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FORENSIC SOCIAL WORK: INTERVIEWING SEXUALLY ABUSED CHILDREN

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FORENSIC SOCIAL WORK: INTERVIEWING SEXUALLY ABUSED CHILDREN

by

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Abstract

In the United States, each year, there are at least one million cases of child sexual abuse and even more cases that were not reported. For the cases that are reported, the child will meet with a social worker or other professional for a forensic interview. The goal of a forensic interview is to explore claims or suspicions of sexual abuse. The sexually abused children who participate in these interviews have already been traumatized and may not want to disclose. Yet the job of the interviewer is to elicit forensically sound information and details about the events from the children that can be used in court. This must be done without traumatizing the child more and without eliciting false allegations. This paper discusses what factors prevent the child from disclosing. This paper also explores the different protocols and tools the interviewer can implement to elicit more forensically sound information.

KEY WORDS: Child sexual abuse, Forensic interviews, Disclosure of abuse, Interview Protocol

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An eight-year old boy has been exhibiting odd behaviors as described by his teachers. The boy has been falling asleep in class and not concentrating on his work. Recently, the boy has been soiling his pants even though he previously had no issues relieving himself in the toilet. The boy has also become very violent when playing with the toys and his classmates. His teachers have noticed that sometimes it seems like the physical boy is in the classroom, but with a completely different personality. There are concerns because previously the boy was a smart, active, and bright student. Unbeknownst to the teachers, these new and strange symptoