but complied with the leading questions about the alternative hypothesis, or (2) the child made a false report of abuse and acquiesced to leading questions about the alternative hypothesis. It may not be possible to discriminate between these two possibilities. The approach recommended by Ceci and Bruck risks unneccessarily discrediting the reports of actual victims.

PRACTICE TIPS:

- **Interviewers should welcome the child and the caregivers warmly**
  This gesture creates goodwill with the parent/guardian. At the same time it begins the transfer of temporary parental authority to the interviewer. Children (particularly young ones) may model their parents' responses to the interviewer and/or may be looking for signs of parental approval before electing to "open up."

- **Interviewers should have a positive expectation that they will like the child and will be liked by the child**
  Mental imaging of one's nonverbal greeting can make the expectation a reality. If an interviewer finds a particular child difficult, he/she should actively look for qualities of the child which are endearing or admirable. For example, a "plucky" child may have learned to survive in a hostile world at the expense of reliance upon adults.

- **Live supervision, supervision through review of videotapes, and viewing of one's own videotapes is a useful safeguard against biased behavior**
  Many individuals exhibit habitual behavior patterns, such as head nods, which are useful feedback mechanisms when occurring in the context of everyday conversation. However, critics of any given interview may legitimately claim bias if an interviewer's nonverbal support and encouragement appears contingent upon particular disclosures. Viewing and having others review live and/or recorded interviews with these issues in mind can be invaluable in identifying and correcting what are often unconscious responses.

- **Formulating questions to test a bias can be a helpful strategy**
  If an interviewer is concerned about a particular child's presentation or the context of his or her disclosures, it is helpful to formulate questions to examine these biases. Ideally, these questions would be held until the end of the interview when, if the concern remains, the questions can be posed. For example, if there is a suspicion that a child has been coached, the interviewer can ask the child if there were conversations about abuse with potentially biased caretakers (e.g., "Did _____ talk to you about the touching? What did they say?"). If the interviewer is worried that a child is creating allegations, questions can be posed about feelings toward the alleged perpetrator before and after the touching happened and/or sources of different pieces of information (e.g., "How do you feel about _____ now? How did you feel when you first met him? What changed your mind?"). Formulating the questions prior to entering the interview situation can help the interviewer temporarily put these issues aside and focus on the child's statements.

- **Some interviewer biases can be addressed during the social history**
  If the interviewer is worried about working with a child they are prone to dislike, the interviewer can ask the parents to describe the child's positive qualities. The interviewer may also want to ask about alternative sources of sexual knowledge, other risk factors that may account for the child's behavior, and caretakers' prior conversations with the child about the allegation.

- **Self-"pep talks" are a useful guard against bias**
  If an interviewer perceives a bias with a particular child, it can be helpful for the interviewer to remind him/herself that it is not the interviewer's job to determine the statement's ultimate validity. The interviewer's primary function is to elicit the statement from the child, using a nonbiased questioning format and interview context. The interviewer can be helpful by supporting the child and aiding recall or hurtful by providing contaminating information. Ultimate determinations regarding the child's credibility should be made after the interview is complete.

CAUTIONARY NOTE:

- **Praise and treats should not be contingent on the child's level of cooperation**
  It is very damaging to the integrity of the interview for the interviewer to praise the child only following disclosure or to offer the child snacks and treats only if they disclose (e.g., "As soon as you tell me what happened, we'll get a teddy bear out of my special cabinet." "We can't get a snack until I know what happened with your daddy."). Making such gestures contingent changes the meaning of the behavior, from an indicator of generosity and desire to nurture the child to coercion and bribing. If snacks are offered, it is recommended that they be offered to every child, prior to the interview. When treats are used, they should be offered to all children, regardless of whether they disclose, preferably following the interview. There are advantages to offering the treat prior to the evaluation, in that it is clear that there is no relationship between disclosure and treats. If

the treat is a stuffed animal, the child can use it for comfort throughout the evaluation. It should be made clear to the child that the treat is given to all children.

ESTABLISHING A NEUTRAL ENVIRONMENT

SUPPORTING INFORMATION:

1. The amount and quality of information obtained is directly related to the setting
The environment, including the interviewer, other adults present, and the physical setting, influences the amount and quality of the information a child is willing to disclose. Research suggests that stress interferes with recall, which is in turn associated with heightened suggestibility (Hill & Hill, 1987; Saywitz & Nathanson, 1993). Providing the child with an opportunity to converse in a safe, neutral, child-centered environment minimizes the possibility of further trauma, maximizes the quality and quantity of information, reduces the operation of contaminating influences, and thereby maintains the integrity of the interview (Yuille, Hunter, Joffe, & Zaparniuk, 1993).

2. Physical components of a neutral environment
The following suggestions are drawn from several references, including Large (1995), Raskin & Esplin (1995), and Batterman-Faunce and Goodman (1993), as well as from the authors' clinical experience.

- The room is quiet and free from distractions such as the telephone ringing and people interrupting. Ideally, the room will be soundproofed so the child is not disturbed by overhearing conversations in the hall or worried that their conversation might be overheard.

- The furniture is comfortable, simple, and appropriately sized for the child. Size needs of preschool versus older children can be accommodated either through two separate rooms or through provision of different size furniture in different areas of the same room. The interviewer and the child should be seated at the same level.

- The decor is child friendly, e.g., pastel colors, pictures hung at the child's eye level, stuffed animals, and children's art work, conveying the message that other children have been in the room before. The items in the room should not be so numerous as to distract children from the task. Interviewing tools should not be part of the decor, but should be accessible if needed.

- The temperature should be comfortable.

- The lighting must be adequate if videotaping.

- The room should be safe, without breakable items, sharp edges, or toys with small parts which could pose choking hazards to very young children. Electrical outlets should be covered.

- The audio or video equipment, if used, should be nonintrusive and explained to the child.

- Bathroom and drinking facilities should be available to the child.

3. The factors that intimidate a child may not be known in advance

A police officer in uniform, a physician in a white coat, a nonoffending parent who doubts the allegations, and the school principal's office are a few examples of components that might adversely impact a child. For example, the child may have been taught that the police are "bad" or may find reminders of authority such as a badge, gun, or radio intimidating. Other children will find these same symbols of authority comforting. Similarly, some children may experience the principal's office as a place for stern reprimands. The interview setting should minimize factors that could unwittingly affect a child's statements. The interviewer should be dressed in modest clothes and the interview room should be made comfortable and child friendly.

4. The interview setting should be removed from the context of the abuse

Interviewing a child with the alleged offender present may prevent the child from disclosing. Interviewing a child in the setting where abuse may have occurred (e.g., living room, parent's or child's bedroom) may also inhibit disclosure. Although contextual cues aid memory retrieval, a child remembering abuse in the same context may become flooded and emotionally unable to provide accurate information.

5. Involvement of other adults in the interview should be discouraged

The involvement of non-offending parents, school personnel, and child caretakers in the interview can inhibit disclosure. Many children are reticent to speak about abuse with their parent(s) present. Even when a parent is supportive, children fear their parent's reactions (anger, sadness, disgust, disbelief). Children are very perceptive (Lyons, 2002). If a child perceives that he will not be believed, that his caretaker will be unable to handle the disclosures, or he fears facing an individual after revealing his secret, the child may withold information to protect himself or those around him.

Supportive adults present during the interview can intentionally or unintentionally coach or nonverbally cue a child, thereby contaminating the interview. Limiting the number of adults involved in the interview process decreases the possibility of outside influences and maintains interview integrity.

6. On rare occasions, a supportive adult may be needed

At times, a child may require a supportive individual's presence. This is particularly likely for very young children with developmentally normal separation anxieties. In these cases, clear instruction should be given to the adult. Specifically, the support person should be told to permit the child to answer in his or her own words and to avoid verbal and nonverbal reactions to the child's statements. For example, the interviewer could say, "For us to be able to help your child, we must hear what happened in her own words. We ask that you try not to react in any way to

your child's statements. If your child comes to you for support, it is alright for you to comfort her, but please do not offer support unless your child is asking for it." The interviewer may explain that if the support person feels strongly about something the child says, they will be given an opportunity to express those sentiments at the completion of the interview when the child is no longer present. It is a good idea to have the supportive adult tell the child that it is alright for the child to talk openly and freely with the interviewer.

When a support person is present, he/she needs to be seated behind the child. The interviewer can begin discussing safe subjects, such as favorite activities or pets. Once the child appears comfortable, the support person may leave the room. It should be noted that the presence of a support person may compromise the forensic value of the interview and should only be used as a last resort.

7. Interview location

It is the interviewer's responsibility to use the best location and/or facility available at the time, depending on the circumstances of the case. Not all recorded interviews occur in a center.

PRACTICE TIPS:

- **Furniture in the room should be child friendly**
  If upholstered furniture is to be used, a cleaning schedule must be established to prevent disease transmission (lice, scabies) and to keep the furniture looking new.

- **A balance must be reached between comfort and distraction**
  Items such as stuffed animals and quilts add warmth and comfort to a room. However, too many of these items can cause distraction and interfere with the child's ability to focus on questioning. Keeping interviewing tools in a locked cabinet is helpful in reducing distraction. The field interviewer should carry a portable supply of child-friendly items.

- **Signs**
  To minimize outside interruption, it is suggested that signs be placed on the door of the interview and observation rooms to alert people that an interview is in progress.

- **Snacks and beverages**
  Offering snacks and beverages to a child is a universal means of communicating nurturance, welcoming, and acceptance. However, food and drink can be distracting and can make it difficult to understand what the child is saying. These items would ideally be offered before or after the interview.

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GATHERING AND DOCUMENTING THE HISTORY

GATHERING AND DOCUMENTING THE HISTORY

GUIDELINE:
The type of history gathered depends upon the purposes of the evaluation. Information likely to be important for any child interviewer includes descriptions of prior interviews, sources of sexual knowledge, and current experience with nonabusive genital touch (e.g., bathing, toileting, genital exams at the doctor's office).
(See **Appendix** for "Sample Social History Form")

SUPPORTING INFORMATION:

1. When history is unavailable
Because biases regarding the perpetrator or the child's prior statements can unconsciously color behavior, some researchers and clinicians advocate for a history-free conversation with the child. While history may be biasing, it may also inform questioning as well as assist the interviewer with rapport development. There has been little research directly comparing levels of bias and information quality between the two approaches, thus both approaches remain valid choices for child abuse investigations. In some cases history is not available but an interview needs to take place.

For those who choose to interview with history, videotaping permits evaluation of both the presence of bias and the affect on the child's statements. Videotaping thus provides a safeguard, in that biased interviews will be exposed.

Information about prior interviews, child's developmental stage and abilities, sources of sexual knowledge, and current experience with nonabusive genital touch are critical to evaluating the child's statements. If the interviewer chooses not to gather this information prior to the interview, then either the investigator (law enforcement or child protection) should gather this information or the interviewer can gather the information after completion of the interview. Some interviewers combine the approaches, with a history-free initial interview, a break while the interviewer gathers history, and a second interview following history gathering.

2. History available
It is important to note the history-free interview may be a less viable approach with disabled clients, children involved in custody disputes, and very young children.

- Information about **disabilities** allows the interviewer to accommodate the child's needs, in order to effectively question the child and to minimize stress to the child.

- When **coaching or parental bias** are concerns in a custody conflict, the interviewer may need to know the sources of concern in order to formulate questions to test whether parental biases have impacted the child's statements.

- **Memory limitations with younger children** may mean that only particular cues will elicit an accurate account. Reviewing the child's prior disclosures, daily routines, and their names for salient caretakers and family members can provide invaluable assistance to the interviewer in cueing child memory.

  For those invested in a history-free interview, the combined approach may work best with young children and cases involving custody disputes. Specifically, a history-free interview would be conducted followed by a break for the child to check in with caretakers. During this time the interviewer could gather history to gauge the need for further questioning and make a decision regarding whether to have a second interview session with the child.

3. Prior interviews of child

Interview here is broadly defined to encompass conversations with parents, teachers, law enforcement personnel, child protection workers, or other adults who questioned the child.

- **Having documentation of prior interviews** permits evaluation of sources of contamination such as coaching, leading questions, or other coercive techniques with multiple interviews by multiple individuals.

- **Knowledge of potential contamination** guides the interviewer in framing questions pertaining to the child's sources of information (e.g., "How did you know Ben touched Susie?").

- **Knowledge of tools** (dolls, detailed drawings) used during the prior interviews allows the interviewer to make an informed judgment regarding whether reusing the same tool might be comforting to a child or might be leading or suggestive.

- **Summaries of prior interviews** provide information regarding spontaneity of the original disclosure and, with young children, possible cues for triggering the child's memory (e.g., using the word "poking" versus "touching" in questions).

- **If a child has been thoroughly and competently interviewed** by law enforcement or child protection personnel, the merits of a second interview should be carefully considered.

4. Questions regarding sexual knowledge

At times a child may make an alarming statement based on sexual knowledge and experience, rather than sexual abuse. For example:

- "Daddy poked my peepee" may refer to an accident during bathing or toileting.

- "You have sex by going up and down on each other" may stem from viewing adult programming.

- One child inserting something into another's vagina may result from witnessing maternal tampon insertion.

Both increased risk of misunderstanding and increased access for perpetrators need to be considered in evaluating young children's activities such as:

- Bathing
- Toileting
- Bedtime rituals

The interviewer should also question the parents about issues that can provoke actions or statements concerning sexual abuse:

- Exposure to pornography
- Adult television programming
- Walking in on parental sexual activity
- Nudity in the home
- Prior genital exams

5. The reaction to the disclosure

It is particularly instructive to ask about reactions to the initial disclosure, expecially familial reactions that may have occurred in the child's presence.

- Some caretakers are shocked by the child's disclosure and have an initial reaction of disbelief or anger at the perpetrator, which inadvertently discourages the child from making further disclosures.

- At times, family members try to explore alternative hypotheses with the child, express their disbelief in front of the child, or even attempt to force the child to recant.

Asking both parents and child about the parents' and others' reactions to the disclosure can provide important information regarding the need for child protection services or for family intervention. This information can also explain recantation and can be helpful in allowing the interviewer to question the child regarding reasons for recantation

6. Demographic information

Information about the following allows the interviewer to gauge the qustions to the child's level of comprehension:

- Child's age
- Grade in school
- Learning disabilities
- Developmental delays

For example, a child with auditory perception problems can be engaged with drawings and dolls for improved communication between child and interviewer.

The following information should be collected in the event the young child is unable to articulate a person's role in their life or who may name a person with poor articulation.

- Names of family members
- Current and past caretakers
- People who have lived in the family's home
- Parents' current and past partners
- Child's nicknames or pet names for any of these individuals (e.g., "Na Na" or "Maw Maw" for grandma)

Name information can also be helpful in developing a neutral list of individuals for asking "likes/dislikes" questions.

The interviewer should try to elicit name information from the child and should generally only use information obtained from the child during the interview. Use of information not given by the child reinforces the child's idea of adult omniscience and may interfere with the child's willingness to supply details later in the interview.

As a last resort, if the child is not able to name important people, the interviewer may want to inform the child that the interviewer spoke to the child's mother and the mother talked about some important people. The interviewer can name these people and ask the child to tell the interviewer about these people (e.g., "Tell me about uncle Bob" or "What do you like to do with uncle Bob?" or "Does uncle Bob do things you don't like?").

7. Additional history

For some interviews, particularly those located in medical settings, the purpose of the evaluation includes defining treatment goals for the child and family. In these cases, assessment of risk factor exposure (parental divorce; approaches to discipline, especially physical discipline; domestic violence; drug and alcohol abuse; criminal activity; family history of mental illness; and, familial incidence of child physical abuse, sexual abuse, and neglect) will provide important information regarding potential family treatment foci. This information is also critical in determining the need for child protection services.

Moreover, the evaluator will want to know about the child's behavioral and emotional functioning, as well as recent family stressors in order to better gauge the child's need for various treatment modalities (individual, group) and treatment intensity (outpatient, inpatient). A description of when problems started and frequency of problem behaviors is useful in exploring possible linkages with the abusive activity. It should be noted that parents may need help in understanding there are no definitive behavioral indicators of child abuse, but that child behavior changes may be associated with family stress, including child abuse. In discussing behavior problems with the parents, the interviewer should be prepared to clarify this point if necessary.

In locations using this format, the child abuse evaluation represents an opportunity for the family to receive a comprehensive evaluation by medical and mental health experts. The evaluation provides suggestions to improve child and family functioning in areas that may have been

previously unidentified. Of course, this extended model is more expensive and some families may feel the additional questions are intrusive.

When this format is used, it is important that follow up is provided to families to permit access to recommended treatment resources. Follow up can occur through on-site treatment, involvement of child protection agencies, or specific mental health referral. The interviewer, volunteer court appointed special advocate, or on-site mental health consultant can provide referrals.

PRACTICE TIPS:

- **Social history forms save time**
  Social history forms, asking all but the most sensitive questions, can be completed in advance by parents or other caretakers and then briefly reviewed by the interviewer prior to evaluating the child. See Appendix for an example of a social history form.

- **Sensitive questions may be better asked in person**
  The interviewer may choose to ask the parent about their own drug and alcohol use, domestic violence in the current relationship, parental criminal or mental health history, or the parents' personal history of childhood victimization (physical and sexual abuse). These questions are best asked in person because the parent is more likely to provide a valid answer if they have met and feel some ability to trust the interviewer. It is also helpful for the interviewer to be present to handle any adverse reactions parents have to the questions (e.g., sadness, anger).

- **Standardized behavior problem checklists are useful summaries of child functioning**
  Standardized behavior problem checklists are typically quite thorough in evaluating domains of child functioning (e.g., anxiety, depression, defiance) and permit more accurate comparisons of the child's functioning relative to "normal" children. These checklists are also frequently used by treatment providers and so are helpful in communicating about child adjustment problems.

- **Field Interviews**
  Preparation and planning by those involved prior to the interview is essential. This includes gathering information about the family history and any special needs of the child from the reporting party and others who may have direct knowledge as well as system information from data bases available to child protective services and law enforcement.

  Field interview teams should prepare for each interview by considering the role of each person present. The team should decide how to best approach the interview, what needs to be covered and who will lead the interview. The order of collateral contacts need to be decided, both those prior to and after the field interview. The team should plan for unforseen circumstances and be prepared to make necessary adjustments. Post interview planning should include arrrangements for medical examinations, protective custody, treatment referrals and/or further interviews.

SOURCE:

Morsan, M.K. (1995). How to Interview Sexual Abuse Victims. *Interpersonal Violence: The Practice Series.* SAGE Publications.

LAYING THE FOUNDATION

LAYING THE FOUNDATION

GUIDELINE:
Interviewers must be prepared to orient the child to expected roles for child and interviewer, rules of communication, and the reasons for the interview.

SUPPORTING INFORMATION:

1. Children may have questions and misunderstandings about the interview
Children will have limited knowledge of the task demands in the interview, including the kinds of information and the level of detail they are expected to report. Some children may be uncertain whether it is acceptable to discuss family secrets or topics that are taboo in our society (sex, family violence). They may have learned not to trust "the cops" or others with authority. Even when children understand that the purpose of the interview is to discuss these topics, their ability to share sensitive information will depend upon rapport with the interviewer.

Children are unlikely to comprehend differences between the interview context and everyday conversations with parents and teachers (Brennan & Brennan, 1988). In contrast to everyday conversations, in the interview there is no right or wrong answer, the adult is less knowledgeable than the child about relevant events, guessing is not a good idea, the child will be doing most of the talking, and the child can correct the adult when the adult is wrong (Ceci & Bruck, 1993). Whenever possible, the interviewer should clarify these issues with the child before questioning.

2. Assessment of children's language use and conceptual understanding
In order to develop questions the child can understand, the interviewer must listen to the child's sentences and match the child's language as much as possible (Walker, 1994). During the interview, the interviewer will likely be using concepts such as inside/outside, underneath/on top of, first/last, and the number of times an event occurred. When time allows, the interviewer may also choose to examine the child's understanding of these concepts ahead of time, in order to phrase questions differently or to avoid certain issues entirely. The interviewers may choose to assess conceptual understanding only if the particular issue arises during the child's disclosure.

SUMMARY OF GOALS

The following goals are applicable to center-based interviews and, to the extent practical, to interviews in the field.

The overall goal of laying the foundation is to establish rapport, a unique connection with the child, in a supportive, neutral setting. With a child-friendly attitude, the interviewer must define the unique relationship, assess the skills the child brings to the situation, and adjust his or her approach based on that assessment. Each stage of the interview invites repetition of the goal. The following task list summarizes the stage to be set.

Some interviewers view each of these tasks as separate parts of the beginning phase of the interview. These tasks can also be accomplished artfully, by focusing the child's attention on a broad activity (a colorful ABC chart, body part naming), and embedding assessment in the broader activity. The holistic approach may be preferable for holding a young child's attention, and in conserving the time taken to accomplish numerous tasks.

Rapport is an ongoing process. Building rapport begins with the interviewer's first contact with the child and caregiver and continues throughout the interview.

TASK LIST

1. Defining the interviewer's role: inviting the caregiver's help

- **Center-based:** When time and staff resources allow, it is helpful to provide instruction to the child's caretaker regarding the purposes of the interview. Intake personnel should inform the parent about the recording procedures and about center rules regarding parental presence during the interview and access to recordings of the evaluation. At this time, it is also helpful to describe the child's evaluation to the parent.

  At the time of the appointment, the interviewer should ask the caregiver, away from the child, what the child was told about the evaluation. It is also helpful at this point to remind him or her about center policies regarding caregiver presence during the interview and access to recorded materials or reports, as well as to answer questions and address concerns of the caregiver. It is advisable to have the caregiver (or Department of Human Services personnel, when applicable) sign a consent form indicating their willingness to comply with these policies and authorizing the evaluation/interview. Once the interviewer's role is understood, the caregiver can be encouraged to give the approval of participation in the interview. The interviewer can ask the adult to say something to the child, such as "(Name of interviewer) is good at talking to kids and listening to kids."

- **In the field:** Preparation and planning prior to the interview is essential. This includes gathering information about the family history and any special needs of the child. This information may be obtained from the reporting party and others who have direct knowledge as well as system information from databases available to child protective services and law enforcement. Careful consideration needs to be given to where the interview will take place to best ensure safety, privacy, and comfort for the child.

  When interviews occur in the child's home environment, the interviewing team may need to assess the caregiver's capacity to sanction the child's participation, as they provide instruction about the process to the caregiver and to the child. Identifying a neutral setting for the interview is especially important if abuse might be occurring within the home environment. An outside area such as a porch, a private area of the yard, or inside a vehicle may be an option. Sometimes children will choose where they want the interview to take place.

2. Rapport development

Rapport development is associated with greater accuracy in event reports (Dent, 1982; Ceci, Ross & Toglia, 1987; Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991; Lamb, Hershkowitz, Stermberg; Esplin, Hovav, Manor, & Yudilevitch, 1996). The interviewer's questioning style, nonverbal behavior, attentiveness to the child, and ability to engage the child in developmentally appropriate tasks will be the primary determinants of rapport development. Rapport will be developed if the interviewer is kind to the child (speaking in a friendly voice, providing snacks), gets along with the child's parents, praises the child for accomplishing tasks in the developmental assessment, asks open-ended questions about the child, and listens attentively to the child's responses without interrupting. The interviewer can engage the child in age-appropriate tasks such as listening to them recite ABCs, counting, naming of body parts with preschoolers, and discussing favorite activities or pets with older children. He or she can then share small amounts of personal information with the child: "We almost have the same birthday!" "I had a pet rat once, too." "I went to the rodeo, too. I had fun; how about you?"

3. An open-ended questioning approach

A goal is to communicate to the child that the interviewer is interested in what the child has to say, and would like the child to comment at length in response to questions. Open-ended questions (e.g., "How are you doing today?" "What do you do to have fun?" "Who lives with you?") are best for eliciting detailed responses. A study of interviews with sexually abused children examined differential effects of using open versus closed questions during the initial phase of the interview (Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, 1996). Following the initial phase, all children were asked an open question to transition into the abuse-questioning phase, e.g., "I understand that something may have happened to you. Tell me about that." Responses to the transition question were 2.5 times as long and contained numerous relevant details among the children whose initial phase was conducted with open-ended questions. The type of questions posed during the initial phase of the interview influenced the length and relevance of responses during the abuse-focused portion of the interview.

4. Defining the interviewer's role: talking with the child

By identifying himself or herself by name and role, the interviewer begins to develop appropriate expectations for the interview. If the interview is to be conducted with a team approach (law enforcement/child protective services), each member should identify himself or herself. If the children ask if the interviewer is going to "do something" to them (e.g., remove them from home or arrest them or be mad at them), the interviewer can ask what they are worried about and again define the interviewer's role. It is important to tell children that the interviewer's job is to talk with kids and that he or she has talked with many kids in the past. The interviewer can then tell the child that she or he will ask some questions and will listen carefully to the answers. The child may also be told that the interviewer's role is to talk to kids about things that bother them or about problems they are having.

5. Telling the child what to expect

At this time, it is helpful to let the child know what to expect. Children often want to know how long you will be talking ("a little while" for a young child, or "about an hour" for a child age 7 or older). In addition, a simple explanation of the sorts of issues to be discussed is helpful to many children, e.g., "I talk to kids about their families, about things they like, and about things that

bother or worry them" or "First we will be getting to know each other a bit, then we'll talk about why you're here today, then you can ask some questions, then we'll go see your mom."

6. Giving the child a sense of control

It is important to meet the child's unspoken need to feel control by giving the child choices and orienting him or her to his or her surroundings. Giving permission to ask questions helps the child feel more in control of an unfamiliar place and conveys that his or her needs will be met.

7. Informed consent about observers and recording

A Child's ability to trust the interviewer may be fragile. It is important that the child understand that observers are present and that the interview is being recorded. Interviewers will want to provide abbreviated explanations to younger children. Decisions about how much information to give the child about the observers (e.g., identified by name, by role, or only a general reference such as "there are people in the room next door and they can hear us and see us") and the recording (e.g., a general reference versus a full description of the reasons for recording and possible tape/DVD distribution) will vary depending on the comfort levels of both the child and the interviewer, on the child's developmental level and ability to make sense of the information, and on indications from the child regarding how much information he or she would like to have. What follows are some examples of informed consent:

- "I want to tell you a little bit about my room. See that mirror. Over there is a room with people in it. Those people can hear us and see us. There's also a machine that makes pictures of us while we talk."

- "I have this little recorder on the (table) that records our words so I can remember the important things you and I say."

- "See that mirror. It's called a one-way mirror. What that means is it's a mirror on one side, our side, but it's a window on the other side. Other people who help children can sit over there and watch while we talk. Right now (detective) and (caseworker) are over there, and they can hear us and see us. There's also a video camera making a recording of us while we talk. That recording helps me remember what we talk about."

The interviewer should be prepared to reassure the child, if the child is worried their parents or the perpetrator might see or hear the recording. The reassurances must be realistic, however. The interviewer should not promise the child that the child's parents or the perpetrator will never know the contents of the recording. The interviewer can respond to the child's concerns with reassuring statements, such as "We only let people whose job is to protect children sit over there. We don't let your parents watch while we make the recording." The interviewer can promise that the tape will not end up on the news or in a video store. In most cases, these items collectively take no more than a few minutes.

8. Developmental Assessment

Activities included in the developmental assessment vary tremendously with the child's age. With a young child, this portion of the interview may be fairly extensive (5 to 10 minutes), while

with a teenager this section may be unnecessary. If the teen has developmental concerns, the decision would be made on an individual basis.

With children up to 6 years old, the interviewer may want to test color identification, counting, number relational concepts (more/less, first/last), time comprehension (ability to say current age, age at past events, night/day, seasons), positional concepts (inside/outside, under/on top of), basic autobiographical information (who is in the family, babysitter's name, child's own name and age), and body part identification. It is important to note that there are potential risks as well as benefits to conducting an extensive developmental assessment of this nature with young children. While this assessment may contribute to perceptions of child credibility and is reassuring regarding language comprehension, an extensive assessment may conflict with the overall goals of the interview. Specifically, many of the questions in this section have right versus wrong answers defined by the interviewer, and the assessment does not encourage the child to provide detailed narratives. As such, the developmental assessment may undermine the interviewer's attempt to distinguish this conversation from conversations with parents and teachers, and may set up the child to provide brief answers (Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, 1996). If the assessment is too extensive, the child might be exhausted before abuse-focused questioning begins. The interviewer might preface the developmental assessment by saying, e.g., "Before we start talking, I would like to check out some things with you. Would you name the colors of these pens?" Assessment of conceptual understandings can be done during the interview or at the end of the interview.

With school-age children, the interviewer can assume knowledge of many concepts, and can focus on ability to relate event timing (using seasons, proximity to holidays, naming days of the week) and ability to provide autobiographical narratives. The interviewer can ask the child to tell about a salient event, and conduct a short practice interview regarding the event, including encouraging the child to tell **who** was there, **what** happened, **where** they were (with peripheral detail), and **when** it occurred. The interviewer can praise the child where they spontaneously do well, can encourage them to provide missing information, and can let the child know that similar narratives will be desired regarding other events to be discussed. In research with both abused and nonabused children, practice interviews containing open-ended questions and descriptions of ground rules have increased the amount of accurate information produced by children age 7 and older (Geiselman, Saywitz & Bornstein, 1993; Lamb Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, in press; Yuille, Hunter, Joffe, & Zaparniuk, 1993).

9. Defining the child's role
The interviewer will need to alert the child to differences between this conversation, and other conversations between children and adults (Yuille et al., 1993). Some researchers refer to this process as establishing the "ground rules" (McGough & Warren, 1994; Saywitz & Snyder, 1993). Research studies indicate that explaining ground rules reduces children's suggestibility and enhances resistance to misleading questions (Togflia, Ross Ceci, & Hembrooke, 1992; Warren, Hulse-Trotter, & Tubbs, 1991).

It is helpful to convey that the interviewer's primary interest is the child's welfare, and to underscore the interviewer's impartiality regarding the child's statements. For example, the

interviewer can say "I just want to find out how things are going with you by asking a few questions, and listening. Anything you say to me is OK, and you won't get in trouble here."

The interviewer will also want to assure the child that it is acceptable to say they don't know or can't remember the answer to a question (Geiselman et al., 1993). It is appropriate to reinforce this idea by further encouraging the child to not make up an answer to your question. Let them know it is preferable to say "I don't know" than to try to guess. An example could be to ask, "Do you know the name of my cat?" Let the child know, for example: "I will be asking a lot of questions today. Sometimes you won't know the answer to my question. I don't want you to guess. If you don't know, you can tell me 'I don't know' or 'I don't remember.'" You may share that sometimes you and other grown ups don't know answers to questions.

Often children, especially young children and grade school age, think that adults know everything, even when the child and adult have never met. To counter the child's assumption of adult omniscience (Ceci & Bruck, 1993), the interviewer can explain that the child might have been there when something happened, but the interviewer was not, so the child will know and the interviewer will not. For example, "You said your birthday was a couple of days ago. I wasn't there, so I don't know what happened. What happened on you birthday?" This also invites the child to provide a narrative account and allows the interviewer to observe the child's ability to do that. After the child describes what happened on his or her birthday, the interviewer can emphasize that there may be other events in the child's life that the interviewer may not know about.

The interviewer might also want to encourage the child to tell if the child does not understand a word that the interviewer says. For instance, "like flabbergasted--do you know what that means?" The interviewer can explain that there are some words the interviewer doesn't know either, and that it's OK not to know what a word means, as long as the child lets the interviewer know, so a different word can be used.
Children should be encouraged to correct the interviewer if the interviewer repeats incorrectly something the child has said. Some children will do this spontaneously and others will not. Testing for the child's ability to correct the interviewer using a mistake on a neutral topic does not guarantee consistency for the task throughout the interview. Children who pass this test may not be able to correct the interviewer during discussion of an abusive event.

10. Discussing truth or lie
In any discussion of truth or lie, the interviewer must consider the child's age, linguistic and cognitive abilities, and levels of moral understanding.

Controversy abounds among those who interview children of any age as to the efficacy of discussing truth or lie related to accuracy of the child's reports. Research as early as 1984 (Wimmer, Gruber & Perner) indicates that children can take speaker intentions into account when classifying statements as truths or lies, if asked to assign consequences to the speaker's statement. More recent research (Siegel & Peterson, 1996) shows that preschoolers are capable of differentiating lies from mistakes. Four-year-olds can distinguish facts (truth) from nonfacts (lies) if asked to do so in a concrete manner.

An underlying assumption in this discussion is that the discussion of truth or lie will increase the truthfulness of children's statements in an interview. Poole & Lamb, 1998, warned that currently there is no evidence that truth or lie discussion increases accuracy. They suggest conducting truth or lie discussion only if local regulations or customs require it.

Huffman, Warren & Larson, 1999, concluded that, "perhaps it is only when asked to discuss the moral implications of truth or lie that the child becomes more likely to report the truth, or less likely to report false information."

Few researchers or practitioners believe that a child's false statements during interviews are deliberate lies. Rather, they attribute false or incorrect statements to

- Factors in the child's life that may contribute to the child minimizing detail or denying abuse altogether (false negative);

- Faulty memory;

- Inadequate or developmentally immature encoding of memory;

- Poor source monitoring – inability to recall where they obtained the memory.

In a study by Lyon & Saywitz (1999) children's competence was affected by the way their understanding of truth or lie was assessed. The study also found that some children seemed reluctant to discuss truth or lie and its consequences. Many environmental and life experiences could contribute to reluctance as well as a child's perseverance to minimize or deny in response to an interviewer's questions.

The interviewer is urged to lay the foundation for a truthful exchange during the interview by advising the child to only talk about real things, not to pretend or make things up, not to guess at an answer but state, "I don't know" or "I don't remember." The interviewer being truthful during the interview will also contribute to laying this foundation.

11. Barriers to laying the foundation
Whether interviewing in the field or at a center, the interviewer may encounter a child who will disclose promptly at the onset of the interview (e.g., "You know what happened? Daddy touched my pee pee!"). With older children it is acceptable to ask if that topic can be discussed after the interviewer and the child get to know each other a bit. Older children can usually be redirected back to the disclosure topic easily. With younger children, it may be difficult to recue the child's memory, and the child may misunderstand delays as indicating that the interviewer is uncomfortable or not interested in the topic. Thus, at times it will be impossible to accomplish the foundation task list outlined in this section, due to the child's presentation. If the child's attention span is long enough, critical concepts can be discussed after the disclosure to assess language the child used in the disclosure, e.g., inside/outside. It is important to state as early as possible that the interview conversation is being recorded, if that is the case.
A similar issue occurs with highly distractible young children whose attention span is not long enough to allow for a comprehensive developmental assessment.. With distractible children, the

interviewer can expedite the tasks by being brief or considering multiple sessions so that all goals may be accomplished.

PRACTICE TIPS:

- Take the time to develop rapport with the child.

- Explain expectations to the child and the interviewer's role

- Assess the child's developmental abilities so that questions can be tailored to the child, and to ensure the child understands the questions. This assessment can be done at the beginning of the interview, throughout the interview, or at the end of the interview. Clarify that the child understood certain concepts, e.g., on/off, being asked during the interview.

- Do not correct the child if he or she incorrectly answers questions posed during the beginning phase of the interview or during a developmental assessment. Keep in mind that these areas of the interview are to gain information about the child's fund of knowledge and developmental abilities.

- When debriefing with the caregivers following the child's interview, encourage them not to question the child further about any disclosures the child may have made. Let them know that listening to the child and making notes of the child's comments and behaviors may be useful for investigation or treatment purposes. Provide the caregivers with the name and phone number of an appropriate person to contact, should the child make further statements about the abuse.

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POSING APPROPRIATE QUESTIONS

POSING APPROPRIATE QUESTIONS

GUIDELINE:

To ensure clarity, the interviewer can move along a continuum of questions (Faller, 1999) from general to specific. The interviewer should elicit as much information as possible using open-ended questions, which encourage the child to produce a free running narrative. The interviewer should use discretion in selecting questions to balance the goals of eliciting accurate information and facilitating complete disclosure.

(See **Appendix** for "Questioning Typology")

SUPPORTING INFORMATION:

TYPES OF QUESTIONS

1. The Continuum of Questioning

The interview should always begin with open-ended, general inquiry questions to encourage a free narrative. While the child is supplying a running narrative, the interviewer should not interrupt or correct the child. The interviewer should also pause before posing more questions to ensure that the child has the opportunity to fully elaborate responses to each question. The interviewer can offer encouragement for the child to continue the running narrative with such responses as head nods, "um hmm," or "What happened next?" The interviewer should move back and forth between open-ended and specific questions, avoiding the end of the question continuum, i.e., coercive, misleading, or leading questions.

When a child has exhausted recall with the use of open-ended questions or is initially unresponsive to these questions, the interviewer should feel free to move to more specific questions. As noted earlier, multiple choice and direct questions are typically used only for clarification of prior statements. When used to clarify prior statements these questions are not suggestive because the child has already provided the information, and the interviewer is merely seeking to clarify (Lamb, Sternberg, & Esplin, in press). If these types of questions are to be used to elicit the "who" and "what" of a disclosure, this should be done only after careful consideration and in a manner that reduces suggestibility.

When clarifying the child's statements, the interviewer can move along the continuum of questions from open to closed and vice versa as dictated by the child's ability to respond, and by the feasibility of posing open ended questions. This format would resemble the following:

- begin with open-ended questions;
- clarify the free narrative with specific questions;
- clarify responses to specific questions with open-ended questions whenever possible;
- use multiple choice and direct questions sparingly to clarify contextual detail.

Once the child provides a response to a multiple choice or direct question, the interviewer should return to more open questions. For example:

Interviewer: "Did anyone touch your bottom?"

Child: "Yes."

Interviewer: "Tell me more about that."

Child: "Mommy touched my bottom."

Interviewer: "Where were you when that happened?"

This questioning format is endorsed by numerous authors of interviewing protocols and standards (Faller, 1996; Home Office and Department of Health, 1992; Stellar & Boychuk, 1992; Yuille, Hunter, Joffe, & Zaparniuk, 1993).

2. Questions as Memory Cues

Fundamentally, the task of the child interviewer is to help the child provide a complete and reliable account of events in the child's life, including abusive experiences. The interviewer's questions and tools can be thought of as memory cues employed to stimulate the child's recollection. Questions contain varying levels of cues, from general questions, which provide permission to disclose with few cues regarding the type of information desired, to leading questions which provide significant cues. The stronger the cue, the more information is provided by the interviewer rather than the child. As more information is provided by the interviewer, children's reports become more elaborate, but children may be at more risk to incorporate interviewer comments. Consequently, the stronger the memory cue, the less confidence the interviewer should have in the child's response. The issues of cueing, children's error rates in response to particular types of questions, and the types of questions needed to elicit a complete account of abusive events will be thoroughly discussed in upcoming sections of this guideline, as well as in the guideline on memory and suggestibility.

3. A Note on the Importance of Patience

Children's cognitive skills and language fluency are less developed than those of adults. They therefore require more time to process questions and formulate replies. It is important for the interviewer to pause after asking a question, allowing the child time to formulate his or her reply and to elaborate on that reply. The interviewer may have a tendency to move away from open-ended questions prematurely because the child is not responding. The child's processing time could be mistaken for a lack of response to the question.

4. Open-ended or General Inquiry Questions

Questions that invite the child to speak freely and spontaneously are variously labeled "open ended", "general inquiry," or "invitational." Poole and Lamb (1998) indicate that there is no universal agreement on categorizing the differences in question types, but refer to open-ended questions as those "that require a multiple-word response." Faller (1999) distinguishes between general and invitational questions, both of which are open ended. A general question makes no assumption that the child has experienced a particular event but makes general inquiries about

the child. An invitational question makes an assumption that an event may have occurred. An invitational question could begin, "Tell me everything you remember about that."

Open-ended questions typically begin with the words who, what, where, when, and how, followed by prompts for more information such as, "Tell me more about that." When asking an open-ended or general inquiry question, the interviewer gives very little information to the child regarding what the child should discuss. This reduces concerns that what the child says was influenced by the interviewer's beliefs or biases.

Research studies consistently show answers to open-ended questions are highly accurate, as accurate as adult answers to similar questions, provided that the child has not been coached or misled prior to the interview (Dent & Stephenson, 1979; Poole & Lindsay, 1995).

Some good examples of open-ended prompts include "Why are you here today?" "How have you been feeling?" "Tell me about that." and "What happened next?" (Faller, 1990; Lamb, Hershkowitz, Sternberg, Esplin, Hovav, Manor, & Yudilevitch, 1996; Yuille, Hunter, Joffe, & Zaparniuk, 1993; Stellar & Boychuk, 1992).

When exclusively open-ended or general inquiry questions are used, preschool children recall significantly less information than adults. The amount of information elicited using open-ended questions typically correlates with the child's age, i.e., the older the child, the more information the child is able to retrieve (Ceci & Bruck, 1993). Young children recall a great deal more information when they are given cues to direct them toward relevant topics and cues to stimulate memories of significant aspects of events (Fivush, 1993; Pipe, Gee, & Wilson, 1993). In sum, while open-ended questions are desirable, in order to elicit a complete account the interviewer may need to use questions that cue the child regarding important topics.

5. Focused Questions
Faller (1990,1999) defines a focused question as "one that focuses the child on a particular topic, place, or person, but refrains from providing information about the subject." This type of question provides the interviewer the opportunity to ask the child about subject areas related to suspected events of abuse. Focused questions may be used to elicit clarification and more specific detail regarding statements made during a child's free narrative. Focused questions can be open-ended or closed-ended. Closed-ended questions limit the child's response.

It should be noted that focused questions as defined by Faller (1990;1996;1999) include a blend of open-ended questions and focused questions related to the topic areas of persons, body parts, circumstances, and prior disclosures. For example, Faller includes "What do you do when grandpa baby-sits?" (open-ended) and "Did you ever see a man's peepee?" (specific) in her definition of focused questions.

6. Multiple Choice Questions
In general, multiple choice questions should be used only to clarify a disclosure. Faller (1990, 1993, 1999) advises that use of multiple choice questions be restricted to gathering information about context. The research to date supports the limited use of multiple choice questions. Multiple choice questions can be quite useful in gathering contextual information, particularly

from young children. For example, "Was it before your birthday or after your birthday (Christmas, Fourth of July) or both?" or "Were you inside a building, or outside, or somewhere else?" Faller advises against using multiple choice questions to gather information about the abusive acts themselves.

Multiple choice questions provide a range of answer options for the child but may restrict the child's choices to the ones provided by the interviewer. Multiple choice questions are helpful when children indicate that something happened to them, they are having difficulty providing details, or the interviewer needs to gather contextual information. However, multiple choice questions cause concern because:

- The answers are provided for the child.
- The options provided by the interviewer may not include the right answer as a choice.
- The child may not understand the question, or know the answer, and may choose the first or last alternative (primacy and recency).
- The child may not be able to process a list of alternatives due to cognitive or emotional development.
- The child may not know the answer, or is reticent to provide the information, and randomly chooses an option.

These concerns can be ameliorated if the interviewer ends multiple choice questions by inviting the child to provide other options. For example, "Did it happen in the living room, bedroom, or some other room?" The interviewer can also improve the situation by using a nonleading list, that is by including improbable choices along with more likely choices. For example: "Did he touch with his foot, or his hand, or his private, or his knee, or some other part?"

It is important to note that order effects have been found both with young children and children with developmental challenges. Specifically, when these children do not know the answer to a question, or when the question is incomprehensible to them, they tend to select the last option offered in a multiple choice list. This issue is less problematic if the interviewer remembers to use an invitational clause at the end of the question (e.g., was it daytime, nightime, or some other time?").

In rare situations, multiple choice questions may be used to gather information about abusive acts from an especially reticent child. For example:

Child: "Grandpa touched me."

Interviewer: "Where did he touch?"

Child: "I can't say."

Interviewer: "Was it on your face, or your private, or your hand or another part?"

Child: "The second one"

Interviewer: "Your private?"

Child: "Yes."

It should be noted, however, that the interviewer in this situation could have also asked the child to point to the relevant body part on a drawing, doll, or on their own body. These other approaches would be preferable to using multiple choice questions because they do not restrict the child's options.

7. Specific Questions
For the purposes of this section a question is considered specific when it is used to elicit detail from a child's response to a focused question. A specific question can be open-ended or close-ended and may be suggestive if the interviewer provides more information than the child provided initially.

Faller (1999) states that specific questions are used to gather sensory/motor and other details about the abusive acts. In Faller's updated continuum, specific questions are utilized as follow up strategy to gather more contextual detail. Poole and Lindsay (1995) caution that the use of specific questions can raise the risk of error in accurate answers and encourage the child to answer questions to which they do not know the answer. When asking specific questions the interviewer is providing more of the information, and the child is providing less. Therefore, specific questions are generally considered more suggestive than open-ended questions. Additionally, a child may respond to these questions without understanding the question.

Again, there is some disagreement of risk versus benefit to specific questions and the interviewer is cautioned to use sound clinical judgement in their decision making process.

8. Direct questions
Faller (1990) defines a separate category, labeled "direct questions," for those in which the actor and the act are clearly specified. Typically, the interviewer should not ask direct questions with both a specific actor and a specific action included in the question, unless the interviewer is confirming or clarifying information the child has already given.

It should be noted that among abused children direct questions may be necessary to elicit reports of genital touch. With open-ended questions, up to 90 percent of children who have experienced genital touch will not report it. With direct questions, accurate reporting rates increase (70 to 85 percent) while the rates of false acquiescence (5 to 10 percent) and convincing, elaborated false reports (3 percent) remain low (Goodman & Aman, 1990; Saywitz, Goodman, Nicholas, & Moan, 1991).

It also should be noted that these authors moved from open to direct questions with the actor and act specified. It is not clear what percentage of children would have disclosed to specific questions with either the actor or the act left open. In other words, a less suggestive type of specific question might have been adequate for many children to disclose. It may be more difficult to elicit a report from children who have been abused than from children in research

studies, who in general represent nonabused children. The child who has experienced abuse may have additional barriers to disclosure, such as fear of getting a loved adult in trouble.

What this information means in the practice setting is that in a typical interview some specific and/or direct questions may be unavoidable, but the interviewer should quickly move back to more open-ended questions whenever possible. For example:

Interviewer (specific, focused): "Did someone touch your chest?"

Child: "Yes."

Interviewer (open-ended, general inquiry): "I wasn't there, but I would like to know everything that happened. Tell me everything that happened."

Child: "He rubbed my chest."

Interviewer (open-ended, focused): "What did he rub your chest with?"

9. Leading questions and coercion should be avoided

Many experts on child interviewing (Faller, 1990; Walker, 1997) define leading questions as those that include an actor, an act, <u>and a tag</u> (e.g., "Your dad touched you on your pee pee, didn't he?"). The tag can occur at the beginning or at the end of the sentence. Such questions are leading because a child is encouraged to provide a particular response, usually an affirmative one. Coercion involves forcing the child to do or say something they clearly do not want to do or say. Leading questions and coercion pressure a child to talk to the interviewer and/or to give a particular type of response. The information gained from these strategies is not reliable, and these tactics may adversely impact the child's mental health. Leading questions and coercion are not acceptable approaches in child interviews.

Other examples of leading questions include: "Haven't you told your mom about some touching?" and "I'm worried, and your mom told me she's worried, that your daddy put his pee pee in yours. Your dad put his pee pee in your pee pee, didn't he?" Examples of coercion: "I really need to know what happened. It will be a lot easier for everyone if you just tell me what happened." or "We can get popsicles as soon as you tell me what daddy did."

In considering the continuum of questions posed by Faller (1990, 1996, 1999), researchers disagree about which questions are forensically sound. Some researchers on children's memory divide the question continuum into two categories, placing focused to leading questions in the second category. These researchers view all specific questions as potential sources of contamination to the child's memory. Within the specific question category, there is disagreement about how leading a particular question might be. Researchers on children's memory (Warren, Woodall, Hunt, & Perry, 1996) tend to use the terms leading and suggestive interchangeably. This group would consider all specific questions to be at least mildly leading or suggestive, with some questions being more leading or suggestive than others because they provide more information to the child and elicit less information from the child. Specific questions are leading or suggestive to the degree that they incorporate any information not

previously provided by the child and to the degree that they encourage the child to provide one answer over another. Because this definition of leading questions is so inclusive, most interviewers are sometimes likely to use leading questions, as defined by this group of memory researchers.

In fact, prior research suggests that specific questions, defined as leading questions according to this group of researchers, may be used appropriately to elicit complete reports from some children, particularly regarding genital touch (Saywitz, Goodman, Nicholas, & Moan, 1991). On this topic, Lamb, Esplin, & Sternberg (1998) suggest that even the most skillful interviewers use direct and leading questions when interviewing young children. Further, they note that including such questions does not invalidate the statements, if steps are taken to limit potential damage by framing focused questions carefully to avoid coercive repetition by pairing direct or leading questions with open-ended prompts, so as to return the child to recall (rather than recognition) memory. These researchers point out that children and adults are susceptible to suggestion and preschoolers, at least in experimental situations, appear especially susceptible (Ceci & Bruck, 1993).

In the face of repeated suggestion and coercion, it would not be surprising if children incorporated erroneous information into their accounts, although this should not blind us to the facts that even 3- to 5-year olds are often resistant to coercive suggestion (Goodman & Aman, 1990; Goodman, Aman, & Hirschman, 1987; Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991; Goodman, Rudy, Bottoms, & Aman, 1990). A response to a single suggestive question does not necessarily render a child's entire statement dubious or invalid, just as the statements of an adult are not invalidated by their suggestible responses to some utterances.

Some authorities agree that the context of the question is as important as the question type itself. Faller (1990; 1999) and Walker (1997) define leading questions as those that include an actor, an act, and a tag. This type of leading question would be highly risky and ill advised. Movement along Faller's continuum is widely accepted by practitioners because it establishes a clear boundary for unacceptable questions. Though it cautions the interviewer regarding multiple choice and direct questions, the continuum does not prohibit the interviewer from using questions that might be helpful to some children in some circumstances. In other words, sound clinical judgment in a particular situation should not be ruled out.

Interviewers should have an understanding of the terms and definitions used by memory researchers and those used by experts who study the practice of interviewing children for concerns of abuse. Integrating research into practice is an ongoing endeavor.

An agreement among researchers is that interviewers should begin with open-ended questions and only proceed along the continuum as necessary. There is also agreement that information obtained with use of specific questions is less reliable than information obtained with open-ended questions, because children make more errors in responding to specific questions. Researchers agree that specific questions vary in their potential to suggest information to the child. There is agreement that specific questions will be unavoidable, particularly with young children, but the interviewer should use caution regarding the timing and the wording of these questions. The interviewer should be prepared to defend questions in terms of the child's emotional and cognitive abilities, and should be equally prepared to admit when a mistake has

been made regarding an ill-timed or inappropriate specific question. Those working or training in the field of child interviewing need to know that a single inappropriate question is unlikely to provoke a false report of abuse (Faller, 1999; Lamb, Sternberg & Esplin, 1998; Leichtman & Ceci, 1995; Price & Goodman, 1990; Tobey & Goodman, 1992; Rudy & Goodman, 1991; Saywitz, Goodman, Nicholas, & Moan, 1991.)

10. A proposal to distinguish suggestive questions from leading questions
In response to the controversy detailed above, for the purposes of these guidelines, a distinction will be made between the terms "leading" and "suggestive." The term "leading question" will be defined as Faller defines it, to include an actor, an act, and a tag. When the interviewer's question includes information not previously provided by the child, the question may be labeled "suggestive." The more information provided by the interviewer, and the less information provided by the child, the more suggestive the question. According to this distinction, all leading questions would be suggestive, but all suggestive questions would not necessarily be leading. For example, mildly suggestive questions provide great latitude to the child in determining how to respond (e.g., Interviewer: "Does anyone kiss you in ways you don't like?" Child: "Yeah, my mom kisses my ear and it's wet. Yuck!").

It is important to note that **whether a question is suggestive depends on context**. If a child at one point in the interview states that her father touched her privates, it would not be considered suggestive for the interviewer to remind the child of her former statement. For example:

> **Interviewer**: "You said Daddy touched your privates?"

> **Child**: "Yes"

> **Interviewer**: "Which parts of your body are private?"

> **Child**: (points to front and back bottom)

> **Interviewer**: "Which private did daddy touch?"

Taken out of context, the interviewer's first and third questions might be considered suggestive, because they contain the name of an actor and a sex act. In context, however, these questions are not attempts to put words in the child's mouth, but rather to clarify the child's statements.

In addition, specific questions are not necessarily leading or suggestive. For example, "Did someone touch your privates?" is a specific question, but an affirmative answer would require clarification about who did the touching and further clarification to discriminate abusive touch from accidental touch from hygeine-related touch (for purposes of bathing and toileting). It is also important to note that specific questions are not always more suggestive than open-ended questions. For example, if a child states that their pee pee got hurt in the bath tub and is unable to respond to the question "How did your pee pee get hurt?" an open-ended follow-up question such as "Who hurt your pee pee?" is more suggestive than a specific question such as "Was anyone in the bathroom with you?" The open-ended question assumes nonaccidental hurting and presence of a perpetrator, while the specific question asks the child to provide information about

whether anyone else was present. Similarly, the open-ended question "Where did dad touch you?" would be acceptable following a disclosure, but would be considered suggestive if it was the first question asked of the child.

11. Interviewing the Preschool child

While the preschool-age child is able to retrieve accurate information regarding an event through free recall, studies consistently show that a preschooler's account of an event will most likely be abbreviated (Leippe, Romanczyk, & Manion, 1991). With open prompts, three to four year olds report as little as 20 percent of what actually occurred. With specific questions the same children recall up to 70 percent of experienced events. Likewise, studies show that nonabused children are unlikely to spontaneously report genital touch in free recall, even when it is documented to have occurred (Saywitz et al., 1991). Although the latter studies were conducted on nonabused children, clinical experience suggests that a similar phenomenon occurs during sexual abuse interviews.

Young children will require more cues regarding topic relevance, components of the event that are important to relate, and the level of detail desired (Fivush, 1993; Pipe et al., 1993). Therefore, interviews with preschoolers are likely to include a higher proportion of focused questions, multiple choice questions, and direct questions. Tools such as anatomically detailed dolls and drawings may be helpful with some preschool children.

Cueing a young child also raises concerns of suggestibility, particularly since preschool-age children are more susceptible to suggestion than are school-age children and adults (Ceci & Bruck, 1993). Young children may answer specific questions despite a lack of knowledge regarding a particular detail. The younger the child, the higher the likelihood of this problem (Ceci, Ross, & Toglia, 1987). However, emerging studies indicate that when cue questions are neither leading nor coercive, compromises in accuracy are minimal (Lamb, Sternberg, & Esplin, 1998, Goodman & Aman, 1990; Wilson & Pipe, 1989) and do not typically involve false accusations of abuse (Leippe, et al., 1991; Saywitz, Goodman, Nicholas, & Moan, 1991).

When interviewing the preschool child, the interviewer should begin with open-ended questions and proceed down the question continuum only when it is clear the child's ability to provide a free narrative has been exhausted.

Hewitt (1999) identifies preschool-age children in an age range from "very bright, almost 4-year-olds to children who are older – most often 5 and above." She summarizes preschoolers as having:

- Intelligible speech;
- Sufficient language and concepts;
- Representational play with representation of self;
- Narrative capacities;
- Responsiveness to an interview situation (appropriate attention span and directedness);
- Competence in the prescreening areas (developmental assessment).
  Hewitt cautions, however, that there are some competencies that have not yet developed with preschoolers:

- Ability to handle complex sentences well;
- Mastery of a large vocabulary;
- Ability to abstract;
- Understanding of measurements;
- Reasoning ability.

Recent studies, one which included children who had experienced abuse (Eisen, Goodman, Qin, & Davis, 1998 a & b), confirmed earlier research that younger children performed more poorly than older children on a measure of memory of the anogenital examination they had received in the hospital as part of the study. Despite this, the 3- to 5-year-old children still showed good resistance to misleading information in answering the abuse-related questions. The study also found important individual variation. Some children were more suggestible than others. Dissociation was related to memory and resistance to misleading information, according to a second study of this population (Eisen, Goodman, Qin, & Davis, 1997).

Young children require more cues regarding topic relevance, components of the events that are important to relate, and the level of detail desired (Fivush, 1993; Pipe et al., 1993). Hewitt (1999) states that "open-ended questioning presents a danger for failing to elicit sufficient information about a young child's experience. Preschool children lack the conceptual framework to organize broadly defined categories; they also do not have skills to self-cue in order to generate additional information. For young children, organizational framework is required from the interviewer" (p. 208).

12. The child's best interests

The interviewer should always keep the best interests of the child in the forefront when determining how to approach questioning. The interviewer should be flexible in their ability to use various types of questions, depending on the needs of the child and the dictates of the situation. For example, some studies (Dent, 1991) indicate that highly skilled interviewers produce very accurate reports even though they used very few open-ended questions and many specific questions.

The actual questions posed during an interview are important, but may be ineffective unless presented in a skillful manner. Specific skills include attention to the following:

- pace of the interview
- timing of questions
- nonverbal and verbal communication between the interviewer and the child
- awareness of the child's comfort level or emotional strength for describing specific incidents.

An older child might be cognitively capable of providing a running narrative but may indicate a reluctance to do so. In this case it is very appropriate for the interviewer to offer the child the opportunity to respond to specific questions or to use tools (written responses, drawing or mapping, anatomical dolls, pointing to his or her own body).

PRACTICE TIPS:

- **Elicit a running narrative**
  Whenever possible, the interviewer should strive to elicit a free-flowing, running narrative from the child regarding what happened. It should be noted that preschoolers will be more concrete in their responses and will require more cues. What follows are some good narrative elicitation devices:

  "I wasn't there, but it is important that I know everything that happened. Tell me everything that happened, starting with how it began."
  "What happened next? "How did it end?"
  'How do you know ___?" "Tell me about him." "What do you like about him?" "What do you dislike about him?"
  "Tell me why you came to see me today."
  Following a disclosure the interviewer could say, "Tell me more about that" or "What did you see/hear/feel during the touching?"

- **Tools**
  Recent studies (Salmon et al.) note the importance of using tools when children are discussing emotionally laden events. One study showed that children were able to use drawings more effectively than verbally responding to the question, "Tell me……." Poole and Lamb (1983;1998) also report that drawing proved to be a powerful tool to enhance the amount of detail children provided during the interview, in cases where children were asked to draw what happened.

- **Multiple Incidents**
  When there have been multiple incidents, it is sometimes helpful to the child if the interviewer asks the child to describe the first time something happened, before probing other incidents (Morgan, 1994). For many children, the first incident is one of the most memorable. As well, the first incident may involve less serious acts and may be more temporally distant for the child; both of these factors operate to keep anxiety at a manageable level. Moreover, beginning with the first incident can help establish a progression of abuse (grooming to fondling to intercourse). Such information is helpful to law enforcement regarding establishment of the perpetrator's motives and intentions. This information may also be helpful for the child's treatment provider, in evaluating the likelihood of cognitive distortions and the emotional impact of the abuse. It should be noted that the child will likely tell the first incident they remember, which may not actually be the first incident.

  Asking about the first incident would only be useful with children who understand the relevant concepts (first versus last). It is equally acceptable for the interviewer to ask "tell me about one time you remember" after the child has disclosed touching and assume that the child will tell about the most memorable incident.

- **Utilizing Script Knowledge**
  Many memory experts note that when the abuse has occurred over a long period of time, the child may have developed a "script" which is a memory of "how it usually happens," including typical locations, how the perpetrator cued the child's participation, typical activities, how it would end, and so on. These experts (Price & Goodman, 1990) suggest that the interviewer attempt to elicit script knowledge before proceeding to discussions of other incidents. Script knowledge can be elicited using questions like "How did it usually happen?" and "Where would you typically be?" The recommended way to inquire about multiple incidents is to then ask about deviations from the script, such as other activities, other locations, or times when the activity was interrupted (e.g., someone came into the room). It is noted that preschoolers may be unable to "tag" script deviations in memory, and may therefore be unable to provide clear answers to questions about different activities, locations, or times (Farrar & Goodman, 1992; Hudson & Nelson, 1986).

- **Cueing**
  If a child is unable to provide information when asked open-ended questions or provides ambiguous statements about possible abuse events, the interviewer may use more specific questions to cue a child's memory and thereby elicit more information. The following are some suggestions for cueing a child's memory:

  - The child has disclosed abuse, but when asked where and when it happened is unable to provide contextual information. The interviewer can then ask any of the following questions: "Where did you live when the touching happened?" "What school did you go to?" "What grade were you in?" "Who lived with you?" "Was it before or after (any holiday or event of significance to this child)?" "Did it happen in the kitchen, the bedroom, the living room, or some other room?" "Was it daytime or nighttime?" "Had you eaten dinner yet?" "Was it cold outside or warm?"

  - The child has disclosed that someone touched him in a way he didn't like, but when asked where he was touched provides no response. The interviewer could ask, "Were you touched on your nose?" "Mouth?" "Belly Button?" "Private part?" "Leg?"

  - The child has disclosed that someone touched her genital area, but has not identified who touched her. The interviewer can ask the child to identify family members and other important persons in his or her life (daycare providers, teachers, family friends) or can use a list generated during history gathering. The interviewer can then ask the child to tell something she likes and dislikes about each person.

  As noted previously, once a child has answered a cueing question, it is suggested that the interviewer return to the use of open-ended questions, e.g., "Tell me more about that."

- **Emotional responses**

  When you begin to probe topics which are associated with abuse, it can be expected that some children will become emotional. This could be at any time during the interview. Emotional reactions include crying, fidgeting, agitation, and anger. Some children may distract the interviewer, or try to leave the location of the interview (e.g., asking to go to the bathroom, saying they want to bring something to their mother).

  It is recommended that the interviewer acknowledge the reaction verbally, and ask the child how he or she is feeling (e.g., "I wonder how you are feeling right now?"). If the child is able to label his or her emotion, follow-up questions should address the source of the negative affect. The interviewer can also offer the child choices for making the interview process easier (e.g., "What are you afraid of?)." After discussing fears, the interviewer can also offer alternative tools or other seating arrangements, such as facing away from the camera. With an older child, the interviewer should consider offering choices to make it easier, even if the child is not able to specifically describe the source of the problem.

  With younger children, it is important to identify emotional reactions early, before the child is significantly distressed. Moving in and out of anxiety provoking topics allows some children enough control so that they are able to tolerate completion of the interview. Specifically, the interviewer could switch topics and focus on the child's drawing before weaving in further abuse-related questions.

CAUTIONARY NOTE:

- **Tempted to ask leading questions?**

  Some circumstances will leave an interviewer tempted to ask leading questions. Examples include when a child has an abnormal genital examination, but is not disclosing; a child lives in high risk circumstances and there has been familial pressure to recant; a child has disclosed extensively to other professionals but is denying during this interview. Even in these circumstances, the interviewer is strongly discouraged from resorting to leading questions or coercion. Leading questions and coercion may make it more difficult to protect this child and other children in the long run, because these tactics are viewed with extreme suspicion in the legal setting, where decisions about child custody and offender conviction are typically made.

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THE USE OF LANGUAGE IN CHILD INTERVIEWS

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GUIDELINE:
When questioning children regarding possible abuse, the interviewer should use simple words, short sentences, and questions that ask about one concept at a time. Questions should also be formulated using the active voice, as opposed to passive voice, and should not be complex in their make-up. With children under the age of 6, the interviewer must be particularly mindful of possible linguistic limitations.
(See **Appendix** for "Guidelines for Talking with Children")

SUPPORTING INFORMATION:

1. Much of the information in this chapter was derived from:
Anne Graffam Walker's book, Handbook On Questioning Children: A Linguistic Perspective, and the chapter titled "Talking to Children" contained in Debra Poole and Michael Lamb's book, Investigative Interviews of Children: A Guide for Helping Professionals.

2. Age-related guidelines are not absolute
Walker provides age ranges for acquisition of various linguistic skills, which are reflected in these guidelines. However, the reader should note that there is tremendous individual variability among children in age of skill acquisition, depending upon many variables, such as parents' educational level, language stimulation in the home, and child intelligence. Some children will acquire skills earlier and some later than the age ranges listed in these guidelines. There is also likely to be individual variability in skill expression, depending upon individual children's responses to anxiety in the interviewing context. The age ranges are provided as an organizing framework, so that the interviewer will be alerted to issues most likely to be problematic for a particular age group of children.

For All Children
1. Short sentences with easy words improve comprehension
Regardless of the child's age, questions should contain one main idea apiece. Questions structured with a noun-verb-noun (subject-verb-object) format will be processed more accurately because this is the format familiar to most children (globally), even in very early speech development (Poole & Lamb, 1998). Longer questions should be broken down into shorter ones with a single focus. For all age groups, single-focus questions lead to a greater opportunity of recall, processing, comprehension, and, thus, a better opportunity for the child to provide accurate information (Poole & Lamb, 1998). Even high school and college-age students are less accurate with complex sentences and difficult vocabulary (Perry et al., 1995; Walker, 1999). With preschool and young school-age children, the interviewer should strive for three- to five-word sentences (e.g., "Tell me what Sam did" "Show me what happened" "Where did Betty touch?"). This recommendation is made because of young children's inability to process multipart and lengthy questions.

2. Avoid unnecessary clauses which complicate the question
Examples of unnecessary clauses include "do you remember" or "can you tell me" at the beginning of a question and tags such as "didn't he" or "don't you" at the end of a question.

The problem with questions beginning with "do you remember" and "can you tell me" is that these questions are ambiguous in their make-up, tend to require information on more than one subject, limit the child's answer typically to either a "yes" or "no" response, and then require the child to elaborate on the response. If the child fails to elaborate on the "yes/no" response, the interviewer cannot be sure that the child really understood the question, thus bringing into question the validity of the child's answer. Further, the opening phrase of the question conveys that the question will be answered with an affirmative response, no matter how many different ideas follow the word "remember". For example, some children will take the question literally as a yes/no question, and will answer "yes" without elaborating. Other children will remember the event, but will answer "no" because it is difficult for them to discuss the issue. Other children may provide the "yes" or "no" response with the response only applying to a portion of the question. The interviewer may therefore need to follow-up both affirmative and negative responses due to lack of clarity. Follow-up questions to a negative response (e.g., "Is it hard to talk about?" or "Is it hard to remember?") may be interpreted as leading in some contexts, because the interviewer is not accepting a negative response. It is also difficult to phrase follow-up questions to a negative response in a way that a young child can comprehend. "Do you remember" questions are often asked when the interviewer wants to remind the child of a particular context when asking the question. Walker suggests using a separate sentence to remind the child of the context, such as "You said something happened in the bedroom." This sentence could then be followed by a general inquiry question about that incident, such as "What happened in the bedroom?"

As with "do you remember" questions, tag questions are ambiguous and highly complex, requiring the child to carry out a number of complex processing operations before providing an answer (see Walker for a review). In addition, tag questions make a statement and then provide an implied pressure regarding how the question should be answered. Tag questions can be rephrased by removing the tag and reordering the words slightly (e.g., "Daddy hurt you, didn't he?" becomes "Did daddy hurt you?" and "You said it happened in the bedroom, didn't you?" becomes "Did it happen in the bedroom?"). For a wide variety of reasons, tag questions shouldn't be used when talking with children.

For the interested reader, Walker (1999) provides and excellent summary of the linguistics and the memory operations required by the types of complex questions discussed above.

3. Avoid the use of "passive voice," which may confuse children
Direct phrasings are preferable to ones using passive voice phrasings. According to Walker (1999), preschoolers may misinterpret passive phrasing, because they tend to focus on word order and ignore the passive (e.g., "when you were touched" = "when you touched", and "were you hurt by it" = "you hurt it"). Passive voice is generally understood by age 10 to 13, although some people do not acquire understanding until adulthood. Therefore, it is best practice to avoid passive voice when talking with children, using the active voice with the subject of the sentence placed first (Poole & Lamb, 1998). Examples:

Avoid: "When you were touched by daddy"

Use: "When daddy touched you"

Avoid: "Were you hurt by it?"

Use: "Did it hurt?"

4.   The interviewer may want to examine the child's understanding of terms

Before questioning, the interviewer may want to test the child's understanding of important terms to be used during the interview. It may also be necessary at times to directly question the child about their use of a term (e.g., "tell me what a rod is", or "where are your drawers?"). Body surveys using dolls and drawings are particularly helpful in defining a common terminology for body parts. This arena is especially important in sexual abuse interviews, given the focus on bodily victimization.

In addition, studies have shown that children use many idiosyncratic names for private parts (Schor & Sivan, 1989; Cheung 1999), and many young children do not know which parts of the body are considered private (Goodman & Aman, 1990). Young children tend to use a wider range of words to refer to body parts and sexual acts than do older children. Younger children also sometimes use the same word or phrases to refer to more than one body part or sexual act (Cheung, 1999). Thus, the interviewer must take the time to clarify the words and phrases used by children to ensure an accurate understanding of children's statements.

Adolescents tend to use the correct anatomical words, i.e., penis and vagina, to refer to body parts and, thus, may feel insulted when asked to define the terms because they think the interviewer already knows to what they are referring. Alternately, they may think they are being tested on their knowledge of anatomy. A simple statement explaining the purpose for clarification (e.g., "I find in talking to young people that the word 'sex' means different things to different people; what does it mean to you?") frequently serves to prevent alienation.

5.   Make sure the child is alerted to the context of the question

In any conversation, it is important for everyone to know what the specific topic of discussion is. Providing the context, or "framing" as Walker refers to it, ensures that each individual in a conversation is "on the same page."   Use of contextual cues reduces the opportunity for confusion and gives the child an opportunity to provide specific and accurate information as it relates to a specific event or situation.

When discussing a particular situation or person, it is good to alert the child, and help the child stick to a discussion of that particular topic. For example, "Think about the last time mommy touched you" or "I'd like to know more about when daddy touched you." When a child deviates from a topic of discussion, the interviewer can direct the child back to the topic (e.g., "Umm, I'd like to hear more about that in a minute. But, first tell me about…"), ensuring that the interviewer and the child are talking about the same thing. For young children, context

reminders are always important. Framing is also particularly important with older children when there are multiple incidents and/or multiple perpetrators.

It is important to clearly inform the child when you are shifting from one event or person to another, or from the present to the past. For example, "We've been talking about when daddy touched you in the bedroom. Now I want to know about the time in the bathroom. What happened in the bathroom?"

If you are asking a number of questions regarding a particular incident or location, it is helpful to remind the child frequently of the context of the questions. For example, "So you were in the bathroom. Where in the bathroom?" or "When you were in the bathroom, what did daddy touch with?"

6.   On the use of "why" and "how" questions
Walker (1999) discourages the use of "why" questions. When the question is about the child's motivations or intentions, the question is likely to be perceived as critical and accusatory. These questions are generally phrased "Why did you…" or "Why are you…" There is a risk that the child will feel defensive when asked this type of question. The defensive feelings may interfere with the child's ability to answer the question, or the child may become focused on justifying his or her actions.

Additionally, "why" questions require a number of advanced cognitive skills, including self-reflection, recapturing causal reasoning regarding motivations for past actions, inferring other people's reasoning processes, and using language to describe these processes. Many young children will simply be unable to respond to such questions, saying "I don't know" or providing an illogical response. Children 7 to 10 years of age may be able to answer "why" questions regarding their own behavior but not the behaviors or intentions of other people because this ability is not well established until children are 10 to 13 years of age (Walker 1999, Poole & Lamb, 1998).

At times the interviewer may want to know about the child's motivations and intentions, particularly when there is a concern that the child did not tell about the abuse because of threats or out of fear of the perpetrator. The interviewer can rephrase the question to remove the "why" (e.g., "Was there a reason you didn't tell?"). Walker (personal communication) notes that at times the word "what" can be used to rephrase a question and make it both less complex and less critical. For example, "What scared you?" versus "Why were you scared?" and "What stopped you from telling?" versus "Why didn't you tell?"

While some "how" questions can be easy for children to answer because they require a rote or memorized response (e.g., "How old are you?" or "How are you?") (Walker, 1999), most "how" questions are far more complex and require children to preform a variety of tasks before formulating a response to the question (see Walker for review). The ability to answer "how" questions is difficult for older children and nearly impossible for very young children (Walker, 1999). Walker suggests that "a shift from the abstract 'how' to a concrete, action-oriented 'show what he did' (when appropriate) is far more successful."

Given that "why" and "how" questions can be problematic, especially for the younger child, it is recommended that use of such questions be limited, if not avoided all together. Such questions should be used with caution and awareness of their complexity, from the child's prespective.

7. Specific words may influence answers

Walker, in her book (1999), reviews a number of specific words that are frequently used in questioning children about suspected abuse, but which are frequently misunderstood by children of different ages. Throughout this chapter, the words and the difficulties they pose for children will be presented. For a more thorough discussion, the reader is referred to Walker's book (1999).

- **any**: Is nonspecific. Requires a global memory search. Prompts a negative response, which many times will be inaccurate. Using the word "some", which is more neutral and positive, may be a better alternative to the word "any" when questioning children.

- **the/a**: "The" suggests a yes answer. Children may be more accurate when "a" is used.

- **not, no, and never**: Questions using negatives are more complex, are likely to be misinterpreted, and may produce inaccuracies up to 50 percent or more of the time (Perry et al, 1995) than questions phrased without the negative. Tag questions typically include a negative.

For Children 12 and Under
1. Culture and narrative models

In Anglo-American culture, narrative accounts of events have several expected components, including the setting (place, people, time), initiating action ("how did it begin?"), central action, motivations and goals, consequences/conclusion, and sensory descriptions. It is also expected that the story will be told in chronological order (Fivush, 1993; Labov, 1982). The narrative model, which includes these components, is taught in American schools, beginning in kindergarten. Parents teach the model to their children, through reading and by asking the children questions about events, which elicit components of the narrative model (McCabe & Peterson, 1991). While the ability to provide sketchy autobiographical narratives begins at age 2, it is not fully acquired until the late teens (Walker, 1994). Children are likely to provide narratives that are incomplete and disorganized by adult standards.

The narrative model organizes the account for the listener, but also acts as an aid to memory storage and retrieval when events are experienced and recalled (Fivush, 1993). Younger children, who have not internalized this retrieval aid, will be more dependent upon the cues embedded in the questions posed by the interviewer in order to provide a complete account. Young children's accounts across interviews are also likely to be inconsistent because of variations in wording of questions, the context of the questions, and many other factors.

There is a tendency to believe that no matter what the language or culture, children everywhere learn language and methods of communication the same way, when in fact this is not the case. Culturally, there are differences in both verbal and nonverbal modes of communication,

conversational style, and narrative models. For example, in some cultures chronological order is a less important aspect. In other cultures sensory descriptions are emphasized over actions. It may be difficult when the listener is from one culture and the speaker is from another, because the listener's expectations regarding how the account will proceed may be unfulfilled. This violation of expectations may be distracting, and the listener may be attempting to fit the account into a narrative structure that is different from the one used by the speaker telling the story. Interviewers should not interpret body language, conversational style, or "appropriateness" of conversation unless completely familiar with the cultural norms of the client (Poole & Lamb, 1998).

Research on first graders' autobiographical accounts indicates that African-American children describe events in a series of loosely chained topics rather than in chronological order (Walker, personal communication). The interviewer should be mindful of these issues and adjust his or her expectations before interviewing children from different cultures. It may be necessary to ask more specific questions of children from other cultures, to elicit the details of the event that are important in Anglo-American culture, and in the American legal system.

2. Children younger than 10 have difficulty with quantifiers and relational concepts

The terms "quantifiers" and "relational concepts" encompass numerous skills. The age at which children may have problems varies according to the specific skill (Walker, 1999). Preschool and school age children frequently have difficulty providing reliable estimates of time (fully developed in teens), kinship (fully developed in teens), speed, distance, dimensions (size, height, weight; develops after age 6 to 8), and quantity (e.g., all, any, more than/less than, some, each, specific numbers/amounts; develops into adulthood). Children under the age of 5 are spotty regarding accurate use of prepositions (before/after; first/last; inside/outside). Superlatives (the most, the biggest, the best) are generally acquired by the age of 6 (Walker, 1999).

Walker (1999) cautions that many children will use these concepts in sentences before they are capable of responding to questions containing these words. Similarly, children can count before they can use numbers as estimates of quantities (e.g., "How many times did it happen?") and in a relational sense (e.g., 5 is more than 3). Age ranges are estimates, and some children will acquire skills earlier than the listed ranges, and some later. The interviewer may want to establish that the child understands these concepts if they are used to gather information regarding circumstances of abuse. Alternately, the interviewer can ground the child using names ("Bobby" rather than "your uncle") or concrete indicators (e.g., allowing the child to use his or her own body when appropriate, as during an examination to clarify inside/outside).

For Children 9 and Younger
1. Specific words that may be problematic for children 9 and under:

- **know/think/guess/sure**: Adults use these to reflect gradations in certainty regarding knowledge. Children begin using know/sure versus think/guess at age 4, but before age 9 are not reliable in making these distinctions. Use of these terms to clarify children's certainty of knowledge may result in children providing inaccurate and/or inconsistent information (Walker, 1999).

- **remember**: To adults, this term implies recollection of a fact, but children do not understand this meaning of the word until they are 8 or 9 years old. To younger children, the word "remember" may imply forgetting, then recalling.

2. Children may use language they do not fully understand

Children's language and cognition do not develop simultaneously (Walker, 1999). Concepts are acquired gradually and children practice using concepts, unknowingly using them correctly or incorrectly, before the usage is fully mastered and understood (Walker, 1999). For example, a child may use kinship concepts such as daddy, uncle, or cousin without fully understanding the meanings in terms of blood relations e.g., mother's husband, father's brother. Children ages 4 to 8, and even older sometimes, may use the terms week, month, and year without knowing what they mean (e.g., 7 days/week, 12 months/year). Alternately, a child may not seem to understand conceptual distinctions (e.g., inside/outside, on/off) when demonstrating with a crayon in your office (a novel environment), but may be accurate in describing these concepts in an autobiographical account of repeated abuse. If one demonstration doesn't work, the interviewer is encouraged to give the child another chance. For example, instructing the child to "Please take off your shoe" or "Put your finger inside your ear."

Interviewers must be aware that children's lack of understanding of language, won't be recognized by the child and can result in misinterpretation of children's statements. Working with children to have them demonstrate their understanding of language they use will provide clarity to their reports.

3. Checking for miscommunication

Miscommunication can occur at any age, but is more common with preschoolers and young school-age children. Children sometimes will not inform an interviewer when there is a misunderstanding, because they may not realize they misunderstood the question (Walker, 1994). This can happen because of the natural power differential between adults and children and because the ability to monitor one's language comprehension develops in late childhood and early adulthood. When a child's answer seems inconsistent with prior answers or difficult to interpret, the interviewer should check for miscommunication. Common miscommunications include:

- **Children may interpret questions literally** (e.g,. touch doesn't include washing, poking or rubbing; clothes are different from pajamas; apartments and trailers are not houses). The interviewer can ask separate questions regarding different kinds of touch/locations/objects and/or can pay attention to the words the child used in initial disclosures to others and try those words first.

- **Children don't move well from the general to the particular**
  This phenomenon occurs for two reasons: (1) their ability to search memory is limited and (2) they don't group objects and events in the same way as adults. For example, a general question like "Did someone touch you in a way you didn't like?" might elicit a "no" while a more specific question "Did someone poke your pottie?" might elicit a "yes." The first question includes a higher order word "touch" which children might interpret narrowly to mean a particular sort of

contact with the hand (Walker, 1994). They may not realize the adult intended the word to encompass poking, rubbing, and so on. The first question also includes a prompt for a global memory search, "way you didn't like." Young children may not be able to search their memory for all the touches they didn't like.

- **The question may have been too complex or poorly phrased**
  Complex questions might include multiple clauses, such as "Can you tell me(1) where you were(2) the first time(3) you got touched(4)?" Children may respond "no" to complex questions due to lack of comprehension. They may respond "yes" to please the interviewer, but be unable to elaborate. Rephrasing the question may provoke a useful response (e.g., "Remember the first time daddy touched you. Where were you?").

- **The interviewer should also be alert for idiosyncratic word (terms used by a child in place of correct terminology) usage**
  An anecdotal example best illustrates this concept. A young child disclosed that an uncle's friend touched his "stuff" in his "drawers". The interviewer inquired about this apparently unremarkable statement, and the child explained that he called his penis his stuff and used the word drawers to refer to underpants.

  At times, a child may lack the experience base to place an event in context, so they will describe how something felt rather than what actually happened. For example, digital penetration or penetration by an erect penis may be described as "she poked it with a stick" or "he stabbed me with a knife." This metaphorical communication can happen when the tactile sensations were most prominent and/or the child did not see what was happening. The child may not realize they are communicating metaphorically, and they may not signal the interviewer. Follow-up questions about actual experiences are helpful, e.g., "Did you see what he poked with?" or "What made you think it was a knife?"

4. Names are better than pronouns

Children under the age of 7 have not fully mastered the use of personal pronouns (he, you, me), object pronouns (this, that), and locatives (here, there), because these parts of speech require the child to simultaneously process the question and figure out what the pronoun is referring to. Interviewers can assist children by using names rather than pronouns when asking them questions. Children as young as 2 to 3 begin using pronouns in their speech, but their accuracy is spotty. So with preschool and young school-age children in particular, it is better to repeat names of people, places, and objects (e.g., "Where were you when Uncle Bobby touched?" "Where in the bedroom?" "What did Uncle Bobby touch with?"). Repetition is less necessary if the interviewer can use pronouns to refer to something stated in the prior sentence or to something he or she can physically point at (e.g., pointing to a specific body part already identified by a child on a drawing or doll, and ask "Where did this touch?). Use of names rather than pronouns is essential to maintain clarity when discussing multiple incidents and/or perpetrators.

5. Avoid asking for definitions of abstract concepts, such as truth

Children 10 and under, and sometimes older, struggle with the understanding of various abstract concepts, such as truth/lie, time, touch. Thus, the likelihood that children will be able to articulate a definition of abstract concepts is low. Using concrete words (nouns and verbs) when phrasing questions, and having children demonstrate rather than articulate their understanding of abstract concepts tends to be more effective.

Most five-year-old children can correctly identify truthful statements and lies when given examples, but may not be able to provide definitions of "truth" and "lie." Most seven-year-old children can give a definition of at least one of these concepts, but do not perform well when asked to articulate the distinction between the concepts of "truth" and a "lie." With these age groups, the most fair and accurate approach involves concrete examples that permit the child to demonstrate an understanding (Lyon, 1996). For example:

> **Avoid:** "What does it mean to tell the truth?""What is the difference between the truth and a lie (or real and pretend)?"

> **Use:** "Let's talk about truth and lies (or real and pretend, or real and not real).
> "This is James (draw a figure, or have a picture). This is Suzy. James says this marker is red. Suzy says it is black. Who is telling the truth?"

For Children 6 and Under

1. Young children have difficulty processing more than one idea

Responding to any question requires holding the question in short-term memory storage, searching long-term storage, and formulating an answer. Any question that requires even more operations will likely overwhelm very young children. This age group has particular difficulty with multipart questions and relational concepts (Walker, 1999). Just because children can count does not mean they can tabulate the number of times an event occurs (which requires accessing different memories, holding them in short-term storage, and counting them without concrete referents), nor does it necessarily mean they can accurately use relational concepts such as more than/less than (which requires holding two numbers and articulating their relationship). The interviewer is encouraged to assess the child's understanding of relational concepts using questions with the familiar noun-verb-subject construction, using simple, concrete words, before using relational concepts to gather details of abuse from children 6 and younger.

2. Consider exploring "I don't know" responses

This response might indicate a lack of knowledge, uncertainty regarding knowledge, or poor understanding of the question. As well, the child may be intimidated and anxiety may be interfering with the cognitive operations required to answer the question. The child may have also overinterpreted instructions to tell the truth (Saywitz, Moan, & Lamphear, 1991, as cited in Saywitz & Snyder, 1993). It should be noted that the interviewer should accept "I don't know" as an answer, unless he or she has a specific reason to suspect a comprehension problem or affective interference. For example, if a child discloses digital fondling of the vagina, the interviewer asks, "What did Sam do with his finger?" and the child says, "I don't know," the interviewer might be concerned that the child wasn't clear about the information the interviewer was looking for and/or that remembering and reporting this level of detail is distressing to the

child. The interviewer could follow up with more direct questions such as, "There are different ways to touch: rubbing, poking, squeezing, patting. How did Sam touch your vagina?" or "Did Sam's finger touch on the inside of your vagina or on the outside?" to clarify the "I don't know" response. When a child answers "I don't know" to a number of questions, the interviewer might try (1) rephrasing questions using simpler language, (2) switching back to rapport development before rephrasing the question, or (3) directly asking a child how they are feeling and whether they are comfortable with the questioning. For example, if a young child is bouncing around the room and answers "I don't know" to several questions, the interviewer could focus the child's attention on a calming activity, such as drawing or coloring, and then resume questioning.

3. Children's accounts to different people asking different questions are likely to be different (Walker, 1994)

Children's statements will be inconsistent: the younger the child, the more inconsistent. Children have not yet internalized the cultural prototype "story model" which operates as an aid to both encoding and retrieval. Thus, they are more heavily dependent on adult questions, which may be different across multiple interviews. Children disclose more details with familiar individuals and in familiar environments. The interviewer's demeanor exerts a strong affect on the amount and quality of information provided by children, particularly young children.

Unfortunately, some people believe that inconsistency means the child is not credible. These individuals may not realize that the child may be referring to different incidents or different aspects of the same incident. Children may not be able to cue the interviewer when they are shifting contexts. It helps if the interviewer repeats contextual cues.

4. Specific words that may be problematic for preschoolers

- **ahead of/behind**: Used to discuss space and time. Children under 6 may misunderstand both.

- **ask/tell**: Children under 6 may not distinguish between the meanings of these words. Children may misinterpret "ask" as a command opposed to a question.

- **before/after**: Children accurately use these terms before they fully understand the use of the terms in various contexts. Children are more likely to use these terms correctly when discussing familiar events as opposed to unfamiliar events. When these words are used in questions that refer to the actual order of events, children's answers are likely to be accurate. Children's understanding of "before" most often develops prior to their understanding of "after." Development of the conceptual understanding of these terms may be affected by culture.

- **first/last**: Children under 5 may use these terms fluently to describe events, but may misunderstand questions using these words.

- **let/make**: The word "let" implies permission, while the word "make" implies coercion (Walker, 1999). Preschoolers mix up these terms.

- **more/less and some/all**: Children begin using these terms early in speech development, but reliable use of these terms for comparative purposes doesn't occur until children are 6 or 7 years old. To explore frequency with young children, the use of a multiple choice question (e.g., "one time or more than one time") will be more reliable (Poole & Lamb, 1998).

- **move and touch**:   These are higher order words, versus lower order words such as wiggle, pull, go up, poke, rub, hug. Young children may not have learned that these words can have multiple meanings opposed to a single, specific meaning.

- **yesterday/today/tomorrow**:   The only one of these terms preschoolers use accurately most of the time is "today." Preschoolers may use "yesterday" to refer to all past events and "tomorrow" to refer to all future events. Until they are at least 6 years old, children typically do not understand that "yesterday" and "tomorrow" represent blocks of time, a specific day.

Exploration of children's, specifically young children's, understanding of all these terms is suggested.

5. The importance of spontaneous comments and running narratives, however brief
Interviews with preschool children necessarily involve greater numbers of direct questions. Unfortunately, research with nonabused young children suggests that some of them attempt to provide answers to any adult question, even if they don't understand the meaning, and even if the question is bizarre (Hughes & Grieve, 1980; Moston, 1990; Pratt, 1990). Thus, children will likely produce a series of responses to a series of direct questions, but for some of these children, responses will be of questionable validity. The interviewer should make every effort to provide the child with opportunities for spontaneous comment by asking open-ended questions, by encouraging demonstrations, and by allowing the child some control over the interview process. When a child is providing little spontaneous comment, the interviewer should ask questions in different ways, with answer alternatives in different orders, to check for response biases and miscommunication.

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UTILIZING DOLLS, DRAWINGS AND OTHER TOOLS

UTILIZING DOLLS, DRAWINGS, AND OTHER TOOLS

GUIDELINE:
Children's disclosures of abuse can be enhanced through use of tools such as dolls and drawings. However, before any tools are used the interviewer should be thoroughly trained in the both the benefits and limitations.
(See **Appendix** for "Sources for Dolls and Drawings")

SUPPORTING INFORMATION:

There is substantial agreement in the literature to support that young children have not yet developed strategies for retrieving information from their memories as well as their older counterparts and they may need external cues to facilitate memory. Further impacting children's reports is their limited ability to provide a narrative account. Because children attend more to sensory and perceptual information during encoding, it is thought that aiding children's retrieval strategies would be more effective when props and or cues are available rather than reliance on verbal questioning (Ackerman, 1985; and Pipe, Gee & Wilson, 1993).

In the forensic setting, anatomically detailed (and neutral) dolls and drawings, as well as free drawings have been used in the evaluation process as props/tools to help facilitate communication of verbal and behavioral information about an event in which children are suspected of being abused. However, over the past several years, concerns have arisen about the efficacy and reliability of these and other props/tools. Part of the dilemma exists because studies which have evaluated these tools lack the more rigorous scientific methodology and design needed to fully appreciate the results.

TYPES OF PROPS/TOOLS:

The various types of props which are used in the interview context include anatomically detailed dolls (Morgan, 1976), anatomically neutral dolls, anatomically detailed drawings (Groth & Stevenson, 1990), figure and free drawings, toys, scale models, photographs and other items. It has been proposed that props may help children discuss abuse in the following ways: 1) reducing the social and emotional demands inherent during the interview; 2) allowing children to focus on something else; and 3) helping children show and tell rather than relying on their verbal skills (Butler, Gross, & Hayne, 1995; Everson & Boat, 1997).

DOLLS

- **Anatomically detailed dolls** are soft-stuffed and clothed dolls typically with painted features, yarn hair, and identifiable genitalia. The dolls are representative of both male and female adults and children (Aldridge, 1998).

- **Anatomically neutral dolls** consist of dolls without representation of genitalia.

DRAWINGS

Drawings have been used with children in several different ways in the interview to include figure drawings, theme drawings and free drawings.

- **Anatomically detailed figures** are available in a series which include different ages (young child, school-age child, teen, adult, older adult). The drawings reflective of different age groups have characteristic facial and body features as well as age-appropriate genitalia. These drawings are advantageous in allowing the child to select a figure which reflects their own development, and in helping children specify characteristics of the perpetrator. By having the child fill in the perpetrator's features (hair color, skin color, developmental level), drawings may help with perpetrator identification when a name is not known, or when there are two people with the same name. The genitalia are realistic, and allow for clear specification of parts involved in genital touch. Because of the frank presentation of genitalia, this leads quite naturally into discussions of exposure to nudity and pornography. These drawings are very useful in court, as a permanent record of the child's statements, particularly if the child partcipates in marking and labeling the drawings. Moreover, anatomically detailed drawings have not been challenged in court, as have the dolls (Faller, 1993). Finally, drawings are less likely to provoke concerns regarding "pretend" and "play" than are dolls, since dolls are a standard component of children's play environments.

- **Anatomically neutral figure drawings** may also be useful as memory aids, though they are less realistic. Some interviewers prefer to use these drawings and invite the child to either point to the location of the part, or add it to the drawing. These sorts of clarifications are frequently necessary after a disclosure has occurred (e.g. he touched my "cootchie cat" with his "brontosaurus"). This issue has been overlooked in extant research. The sight of the body parts and questioning with relevant body parts in view may cue child memory in a way that questions alone cannot. Simple figure drawings created by the interviewer and/or the child, give the child some control over the body survey process and are very useful in focusing the child's attention. For example, the interviewer can ask the child to draw a person, or can have the child instruct the interviewer regarding what features to include, whether to draw a male or female figure, etc. Additionally, the process of making the drawing provides ample opportunity for rapport-building and developmental assessment. For example, in assigning features to the drawing, the interviewer can explore the child's likes and dislikes (curly versus straight hair, blue versus brown eyes), their knowledge of anatomy (elbows, knees, functions of different parts), the sophistication of their drawing skills, and with older children, aspects of their body image (fat, thin, skin color, etc.).

- **Free drawings** are those that are completed by the child which could depict anything from a landscape to an actual depiction of the abuse event.

REAL PROPS/SCALE MODELS AND PHOTGRAPHS (items very similar to objects present during abuse)

Since these tools are not as frequently used in the interview context, they will not specifically be addressed here. However, there is research to support that real props and scale models are

superior to dolls and other toys. Salmon & Pipe (2000) interviewed 5-year-olds at intervals of 3 days and 1 year after an event. Real props produced more correct information when compared to anatomically detailed dolls and drawings without increase in errors. However, real props were not better than the verbal interview. Others, (Steward & Steward, 1996, and Greenhoot, Ornstein, Gordon, & Baker-Ward, 1999,- in Salmon, 2001) also found real props increasing correct details, however, with decreased accuracy.

OTHER PROPS **(toys-items not present during the abuse i.e., stuffed animals, puppets, telephones, etc.)**
These tools may be helpful only as instruments for developmental assessment. Several authors have found that toys, especially those that are dissimilar to items in the event, can be distracting for children and actually increase errors in reporting (Salmon, 2001). Specifically, children may have difficulty recognizing and understanding that toys are both an object in their own right and may also represent something else.

The interviewer may want to use props which include the above items to help test the child's understanding of several forensically relevant concepts. It is often easier for a child to demonstrate an understanding rather than providing a verbal explanation. For example, the interviewer may want to use markers to help the child exhibit knowledge of more than/less than (holding 2 vs 4 markers "which hand has more?"), inside/outside (of a cup, a kleenex box, the interviewer's hand) on top of/underneath, etc. The interviewer can also use props, or the child's features to demonstrate truth/lie distinctions (e.g. "If I said your hair is purple, would that be the truth or a lie?").

USES OF DOLLS:

Everson and Boat (1997) have enumerated six functions which anatomically detailed dolls may serve during an interview with children who are suspected of being abused.

- **Comforter**
  Dolls can help to create a more comfortable environment (infrequently used).

- **Icebreaker**
  Dolls can focus the child on a discussion of body parts in a neutral atmosphere, and possibly help the child feel more comfortable discussing abusive events. Neutral, matter-of-fact discussions of body parts, their functions, and problems with different body parts may help reticent or modest children feel comfortable with the topic. However, there is strong criticism that using dolls and drawings as an icebreaker function could promote suggestibility, especially if they are brought out before a child has made any type of disclosure of abuse.

- **Anatomical model**
  Labeling and describing bodily functions can help promote common terminology. In our experience children have used unusual labels for private parts (e.g. "brontosaurus" for a man's penis; "cootchie cat" for a girl's vagina). At times, it is difficult or embarrassing for a child to indicate what the referent is for the term, using her own body, or in

responding to a question such as "What is a (unusual label)?" Once the interviewer ascertains that the referent is a body part, dolls may be used to clarify the term, particularly when the dolls are anatomically correct.

- **Demonstration aid**
  Showing and telling can help a child with limited verbal capacity or embarrassment and/or shame to demonstrate what happened to him or her. Demonstrations can also clarify acts which are difficult to describe in words. Dolls are more useful than drawings in this regard, because they more readily permit depictions of interactions between two or more individuals and they allow more clarity in demonstrating genital and anal touch, particularly penetration (Faller, 1996; Steward, 1989). Clincially, dolls seem to be very valuable to help the child illustrate sexual positioning. In this context, the dolls are typically used after a clear disclosure of sexual abuse has been made, to help clarify details of the incident. At times, the doll positioning can clarify abusive versus non-abusive touch, and provide information regarding the child's experience with sexual positioning (versus being told about these activities). We do not know of research comparing verbal versus tool-aided reports of complex spatial relations and body positioning in this age group. They ensure that the child and the interviewer are using a common language when discussing functions of different body parts, and the events of an abuse disclosure.

- **Screening tool**
  Showing the child anatomically detailed dolls may facilitate or trigger spontaneous knowledge and/or experience.

- **Memory stimulus/Retrieval aid**
  Exposing the child to dolls may inadvertently trigger memory for aspects of sexual abuse. In samples of non-abused children, there is little empirical evidence that dolls promote sexual fantasies and sexualized play (see APSAC, 1995 and Boat & Everson, 1993).

RESEARCH ON DOLLS:

The research has investigated the use of anatomically detailed and neutral dolls, with and without other props, in different age groups, for different types of touch, for visual and reenactment, and over short and longer delay. Below are highlights from four comprehensive reviews of research on dolls (Skinner, 1996; Koocher, Goodman, White, Friedrich, Sivan, & Reynolds, 1995; Aldridge, 1998 and Salmon, 2001). While some studies have begun to systematically assess and control variables, Salmon warns, ".... there is still a relatively small body of relevant research in which there are appropriate control groups." p. 286.

Goodman et al., (1997) demonstrated that when anatomically detailed dolls were used with preschool children (3 to 4 year olds) who had experienced various medical procedures, reports of touch increased. Other studies had similar findings: (Katz, Schonfeld, Carter, Leventhal, & Cicchetti, 1995; Goodman, 1994 & Steward & Steward, 1996). Yet, the first two studies did not include a verbal only control group and there was possible contamination of the findings with

accompanying direct questions. In Steward & Steward (1996) and Goodman (1994) an increase in errors was noted along with additional information.

In contrast, several studies have shown that anatomically detailed dolls have no or little impact on the amount of correct information reported by young children age 5 and younger (Bruck, Ceci, Francoeur, & Renick, 1995; Bruck, Francoeur and Ceci, 2000). When dolls are used as visual aids (without demonstration) for children ages 3 and 5 there was no appreciable increase of information (Goodman & Aman, 1990). Lamb, Hershkowitz, Sternberg, Boat & Everson, (1996) evaluated children ages 2 to 5 and found that anatomically detailed dolls actually inhibited rather than facilitated responses. However, this was not an experimental design. And Bruck, et al., (1995 and 2000) used direct and suggestive questioning. When these props were used with directive and or leading questions, it is difficult to determine if findings are a result of the prop or the type of questioning (Salmon, 2001 and Everson & Boat, 1997).

Studies which have examined the impact of anatomically neutral dolls (DeLoache, Anderson, & Smith, 1995; DeLoache & Marzolf, 1995; Goodman & Aman, 1990; Gordon, Ornstein, Nida, Follmer, Crenshaw, & Albert, 1993) have found that dolls do not facilitate reports of touch in children under age 5. All included a verbal interview only control group except for DeLoache & Marzolf (1995). Two studies demonstrated that dolls actually increased errors and decreased the accuracy (DeLoache et al., 1995 and Goodman and Aman, 1990).

Studies have also demonstrated that anatomically neutral dolls when used with behavioral reenactment have increased the amount of information children provide. Using a verbal control group, Greenhoot, Ornstein, Gordon, & Baker-Ward (1999) had evidence to support this finding in 3 and 5 year olds, although the younger group also had a decrease in accuracy. Gordon et al., (1993) also found an increase in information with 5 year olds, however, not for the 3 year olds. In contrast, Samra & Yuille, (1996) who assessed 4 to 6 year olds, did not find a positive effect for the group using dolls.

Studies which have examined the use of anatomically detailed dolls in the forensic setting in children older than 5 are scant. However, there is evidence that children are assisted in recalling information using dolls to behaviorally reenact the event (Saywitz et al., 1991; Goodman, 1994; and Goodman et al., 1997). Saywitz et al., (1991) found that children, 5 and 7 years old, reported twice as much correct information about what had happened to them during a medical examination. Goodman (1994) found a positive effect for 5- to 10- year olds. However, Lamb et al., 1996 also found that dolls inhibited responses in ages 6 to 12. Saywitz, et al., (1991) Goodman et al., (1997) did not have verbal control groups.

As one can see, a handful of studies exist without methodological concerns. Of the studies using more sound methodology, the results remain mixed except for a few general findings, (Salmon, et al., 2001).

In general, there appears to be purported benefit for children ages 5 to 6 and older, in which dolls facilitate information without diminished accuracy. Studies further show that the use of dolls to facilitate reports of preschool children fail to increase the amount of incorrect information and are likely to increase the amount of errors.

Younger children, under the age of four are concrete in their thinking, and may not be able to utilize the dolls or other props as representations of reality (DeLoache & Marzoif 1995). In cases where the interviewer has established that a young child can use a doll or other prop as a representation of reality, concerns remain regarding the usefulness of dolls with this age group. Younger children may have greater difficulty comprehending that they are required to provide a nonplay-based account using "play" items such as dolls. Moreover, because young children are not proficient at monitoring task comprehension, they may experience difficulty with the dolls, but may not cue the interviewer regarding their difficulties. In light of this, some researchers have taken a definitive stand (Ceci & Bruck, 1995) and recommend that dolls not be used with a particular age group (preschool). These observations, paired with the research findings, lead this committee to agree with recommendations that caution be used in interviewing 3- to 4-year-old children with anatomical detailed dolls.

However, where to draw the line for use of dolls with slightly older preschool children remains unclear. The research is equivocal regarding the utility of dolls with 4- and 5-year olds.   It is estimated that about 30% of all sexual abuse victims are younger than 7 years (Finkelhor, 1986). Some young children can produce highly accurate reports with free recall. However, studies consistently show that in order to elicit a complete account, young children frequently need assistance in the form of memory cues and guidance regarding topic relevance (Pipe, Gee & Wilson, 1993). Young children also use idiosyncratic language and imprecise terms for body parts. Dolls can help ensure a common language regarding body parts, focus the discussion on touches and hurts to different parts, and cue a child's memory regarding events with their own bodies. The interviewer can first examine the child's ability to utilize the dolls as representations by having the child point to different features on their own and the doll's body, and by asking the child in what ways the dolls are similar and dissimilar to the child, as well as the alleged perpetrator.

The authors of this document also take issue with limiting the use of dolls especially with ages 5 and older on the basis of existing research. In many interviews, 5- to 9-year-old children have difficulty verbally describing the spatial relations of sexual positioning. While the interviewer would like clear statements such as "we were laying beside each other, and he was behind me" or "I was on top of him, he was sitting up, we were facing each other and I was sitting on his lap", children are frequently able to provide only a portion of this information (e.g. "he was on top of me", which for some children may mean he was standing over them). Children's reports may even appear contradictory or inconceivable due to limitations in their descriptive abilities. For example:

Child: He poked my bottom with his pee pee.

Interviewer: Where was he?

Child: He was standing up.

Interviewer: Where were you?

Child: Lying down.

This report was made by a child who could not verbally describe himself kneeling on his knees on the bed, with the perpetrator standing behind him; the child was able to illustrate this positioning using dolls, and a bench located in the interviewing room.

Everson and Boat, (1997) offer other compelling reasons for the limitations on current research. In spite of the existing controversy about the utility of dolls, they maintain a position similar to APSAC, 1995 that under certain situations anatomically detailed dolls can help facilitate communication about abuse. Everson and Boat posit that the research they examined which challenges the use of dolls may be "ecologically valid but not always forensically relevant". p. 62. They take issue with some of the studies because their uses of medical procedures as an analogue for sexual abuse. Sexual molestation may include aspects that could not be adequately replicated in this type of design. Moreover, the memories of abused children and the social context of reporting abuse are difficult to replicate in a research setting (the emotional climate of the child's family, for example is not replicated in research studies).

Everson & Boat basically agree with Salmon, et al., (2001) and others that research needs to continue to systematically compare anatomically detailed dolls to neutral dolls; control use of dolls with other props (including drawings); compare use of dolls to other interview formats (verbal only, drawing); control use of dolls with directive, erroneous or presumptive questioning, and free recall.

RESEARCH ON FREE DRAWINGS:

Free drawing may serve a number of functions facilitating children's ability to relate narratives about abuse events. First, Butler (1995) has shown that drawing may help to distract the child's attention from the interviewer and more focus on the task. Second, it can reduce developmental constraints inherent in children's narrative reports and assist with alternative means to provide elaboration of the event. The act of drawing may help to further a child's memory search. Third, drawing may facilitate retrieval of information by providing a structure that guides the child through the event, with one cue leading to other cues. Another advantage is that children must provide their own retrieval prompts and thus fewer errors are possible since no information about what was present during the episode is available.

In Salmon's article, several studies were reviewed, all of which used verbal interview control groups. Studies, which compared drawing to verbal interview for children age 5, found a positive effect for drawing without compromising accuracy. These studies included Brennan & Fisher, (1998), unpublished in Poole and Lamb 1998, Butler, Gross & Hayne, (1995) and Gross & Hayne (1999), used specific but non-leading prompts. However, drawing was associated with a longer interview implying that the duration of the interview may be what influences increased information.

Others have studied the influence of drawing after delays and have yielded mixed results. Salmon and Pipe (2000) found that with children reporting an account for the first time after a one year delay, drawing was less likely to facilitate children's recall than either the verbal only or real prop interview condition. Salmon and Pipe (2000) also found that for 5 year olds, after a

short and long delay, drawing did not elicit more correct information than interviews using the verbal only or prop condition. While Butler, et al., (1995) found that drawing *while* recalling enhanced retrieval of information for children age 5, findings for 3- to 4-year olds were not positive. Bruck, Melnyk, & Ceci (2000) investigated whether children ages 3 to 6 who drew *prior* to recalling events would be as effective as drawing while recalling. Children in the drawing versus verbal questioning condition had better recall of true and false reminders as well as the source of the false reminders. Finally, Wesson & Salmon (2001) found that children ages 5 to 8 who were asked to draw and tell as well as re-enact and tell generated more correct and descriptive information than children in the tell only condition. However, they also observed that more non-specific prompts were given in the drawing group.

In studies, which have compared drawing in combination with free recall versus verbal only, the results are mixed. Butler, et al., (1995) found that drawing with free recall was not superior to children who simply provided free recall accounts. Instead they found that drawing was more effective when accompanied by directive questioning. Edwards & Forman (1989) also found no positive effect for children 9 to 10 in drawing and free recall condition although those in the drawing condition did better than those using dolls. Conversely, Gross & Hayne (1999) demonstrated that accounts of children who drew in the free recall condition were better and more descriptive than in the verbal only condition.

In sum, drawing seems superior to telling without compromising accuracy in the following conditions: 1) when children are 5 and older; 2) when the event includes aspects that are well retained and distinctive; 3) when specific but not leading or suggestive questions are used; and 4) not after long delays. More studies are required to ferret out exactly what conditions will enhance or reduce accuracy of reports with drawing such as length of interview. Additionally, more studies need to evaluate the effectiveness of other types of drawings such as detailed and neutral figure drawings. Only one study (Steward & Steward, 1996) examined the effects of anatomically detailed drawings. In children 3 to 6 years old, findings were positive for increased reports but not without a cost to accuracy.

PRACTICE TIPS:

- **It is helpful for the interviewer to be aware of prior exposure to tools**
  It is particularly important for the interviewer to know if the child has been exposed to these tools in treatment settings where fantasy play may have been encouraged. When gathering the history, the interviewer should inquire regarding tools used by previous interviewers. When a therapist is already involved with the child, it is helpful to contact that person, and question them regarding the child's exposure to anatomically detailed/neutral dolls and drawings.

- **Selection of tools is the interviewer's personal decision**
  The interviewer should develop familiarity with all available tools. However, the selection of particular tools may depend on the interviewer's comfort level or style. In many, or even most interviews, the interviewer may not use any tools. Older children are unlikely to need tools, and research is not clear regarding the benefits of tools with the

youngest age groups. When tools are used, it is important to know the corresponding complementary advantages and disadvantages.

- **The interviewer should feel free to use more than one tool in a single interview**
  Dolls and drawings have complimentary advantages and disadvantages. Drawings allow the child more control and can be personalized; dolls allow more accurate demonstrations, particularly of acts involving penetration. The interviewer may use no tools at all in many interviews, or only a single tool, or may start with drawings, and proceed to the dolls if the child needs to demonstrate penetration, or interactions amongst multiple people. The interviewer should make clinical judgements about what, if any, tools will be most useful to a given child.

- **Introducing anatomical dolls and drawings**
  It is often helpful to prepare the child regarding the realistic nature of these props. The interviewer can say something like "These dolls have all of their body parts just like real people, even the parts under the clothes"; or "My pictures look just like we do when we get out of the bath".

- **It is helpful to have the child identify important characteristics of dolls/drawings**
  When anatomically detailed dolls/drawings are initially presented, it is often a good idea to have the child attempt to discriminate adults from children ("Can you point to the drawings of grown-ups?"), and males from females ("Which ones are boys?"). Similar questions regarding the child's own age, gender and skin color, as well as that of the perpetrator (if the child has already disclosed) are also helpful. These questions lay the groundwork for the child to select an appropriate doll or drawing to represent both themselves and the perpetrator, and are useful in avoiding difficult moments such as when a child disrobes a doll, discovers secondary sex characteristics, and is uncomfortable continuing to utilize the doll to represent themselves.

- **Selecting doll/dolls to use**
  When the child is selecting a doll (Morgan, 1995), it is helpful to ask them something like "I want you to pick one doll to be you, and a different doll to be (alleged perpetrator)." Sometimes, the child may want to use their own name to refer to the doll in the third person (e.g., Susie might say "Then Susie put her hand on his peepee"). This device is useful, because it may provide the child with some emotional distance. Speaking in the third person can be established by the interviewer with young children who might benefit from emotional distance (e.g., "I want you to pick a doll to be Susie"). When doing this, the interviewer should check with the child every so often to clarify whom the doll represents (e.g., **I**: "Who is Susie?", **C**: "Me!").

  Of course, some children will select a non-representative tool despite these precautions, and in these circumstances, the interviewer can provide the child with the opportunity to select another doll. For example, "Does that body look like yours?", "How is it different?", and "Would you like to use a different doll?". Even after noting the discrepancies between the doll/drawing and themselves some children will persist in using an unrepresentative tool. This should be permitted, because the child may be

focused on other characteristics which are important to them, but perhaps less obvious to the interviewer (hair color, bigger size for a feeling of power, etc.).

- **Helping a child name and focus on genitals**
  Some children will be avoidant of the genitalia. This type of reaction may be more likely with realistic props such as anatomically detailed dolls and drawings. In these cases, the interviewer can provide normalizing comments, such as "this is just another part of the body, just like the eyes, arms, legs.", or "I've heard lots of names for these parts, so you don't have to worry about embarrassing me", or "This is a place where you can use any names you want and you won't get in trouble", or "I talk to lots and lots of kids, and other kids have told me it's hard (embarrassing) to talk about these parts. Is there a way I can make it easier?" The interviewer should be willing to abandon use of the prop or switch props to help the child feel more comfortable.

- **Free play with the dolls**
  Sometimes a child will begin to freely manipulate and move the dolls after they've made one or more disclosures. They may make these movements without accompanying statements. The interviewer should permit this behavior, because it may be very helpful in establishing additional incidents or peripheral detail. However, the interviewer should prompt the child to provide verbal descriptions of what is occurring (e.g. "What's happening there?"). It is also important to ask follow-up questions, rather than making assumptions that these activities happened, or happened with the same perpetrator (e.g. "You showed his pee pee touching her mouth. Did that happen to you? Who did that to you?").

- **When a child is physically aggressive with a tool**
  At times, a child may begin to tear up a drawing, scribble on a drawing, or hit a doll. If the child is going to destroy or harm the tool, the interviewer should comment in an accepting manner on the emotion, but stop the behavior (e.g. "I can see that you're mad right now, but I can't let you tear up that drawing"). If the behavior is not destructive (e.g. hitting but not ripping a doll), the interviewer could permit the behavior, and acknowledge it verbally (e.g. "I see you hitting the doll's pee pee. I wonder how you are feeling right now."). It is helpful to let the child know that feelings of anger, confusion or frustration are normal, and that you've known other children who have felt the same way (Morgan, 1995).

CAUTIONARY NOTES:

- **Ideally, dolls and drawings are used after verbal disclosure of abuse (APSAC, 1995)**
  Anatomically detailed dolls and drawings are least suggestive, and most useful as recall and demonstration aids, when presented after the child has already made some disclosure.

  After initially presenting the tools, and having the child select representative tools, the interviewer should encourage free recall by having the child recreate the circumstances

(location, positioning of clothing, positioning of dolls relative to one another, etc.), and then ask the child to show or tell "everything that happened."

With reticent children, it is acceptable to conduct body surveys with the dolls and drawings, thus using them as icebreakers and memory aids. In one study, 75% of children whose genitals were touched during a pediatric exam only disclosed when the interviewer pointed to a doll's genitals and asked "Did the doctor touch you here?" (Saywitz, et al., 1991). If such direct questions are asked about genitals in a forensic interview, similar questions should be asked about other body parts (e.g. "Did anyone poke your eye? Did anyone slap your face?"). A series of direct questions allows the interviewer to assess response biases (always saying "yes"), perseveration (always accusing one person of every possible act), and the child's ability to elaborate on affirmative responses.

- **Refrain from interpreting child behavior with the dolls**
  Studies show that it is rare for nonabused children to engage in explicit sexualized play with the dolls (see APSAC, 1995; Boat & Everson, 1993; Koocher, et al., 1995 for reviews). That is, penile insertion in vaginal, anal, or oral openings, mouthing a doll's penis, or simulating vaginal, anal, or oral intercourse between the child and a doll should be a source of considerable concern to the interviewer. However, these behaviors are not diagnostic of abuse, because research studies show that a small percentage of non-abused children will engage in similar behaviors. Whenever a child exhibits such behavior in the absence of a disclosure, the interviewer should carefully examine sources of sexual knowledge for that child (pornography, witnessing adults or older siblings, cable television). On the other hand, manual exploration of a doll's genitalia, including inserting a finger in the doll's vaginal or anal openings is only a source of concern when accompanied by distress or aggressive behaviors. Exploration with neutral affect is common among non-abused children.

- **Be careful to avoid leading questions**
  Research indicates that suggestibility effects may be enhanced when young children (under 4) are exposed to leading questions utilizing props such as dolls (Bruck, et al., 1995). It is only when dolls are used with very young children in the context of leading and misleading questions that dolls have been associated with high rates of false reports. In this context, the questions, procedures, and language limitations may have accounted for much of the suggestibility effect. Many authors strongly suggest that the interviewer exercise caution regarding the interpretation of children (age 4 and under) who use dolls and provide additional information because there are developmental concerns about whether children can achieve dual represenation of an object (DeLoache, et al., 1990, Koocher, et al., 1995; Ceci and Bruck, 1995; Poole and Lamb, 1998).

- **Some children may be intimidated or embarrassed by anatomically detailed dolls or figure drawings**
  The interviewer should use clinical judgment regarding the use of tools, and should check with the child regarding their comfort level with tools in the interview situation. If a child indicates discomfort, the interviewer should provide the child with alternative media for disclosure. For some children the realistic construction of the dolls may be

particularly disadvantageous, because demonstrating acts of abuse may be tantamount to a reliving of the trauma. Similar concerns may emerge with anatomically correct drawings.

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ENDING THE INTERVIEW

GUIDELINE:
Once all available information has been gathered, the interviewer should give the child the opportunity to ask questions, and should make an effort to end the interview on a positive note.

SUPPORTING INFORMATION:

1. **When to end the interview:**

    •   **The interviewer has consulted with observers, (law enforcement or child protective services) if present**
        A unique advantage of the center interview is that the child is interviewed by one person, while law enforcement and/or child protective services involved in the case observe. The interviewer can ask for input from these observers, as they may notice something significant that the interviewer missed or overlooked. The interviewer should utilize the knowledge and expertise of these professionals to ensure that the maximum amount of clear information is obtained in the most sensitive manner possible. However, it is the interviewer who decides whether to incorporate any suggested questions, keeping in mind the best interest of the child.

    •   **The interviewer has obtained all available information**
        The interviewer should attempt to answer the basic forensic questions (who, what, where, when, and how) regarding any allegations of abuse. Some children will be unable to provide all components. The interviewer should mentally check that they have attempted to address these issues, and can choose to end the interview when the child has provided the information and/or it is clear that the child is unable or unwilling to provide particular pieces of information. The interviewer should check for other perpetrators, and if at all possible, explore exposure to other risk factors, e.g., pornography, excessive discipline, domestic violence, pet abuse, and determine safety of siblings or other children if appropriate, and drug and alcohol abuse.

    •   **The child is unable or unwilling to continue the interview**
        When a child indicates, verbally and/or nonverbally, that he/she would like to end the interview, the interviewer should explore explanations for the child's behavior and then take appropriate action. For example, the child may be avoidant of a particular topic, or emotionally unable to relate details of an incident. In these cases, a treatment referral may be needed. Other times, as when a child is tired or their attention span exhausted, a multiple session format could be considered.

        Regardless of whether all relevant information has been obtained from a child, the interview should be brought to a close if it is in the best interest of the child. Pressuring a child to continue when he/she is unable or unwilling to do so may result in adverse

mental health impacts for the child or may provoke the child to make inaccurate statements.

2. The closing component of an interview should typically include:

- **An opportunity for the child to ask questions**
  The interviewer should answer questions openly and honestly, providing the child with an answer, without overwhelming the child with details. When a child asks, "What will happen now?" the interviewer should provide a minimal answer whenever possible, e.g., "You'll be going home with your mom, and the police will be deciding what to do about your dad." Then defer to other multidisciplinary team members ,e.g.,"If you would like to talk with Detective Bob, he can tell you more about what he will do." The child should also be given realistic feedback, e.g., "I think you will be staying in your foster home until your caseworker and your mother can work out a safety plan. Your caseworker is here if you want to talk with her about her plans." The interviewer should avoid making promises about the future. There are no guarantees regarding the outcome of any given case, thus, no guarantees that a promise can be kept.

- **Thanking the child for their participation**
  Whether or not a child has disclosed, and irrespective of concerns regarding the validity of the child's statements, the interviewer should let the child know that they appreciated the child's willingness to talk with them, e.g., "Thank you for coming to talk with me today." This component is important because it conveys that what the child said was important. At times, the interviewer may want to acknowledge that the conversation was difficult for the child, e.g., "Sometimes it looked like it was hard for you to talk to me today. I appreciate that you answered my questions even though it was hard at times."

- **Transition into positive topics**
  Discussing topics which interest the child permits a transition into a neutral or positive affective state. Hobbies, sports, or pets are often good subject matters, as are the child's plans for the rest of the day. Returning to issues discussed in the developmental assessment and/or discussions of the child's artwork during the session are also good transition devices. Treats given at the end of the evaluation are particularly effective transition devices for young children.

  It is important to note that the transition may be very short for some children and/or may occur as you are walking the child back out into the waiting room, e.g., the young child standing by the door as soon as you say you're done asking questions. Some children may be willing to disclose, but find the interview process aversive and may just want the interviewer to get the facts and leave them alone (some adolescents present in this manner).
  With other children, the transition may be quite long if they have many questions, are emotionally distraught, or if they need to complete a piece of artwork. The interviewer should allow longer transitions when necessary. If the child is working on art but not talking with the interviewer, the interviewer may encourage the child to complete the

artwork in the waiting room while the interviewer debriefs with the parents or multidisciplinary team.

3. Optional Closing Components

- **Validity checks**
Some researchers recommend reviewing the child's statements to check for accuracy, e.g., "I'm going to repeat what you just told me. Tell me if I say something wrong". After such a review, the child is often asked if there is anything they forgot to tell the interviewer. The child may be given the opportunity to add to their statements, e.g., "Is there anything else you would like to tell me about right now?" or "Is there anything I forgot to ask you about?" The latter is particularly helpful for young children who think concretely. With children school-age and older, these techniques can be an effective way to improve information coverage. The end of the interview is often the best time to clarify details of the child's report.

- **Risk factor questioning**
Some interviewers routinely ask about risk factors, others ask only when the history indicates reason for concern, e.g., police or parent reports of domestic violence in the home but the parent asserts that the child never witnessed or overheard the violence. Others defer to treatment providers and child protection workers to gather this information. Questions could be asked about exposure to physical abuse or harsh punishment, Internet access, pornography, drug and alcohol abuse, animal abuse, or the impact of parental divorce/separation on the child. These topics should be addressed using the same questioning format used to discuss sexual abuse. Some of these issues may have been addressed earlier in the interview either because the topic arose naturally, e.g., the interviewer asked about the child's experience in different households, thus eliciting information about discipline and the impact of parental divorce or because the child broached the subject. Some children are more comfortable discussing topics, such as, domestic violence and pet abuse and may even "test" the interviewer's responses to these disclosures before revealing their personal abuse history. Topics addressed in the closing section would be those the interviewer deems relevant, but which have not been covered earlier in the interview.

- **Acknowledgement and validation of the child's feelings**
Some children may experience strong emotions during the interview. In a nonacute situation, the interviewer might say to a child who is crying, "I see you have tears right now. Tell me how you are feeling." This is not the time, however, to conduct a therapeutic intervention. If there is concern that a child is at risk of harm to himself or others, the interviewer should take steps to complete a risk assessment. If the interviewer is not trained in this capacity, the child should be referred to an appropriate service provider.

- **What will happen next**
With children school age and older, it may be helpful to talk with the child about what the future might hold and who may talk with the child in the future, e.g., "I'm going to tell

your mother I think you should have a talking person; someone you could talk to about your feelings. If there is anything that you forgot to tell me today, you can tell your talking person. Sometimes the police might want to know too, so they might come talk to you." Of course if the interviewer chooses to address these issues, the conversation should vary according to the child's willingness to speak with counselors or police. This conversation should also vary according to center policy regarding reinterviewing children when new allegations surface.

- **Discussing the child's wishes or desires**
  Some interviewers find it effective to ask the child what they want to happen with their family. This question often provides helpful information regarding the child's affective state, family dynamics, and attachments to the perpetrator or other family members. This information is often helpful to the interviewer in making treatment recommendations and may be a good transition to therapy for some children. At other times the interviewer may assess that these issues are best addressed in the therapeutic context in order to maintain the neutrality of the child interviewer.

PRACTICE TIP:

- **Stuffed animals, snacks, toys etc.**
  If the child is to be given any type of object at the conclusion of the interview, in the field or center, it should be emphasized to the child that every child receives something no matter what he/she says in the interview. This information, however, should not be mentioned until the end of the evaluation to avoid the child becoming focused on the object or perceiving a need to please the evaluators. In some cases the interviewer may need to be direct regarding the lack of connection between the object and the contents of the child's statements, especially if the child sees another child with an object and is asking about it before the evaluation is concluded, e.g., "No matter what we talk about or don't talk about, every child who comes here gets an object. You will get one later, and if I forget, you can remind me."

CAUTIONARY NOTE

- **On the use of reassurance**
  Although some interviewers will want to reassure a child that the abuse is not his/her fault or that disclosing was the right thing to do, these tactics are strongly discouraged because they compromise the interviewer's neutrality. Moreover, such techniques are important components of treatment, and the treatment provider is likely to be more effective in conveying the message. They will be able to explore any resistance the child experiences to believing these reassurances, such as, when the affection felt good and the child sought it out,or when the perpetrator involved the child in a dysfunctional belief system.

  It is important to note, however, that in some cases, when a child is distraught, the interviewer may be worried about the child's emotional well-being. At such times,

compromises to the neutral stance may be justified in terms of protecting the child's mental health. If reassuring statements are utilized, the interviewer must be prepared to explain the departure from the neutral stance in court.

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DOCUMENTATION

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DOCUMENTATION

GUIDELINE:
The interviewer should provide documentation of the interview, including the child's nonverbal behavior and affect.

SUPPORTING INFORMATION:

1. **Documentation should include the specific questions and answers that are pertinent for the assessment**

In cases where interviews are not recorded, it is important to document specific questions and answers especially when the child is addressing who, what, when and where information. The verbatim recording of the questions and answers provides the reader with a comprehensive overview of information disclosed. Documenting specific questions also provides the reader with the tools to evaluate the interview, e.g., was it leading, was it sensitive to the child's emotional needs, etc.

2. **A description of the child's non-verbal behaviors provides a more precise presentation of the interview content**

Utilizing descriptive words conveys the child's current affect, general adjustment, and response to the stress of the interview. For example, "the child looked down and her shoulders were slumped" or "she became teary-eyed." Describing the nonverbal behavior during a child's disclosure underscores the impact of the child's statements on the interviewer. Also, nonverbal behavior may convey the impact of the abuse on the child. Descriptions of nonverbal responses should also include statements regarding the child's responses to and manipulation of any tools utilized during the interview, e.g., anatomical dolls, drawings, etc.

3. **Documentation may support the interviewer's credibility**

Documentation is also a positive tool for the interviewer who is frequently asked to appear in court to repeat statements made by the child. With the use of verbatim documentation, there is less room for supposition or interpretation on the part of persons evaluating the interview. In addition, the child may disclose details which are not useful to the investigation but may be useful to other professionals involved with the child, e.g., for child protection workers or treatment providers.

4. **There are several recording options, including video, audio, and written**

Videotaping: The advantages to videotaping are listed below:

- Children are spared multiple interviews (and interviewers).
- The child's entire presentation (verbal and nonverbal) is preserved.
- The camera provides a strong incentive for careful interviewing.
- The video tape or DVD wards off pressure from others to recant.
- Interview can be used in treatment to help parent acknowledge abuse.

- Video tapes or DVD's are sometimes helpful in obtaining perpetrator confessions, leading to protection of the child.
- Attorneys can assess the strength of the witness without further questioning, which protects the child's mental health.
- It preserves earliest report of the child in rich detail.

It is also important to note possible disadvantages of videotaping. Child interviewers and assessment centers must establish carefully written policies to ensure that tapes are not obtained by persons with no regard for child confidentiality, e.g., news media. For some children, the taping process may make it more difficult to disclose. The interviewer must remain sensitive to this possibility, and when the issue arises, should offer the child choices to reduce the sense of scrutiny, e.g., hiding under the counter, whispering answers, writing answers. If these measures are not sufficient to reassure the child, the interviewer should consult with the multidisciplinary team regarding suspension of the taping process. At times, a child will agree to audiotaping. Observers of the interview can help document the interview with written notes.

Audiotaping: With a few exceptions, audiotaping is associated with many of the same benefits as videotaping. However, audiotaping does not capture the nonverbal presentations of the child or the interviewer. At times children respond nonverbally to questions, e.g., head nods, pointing, using tools. Interviewer nonverbal behavior may provide clues regarding interviewer biases. Nonetheless, audiotaping is an excellent choice for field interviewing situations, or when video is unavailable or not workable for a particular child. When a carefully written record is maintained along with audiotapes, some nonverbal behavior can be captured. Note taking is an important adjunct to audiotaping.

Note taking: In many circumstances note taking is useful even if other recording options are utilized. In field situations, interviews are often conducted by teams of child protection workers and law enforcement. In these situations, one person can do most of the questioning, while another carefully documents questions and answers. This format is also useful during medical exams. The following is a list of advantages to note taking:

- The child may feel validated by seeing statements in writing.
- The child can be included in correcting and confirming noted information.
- Dictation time may be reduced for the interviewer (using notes versus tape).
- The child is given time to reflect.
- Interviewer attention is diverted, which gives emotional distance to the child.

While there are many advantages to taking notes during an interview, there are times that note taking is ill-advised. When one person is attempting to pose and record questions, in addition to recording the child's response, much of the child's non-verbal behavior may be missed. The child may also feel ignored while the interviewer is preoccupied with writing. This disadvantage can be overcome when interviewers work in teams or when note taking is an adjunct to audio or video recording. At times note taking will be very difficult to accomplish, such as with an active or distractible child, or a child who needs a great deal of emotional support during the interview. Some centers advocate the simultaneous use of multiple recording procedures such as audio or

videotaping and note taking, with the note taking being abandoned at the interviewer's discretion during difficult interviews.

When note taking is used as a documentation strategy, centers need to consult attorneys in order to establish a policy regarding disposal of notes. Laws regarding note disposal may vary among professional disciplines.

PRACTICE TIPS:

- **Always introduce your documentation tool to the child**

   For example:

   Interviewer: There is a camera taking down all of our words, and it makes pictures of us while we're talking. I use it to make sure I remember what we talked about today.

   OR

   Interviewer: I use this paper and pen to write things down while we talk so I can be sure I remember what we talk about. It's okay with me if you look at what I'm writing. If I write something incorrectly, you can tell me.

- **Recording equipment should be as unobtrusive as possible**
   To reduce the possibility of reactivity on the part of the child, recording equipment should be located behind a one-way mirror or screen. If this is not possible, it should be located on a wall where it is not accessible to the child.

- **Use of video, audio and written records is at the discretion of individual programs**
   The political and legal environments in which different programs operate must be considered when selecting a recording option. Additionally, the experience base within the local professional community may impact receptivity to some of these options.

- **It is useful to have a back-up plan for audio or video recording**
   Equipment malfunctions invariably occur, sometimes rendering the tapes unintelligible. At times, the interviewer is unaware that the equipment is malfunctioning during taping. The back-up plan may include the creation of multiple tapes and/or note taking during taping.

- **When note taking is the primary recording option, teamwork is recommended**
   If note taking is the only means of recording an interview, interviewers should work in teams, with two parties present during the interview (one can be behind a one-way mirror). One interviewer is "active" and initiates all questions, while the other functions as the "recorder" noting content, nonverbal reactions, and additional questions to ask (Yuille, Hunter, Joffe, & Zaparniuk, 1993). The interview protocol could include a break,

during which both interviewers decide final questions and compare notes regarding the child's demeanor.

CAUTIONARY NOTE:

- **With audio or video recording, be aware of the laws governing release of records**
  In medical settings, complex laws govern parents' rights to access records, and parent and child confidentiality. As a consequence, it is advisable to consult legal counsel regarding prevention of access in cases where the parent is also the perpetrator or is supportive of the perpetrator. It is possible to write a consent form wherein a parent agrees to an oral summary in lieu of accessing the recordings of the interview.

  These laws may not pertain to centers that follow an advocacy model, rather than a medical model. Laws governing medical records exist to protect patients' rights and to insure confidentiality. Centers following an advocacy model will need to develop their own strategies to insure protection of the child and confidentiality of the tapes.

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MEMORY AND SUGGESTIBILITY

MEMORY AND SUGGESTIBILITY

GUIDELINE:
Children perceive, remember, and report events differently than do adults. Fundamentally, the task of the interviewer is to cue the child's memory without tainting the memory or adversely affecting the way it is reported.

DEFINITIONS:

- **MEMORY** refers to three basic processes: acquisition, storage, and retrieval of information based on prior experiences. All three processes are refined with age (McGough, 1994; Bjorklund & Harnishfeger, 1995; Hagen & Hale, 1973; Lane & Pearson, 1982 in *Investigative Interviews of Children,* Poole and Lamb, 1998, p. 35-36).

- **SUGGESTIBILITY** refers to the likelihood of changing the memories themselves or a person's report of the memories by exposing the person to biasing influences, such as, leading and misleading questions, inaccurate information, or a coercive or inappropriate interview.

SUPPORTING INFORMATION:

MEMORY

1. Acquisition
Acquisition refers to experiences taken in and sent to memory centers for storage.
Acquisition is influenced by the child's age and developmental stage at the time of the event, as well as by the salience of the event. Researcher Carole Peterson points out that even with children as young as 2 years of age, events that are "highly salient and distinctive can be highly memorable over remarkably long periods of time; …when interviewed appropriately, preschoolers can exhibit reliable long-term recall." 'Appropriate' refers to an expectation of the interviewer. For instance, a pre-school child will be more error-prone when asked about when an event may have occurred, compared to asking time of day, or sequence of some events (Peterson, 1996). In Peterson's study, young children were interviewed over a span of two years following a traumatic event that necessitated a visit to a hospital emergency department for stitches or casting of a broken bone (Peterson, 2002). Even preschoolers were consistent across four interviews spanning two years and were able to recount 80% of the information in later interviews. Memory for the physical injury was more salient than memory for what happened in the emergency department.

Fivush and Schwarzmueller (1995) found a pattern of children showing excellent long-term recall for those events that they did remember. They suggest that if children are asked to recall memorable events, recall can be excellent even though several years have passed. Peterson also

examines other influences on children's acquisition of event detail. Gender, culture of ethnicity, family constellation, self-concept, social interaction, and content of the experience contribute to long-term recall.

2. Memory Storage
Memory storage refers to the ability to keep memory intact and accurate. Events that occur when a child is older are remembered better than those that occurred when the child was younger. The nature of the event, emotional impact of the event (Quas, Schaaf, Alexander, & Goodman, 2000), the importance of the event in defining one's sense of self (Brewer, 1986; Bruner, 1987; Neisser, 1988), and distinctiveness of the event (Bauer, Kroupina, Schwade, Dorpik, Wewerka, 1998; Howe, 1997) impact the selection and storage of memories.

While young children are suggestible, as mentioned above, Fivush and Hamond (1990) found that when young children talked at length with a parent about an event prior to talking with a researcher, they incorporated relatively little parent-provided information into their accounts. Thus, there is no reason to assume that children merely recall what parents have said about prior events rather than recall the events themselves, although adequate data does not exist to resolve this issue. Interviewers are also advised not to mention specific names, objects, or actions before children have mentioned the information (Poole and Lamb, 1998).

Quas, et al. (2000), confirms previous research that immediately after a crime, the memory of children, like that of adults, may be rich in peripheral detail. However, with the passage of time, memory trace may fade and retain only the gist of what happened. That is, the memory only contains the general idea and important features at the expense of the detail, and source confusions are likely to increase. Researchers confirm that there are frequent age and delay differences in memory and source monitoring. (Ackil & Zaragoza, 1995; Gee & Pipe, 1995; Ornstein, Gordon, & Larus, 1992; Parker, 1995). Across most studies, as delay increases, memory and source accuracy decrease. Although children of all ages often show decrements over time, younger children are particularly susceptible to memory and source errors relative to older children and adults (Ackil & Zaragoza, 1995; Parker, 1995; Powell & Thomson, 1997).

Development over time does increase a child's attention to the detail of events. As children develop, their narratives become increasingly complex and coherent (Fivush, Haden, & Adam, 1995, in Poole and Lamb 1998). Memory for content appears to be more durable over time than the ability to accurately tag a memory to its source. A young child's linguistic immaturity may be interpreted as lack of memory for an event since the child does not have the vocabulary to convey detail verbally.

3. Memory Retrieval (Memory stored in verbal or nonverbal modes)
Memory may be stored based on sensory impressions, emotions and faces (as in infancy) or verbally as memory develops throughout the life span. It would be difficult to elicit memory stored nonverbally as verbal cues may not access the memory. If the memory is accessed, the child may have difficulty using words to describe what they recall (van der Kolk, 1994). This is why young children may disclose abuse during a physical exam or during bath time when visual and/or tactile features may cue memory. The same child may not disclose 15 minutes later in an interview room, when fully clothed.

The problems in cueing children's memories are compounded by the fact that children are less able than adults to use strategies to search and fully retrieve memories. Examples of retrieval strategies include imagery, context reinstatement (making a picture in their mind of where and when the event occurred), organization (grouping similar items, such as "all the people I live with"), and internal or external cues (e.g. emotions such as "all the times I felt scared and nervous", or a string around the finger). Adults spontaneously use these strategies to cue memory initially, and to ensure they report all of the details of the memory. Children may need help from the interviewer to use retrieval strategies, and to fully retrieve the memory. Acceptable forms of help may include focused questions, non-leading props, and instructions on how to search and fully retrieve memories, though as noted earlier in the document, the utility of each of these strategies is currently the subject of heated debate.

Memory retrieval problems occur because of inadequate cueing or because of an incomplete memory search. Memory retrieval problems are why children sometimes require adult assistance in the form of memory cues (focused questions, props).

- **From birth to the age of 2 or 3, children store information primarily in nonverbal memory**. As the child ages, some memories, and some components of all memories continue to be stored nonverbally. If a child stores a memory or memory fragment in a sensory center, but verbal cues (e.g. questions) as opposed to sensory cues (e.g. touch) are used to elicit recall, the child may not access the memory.

- **The more elaborate a memory, the more easily the memory is cued**. Adult memories contain information about time, place, person, actions, emotions, and the order of events (Fivush, 1993; Perry, 1992). Many of these components are missing from young children's memories, especially emotions and time and event ordering, because the ability to perceive these components develops with age. Initially, children's memories contain only person and action information, with most components present at the age of 5.5 to 7 and all components present by teenage years. Each memory component is a potential cue. The fewer components in a memory, the more difficult it will be to cue the memory.

- **Children have a more limited base of experience than most adults**. Adult memories are embedded in a network of memory based on a lifetime of accumulated experience. Each connection to other memories acts as a potential memory cue ,e.g., someone says something, which reminds you of one memory, which in turn reminds you of another memory. Obviously, because children's memories are missing important components and because there are fewer connections to other memories, it will be more difficult to cue children's memory. In fact, it may only be possible to elicit a child's memory with one or two specific cues, e.g., the word poke versus the word touch.

4. **Recognition versus Recall**

- **Recognition** memory involves exposure to a cue (a word, a picture, an object) and being able to accurately report prior exposure to the same cue. An example of recognition memory is identification of a perpetrator from a photo line-up.

- **Recall** involves spontaneous production of a memory with minimal cueing, e.g., asking the child to provide a verbal description of the perpetrator's appearance.

In general, during child interviews we are asking for recall memory, though as more specific questions and props are included, some responses may involve only recognition memory.

5. All Questions Provide Some Level of Memory Cue
Open-ended or "general inquiry" questions provide a low level of cueing, while leading questions provide an unacceptably high level of cueing. Young children may need help from the interviewer in the form of focused questions and instruction in the use of retrieval strategies. Studies with school-age children instructed on the use of retrieval strategies (context reinstatement, external cueing) and encouraged to use these in relating events have yielded improvements in the amount of accurate information reported (Geiselman, Saywitz & Bornstein, 1993). The utility of teaching memory retrieval strategies to preschoolers is unclear.

It is important to note that children might retrieve a memory accurately, and then report it inaccurately.

6. Event Scripts
When children experience repeated or chronic events, the memory is frequently recalled in a manner that is referred to as a script. Recall of scripts is often better than for single events. Script development involves particular persons, places and objects; particular actions; and the order of events (Price & Goodman, 1990). Scripted events include brushing teeth, getting ready for bed, and games. Abusive activities may also provoke script development. Children as young as 2.5 to 3 cluster actions into events and develop skeletal scripts involving central actions. With age and experience, scripts are enhanced through the addition of peripheral detail and ablty to sequence events. Children's verbal recall of scripted knowledge is proficient, beginning at the age of 4 to 5. Children aged 5.5 can utilize and verbally report scripted knowledge at a level comparable to adults. Scripted knowledge is more easily retrieved with open-ended prompts than single event knowledge, particularly in young children.

When a child discloses repeated abuse, researchers recommend first asking the child to explain "how and where it usually happens" to elicit the child's script knowledge. The interviewer can then ask about deviations from the script in terms of location, events, and timing (e.g. "You said the touching usually happened in the bedroom. Were there times dad touched you in other rooms?"). Some children, particularly younger children, will not be able to describe deviations from the script, even with prompts from the interviewer (Lindsay, Gonzales, & Eso, 1995; Price & Goodman, 1990).

Poole and Lamb (1998) suggest that once a script has been formed children often remember exceptions or details that are atypical, e.g., the shop was out of orange juice (Hudson, 1988; Hudson, Fivush, & Kuebli, 1992). It is important for interviewers to ask questions about idiosyncratic detail to elicit such atypical detail. Memory reports are usually imperfect and the capacity of adults to elicit accurate accounts from children depends on the extent to which they understand children's abilities and limitations.

PRACTICE TIPS:

- Stephen Ceci and colleagues (Bruck, Ceci, Francouer & Barr, 1995) acknowledge "Children rarely make false claims about touching, and particularly about sexual touching in response to a single misleading question in a single interview."

- The foregoing information underscores the need to evaluate the interview in its entirety, rather than on a question by question basis.

- Keep in mind, a single mistake by the interviewer in questioning is unlikely to forever taint a child's memory.

- Interviewers should first explore with children (after an initial disclosure) how and where the event usually takes place to identify the child's script memory, then ask questions to ascertain idiosyncratic detail.

- The interviewer may need to use retrieval strategies with younger children such as focused questions or non-leading prompts.

- Interviewers should nonetheless be careful in how they question children, as multiple, biased interviews with many leading questions can provoke significant rates of false reports (Leichtman & Ceci, 1995).

SUPPORTING INFORMATION:

SUGGESTIBILITY

1. Individual Differences in Suggestibility

Suggestibility is influenced by the strength of the memory, language comprehension, source monitoring abilities, and the social context of the interview. Some children and adults are less suggestible than others. Some contexts are more risky for child suggestibility than others (Clarke-Stewart, Thompson & LePore, 1989). Even in very leading contexts, some children continue to make accurate reports (Leichtman & Ceci, 1995). In considering whether a child's report is influenced by suggestibility, it is important to look for specific sources of error. It is not acceptable to assume that just because a child is young, his/her report is influenced by suggestion. Research indicates that young children report quite accurately when they have not been coached and when they are interviewed in a neutral environment. (Ceci & Bruck, 1993).

Interviewers should be alert for signs of suggestibility (e.g. always answering yes to a question, reporting events from an adult perspective) and should be prepared to rephrase questions or gently challenge a child when suggestibility is a concern. Intervierwers should also be alert to their own use of language that may influence a child or language that does not provide a neutral opportunity for the child to provide answers or descriptive statements.

2. Strength of Memory

When a strong memory is present, a person is less likely to accept another person's interpretation of events. This phenomenon has been found with children as well as adults (Bruck, Ceci, Francoeur & Barr, 1995). When incorrect information is given to children immediately after an event, while their memory is still strong, they are much less likely to go along with the suggestion. Children's memory for mundane events fades more quickly than adults. As time passes, children make more spontaneous errors in free recall and are more susceptible to the influence of a biased interviewer (McGough, 1994; Perry, 1992). However, much of what children relate during a neutral interview is accurate, even with long delays. Interviewers should make every effort to avoid bias and interviews should be scheduled as soon as possible after the initial disclosure.

Children's memory for especially salient or traumatic events has attracted attention recently, but whether these memories fade as quickly as mundane events has not been established. The conservative response is to assume that they do and to schedule interviews as quickly as possible. Unfortunately, many times a report of abuse occurs long after the event but it is still advisable to schedule the interview as soon after the disclosure as possible.

3. Language Comprehension

Communication failures are as much a function of language capabilities as they are of children's memory. When interviewing children the interviewer should be aware they are not eliciting a raw memory, but are asking a question and receiving a verbal report of the child's memory. Communication is impaired if:

- The child fails to understand the question
- The child is unable to formulate a reply to the question
- The interviewer is unable to understand the child's reply

Many times children may have a memory of an event, but the interviewer's prompts are not an adequate cue or the child lacks the skills to communicate the memory in a way that an adult can comprehend.

4. Source Monitoring

The ability to discriminate how, where, or from whom a piece of information was learned is called "source monitoring." Preschool children sometimes have difficulty remembering how they acquired information. Consequently, they may not be able to distinguish information they directly experienced from information they were told about (Bruck, Ceci, Francoeur & Barr, 1995; Lindsay, Gonzales & Eso, 1995). The more similar two pieces of information, the more difficulty a child will have distinguishing the source of a memory (as with things they visualized occurring versus things that really happened).

It is interesting to note that among both children and adults, source monitoring difficulties are especially pronounced if one imagines doing something, particularly if this imaginative process occurs repeatedly (Ceci, Huffman, Smith & Loftus, 1994; Ceci, Loftus, Leichtman & Bruck, 1994). This problem is more pronounced for children than for adults, even among older children (8 to 9 years old). Some children and adults may express uncertainty regarding whether they

dreamed about an event, or whether it really occurred. Reports of this sort may be more likely when a therapist has misused guided imagery and when abuse occurs at night while the child is sleeping.

Unless a child witnesses an extended period of adult sexual activity, is told in great detail how such activity occurs, or participates directly in such activity, they are unlikely to dream about sexual activity or make reports of detailed sexual activity on the basis of what others have told them. It should be noted at this point that details of sexual activity are not likely to be within the range of experience of most preadolescent children. Research on nonabused children indicates that they have trouble providing detailed accounts of events they did not experience, even when they were explicitly coached to do so, and were provided with verbal details of the event (Tate & Warren-Leubecker, 1989).

It is not acceptable to assume that a child has merely dreamed about an event, unless one has concrete information regarding the child's exposure to information which may have triggered the dream, e.g., pornography. One must also consider why a child would accuse a particular individual or why a particular person became the focus of a sexualized dream or memory.

When young children are able to distinguish sources on a perceptual level, they may nonetheless struggle to find words to communicate these ideas. This is particularly characteristic among preschoolers. School-age children are increasingly able to tell whether someone described an event to them, or whether they were present and actually witnessed or heard an event. However, even school-age children are less likely than adults to spontaneously report the source of their information. The interviewer should consider inquiring about information sources, especially when there is a concern about coaching, inappropriate therapy techniques, and dreaming about abuse.

As with questioning about other areas, it is recommended that interviewers begin with open-ended questions, such as "How did you know (mom hit dad, dad touched Suzy)?" or "When did you first remember Bobby touched you?" Some children, particularly younger ones, may respond better to multiple choice questions, such as "Do you remember dad touching you, or did someone tell you about it?" If a child expresses concern that they may have been dreaming, questions such as "what made you think it was a dream," "was there anything about it that seemed real," "when did you decide it was a dream/real," "what happened to make you change your mind" can be clarifying. Source monitoring questions are also helpful if a family has been discussing abuse of a sibling, neighbor or relative, and the child discloses this abuse during the interview. For example, the interviewer might ask, "Did you see (Suzie) getting touched or did someone tell you about it?" It is important to note that preschoolers may not be able to provide source information even with questioning, and that preschoolers may be very sensitive to the phrasing of the questions (Poole & Lindsay, 1995).

Until research provides more guidance regarding source monitoring questions with preschoolers, interviewers will need to carefully weigh risks (that a child will fail to understand the question and will select a response randomly) and benefits in using source monitoring questions with very young children.

5. Social Context of the Interview

Children make many assumptions, which are signifcant in the interviewing context, about adults (Ceci & Bruck, 1993). Children assume:

- Adults ask meaningful questions
- Adults are honest
- Adults know more than children

Children are also socialized to please adults and to avoid challenging or correcting them. If an adult implies knowledge of an event and this knowledge disagrees with the child's memory, the child may report the adult version despite accurate memory. Children may also attempt to answer questions when they have no memory of the event, and they may try to provide answers that make the adult happy. These assumptions about adults are more pronounced with younger children but may still be present to some degree in children as old as 9 to 10. Children may read verbal and nonverbal cues of an adult in order to decide how to please the adult. The importance of avoiding leading questions and preconceived biases is underscored by knowledge of children's social assumptions in the interviewing context. The interviewer must make every effort to show interest in all of the child's statements. It is also helpful for the interviewer to emphasize their lack of knowledge of the events in question, and the importance of knowing the truth about what happened.

Several research studies indicate that when a perpetrator is present during the interview, and especially if that person has admonished the child not to tell, children are very unlikely to report on the perpetrator's actions (Batterman-Faunce & Goodman, 1993). These findings emphasize the importance of interviewing children alone, and attempting to ensure that potential perpetrators do not accompany the child to the evaluation.

Several studies have examined the effects of stress during acquisition on children's recall. Some studies suggest that stress improves recall, while others suggest that stress is detrimental to recall (Batterman-Faunce & Goodman, 1993; Peters, 1991). At the present time, the reasons for discrepant findings are unclear. Most studies indicate that stress during the interview impairs recall. It is therefore important to interview the child in a low stress environment, whenever possible.

6. Three Important Questions about Suggestibility for Child Interviewers:

- How easy is it for an interviewer to provoke a false report?

- To what extent can children be encouraged by a significant other to make a false report or a false recantation?

- Can interviewers detect the influence of biases, coaching, false reports?

7. Interviewers are Unlikely to Provoke a False report with a Single Leading Question

Several studies have carefully examined the issue of false reports. (Leichtman & Ceci, 1995; Price & Goodman, 1990; Rudy & Goodman, 1991; Saywitz, Goodman, Nicholas & Moan, 1991;

Tobey & Goodman, 1992). In the above studies, children experienced physical examinations involving genital versus other touch, and touching versus non-touching games with a "baby-sitter." When questioned with open-ended questions and doll demonstrations of these events, the rate of false abuse reports was zero. With direct and misleading questions ("Did the man take his clothes off?" " How many times did he spank you?") the false report rate ranged from 0% to almost 10%. Younger children (age 4 or 5) and children who watched rather than directly experienced an event made higher rates of false reports. To be counted as a false report, the child merely had to assent to a leading question. Rates of false reports with convincing detail were much lower, 0% to 3%.

Stephen Ceci and colleagues (Bruck, Ceci, Francouer & Barr, 1995) acknowledge these findings, stating, "Children rarely make false claims about touching, and particularly about sexual touching in response to a single misleading question in a single interview."

The foregoing information underscores the need to evaluate the interview in its entirety, rather than on a question by question basis. A single questioning error is unlikely to forever taint a child's memory. Interviewers should nonetheless be careful in how they question children, as multiple, biased interviews with many leading questions can provoke significant rates of false reports (Leichtman & Ceci, 1995).

8.   Extremely Biased Interviews Can Cause Some Children to Make False Reports

The definitions of a biased interview versus a neutral interview will be repeated here to clarify distinctions between them, and to assist the reader in interpreting relevant research. Biased interviews are those in which the interviewer attempts to guide the child into making particular statements that confirm the interviewer's hypotheses about what happened to the child. Biased interviews typically will include one or more of the following components:

- Asking numerous leading questions (e.g., "Your dad touched your privates, didn't he").

- Making coercive statements (e.g., "You'll feel better once you tell," "I know something bad happened to you, don't be afraid to tell me"), making pejorative comments about the alleged perpetrator (e.g., "Bill is bad," "Bill does bad things," "Your friends told me what Bill did to them").

- Providing supportive comments only when the child discloses abuse (See Ceci & Bruck, 1995 for a review).

- Neutral interviews (Ceci & Bruck, 1995) are characterized by limited numbers of leading or suggestive questions, a lack of motive for the child to make a false report, and a neutral stance by the interviewer (e.g., no coercion, acceptance of the child's statements without undue positive or negative emotion).

Aside from the impact of asking leading questions two mechanisms for influencing a child's statements have been studied. One involves repeatedly providing a child biased information before or after an event occurs (e.g., "Sam is a clumsy person," "He wasn't supposed to do that," "That was bad"), and the other involves repeated direct and misleading questions after an event.

The combined influence of these approaches has also been studied (Clarke-Stewart, Thompson & LePore, 1989; Leichtman & Ceci, 1995; Lepore & Sesco, 1994).

Research on suggestibility indicates that when children are encouraged to develop a stereotype or bias against a person, and/or are repeatedly given post-event misinformation, high error rates may result. It is important to note that this research applies only to the worst examples of child interviewing, and the types of mistakes made by these interviewers can easily be avoided. The interviewers in these studies also did not ask abuse questions involving the child's own body (e.g. "Did Sam touch your private parts?" or "Did Chester spank you?"). Based on previous studies, rates of false accusations to these types of questions are likely to be quite a bit lower. Finally, it is also notable that these studies typically included small numbers of non-abused, white middle-class children. More research on larger and more diverse samples is needed before firm conclusions can be drawn regarding the potential influence of biased interviews on children's accounts of abuse.

9.   When Children are Coached or Unintentionally Misled
Studies underscore the importance of inquiring about previous conversations familial and non-familial adults have had with the child. It is helpful to ask both the parents and the child about these issues, e.g., for the parent, "What first made you concerned that your daughter had been abused?" "How did you react when you found out?" "Did your child see/hear your reaction?" "Did you talk to your daughter about what happened?" "I know it's hard to remember, but can you try to tell me exactly what questions you asked, and how she responded?"

Research implies that when an interviewer is concerned about a false report, gently challenging questions (e.g., "are you sure...," "Was anything you told me pretend or not true?") may be helpful. Other more general questions about direct experiences and sensory experiences may also be helpful, e.g., "How did you know about that?" "Were you there when it happened, or did someone tell you about it?" "What did you see/feel/taste/touch while daddy poked your potty?" or "Where were you when mommy hit daddy?" All such questions should be posed with neutral affect.

In situations where the child's report has changed significantly and there is a concern regarding coaching in the family, questions exploring the source of the discrepancy can be posed at the end of the interview. For example, "Today you told me ____. Did you ever tell someone else that it happened a different way?" If the child admits to having told someone else a different version, the interviewer can explore the reason(s) the child's report changed, e.g., "How come you told Officer Tim ___ and me ____? Did somone talk to you? Did something happen to change your mind?" The interviewer can also ask if someone else has told them a different version of events or asked them to keep secrets or lie about the events, e .g., "Did someone else talk to you about the touching?" "What did mom say about the touching?" "What did your dad do/say when you told him about the touching?" "Was there anything your dad wanted you to tell me today?" "Will anyone be mad if you tell the truth today?"

It is critical to note that these sorts of challenges should be reserved for major discrepancies (e.g., changes in the name of the alleged perpetrator, denying abuse in one interview vs admitting extensive abuse in another), and for contexts in which there is significant concern regarding

attempts to influence the child's statements. Inconsistencies and minor discrepancies are a normal phenomenon when children, particularly young ones, are interviewed multiple times by different people in different circumstances. Changes in interviewer style and circumstances may prompt recall of different memories, or different aspects of the same memory.

In previous studies the majority of 5- to 6-year-old children continued to make accurate reports even in the context of very bad interviews. Similar results held with 3- to 4-year-olds, except those exposed to both biases and leading questions. These results underscore the notion that a child's report cannot be dismissed simply because of exposure to a single bad interview. However, the emphasis on the fact that many children were accurate in these contexts does not imply that interviewers can relax their standards, because these high error rates are unacceptable in the forensic context where false reports may have serious consequences. It is also important to recall that particularly long coercive interviews and/or repeated bad interviews may provoke higher error rates, as might interactions with biased parents (see Clarke-Stewart, Thompson & Lepore's 90-100% error rates and Poole & Lindsay's 41-88% error rates).

In the absence of questions regarding coaching and biases, the interviewer and other professionals are unlikely to be capable of discriminating detailed false reports from accurate reports. In several studies professionals with considerable experience in the field have been asked to evaluate children's unchallenged statements. These professionals performed no better than chance at discriminating true from false reports, when both types of reports were elaborate, and the statements were unchallenged (Ceci, et al., 1994; Leichtman & Ceci, 1995).

The sources of biased information and misleading questions in some of the above studies were with nonfamilial adults. A couple of studies have examined rates of erroneous reports with parental coaching. In Poole and Lindsay's (1995) study, parents read a story containing both accurate and inaccurate information about the child's earlier interaction with "Mr. Science". Children aged 3 to 4 were interviewed twice, once immediately after they interacted with Mr. Science, and once three months later, shortly after the partially erroneous stories had been read. The children were highly accurate in the initial interviews, but highly inaccurate when incorrect information was supplied by their parents (41% made errors in free recall, 53% falsely accused Mr.Science of putting something yucky in their mouths, and 88% falsely reported occurrence of at least one event in response to many leading questions). In studies where parents have intentionally coached a child to provide a false report, error rates have been even higher (Devitt, Honts, Gillund, Amato, Peters, & Norton, 1994

PRACTICE TIPS:

- Stephen Ceci and colleagues (Bruck, Ceci, Francouer & Barr, 1995) acknowledge "Children rarely make false claims about touching, and particularly about sexual touching in response to a single misleading question in a single interview".

- This chapter underscores the need to evaluate the interview in its entirety, rather than on a question by question basis.

- The interviewer should always be aware that children make assumptions about adults. Children assume adults will ask meaningful questions, be honest, and know more than they do. This underscores the importance of avoiding leading questions and preconcieved biases during the interview.

- Research indicates that young children are able to provide accurate reports during a neutral interview.

- The interviewer should keep in mind that the child may not have the linguistic capability to verbalize a memory.

- Interviewers should first explore with young children (after an initial disclosure) how and where the event usually takes place to identify the child's script memory, then ask questions to ascertain idiosyncratic detail.

- The interviewer should consider inquiring about different information sources from the child and the family when there are concerns about coaching, but remember that young children may have difficulty providing the source of their memory.

- It is important to interview the child alone without the presence of alleged offenders.

- The interviewer may need to use retrieval strategies with younger children such as focused questions or non-leading prompts.

- Interviews with children should be completed as soon as possible after a child's disclosure.

- Interviewers should be careful in how they question children, as multiple, biased interviews with many leading questions can provoke significant rates of false reports (Leichtman & Ceci, 1995)

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THE NONDISCLOSING CHILD

THE NONDISCLOSING CHILD

GUIDELINE:
Nondisclosure is an acceptable and common outcome in many child abuse interviews. In order to facilitate and maximize the opportunity for children to disclose, it is important to understand the reasons why this event may occur and what strategies may be helpful.

SUPPORTING INFORMATION:

The incidence of nondisclosure in child abuse interviews
Several studies have examined the rates of nondisclosure among suspected child victims referred for interviews. Rates of nondisclosure range from 33% to 92% making it somewhat difficult to state the incidence of occurrence (Lyons, 2002). Some of the reasons for the wide variance can be understood by examining how the studies differ with respect to sample sizes, design, methodologies, and interpretations. Lyon further explains that findings can be somewhat misleading with percentages underestimated for those individuals who never disclose abuse and perhaps overestimated for those with whom abuse was reported but actually never happened. In spite of the disagreement over the rate of nondisclosures, there is strong evidence to support that nondisclosures are prevalent and there are a number of factors that affect whether and when children disclose.

REASONS WHY CHILDREN MAY NOT DISCLOSE:

1. There is nothing to disclose
Particularly in young children, their statements or physical symptoms may be misinterpreted. For example, if a child returns from visits with her father displaying a red bottom, but the father uses bubble bath (which is irritating to the vagina); or a child makes a statement about a particular individual hurting her private, but this occurred during play (sand got in it) or during normal bathing and toileting. Parents may panic when confronted with these symptoms, and the child may lack the verbal skills to clarify and/or the parents do not ask appropriate clarifying questions.

2. Unaware of abuse
Many children cannot appreciate the concept of sexual exploitation (Kuehnle, 1996; Faller 2002), Children may be too young to understand what abuse is or possess the knowledge of body parts and functions. Moreover, perpetrators have often well-developed strategies to initiate and continue abuse. It can be hidden and/or disguised as teaching, grooming/hygiene and making the child feel special. Children can be manipulated by the perpetrator into viewing that participation in sexual activities constitutes "special time" and a way to show love. Consequently children may not consider it abusive. Hewitt (1999) adds that younger children may not have paid attention or encoded the sexual abuse. Instead, the young child may have focused on less salient aspects of the event (e.g., a clown, toy, etc.) and not be able to discuss abuse details.

3. Not believed

Research findings demonstrate that children are sensitive to both family and peer reactions to their abuse (Summit, 1983; Johnson & Shrier, 1985; Palmer, Brown, Rae-Grant & Loughlin, 1999; Russell,1986). Many children won't tell because they assume they will not be believed. Children may believe that others will take the perpertrator's side. When the perpetrator and victim are teens, a common worry is that peers will blame and shun the adolescent victim.

4. Unsupportive nonoffending caregiver

Children often receive real or percieved messages that they will be blamed and/or punished by the nonoffending caregiver (Finkelhor, 1980; Sauzier, 1989; Elliott & Briere, 1994; Heriot, 1996; Sas & Cunningham, 1995). Heriot (1996) found that while 75% of the mothers believed their children who disclosed abuse, only 52% took action. When the perpertrator was the mother's partner, only 44% took action. Interestingly, the higher severity of abuse (penetration), the less supportive mothers were which put adolescents at greater risk. Faller (1989) found a higher rate of nondisclosures in children with unsupportive mothers. Conversely, Elliott & Briere (1994) and Lawson and Chaffin (1992) demonstrated that children who had supportive nonoffending caregivers were more likely to disclose. Lyons (2002) sites numerous studies which support the finding that mothers are commonly unsupportive or ambivalent.

5. Ambivalence

There is strong evidence to support that children are abused more commonly by trusted family members and friends. (Lyons, 2002). Children inherently perceive their caregivers as powerful. They are admonished to obey and trust their elders. At the same time, children are dependent on caregivers and work very hard to maintain connection (Summit, 1983; Sas and Cunningham, 1995).

The child may dislike the touch, but attempt to maintain positive memories and loving feelings toward the offender (Summit, 1983; Sauzier, 1989). Being rejected by the offender is often feared and avoided (Russell, 1986). Children may even take steps to protect the perpetrator (Johnson & Shrier, 1985). Disclosures can often be delayed and more difficult for children who had a close relationship with the perpetrator (Faller, 1989).

6. Embarrassment, Shame, Self-Blame, Guilt, Responsibility

Children may be embarrassed and ashamed when asked to describe their abuse, thus making disclosures difficult (Ceci & Bruck, 1993). Children may have experienced physical pleasure, material reinforcement or attention from sexual activities and might be concerned regarding their own culpability in the abuse (Summit, 1983; Russell, 1986; Sas & Cunningham, 1995). Children may engage in self-blame especially if the nonoffending caregiver attributes blame or the perpetrator blames the child (Smith & Elstein, 1993). This can be unwittingly reinforced when others ask such questions as "Why didn't you tell sooner?" (Sauzier, 1989). Often, children believe that bad things happen because they are bad or did something to deserve it (Sauzier, 1989; Hazzard,

Celano, Gould, Lawry & Webb, 1995) or they might blame themselve for not stopping or reporting the abuse (Summit, 1983; Faller, 2002). Children may also feel responsible for the impact of the disclosure which may in turn disrupt the family's financial and emotional equilibruim (Smith & Elstein, 1993; Sas & Cunningham, 1995; Petronio, Reeder, Hecht, & Ros-Mendoza, 1998).

7. Loyalty and Secrets
There are numerous studies which support that children are likely to to keep a secret (Clark-Stewart, Thompson, & Lepore, 1989; Russell, 1986; Pipe and Goodwin, 1991; Sas & Cunningham, 1995) even to protect strangers (Pipe & Wison, 1994; See also description of studies: Wilson & Pipe, 1989; Bussey, et al., 1990; Peters, 1990 in Lyons, 2002). These effects are even more profound when the child knows or is close to the abuser, especially a family member (Bottoms, Goodman, Schwartz-Kenney, Sachsenmaier, & Thomas, 1990; Summit, 1983; Johnson & Shrier, 1985; Faller, 1989). Sauzier (1989) found that when children were abused by a natural parent, the more likelihood the secret would be kept. In addition, the child may keep a secret about his/her abuse out of loyalty and protection to prevent a younger sibling from being abused (Russell, 1986; Sauzier, 1989) or to avoid punishement (Faller, 1984; Russell, 1986). However, there are also situations in which a child might "give up" the secret. There is evidence to suggest that children will more likely tell a secret (disclosure) when they anticipate that the interviewer already possesses knowledge of it (Wilson & Pipe, 1995 in Hartwig & Wilson, 2002).

8. Overt/Covert Threats
The child may be threatened by the perpetrator in various ways. (Faller, 2002; Bottoms et al., 1990; Pipe & Goodman, 1991; Smith & Elstein, 1993; Sas & Cunningham, 1995). Children may fear not only retailiation by the offender (Summit, 1983; Russell, 1986) but fear punishment, abandonment and rejection (Sauzier, 1989). Threats can range from subtle admonishments to verbal coersion and intimidation to physical harm (Smith & Elstein, 1993; Sas & Cunningham, 1995; Faller, 2002). The perpetrator might not have said or done anything directly to the child but the child may have observed the offender displaying violence towards others. The offender may communicate threats in other more subtle ways. For example children may be told that the nonoffending caregiver will not love them, the perpetrator will have to go away, the family will have no place to live, or the child's pets or loved ones will be harmed. It can also be as simple as telling children their toys will be taken away. Proximity and relationship to the offender and intensity of coersion (Faller, 1989; Sauzier, 1989) can make it even more difficult for children to fend off threats.

9. Bribes
Alternatively, children may have been rewarded by the perpetrator with gifts or or other material reinforcements making it more difficult to tell (Sauzier, 1989; Sas & Cunningham, 1995; Faller, 2002).

10. Truamatization

Because of extremely high anxiety or before language is developed, some events are never encoded or they may be nonverbally encoded so the memories are less accessible and more difficult to recall using a conversational format (Van der Kolk, 1994). Other children may be denying, avoiding, suppressing (consciously deciding "I will not think about this" (Russell, 1986) or repressing (unconsciously pushing away) their memories and may say they don't want to talk about it in order to avoid stress (Berliner & Saunders, 1996). There are also studies which suggest that children's mental health status might also affect disclosures of abuse (Sauzier, 1989; Elliott & Briere, 1994). Chaffin, Lawson, Selby & Wherry, (1997) found that false negatives were more common in children who had higher levels of dissociation.

11. Inadequate Rapport

Children's responses may relate to inadequate rapport development or to the interviewer's style. At times, children may need more time to develop rapport than is available during a single interview. Older rapport strategies which simply ask children a number of questions about where they live, how old they are, the date, etc., fall short in conveying the message that the interviewer will not necessarily know or ask all the right questions (Sternberg, Lamb, Hershkowitz, Yudilevitch, Orbach, Esplin, & Hovav, 1997). These researchers conducted a study in which children were divided into two groups; one group received open-ended questions and the other group direct questions during the introductory period of the interview. The children in the open-ended group provided substantially more information than those in the other group. Sternberg, et al. (1997) suggest that the introductory period helps to set the tone of the interview and convey the message that adults will listen and children will do the talking.

12. Understanding the purpose of interview and type of questions

The overall understanding of the purpose of the interview can have a strong influence on what, if any, information children provide (Wilson & Powell, 2001). Some of the research suggests that children, who conclude that the goal of the interview is to get someone in trouble, might withhold or modify what they disclose. Studies have investigated the interview process itself and its affect on disclosures. DeVoe & Faller (1999) found that children ages 5 to 10 did not disclose spontaneously. They required specific/focused questions to first acknowledge and then to provide details. In DeVoe & Faller, factors that lead to confusion for children, especially younger ones, are discussed. They highlighted studies, which demonstrated that only a small percentage of children provided specific details about their abuse when interviewers used general questions. Young children often do not know what the adult is looking for and, therefore, obtaining a complete account may depend on the questioning style of the interviewer. Invitation or general inquiry did not yield a complete account. Lamb, Sternberg & Esplin (2000) also found that most children disclosed abuse when more specific/ direct, as well as forced-choice questions were asked.

13. Setting

The presence of a particular observer (the police) or others may be intimidating or distracting to the child. The child may also have an adverse reaction to the videotaping

process, particularly if the equipment is obtrusive. Additionally, items available in the interview room might impede or facilitate a child's comfort level and disclosure. If there are too many items (especially for young children), they might be easily distracted and become preoccupied. Many children, however, need to engage in mundane activities to provide enough distance and yet be able to attend to the interviewer's questions (Petronio, et al., 1998).

14. System Failure
Children become skeptical and distrusting of the legal system which is designed to protect them especially if after disclosing abuse, nothing happens. (Summit, 1983; Sauzier, 1989; Palmer, et al., 1999; Lyons, 2002). Consequently, children may be less likely to disclose if something were to happen again.

HELPING A CHILD VOLUNTEER INFORMATION:

The most important thing the interviewer can do is to help the child feel safe and comfortable in the interviewing context. The importance of adequate rapport development cannot be over-emphasized. When children feel supported, they are more likely to answer honestly and volunteer information regarding an abuse allegation. Morgan (1995) suggests that the interviewer explain his/her role to children, e.g., someone who talks to kids and helps keep them safe. The interviewer can also let the child know that they have talked to lots of other children about all sorts of topics and can give the child examples of other problems, abuse and non-abuse, (e.g. hot peppers in the mouth, people hurting their feelings) children have discussed with the interviewer. These activities emphasize that the interviewer is someone children can trust.

Morgan (1995) has several suggestions for activities that are good rapport builders and may help children supply information regarding possible abuse. What follows is a summary of her suggestions, with some additions based on this author's clinical experience. It must be emphasized that these techniques extend discussion with children, and the interviewer should be genuinely interested in all of the information children provide. The information obtained is likely to be useful in the absence of disclosure, and it may provide the interviewer the opportunity to help children with other (non-abuse) difficulties. The interviewer may also use the opportunity to do some prevention work.

Morgan suggests creating a **favorite/least favorite or like/don't like list**, wherein children will supply names, relationships and other information regarding people they live with and/or visit (babysitters, grandparents, noncustodial parents). The interviewer probes regarding specific positive and negative feelings toward each of these individuals. This activity provides helpful information regarding children's daily living environment, and contextual information in case of an abuse disclosure.

Morgan also suggests a **problem-solving discussion** with children. The interviewer begins by informing the child that their job is to help children and families who have problems. The interviewer then asks if there is any problem the child is having. If children do not name any problems, the interviewer can discuss different levels of problems, such as those children can

solve by themselves (their shoe comes untied, they want a different color crayon) versus those where they might need help from a friend or family member (your brother took your toy) versus those where they might want help from outside the family (someone stole your lunch at school, you broke your arm). Following this discussion, the interviewer would again query as to whether there is a problem the interviewer can help with.

The interviewer can discuss **privacy** with the child. The interviewer should define privacy for younger children (Morgan suggests, "being able to be alone when you want to be"), or can have older children attempt a definition. Then questions about when children like privacy, what rooms are good for privacy, and what children like to do in private can ensue. Morgan suggests that the interviewer ask about different people in the home, and whether they are good or not so good at letting children have privacy. The interviewer can also ask about whether there are things they do in private that they don't like, or don't want to do.

Morgan suggests initiating a discussion of **safety rules**. The interviewer can discuss fire safety, bike safety, walking to and from school, and personal safety (encountering strangers, private parts). The interviewer should encourage children to list safety rules for each topic. Children and interviewer can then discuss why these rules are important, and whether there are times when it is difficult to follow the rules (e.g. your friends are riding their bikes across the intersection without looking). You can also ask about different people, and how well they follow safety rules.

ADDITIONAL APPROACHES FOR INTRODUCING TOPIC OF ABUSE:

Other strategies that may be helpful for introducing the topic of whether abuse occurred include asking children general questions about secrets, worries, or troubles.

When children are having a great deal of difficulty developing rapport, the interviewer may want to consider an extended interview format to provide the child with an opportunity for additional rapport development and opportunity to disclose. The extended forensic evaluation model has been undergoing research and currently can be used (Carnes, Wilson & Nelson-Gardal, 2000). Additionally, disclosure may be incremental (a process) rather than a definitive event. This is an important distinction, which helps to elucidate how, and when children disclose (Summit, 1983; Sorenson and Snow, 1991; Lawson & Chaffin, 1992; DeVoe & Faller, 2002). Consideration should be given to children who may be "testing the waters" and who may need more than one session to discuss abuse.

 Increasingly more directive approaches towards introducing the topic of abuse are described in Kuehnle, (1996). The interviewer starts by asking about period of times and events when the abuse allegedly took place. The interviewer then proceeds with asking children about individuals who were thought to be involved in the abuse, then asking about different kinds of abuse. A fourth option (direct questions about the abuse) is not commonly endorsed, since it would be considered leading and or suggestive. Petronio et al. (1998) discuss rules of access which include giving the child tacit permission to disclose. Children look for signs it is okay. Sometimes adolescents come forward after one of their friends disclosed. Although this can look

suspicious, it is actually reciprocity at work providing an invitation for a child to know it is okay to disclose.

WHEN IS NONDISCLOSURE A PROBLEM?

It cannot be emphasized enough that it is not the interviewer's job to elicit disclosure. The appropriate stance for the interviewer is that of a careful questioner striving to elicit reliable, factual statements regarding bodily touch and exposure to other risk factors. Consequently, it is perfectly appropriate for the interviewer to accept children's nondisclosure, particularly if it is offered with neutral or positive affect, and/or children provide plausible explanations for prior statements (as when daddy poked the peepee accidentally during bathing or mommy tickled the lower abdomen rather than the private part).

Under some circumstances, the interviewer may be concerned regarding the lack of disclosure. Such a situation may arise with very young children who have difficulty disclosing to strangers; when children have an abnormal exam, but are not disclosing; when children live in high risk circumstances and there has been familial pressure to recant; and when children have disclosed extensively to other professionals but are denying during the current interview.

- **Strategies to handle a concerning nondisclosure**
  When children are nondislcosing, the interviewer should first consider the possibility that the child was not abused. If the social history, the medical exam, or children's demeanor provoke concern regarding recantation or barriers to disclosure, and children have not responded to open questions and focused questions, the interviewer should consider whether these children can be protected in the absence of a disclosure (as with a supportive parent, and an abnormal exam). Again, the extended interview format may also be beneficial to some children in these circumstances.

  If there is concern children cannot be protected, the interviewer should make a judgement regarding the likely source of the problem, and whether children can withstand direct questions regarding barriers to disclosure. This sort of judgment is best rendered in consultation with other multidisciplinary team members. If there are very strong suspicions that children cannot safely discuss abuse (the perpetrator lives in the home, continues contact) the protective and legal system may need to apply some type of protection (i.e, temporary removal of child into custody).

  The interviewer and multidisciplinary team will need to carefully weigh possible costs in terms of compromises to the validity of the resultant information, and possible mental health ramifications to children (feeling coerced, undermining efforts to build rapport and trust with this interviewer). It is important to note that direct approaches may invalidate the interview in some legal contexts and may make it more difficult to protect these and other children in the long run. Despite these cautions, the multidisciplinary team/interviewer may decide to proceed with direct questioning when protection issues are at stake and/or when children are deemed to be at high risk.

- **Unacceptable tactics**

  Both research and clinical considerations advise against leading questions, repeated questioning, bribing children (e.g., "We can only keep you safe if you tell"), or coercing children (e.g., "You can't leave until you tell me what happened"). It would also be unacceptable for a field interviewer or parent to enter the interview room and encourage the child to repeat what was previously disclosed, because children may have important reasons for deciding not to redisclose (fears of family breakup, threats, or a prior interviewer that misunderstood or used leading questions/coercion to elicit the disclosure).

- **A note on children who recant**

  When children recant allegations of abuse, it is important that the child be evaluated regarding the source of the recantation. It is critical that an attempt be made to establish whether children are recanting a false report versus a true report. Children who recant a false report may be in need of mental health services addressing the motivation for the false report or they may need elements of safety to be established before they can come forward. Children who recant a true report are likely in need of both mental health and child protective services. Many of the questioning approaches detailed in this section and the section on false reports will be helpful in this regard. Centers should work with their local multidisciplinary teams to establish a policy regarding assessment of children who recant. Some communities may feel more comfortable with child therapists addressing this issue, while others may want a child interviewer to speak with the child.

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INACCURATE OR FALSE REPORT

INACCURATE OR FALSE REPORT

GUIDELINE:
When an interviewer or other multidisciplinary team member is concerned that a child is making a false report, the interviewer should ask clarifying questions, so long as the questioning process will not be unduly stressful to the child.

SUPPORTING INFORMATION:

1. False reports are rare
The actual incidence of false reports, those where children fabricate the allegations of abuse, is difficult to establish, because absolute certainty about the events in question is frequently unknown. It has been estimated (and accepted) that approximately 5 to 8% of allegations of sexual abuse are false, with the estimated rate rising as high as 35% when allegations of sexual abuse are raised in the context of custody disagreements (Ceci & Bruck, 1995). Some propose that these estimated rates of false reports of sexual abuse are low because the rates include only those cases where the allegations are believed to be a deliberate lie opposed to a misunderstanding, miscommuincation, or misinterpretation. In many cases when false reports of sexual abuse are made, adults or older children are gernerally found to be the ones fabricating the allegations.

2. Possible sources of children's inaccurate and false reports
False reports can be intentional or unintentional. In some cases, the child may dislike the perpetrator and may lie about misdeeds in order to achieve particular outcomes (ending their mother's violent relationship with the perpetrator, getting out of the house). Parents may also intentionally coach a child to alter their entire report, or significant parts of the report, e.g., "you can talk about what happened with uncle Bobby, but don't tell about dad"; "if the doctor asks about your bruises, say you fell." In other cases, the child may be subjected to repetitive and suggestive lines of questioning by a parent who becomes suspicious that his son or daughter was abused. While the parent may not intend to change or alter the child's account of what occurred, in their effort to find out what the child experienced the parent/caretaker may unknowingly (or in other cases, knowingly) provide information and use techniques which contaminate the child's statements. A child's statement may be influenced by other adults. Children commonly believe that information from an adult is accurate and credible (Bruck, Ceci, & Hembrooke, 2001). Findings in Poole and Lamb's study (1996) showed that the use of suggestive interviewing techniques, repetitive questioning and interviewing by parents and/or caretakers resulted in "substantial memory distortion among children 3 to 8 years old."

In addition to the possibility of a child's report being influenced by nonprofessionals (parents, caretakers), professionals must be aware of the influence they may have on a child's disclosure. Some studies show that children are more likely to be influenced by adults rather than peers, and by adults of high prestige or authority (Bruck, Ceci, & Hembrooke, 2001). If a child is exposed to poor interviewing techinques by a professional (such as being asked specific and leading questions, the introduction of information or facts not previously disclosed by the child,

repetitive interviews, repetitive questions within an interview, and use of threats/rewards to facilitate disclosure), the child's memory, at a minimum, can be contaminated. This may result in fabricated details of an abusive event which actually occurred, and, at a maxmimum, result in a fabricated report of abuse that did not occur. If a combination of suggestive interviewing techniques are utilized, there is a higher possibility that children will "assent to and create complex narratives of false-negative events" (Bruck, Ceci, & Hembrooke, 2001).

Interviewer bias is yet another factor that can influence a child's disclosure. When an interviewer has his/her own belief about what happened, the interviewer may fail to explore other possibilites or inconsistencies, or avoid lines of questioning which might produce inconsistent information to the interviewer's belief. Poole and Lamb (1998) explain, "Interviewers who have a bias about what might have happened tend to elicit more false information from children."

Once a child has had repeated exposure to misinformation, the interviewer's job becomes more difficult and complicated. Poole and Lamb (1998) explain that the accuracy and quality of information provided by children in an interview "is a joint product of their cognitive and social maturity, their experiences outside formal interviews, and the interviewing context." Once a child has been repetitively exposed to misinformation (regardless of the souce of that information), there is the possibility that some of that information may be inccorporated into the child's memory and thus the child's account of their own experience. With repeated biased interactions, or when a child imagines things that never happened, the child may come to believe that the events occurred. In these cases, the child is not lying, but may make a false report on the basis of a false belief about what happened. At times, these false reports may be indistinguishable from true reports given these types of false reports may have the same characteristics (idiosyncratic details, spontaneous disclosures or corrections), which are typically associated with confirmed disclosures of abuse (Bruck, Hembrooke, & Ceci 1997; Ceci, Huffman, Smith & Loftus, 1994; Ceci, Loftus, Leichtman & Bruck, 1994). Poole and Lamb (1998) go on to explain, "Nonsuggestive, open-ended interviewing does not guarantee that children will provide accurate event narratives, especially when they have been exposed to misinformation in prior interview or by other sources." Bruck, Ceci, and Hembrooke (2001) note, "When children believe what they are saying, it can be very difficult to detect errors." Research evidence suggests that nonfamilial interviewers must commit serious errors to produce this sort of false report. On the other hand, coaching and biasing by a parent/caretaker may be particularly effective in altering a child's report (Devitt, Honts, Gillund, Amato, Peters, & Norton, 1994; Poole & Lindsay, 1995).

3. The development of lying in children

The act of lying involves several cognitive skills: discerning the truth; awareness that another person can maintain a false belief; willingness to deceive; and the ability to provide misinformation. Children as young as four are able to accurately discriminate between the truth and a lie using stories (Bussey, 1992; Lyon, 1996). Reports of parent surveys indicate that 4-year-old children lie almost five times a week, typically to conceal misdeeds (Stouthamer-Loeber, 1987). Thus, children as young as four comprehend the difference between the truth and a lie, and seem by their willingness to attempt lying to understand that another person can maintain a false belief.

Regarding children's willingness to deceive, experimental studies indicate that when a child anticipates punishment, they are more likely to lie (Lewis, Stanger & Sullivan, 1989). At around the age of 5 to 6 years, the ability to anticipate consequences and to lie convincingly becomes more developed. However, at this same age, children begin to internalize societal norms, and their willingness to lie may decline (Bandura, 1991; Bussey, 1992).

Children's ability to lie varies according to the level of detail necessary. Experimental studies indicate that it is easier for a child to lie by saying "no" than by having to memorize a concocted story and tell it convincingly (Tate, Warren, & Hess, 1992). This is particularly true for younger children. When reports of children coached to falsely report playing with a toy were compared with children who actually played with the toy, children making false reports provided less detail. Older children provided more detail than younger children. Thus, it is important for the interviewer to explore and document details of the child's report.

It is very difficult to know which children will comply with parental requests to lie, and under what conditions. For example, some evidence suggests that 3- to 4-year-olds have a difficult time maintaining a lie, while 5- to 7-year-old children can and will maintain a lie (Bussey, Lee & Grimbeek, 1992; Devitt, Honts, Gillund, Amato, Peters, & Norton, 1994). Other evidence suggests that children 3 to 7 years old are difficult to coach into lying, and that their false reports are less detailed than those of children who actually experienced the event (Tate, et al. 1992). There is a widespread belief that emphasizing the importance of telling the truth and gently challenging the child's statements will cause many children to relinquish a lie. This possibility has not been well researched, though clinical experience suggests that these techniques are effective with some children.

4. Inconsistencies do not necessarily mean a child is making a false report

Many individuals, including those involved in the criminal justice system, believe that when a child reports different things in different interviews, the child is lying (Ross, Miller & Moran, 1987). In several studies, children have been shown to be highly accurate (90% accurate) in reporting events, but to report different aspects of the same event in different interviews (Fivush, 1993). Accuracy and consistency are not highly correlated (Fisher & Cutler, 1992). Thus, it is normal for children to give different details to different interviewers, and to the same interviewer at different times.

What follows are some explanations for inconsistencies in children's reports both within and across interviews. When possible, given the child's age and circumstances, the interviewer should probe for sources of inconsistencies and should rule out the following explanations before concluding that a child is making a false report:

- The child is telling about different incidents.

- The child is discussing different aspects of the same incident.

- The child is providing information the child obtained from a source other than his/her own experience.

- The current interviewer or a previous interviewer misinterpreted the child's statements.

- The child doesn't comprehend the interviewer's language, and responds to multiple choice or yes/no questions at random.

- The child acquiesced to leading questions during this interview or during a prior interview.

- The child may have been fearful or unwilling to speak openly with the interviewer(s).

5. A few words about source monitoring

As with memory, a child's ability to provide information regarding source monitoring (whether memories are the result of personnal experience, witnessing an event, or being told of an event) develops with age. Younger children have more difficulty discerning the source of their memories. Children's ability to provide information regarding the source of their memories can also be affected by: lengthy delays between the to-be-remembered event and the interview; repetitive interviews; suggestive lines of questioning, especially if this occurs repetitively over time; similarity of events; same players or different players within events; and the characteristics of the interviewer (Quas, et al., 2000). While asking a child to identify the source of a memory may provide some clarification about the accuracy of the report or if the report is false, be aware that asking for the source of the memory may also be problematic because it adds one additional step to the memory retrieval process.

6. Ruling out language as a source of inconsistencies

The most important methods of handling inconsistencies are to prevent language based difficulties by asking simple questions, assessing the child's comprehension of important forensic concepts, and avoiding leading questions.

When a child's report has been elicited using multiple choice and yes/no questions (as with a very young child), the interviewer should be alert regarding possible response biases such as recency (choosing the last alternative) and acquiescence (always choosing yes). To test for the presence of these biases, the interviewer may want to re-ask one or two questions with the alternatives in a different order. With multiple choice questions, the recency bias can also be avoided by always making the final alternative an open-ended one (e.g., "...or some other room"; "...or something else"). To test for the aquiescence response bias, the question should be rephrased so that a yes response implies a different answer. For example:

Initial question: "Did it feel bad?"

Follow-up question: "Did it feel good?"

Initial question: "Did he touch with his hand?"

Follow-up question: "Did he touch with his foot?"

Please note that younger children tend to provide more information in response to specific questions in comparison to open-ended questions, however, accuracy rates of response to open-ended questions are higher than with specific questions (Bruck, Ceci, Hembrooke, 2001).

7. Ruling out multiple incidents as a source of inconsistencies

Once language based difficulties are ruled out as explanations for inconsistent details, the interviewer should explore whether the child is describing different incidents, or different aspects of the same incident. Asking questions to elicit peripheral detail (for example "Where" and "When" questions) can be very helpful in this regard. For example, if the child has stated that clothes were on at one point in the interview, and that clothes were off at another point, the interviewer could say:

- "You said your clothes were on when he touched you. Where were you when your clothes were on? When did that happen? What kind of touching happened with clothes on? When we talked about kissing, you said your clothes were off. Where were you when that happened? When did that happen? How did your clothes get off?"

It is also helpful to encourage a running narrative. In the above example, if the child said the events all happened on the same day, in the same place, the interviewer could say:

- "You've told me about several things that happened: touching, kissing, clothes off, but I'm having trouble putting it all together. Can you tell me what happened first? Then what?, etc."

8. Examining ability and motivation to make a false report: The social history

The most important components of the social history in this regard are: sources of sexual knowledge, e.g., experience in witnessing adults' sexual activity and/or exposure to pornography; observations of nonoffending caretakers; and the child's prior abuse history. A child with no prior knowledge of sexual activity is unlikely to be capable of producing a convincing fabrication.

The child's ability to provide detail discriminating between incidents is important in sorting out the impact of prior abuse. The presence, quality of, and verifiability of peripheral detail are important in discriminating reports based on direct versus vicarious experience (e.g., being touched vs. witnessing parents' sexual activity, overhearing parents' conversations regarding the alleged perpetrator's actions, or viewing pornography).

Observations of nonoffending caretakers can provide important clues to the child's social milieu and potential sources of bias. Asking the caretakers about their history with the perpetrator, their reactions to the allegations, and their desired outcomes (jail, family reunification) provides

context to evaluate potential false statements and false denials. Similar questions can be asked of a therapist when there is a concern regarding bias or leading treatment approaches. Gathering this information from sources other than the child, prior to the interview with the child, is ideal but not always possible. In all cases, but especially complex cases, multidisciplinary members investigating and evaluating allegations of possible abuse should coordinate their efforts to gather all information regarding potential influences and bias sources facing the child.

9. Examining ability and motivation to make a false report: Interviewing techniques

Particularly when the social history prompts concerns regarding parental bias or coaching, the child can be questioned regarding their perceptions of the situation. For example:

- "How do you feel about (alleged perpetrator)?"

- "How did you feel about (alleged perpetrator) when you first met him? What changed your mind about him?"

- "Is there anything bad (or good) that might happen because you told?"

- "What are you going to do after we're done talking?"

- "How does (biased person: mom, therapist) feel about (alleged perpetrator)? How do you know that?"

- "Have you told other people about the touching? Who? What did (biased person) say?"

- "Did anyone (or use name of biased person) talk to you about coming to see me today? What did they say?"

- "Is there anything you're supposed to tell me today? Who told you to tell me that?"

When a child uses adult language, or an adult perspective to describe an event, the interviewer can ask: "How did you know about that? Did you see it or did someone tell you about it?"

CAUTIONARY NOTE:

- **Challenging a child's statements**
  When all other explanations have been ruled out, the interviewer can consider challenging the child's statements. Please note that if contradictory information was obtained from a source other than the child, confronting the child should be carefully considered because this approach is quite leading. If it is to be done, it should be done at the end of the interview, so as to minimize contamination of information obtained earlier in the interview. Even if it is done at the end of an interview, consideration should be given to the fact that it might contaminate future interviews, as well as court testimony. Additionally, confrontation of the child with this type of information could produce an

adverse emotional impact on the child. The child might feel disbelieved and/or "ganged up on." Such a confrontation could also undermine efforts to create an atmosphere of neutrality and acceptance, because confrontation of this sort is likely to be interpreted as a challenge. In other words, confrontation of a child with information obtained from other people should be a method of last resort. The interviewer should be well aware of the compromises this procedure produces both in rapport-building with the child, and in the ability to interpret the child's statement.

When inconsistencies arise within a child's report or there are other concerns the child may have fabricated the allegations, confrontation of the child may need to be considered for the same reasons discussed above. In addition, consideration must also be given to being thorough in exploring all possible alternatives. Given there is a possibility the child will be questioned regarding the inconsistency at some time, i.e., by an attorney during cross examination, it may be best to pursue this line of questioning in a nuetral and supportive environment opposed to a possibly adversarial environment. Further, sometimes gently challenging a chid regarding differences in his/her statement can result in explanations which clarify the inconsistencies.

When confrontation is considered, it is recommended that the interviewer remain congenial and supportive toward the child. The interviewer can say something like:

"I'm confused. First you told me ---, then you told me ---. Can you help me understand what really happened?" or "Can you tell me again so those two things make sense to me?"

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INTERVIEWING THE CHILD WITH SPECIAL NEEDS

INTERVIEWING THE CHILD WITH SPECIAL NEEDS

GUIDELINE:
When a child with special needs must be evaluated for possible abuse, the interviewer should prepare in advance to minimize the accomodations the child must make in the interview setting. The interviewer should acquire information from people familiar with the child to answer the following questions:

- What is the special need?

- How does the special need affect the child in normal situations (school)?

- How will the special need affect the child's participation in the interview?

SUPPORTING INFORMATION:

1. Range of special needs
Children who may have special needs include those with attention problems, hyperactive behavior, emotional disturbances, learning disabilities, and developmental delays (low general intelligence, or delayed acquisition of specific skills). There is very little research on how these children perform in the interviewing context. The diverse nature of this population presents a challenge to researchers and interviewers. The challenges include defining the difficulties experienced by the child as well as developing strategies to accommodate the special need within the interview.

Because the interview is primarily a conversation, physical impairments may not impose large constraints on the interview. With physical impairment, the use of tools may be restricted and/or the interviewer may have to assist the child to utilize tools.

The most significant special needs involve children with cognitive impairments, communication difficulties, and children who speak a different language. This section will briefly describe suggestions for interviewing children whose language or communication skills present a challenge. In addition, children who have developmental disabilities will be discussed, and children who present with attention deficit disorders, hyperactive behaviors or require a language intepreter will also be briefly mentioned.

2. Prevalence of special needs
In this section, the term disability will refer to children whose physical movement, speech, language comprehension or learning is impaired. In school settings, approximately 10% of children receive special services for disabilities (National School Census Reports, 1995). Half of these children have specific learning disabilities, and 25% have speech and language disorders. Two thirds of these children have more than one disability, irrespective of diagnostic labels. Most disabilities are very mild, and should not interfere with the child's ability to remember or report events. Approximately 3-5% of children have what is known as a developmental

disability, formerly referred to as mental retardation (Tharinger, 1990). Of this subset of disabled persons, 85% are classified as mildly impaired (IQ's in the 55 to 70 range), 10% are moderately impaired, and 4-6% are severely or profoundly impaired (IQ's below 40). The rate of abuse for disabled children is 1.67 times higher than children without disabilites (Crosse, et al., 1993). A major study completed by Sullivan and Knutson in 2000 found that children who had been identified as having special education services were 3.4 times more likely to be maltreated in comparison to the children who did not require these services. Consequently, these children may represent up to 16% of the child population presenting for child abuse interviews.

Nationally, the number of children who require special educational instruction because they are not fluent in English is on the rise. However, the prevalence of children speaking particular languages varies widely according to geographical area.

Attention Deficit Hyperactivity Disorder (ADHD) is the most commonly diagnosed psychiatric condition (Baird, et al., 2000). Within this group, there exists tremendous variability in the ability to manage the disorder through medication and behavioral interventions.

3. The importance of making adaptations
Emotional or stressful situations may exacerbate a child's disability or language comprehension difficulties. With some children, exacerbation of the difficulty could prevent completion of the interview. This phenomenon is particularly common among children and adults who have cerebral palsy which interferes with their speech. The interviewer should make every effort to adapt the environment to the child in order to minimize the child's stress. Also, the interviewer needs to help the child feel emotionally and physically comfortable. If the child appears anxious, the interviewer should back away from questioning, and help the child to resolve the anxiety.

4. Determining the level of adaptation required
Many children with special needs can be evaluated with no modifications to the guidelines published in this document. Some older school-age or teenage children with cognitive impairments possess the skill levels of a child age 7 or older, and thus can access most of the requisite cognitive skills. The more a child differs from average agemates, the more an interviewer needs to make adjustments during the interview. Adaptations become critically important when the special need involves cognitive or communication difficulties.

5. Assess needed adaptations and only make those which appear necessary
Each child is unique. The interviewer may be told that the child functions at a particular age level. However, there may be unevenness across developmental domains. For example, a child may exhibit good self-care, social skills, and vocabulary, but may lack age-appropriate abilities to reason and abstract. While the interviewer's language must be simplified, oftentimes, children can understand more than they can verbalize. The interviewer should treat children in an age-appropriate manner, and not be condescending.

6. Contact professionals involved prior to the evaluation
In order to appropriately adapt the interviewing environment, the interviewer should acquire information regarding the child's needs and the specific effects of any disability on the child. For

example, the interviewer will want to know how the child communicates (pictures, words, sign language).

It is also important to note that school and family sources may be biased. Parents may be struggling to accept the extent of a child's limitations. Written reports may be outdated because a child has not been tested for several years. Children who speak another language may have undiagnosed disabilities because the language barrier interferes with identification, and/or many tests have not been standardized for use with non-English speaking populations. The interviewer should prepare for the possiblity that the child may be higher or lower functioning than described by others.

7. Differences in history gathering

Extra time will likely be necessary for history gathering with parents who have children with special needs . These families often feel particularly vulnerable. With children from other cultures (deaf children, non-English speaking children), the family may require extra reassurance regarding the evaluation, and its potential impact on the child and family. Their trust in "the system" may be lower or their culture may prescribe a competing response to the crisis. In families with children who are disabled, the possible victimization may reactivate grief issues regarding the child's inability to protect themselves. The grieving parent may present as demanding or angry rather than sad.

With children who are disabled , the interviewer should gather a history of the child's condition. Important questions include how the child is impacted, and when the parents first became aware of the problem. It is especially relevant to ask what conversations regarding the allegation might have occurred in the child's presence. This question should be asked in addition to questions regarding conversations with the child regarding the allegations. It is common for parents and professionals to talk about allegations in the child's presence, because they may not realize the child understands what is being said.

8. Differences in the child interview

One helpful strategy is to have the child interviewed in the context of a physical examination by a medical provider who has expertise in examining and talking to children when there is a concern of abuse. Children with very limited cognitive and language functioning then have the opportunity to gesture on their own body what occurred and to point exactly to a particular area of the body.

In various settings, the child may either receive a recorded interview or may be interviewed in a school or protective service agency setting. In these situations the beginning phase of the interview may need to be lengthened. It may be particularly important to elicit running narratives and to conduct a practice interview regarding non-traumatic events. These activities provide the interviewer with a relevant sample of the child's cognitive skills, language usage, and eagerness to please adults. The interviewer and/or interpreter can match language to the child's language. The child's descriptions can be compared to those obtained from adult caretakers. It is also critical to review and practice using ground rules, reassuring the child that it is OK not to know all the answers and OK to ask the interviewer questions if they don't understand what is being said.

During abuse-focused questioning, the interviewer should move slowly and be prepared to tolerate silence with children who have cognitive or language difficulties. These children may need more time to process a question and retrieve responses. A similar time lag occurs when an interpreter is being used. Language should be kept simple. As with younger children, complex multiple choice questions, how or why questions, and yes/no can be problematic when a child has cognitive limitations. The interviewer should be watching for response biases (always answering yes, always choosing the last alternative), which could invalidate the child's responses.

In interviewing children with cognitive or communication difficulties, props such as anatomical dolls or drawings can be extremely valuable adjuncts, as long as the child is capable of abstract representation. A child who is functioning below the level of the average four-year-old probably will not be able to use a doll or drawing as a self-representation. Whenever possible, tools should be employed using the same guidelines as for the general population, e.g., tools should only be used as adjuncts to verbal statements and when it is clear that the child cannot communicate effectively without assistance. For clients with limited speech, pictures or photographs may be employed as tools.

Note: The interviewer should keep in mind that establishing rapport with children with broad spectrum neurological and communication limitations will be less measurable than with the general population.

Some children may be able to draw a picture to help clarify what happened. For example, one child in our experience drew a bed, with one person lying on top of another, and their arms and legs intertwined. One of the people was labeled "dad" and the other was labeled with the child's name. The child was only able to respond to very simple verbal questions, and even then provided minimal responses. The drawing, however, was spontaneous, and arguably the result of a much less leading process for that child.

When interviewing nonverbal children, pictures of the living environment and caretakers may be presented. The child can be asked if these people touched or hurt them and where they were when they got touched/hurt. As is the case with non-impaired children, communication with tools cannot effectively substitute for statements because the interviewer cannot be confident that the nonverbal behavior is a representation of actual past events. Tool use can provide valuable mechanisms for clarifying when the child's ability to verbally report is extremely limited. While these approaches may not withstand courtroom scrutiny, they may provide enough information to protect the child and/or to determine that abuse is unlikely.

When children have cognitive impairments, time and date information may be impossible to acquire and these specifics should not be expected of the child. However, as with younger children, asking the location of the event, the child's age, what the weather was like, and the time of year can provide helpful information regarding event timing.

9. Questioning techniques

For a child with significant developmental delays, the general model of interviewing may be appropriate, using strategies typically employed for younger or less knowledgeable children. The interviewer will need to make the necessary adaptation to using language that is less abstract and more concrete, asking simple questions, and careful pacing. Children should be given permission to point on their own body or use other tools. A study of response biases in interviews of individuals with cognitive disabilities and those in socially devalued populations (children and adults), found that these individuals were at high risk to aquiescence during interviews and agree with the interviewers statements. The study found that offering an either/or question format provided much better opportunity for the individual to respond to questions. This format was enhanced when the interviewer accompanied the question with a picture representation, which helped reduce the bias of the individual choosing the latter two either/or choices (Heal & Siegelman, 1995).

10. Documentation

It is especially critical that evaluations of children with special needs be documented in the most sophisticated manner possible. Because these children may perform less well under stress, it is less likely that they would do well in a courtroom situation. For this reason, recording (especially video) may be critical to preserve the child's disclosure statements and demeanor.

Note: In some cultures, children are not encouraged to speak on their own without the approval or encouragement of their parent/caregiver. When possible and appropriate, have the parent/caregiver give verbal approval to the child prior to the start of the evaluation.

11. Working with the child's caretakers

Treatment resources are extremely inadequate for children with both disabilities and abuse histories, particularly for those who are engaging in sexually reactive behaviors. At the time of the investigation or during the interview process, the caretakers may express frustration with your performance, or with other professionals assigned to help their child. The interviewer or investigator should acknowledge the caretaker's frustration and ask for feedback to improve their interactions with the child, when appropriate. The caretakers may take a fierce advocacy stance toward professionals involved with the child. This stance may be an adaptive approach which has been developed to help the child negotiate a hostile and inadequate educational and treatment environment. The investigator or interviewer should be prepared to support the caregivers in their advocacy, while directing them to appropriate resources.

12. Working with ADHD children

When an interviewer is advised that a child has been diagnosed with ADHD, or a related disorder, advance preparation and accomodation are necessary. The interviewer should encourage the parent to maintain the normal medication regimen on the day of the interview. The interviewer should inquire as to the best time of day for the child and schedule the interview accordingly. As with other special needs, the interviewer should ask the parents for a history of the child's problems. Descriptions of the child's behaviors both on and off medication should be gathered. The medication and dosage level should be documented.

Interviewing these children may require a quicker, more efficient pace to maintain the child's attention. Props such as dolls and drawings are sometimes helpful in this regard, although care must be taken not to overstimulate the child. For example, only one or two dolls may be used, rather than the entire set. The interviewer may want to minimize stimulation, before the child enters the room, by placing many toys and stuffed animals in cabinets or out of the room. During the interview, the interviewer should work to maintain eye contact and keep the child's attention focused on the task. The evaluation may need to occur in multiple short sessions which could be scheduled on a single day, or on multiple days. For example, the interviewer could talk to the child for 10 to 20 minutes, take a break to move around outside of the room, and resume with a second 10 to 20 minute session. It should be noted that some of these children perform much better in a one-on-one situation than they do in the school classroom and may not require changes in interviewing format.

13. Know the child's needs
The interviewer must know the specific form of communication needed for children who are deaf. It is important to know if they use American Sign Language, idiosyncratic signing, or signed English. The interviewer should NEVER assume that a child who is deaf can write in English. These children's signing skills are often far better than their written skills. At times, the child's teacher may be willing to prepare a short video of the child in the classroom. Such videos are most useful if speech is spontaneous and child generated so the interviewer and interpreter can assess the child's communication style and skill level.

When a child displays idiosyncratic speech, it is helpful to identify a neutral person familiar with the child's speech to act as an interpreter. As with other special needs children, teachers and parents are valuable resources for describing the child's needs.

14. Augmented communication
Augmentation refers to the use of a communication tool or aid, typically a computer keyboard or A to Z spelling board. On a broad level, glasses and hearing aids are augmentive devices. Some children can answer questions with a great deal of sophistication using a keyboard to type out the answer. Statements from these children should not be treated any differently from statements made by non-impaired children.

Some children communicate with picture boards which allow a very limited range of responses. Interviewing with these aids may require an interpreter who fully understands the aid and the child's ability to use the aid.

As with any child with a special need, the interviewer must ascertain the child's specific difficulty and why a keyboard may be helpful. The interviewer should also know in advance what type of keyboard is used and how capable the child is of independent language production. When necessary, interpreters familiar with the child but who are not involved with the allegation (e.g. not the person to whom the child initially disclosed) should attend the evaluation.

15. Facilitated communication
This term refers to situations where a child requires direct assistance by another person to use a keyboard or spelling board. The child's facilitator purportedly assists by stabilizing motor

movements. There is a wide range of involvement by the facilitator, from subtle contact at the child's elbow, to firmly gripping the child's hand in such a way that it is not clear who is making the keyboard letter selection. Facilitated communication is quite controversial. Before evaluating a child who uses facilitated communication the interviewer will want to know:

- Can anyone facilitate for the child? Could the interviewer facilitate, with preliminary training? If so, the communication is functionally augmentive.

- Is there a facilitator available who is not involved in the allegation?

The interviewer may also design simple tests of the child's ability to communicate independently, such as exposing the child to a picture of an object, without the facilitator in the room, then have the facilitator return and ask the child to type the name of the object.

Because this technique is so controversial, emotions can run high during the assessment process. The interviewer should remain neutral and open to all possible interpretations regarding the source of the child's statements. It is important to note that courts have been inconsistent in accepting statements made via facilitated communication.

16. Some notes on language and culture and the use of interpreters
Language interpreters are imperative in evaluations involving deaf children and children whose native language is not English. At this time, however, it is considered preferable to interview a child in their own language, if at all possible. Interpreters could be available in those situations to intepret for those observing or participating in the interview who do not speak the child's language.   Interpreters may also be used when children have severe cerebral palsy that impedes their speech, brain injuries that affect speech, and with autistic or nonverbal children. The most important criterion for a competent interpreter is the ability to remain neutral. Preferably, the interpreter should not be a person the child has disclosed to previously, or a person with a vested interest in the outcome of the evaluation.

If the interviewer does not speak the language of the child, the interviewer will need specific information about the child's English language skills, particularly when English is a second language. School personnel are particularly helpful in this regard, as are parents. The interviewer must keep in mind that the interviewing context requires a high proficiency level in understanding vocabulary, nuances of speech, and ideally production of a detailed narrative. Any adaptations required in school and home environments are likely to be required in the interviewing context as well. Unless the child is completely fluent in English, the interviewer may want an interpreter available, particularly in case the child's language skills are less available when the child is under stress.

When an interpreter is used, the primary struggle during the questioning phase is for the interviewer to maintain rapport with the child and to question quickly enough so that the child is not fatigued. Time lags during interpretation also can lead to fatigue for the interviewer and interpreter. The child also may be in the process of learning the non-native language. If this is the case, the child may be exerting considerable effort during the interview to understand the initial question and to check understanding with the interpreter. The interviewer may want to

plan frequent breaks and should consult with the interpreter regarding any policies they may need to honor concerning frequency and length of breaks. Some companies specify that the interpreter must take a 5 to 10 minute break once every hour.

When using an interpreter, there is more than one adult in the room, and therefore, more than one adult the child must trust in order to feel safe relating details of abuse. It is helpful for the interpreter to have time with the child prior to the evaluation. This can happen while social and/or medical history is being gathered from the child's caretakers either in a clinic setting, or adapted to meet the needs of a field interview. Information gained from the parent or guardian regarding the child's communication style should also be related to the interpreter.

If the interview is being recorded, it is important to make sure all parties are visible on the tape. If signing is being used, both the hands of the child and the hands of the interpreter should be on the video. All parties should be seated at comfortable distances in the interview and all parties should be identified by name on tape and/or in the written report.

Questions should be asked directly to the child while the interviewer maintains eye contact. There is no need to say to the interpreter "Would you ask her..." before each question. The interviewer's use of body language may make it difficult for the interpreter but may be seen as quite positive by the child, particularly with children who are deaf.

Interpreters for the deaf or hearing impaired should be legally certified. All interpreters must be comfortable speaking with a child of this child's age and must be able to tolerate sexually explicit material. The interpreter should balance a primary emphasis on verbatim interpretation with the ability to notify the interviewer when the child is not comprehending a question, or when the interviewer may want to rephrase a question due to cultural issues. Interpreters should also provide explanations for gestures since many signs mean the same thing.

It is helpful for the interviewer to develop a good rapport with the interpreter. Using a few interpreters on a rotating basis can increase everyone's comfort and improve the overall interview. It is very helpful to provide the interpreter with an understanding of usual procedures of the program or agency, and the interviewer's expectations of the interpreter's role. The interviewer may want to discuss the dynamics of sexual abuse in general, and of the particular case, to prepare the interpreter. It may be necessary to emphasize that the interpreter should not discuss the allegation with the child while the interviewer is out of the room or add their opinions in talking with the child. Many programs document interpreter expectations, and have the interpreter sign an agreement indicating their intent to comply with these stipulations.

If an interpreter's personal issues appear to be interfering with the interview, it is appropriate to reschedule, or to request another interpreter to come on an emergent basis. Rotating a few interpreters can minimize these problems.

The interviewer may need to attend to cultural issues in posing the questions. For example, with hearing impaired clients the sign for secret, private part and privacy are the same. In Spanish, some nations use different words to refer to the private parts of animals versus people. Children from a variety of cultures that prescribe a demure, modest female role, or condemn frank

discussions of sex, may be more comfortable showing with dolls or writing responses rather than using the words to tell what happened to them. Interpreters can be quite valuable in helping the interviewer pose questions which are culturally sensitive.

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INTERVIEWING IN THE CONTEXT OF CUSTODY/
VISITATION DISPUTES

INTERVIEWING IN THE CONTEXT OF CUSTODY/VISITATION DISPUTES

GUIDELINE:
The interviewer should allow extra time for evaluations when custody and/or visitation are in dispute and take caution to examine any existing interviewer bias about the situation.

SUPPORTING INFORMATION:

1. Most often, when an allegation of sexual abuse arises in a family when domestic partners have separated, the child's evaluation should be no different than that for any child when there is a concern of abuse. Special procedures and considerations are necessary only when it is clear that a family is embroiled in a custody or visitation dispute, or when a partner seems overly invested in negative feelings toward the former spouse.

2. Prevalence of false allegations is low
The largest study of allegations of sexual abuse in cases of custody and visitation disputes was by Thoennes & Tjaden, 1990. Data was collected over six months from 9,000 families with custody-visitation disputes served in eight courts in which workers kept records for the study. Slightly less than 2% of these contested cases also involved an allegation of sexual abuse. Of 169 situations in which there were allegations, 14% were deemed to have been made falsely. It is noteworthy that Thoennes and Tjaden found that substantiation rates for allegations involving custody disputes (slightly less than 50%) were comparable to substantiation rates of other sexual abuse cases (53%; Jones & McGraw, 1987). They conclude that their research indicates that allegations of sexual abuse among families in dispute over custody and visitation are no more likely to be determined false than are allegations of child sexual abuse in the general population. Further, mothers are no more likely than fathers to make false allegations. Faller, (1999, pp 169-171) reviews the history of research conducted in this area. She concludes, "The research to date has its limitations. Especially challenging is developing good definitions of True/False cases. However, the research suggests that evaluators should approach these allegations with an appreciation that accusations of sexual abuse in custody disputes are not rampant and a substantial percentage, between ½ and ¾ have been found to be valid." (p 171).

3. Why do allegations of sexual abuse occur in custody and visitation disputes?
Thoennes and Tjaden (1990) indicated that allegations of abuse were six times more likely during a custody or visitation dispute than at other times during the family life cycle. Parental separation provokes strong emotions, leaves both parents with heightened awareness of unmet needs, and may reduce the parents' ability to supervise the child. The same factors that produce heightened risk of child sexual abuse, make it more likely that parents will divorce. Domestic violence, parental drug and alcohol abuse, and parental psychopathology are associated both with risk of divorce and child sexual abuse. On the other hand, anger at the former spouse provides motivation to falsify or misinterpret actions.

Faller (1991) provides four explanations for abuse allegations surfacing in the context of a custody and visitation dispute:

- The nonoffending parent discovers the abuse and divorces the offending parent. Obviously in these cases the nonoffending parent will not want the victim residing in the home of the offender, and may instigate a custody/visitation dispute to protect the child.

- There is long-standing abuse which is revealed when the perpetrator has less opportunity to enforce secrecy following a divorce, or when a child no longer fears family dissolution because of disclosure (since the family has already dissolved). The child may also disclose out of fear of being alone with the offender during visitation.

- Sexual abuse is precipitated by marital dissolution. The offending parent may be seeking a vicarious connection to the ex-spouse, or may be seeking vicarious revenge.

- There may be a false allegation, precipitated by a vengeful parent, a vengeful child, or a misunderstanding based on biases against the accused offender.

  In some cases of untrue allegations of abuse, the accuser may be deliberately fabricating the allegation. However, it is more common for the accusers to honestly believe what they are alleging. Pre-existing distrust or hostility may result in misunderstandings and unfounded allegations, especially in cases where the children involved are young and the allegations are reported through a parent. Some cases of unfounded allegations may be the product of the emotional disturbance of the accusing parent. (Bala, 2002.)

SPECIAL PROCEDURES:

Faller (1990) and other authorities and practitioners recommend that the child be brought to the interview by a neutral party. However, when the child is living with a biased parent, having a neutral party simply accompany the child may not eliminate bias, and may eliminate an important source of information regarding parental bias.

Therefore, a suggested protocol would be to schedule history gathering sessions with the parents individually, assuming one is not the alleged offender. If a parent is the alleged offender, we suggest not interviewing that individual in the context of the child's evaluation during which time a parent's biases may become clear. There will most likely be uncertainties, against which the interviewer may not be able to safeguard. For instance, it may not be possible to know ahead of time which caregiver or parent has maintained neutrality around the child. Parental bias may not be clear until the interviewer has direct contact with the family.

Because the history surrounding the allegation is usually complex, and the interview includes many components, a thorough evaluation may require more than one session. In these cases, the interviewer could consider gathering history in one session, and interviewing in the second session, or breaking up the interview, focusing on routines in various households and caretaker relationships in one interview, with abuse-focused questioning, questions regarding coaching, and closure in the second interview. The primary consideration is to provide the child with as neutral an environment as possible for the evaluation and interview.

PRACTICE TIPS:

- History gathering in this situation is time consuming and complex as there may be additional reports from law enforcement, Department of Human Services, other professionals, and the non-offending parent. There may be times when it would be appropriate to obtain information from the alleged offender if this does not compromise a legal investigation. When possible, these reports should be reviewed prior to the evaluation/interview. This will help ensure the child does not become fatigued, or influenced by the behaviors of a particular parent while waiting. In addition, the sheer amount of information may influence the interviewer who needs to remain neutral in exploring all possibilities, no matter what presenting conclusions the extensive or emotionally charged history may suggest. The interviewer must pay close attn to their own bias in these situations.
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- The non-offending parent and other relatives, as appropriate, should be asked how they determined the child had been abused. Ask them to attempt to recall the child's exact words, if there has been a verbal disclosure.

- Ascertain to whom the child first disclosed, when and how the first disclosure occurred, and what triggered the disclosure.

- Obtain a history of who all has talked to the child about the allegations and their reaction to the child.

- Ascertain if there is evidence to confirm or refute the allegation.

- The interviewer will need to carefully assess whether the parent's focus is on the child's well-being or on their negative feelings toward the former spouse or partner.

- The interviewer will want to assess whether the parent has reached a logical conclusion given the available information, and whether there are alternative explanations for the child's actions and statements.

- Throughout the interview attempt to gather information about the child's experience in both homes and with both parents. Obtain from the child details about the daily routine in each parent's home.

- Inquire if the child was told by anyone what he/she was or was not to talk about.

- Ask the child his/her opinion of how the parents get along.

- When the evaluation team is responsible for making recommendations for the child it may be appropriate to include a request for a formal custody/visitation study, if one has not already taken place.

- It is suggested that the interviewer make it clear that all recommendations are made only on the basis of available information, and that the recommendations may be on an interim basis, pending further evaluation and investigation. This caveat is particularly important when there are concerns regarding the quality of the child's disclosure, coaching, or bias on the part of the non-offending caretakers who are also seeking custody. All recommendations regarding contact should be flagged as preliminary, pending further investigation or evaluation.

- Treatment recommendations should include a focus on the impact of the divorce and the ensuing dispute on the child. In cases of possible false disclosure or parental bias/coaching, treatment should focus first on the divorce, and second on possible sexual abuse. In cases where allegations are unsubstantiated, the treatment provider should be skilled in assessing and managing the family dynamics, as well as in helping the child.

- Several authors, Goldstein & Tyler (1998), Bala (2002), and other practitioners, urge that every child identified as a possible abuse victim deserves a complete and competent investigation. Interviewers are obligated to approach the situation as open-minded and flexible as possible.

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SPECIAL TOPICS

SPECIAL TOPICS

GUIDELINE:
When their role permits, or when safe for the child, interviewers should routinely ask children about other areas in their environment that could pose harm to the child. These include exposure to domestic violence, animal abuse and substance abuse in the home, as well as general care issues.

SUPPORTING INFORMATION:

Domestic Violence
Domestic Violence has emerged as a known risk factor for child abuse. The high likelihood of domestic violence and child maltreatment has been confirmed through research (Faller, 2003; Schecter, et al., 1993). Some findings have estimated that more than 50% of children in violent homes are also the victims of abuse. In another study about half of the children whose mothers were abused were likely to be physically abused. (Messinger & R. Eldridge 1993).

Research on domestic violence has clarified multiple issues that are significant for child safety and health.

- Men who abuse their partners are likely to also batter their children.

- Many mothers in violent marriages engage in aggressive behavior towards their children (Holden, G.W., Geffner, R., Jouriles, E., 1998) In general, within violent relationships women are likely to discipline in a harsh manner, or physically abuse their children.

- Children are at risk for injury or death during episodes of domestic violence.

- Children exposed to domestic violence have emotional and behavioral problems (Graham-Bermann, 2002).

- Children are at greater risk for injury when their caretaker is dependent on or abusing a substance.

- Current research finds a connection between animal abuse and family violence.

- Many parents in violent families think they have protected their children from the violence (80-90%) when children often indicate the opposite (Hilton, 1992; Jaffe et al., 1990).

Research indicates that exposure to domestic violence can cause serious physical and mental problems for children. This can include deficits in cognitive functioning, post-traumatic stress disorder, anxiety, and depression (Rossman, 2001; Maker, Kemmelmeier, & Perterson, 1998; Silvern, et al., 1995). In addition, there can be delayed effects of domestic violence on

individuals that occur in adulthood, which can include violent and criminal behavior as well as self destructive behaviors. (Widom, 1989, Rivera & Widom, 1990; Graham-Bermann, 2001).

PRACTICE TIPS:

- Children may be more accomplished at drawing than at talking about a place (or event), (Faller 2003).

- After context is established, ask the child to tell everything from beginning, to middle, to end, reporting details that are important or seem unimportant, (Faller, 2003).

- Ask the child to provide their own narrative of what happened, and then ask questions to gather more detail (Lamb & Sternberg, 1999).

- Ask questions about sensory experiences (what did you see; what did you hear; what did you smell).

- If the child reports domestic violence, ask whether that has ever happened to them.

- Ascertain from the child the effects domestic violence might be having on them (how is school? do you have problems sleeping?)

- Ask the child how they are disciplined, and who disciplines them.

- If the child does talk about the domestic violence, ask them what they do when it happens. For instance, a child may protect their sibling by taking them to an established "safe place" (a neighbor, their room) or may try to intervene in the fighting, which would put them at risk for harm.

- Assess for weapons in the home, and what the child knows about those weapons. (e.g., What kinds of weapons do you know about; who has them; where are they; who uses them).

- The interviewer could also ask about the child's pets and their care to assess for abusive behavior in the home.

SUPPORTING INFORMATION:

Child Neglect
Child neglect may be generally defined as a chronic pattern of failure to provide basic needs for the child. Basic needs are commonly categorized as physical, emotional, medical, and appropriate supervision and responsible care.

Neglect consistently accounts for over half of all substantiated cases of maltreatment in the United States (USDHHS, 2001; 2000). Neglect is also one of the more difficult areas of maltreatment to assess. Yet, neglect has continued to receive less definitional and research attention than child physical and sexual abuse (Zuravin, 1999). Many young children who survive near fatalities due to child abuse and neglect forever suffer the consequences. During the formative years, a child's development impacts the rest of her or his life.(APSAC Advisor, Volume 13, Number 3&4, Summer/Fall 2001, Consequences of Child Neglect – Children 0-3 Years of Age, Maria Scannapieco, Ph.D. & Kelli Connell, LMSW).

Trauma resulting from severe or chronic neglect affects infant attachment which can impair the development of normal behaviors in the infant/child. However, if circumstances change, a securely attached infant or young child can become insecurely attached, and an insecure attachment can become secure (Siegel, 1999).

John N. Briere (1992)states, "Like other victims, abused children experience significant psychological distress and dysfunction. Unlike adults, however, they are traumatized during the most critical period of their lives: when assumptions about self, others, and the world are being formed; and when coping and affiliative skills are first acquired. Such posttraumatic reactions can easily have an impact upon subsequent psychological and social maturation, leading to atypical and potentially dysfunctional development." Briere suggests that child abuse impacts are likely to occur in at least three stages: "Initial reactions to victimization, accommodation to ongoing abuse, and long-term elaboration and secondary accommodation."

Research indicates that untreated, the developmental disturbances described above become life long coping mechanisms. (M. Ainsworth as cited in Siegel, D.J., 1999).

PRACTICE TIPS:

- When time is available, the interviewer should obtain as much information as possible about the child and his/her family. Social and medical history should be gathered outside the presence of the child. This is applicable to children of all ages.

- Hewitt (1999) advises that, (with children too young to interview), "you are looking for information on the beginnings of attachment. A stable, consistent, nurturing, responsive caretaker is important for secure attachment."(p100). For instance, was the pregnancy desired, was there drug or alcohol use, were there medical complications? Did developmental milestones occur within expected time frames?

- Related to history gathering, it is informative to know the parent's history of abuse.

- Obtain the parent's concerns for the child's behaviors. What does the parent consider the child's strengths and what do they like about their child?

- When the child is old enough to participate in an interview, it should be conducted in a forensically sound, developmentally appropriate, child-friendly manner.

- Acquiring a history of prior trauma and family stressors in the child's life is important.

- Which persons have provided care for the child and are there instances when the child had no adult caretaker? What are family boundaries related to nudity, privacy, modesty? Are friends and extended family a part of the family's social makeup? Who has provided personal hygiene assistance for the child and how it was provided (ever hurt or not feel OK)?

- Was there ever a time the child was without food, utility services, water? Obtain residential history.

- What is the household daily routine? Do adults sleep a lot or little? Who gets the child up for school (if appropriate), provides meals, cleans up, cares for pets, does the laundry, and attends to the child when they are scared or upset? Who sleeps who, and where?

SUPPORTING INFORMATION:

Substance Abuse
For the purpose of this document, substance abuse refers to parental or caregiver dependence on or use of illegal or legal substances that may affect that persons ability to provide adequate care for their child, and in some cases may endanger the child's health, well being or safety.

- Methamphetamine is the most widely used and distributed amphetamine. (Substance Abuse and Mental Health Services Administration. Increasing morbidity and mortality associated with abuse of methamphetamine – United States, 1994 – 1991. MMWR Morb Mortal Wkly Rep 1995;44:882-886).

- As stated under domestic violence supporting information, children are at greater risk for maltreatment if their caregiver is dependent on substances. Impaired care giving cannot only endanger the child but can contribute to deficits in the child's normal healthy development. A thorough assessment for substance abuse in the home will help with adequate safety planning for drug-endangered children.

- Mothers in violent relationships often report that alcohol or drug use was a major problem in the home. In one study, 72% of the mothers reported this as a problem. (Maura O'Keefe Predictors of Child Abuse in Maritally Violent Families; Journal of Interpersonal Violence, Vol 10, No 1, March 1995 3-25, SAGE Publications).

PRACTICE TIPS:

- Include questions about substance abuse when assessing the parents/caregivers, whenever possible. Children may report information different from that provided by parents/caregivers.

- Assess the physical environment as well as the child's physical state if your role permits. Look for signs of substance abuse as well as domestic violence or child neglect.

- If there are concerns of exposure to substance abuse, the child should receive pediatric care.

- Question the child alone or in the forensic setting. Be aware the child may not disclose due to fear of consequences or possible suspicion of authority figures due to caregiver influence.

- Questions may include some of the following; however, each interview and context in that interview should guide the interviewer as to which questions would be appropriate:

  - Ask general care questions (as with child neglect questions) to assess care giving behavior which may be influenced by substance abuse: Who takes care of you and how? Who cooks your meals? Who helps you get ready in the morning? Who takes care of you/do you know the names of the people who take care of you? Do you take naps/do your parents take naps? Where do people sleep/what are their sleep times? Do you go to school? What kind of food do you eat, what do you drink most of the time?

  - Ask about the child's home life in general: Does anyone have guns/who does/where are they stored? Do you ever have visitors at your house? Have you ever smelled something funny or strange at your house? Does anyone smoke? Does anyone fight in your house? Who gets the maddest/how do they fight (yelling or physical fighting?). Have you ever been hit/made to smoke or do something you didn't want? Who baby-sits you?

  - Ask the child about their knowledge of drugs/alcohol: Do you know what drugs and alcohol are? Tell me all the drugs you know about. What do they look like? Where did you see them? Who used them/where did you see them use it? Did anyone ever want you to use them?

  - Ask the child about their health/caregivers health: Do you ever get sick? How come? What parts of your body hurts? Do your parents ever get sick? How come? Does anyone take medicine? Do you take medicine? What does it look like? Do you go to the doctor?

  - Ask the child questions to assess any family culture of secrecy: Did anyone tell you not to talk about things? Does your mom/dad ever get mad at anyone? What did your mom say to the police officer? Are there places in the house you can't go? What do your parents tell you about that? Do your parents ever keep things in your room and tell you not to tell (to determine paraphernalia)? What are you scared of the most? Who scares you? What do you get in trouble for? Did someone tell you what would happen if you told? Are you afraid that will happen too?

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SOURCES FOR DOLLS AND DRAWINGS

Hylands Anatomical Dolls, Inc.
4463 Torrance Blvd.
Torrance, CA 90503
(800) 333-4157

Eymann Dolls
3645 Scarsdale Court
Sacramento, CA 95827
(916) 362-8503

Child Guidance Center
2525 East 22nd Street
Cleveland, OH 44115
(216) 696-5800

Sara Ann's Country Store
"Just Right Dolls"
c/o Monroe Enterprises Drawer 479
Trenton, FL 32693
Sara Hendrix (904) 463-2231

Migima Designs, Inc.
PO Box 5217
Portland, OR 97208
(503) 244-0044

Uniquity
215 4th Street
Galt, CA 95632
(800) 521-7771

Teach-A-Bodies
PO Box 10144
Fort Worth, TX 76185
(800) 203-3143

Ther-A-Play Products
PO Box 2030
Lodi, CA 95241
(800) 308-6749

Forensic Mental Health Associates
Anatomical Drawings
7513 Pointview Circle
Orlando, FL 32836-6336
(407) 351-2308

Kidsrights
10100 Park Cedar Drive
Charlotte, NC 28210
(800) 892-KIDS

Anatomical Dolls
Carol Pederson, Designer
20075 SW Imperial
Aloha, OR 97006
(503) 642-1203
(Source for dolls at CARES NW)

This list is based on a list provided by the National Resource Center on Child Sexual Abuse. That organization makes no endorsements regarding particular companies, but merely provides the list to increase access and choice.

SAMPLE SOCIAL HISTORY FORM

Family

Biological father_____Birth date_____
Biological mother_____Birth date_____
Brothers/sisters_____Birth date_____
_____Birth date_____
_____Birth date_____
_____Birth date_____
Stepfather_____Birth date_____
Stepmother_____Birth date_____
Stepbrothers/sisters _____Birth date_____
_____Birth date_____
_____Birth date_____
Mother's current partner/husband_____Birth date_____
Mother's past partner/husband_____Birth date_____
_____Birth date_____
Father's current partner/wife_____Birth date_____
Father's past partner/wife_____Birth date_____
_____Birth date_____

Residences of child

<u>Address</u>   <u>Who lived here?</u>   <u>Dates</u>
_____
_____
_____
_____

Has child ever been in foster care? ☐ No ☐ Yes   Dates: From _____to_____

From _____to_____

Caretakers
Please list others who have cared for child (such as babysitters, daycare, relatives).
   <u>Name</u>   <u>Relation</u>   <u>Dates</u>
_____

_____
_____
_____

Parents' employment

Does child's mother work outside the home? ☐No   ☐Yes   Hours/days _____

Does child's father work outside the home?   ☐No   ☐Yes   Hours/days _____

Prior concerns of abuse

Have there been prior concerns of physical or sexual abuse to this child or siblings?   ☐No   ☐Yes
*(explain)*_____

_____

Has DHS (child protective services) been involved with the family?   ☐No   ☐Yes
*(explain)*_____

Exposure to fighting

Has this child seen adults hit one another?   ☐No   ☐Yes *(explain)*_____

_____

Exposure to sexual material or nudity

Has this child seen nudity or sexual activity on TV, videotapes, computers, or magazines? ☐No   ☐Yes
*(explain)*_____

Is there pornography in the child's home?   ☐No   ☐Yes

Is there pornography in homes the child visits?   ☐No   ☐Yes

Has this child ever walked in while adults were having sex?   ☐ No   ☐Yes
Has this child seen adults nude in other circumstances?   ☐No   ☐ Yes

Education
Child's school_____Grade_____Teacher_____

How is child doing in school? ☐ Good   ☐ Average   ☐ Below average

Any learning problems?   ☐No   ☐Yes *(explain)*_____

Special education placement?   ☐No   ☐Yes

Does child have difficulties getting along with teachers or adults?   ☐ No   ☐ Yes

(explain) _____

Does child have difficulties getting along with other children?   ☐ No   ☐ Yes *(explain):* _____

_____

Counseling history

Has child ever been in counseling?   ☐ No   ☐ Yes *(explain)*_____

_____

Therapist_____ Agency/Phone_____ Dates_____

Have any other family members been in counseling?   ☐ No   ☐Yes *(explain)*_____

_____

Concerning behaviors

Have any of these behaviors in the child been a concern?

☐ No ☐ Yes   Sleep problems
☐ No ☐ Yes   Nightmares
☐ No ☐ Yes   Fear of people, places,, situations
☐ No ☐ Yes   Aggressiveness, hitting others
☐ No ☐ Yes   Sexualized behavior or play
☐ No ☐ Yes   Withdrawal
☐ No ☐ Yes   Anger (tantrums, foul language)
☐ No ☐ Yes   Sadness (lasting more than a few hours)
☐ No ☐ Yes   Nervous habits (nail biting, picking at skin)
☐ No ☐ Yes   Problem eating
☐ No ☐ Yes   Changes in mood or routine
☐ No ☐ Yes   Cruelty to animals
☐ No ☐ Yes   Match or fire play
☐ No ☐ Yes   Hyperactivity/difficulty concentrating
☐ No ☐ Yes   Injuries to self

Other concerns_____

_____

Methods of discipline

What discipline is used at home?

☐ No ☐ Yes   Spanking
☐ No ☐ Yes   Time-out
☐ No ☐ Yes   Privilege removal
☐ No ☐ Yes   Other_____

Daily care

Who bathes child?_____
Who helps toilet child?_____
Who puts child to bed?_____
Where and with whom does child sleep?_____

Family stressors

Have there been any significant stressors affecting the child or family (such as deaths, illnesses, conflict between family members, divorce, job loss, moves) over the past year?
(explain)

GUIDELINES FOR TALKING WITH CHILDREN

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Phonology

- Speak to the child using proper pronunciation. Do not use baby talk.

- Do not guess what a child might have said. If a comment is uninterpretable, ask the child to repeat the comment.

- Remember that the child may pronounce words differently than an adult would. If there might be another interpretation of what the child said (e.g., body or potty), clarify the meaning of the target word by asking a follow-up question (e.g., "I'm not sure I understand where he peed. Tell me more about where he peed.").

Vocabulary

- A word might not mean the same thing to the child and the interviewer. Instead, the child's usage may be more restrictive (bathing suits, shoes, or pajamas may not be clothes to the child; only hands may be capable of touching); more inclusive (in might mean in or between); or idiosyncratic (i.e., having no counterpart in typical adult speech).

- Avoid introducing new words, such as the names of specific persons or body parts, until the child first uses those words.

- The ability to answer questions about the time of an event is very limited before 8 to 10 years of age. Try to narrow down the time of an event by asking about activities or events that children understand, such as whether it was a school day or what the child was doing that day. Even the words before and after might produce inconsistent answers from children under the age of 7 (e.g., "Did it happen before Christmas?").

- When the child mentions a specific person, ask follow-up questions to make sure that the identification is unambiguous.

- Beware of shifters, words whose meaning depends on the speaker's context, location, or relationship (e.g., come/go, here/there, a/the, kinship terms).

- Avoid complicated legal terms or adult jargon

Syntax

- Use sentences with subject-verb-object word orders. Avoid the passive voice.

- Avoid embedding clauses. Place the primary question before qualifications. For example, say "What did you do when he hit you?" rather than "When he hit you, what did you do?"

- Ask about only one concept per question.

- Avoid negatives, as in "did you not see who it was?"

- Do not use tag questions, such as "This is a daddy doll, isn't it?"

- Be redundant. Words such as she, he, that, or it may be ambiguous. When possible, use the referent rather than a pointing word that refers back to a referent.

- Children learn to answer what, who, and where questions earlier than when, how and why questions.

- Avoid nominalization. That is, do not convert verbs into nouns (e.g., "the poking")

Pragmatics
- Different cultural groups have different norms for conversing with authority figures or strangers. Avoid correcting a child's nonverbal behavior unless it is impeding the interview.

- Language diversity includes diversity in the way conversations are structured. Be tolerant of talk that seems off topic and avoid interrupting children while they are speaking.

- Children may believe that it is polite to agree with a stranger. It is especially important to avoid leading or yes-no format questions with children who might always be expected to comply even when adults are wrong.

QUESTIONING TYPOLOGY

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Type of Question	Definition	Example
MOST PREFERRED QUESTIONS		
General question	Open-ended inquiry about the child's well-being or salient issues; It does not assume an event or experience.	How can I help you? How are you feeling today? Is there something I can help you with?
Invitational question	Open-ended inquiry that assumes there may be an even or experience.	Can you tell me everything you can remember about going to the doctor? (Saywitz, et al.) I heard something may have happened to you. Tell me about it as best you can. (Boychulk)
PREFERRED QUESTIONS		
Focused question	One that focuses the child on a particular topic, place, or person, but refrains from providing information about the subject. (Myers, Goodman & Saywitz)	Can you tell me about daycare? Tell me about your dad. (Are there things you like about him? Are there things you don't like about him?) Can you tell me about penises? (Who has one? What are they for? Did you ever see one? Whose did you see?)
Follow-up strategies	Strategies that encourage continued narrative	

Facilitative cue	Interviewer gesture or utterance aimed at encouraging narration	Uh-huh (affirmative) Anything else? And then what happened?
Specific question	Follow-up inquiry to gather details about the child's experience	Do you remember where it happened? What were you wearing? Were any clothes taken off? Did anything come out of the penis?

LESS PREFERRED QUESTIONS

Multiple choice questions	A question that presents the child with a number of alternative responses from which to choose.	Did he do it one time, two times, or lots of times? Did it happen in the daytime or night or both?
Externally derived question	A question that relies on information not disclosed in the child interview.	Do you remember anything about a camera? Did John say anything about telling or not telling?
Direct question	A direct inquiry into whether a person committed a specific act.	Did John hurt your pee pee? Was your father the one who poked your butt?
Repeated questioning	Asking the same question two or more times.	Did anything happen to your pecker? Do you remember if anything happened to your pecker?

LEAST PREFERRED QUESTIONS		
Presumptive question	A question that takes for granted facts.	
Leading question	A statement the child is asked to affirm.	Isn't it true that your brother put his penis in your mouth? Chester was really cleaning, wasn't he?
Misleading question	A question that assumes a fact that is not true, which the child is explicitly or implicitly asked to confirm.	What color scarf was the nurse wearing? (When she wasn't wearing one) Show me where the doctor touched you. (When he didn't touch)
Coercion	Use of inappropriate inducements to get cooperation or information	If you tell me what your father did, we can go for ice cream. Don't tell my boss that I was playing. (And gives child a piece of candy)
CLOSE ENDED		**LESS CONFIDENCE**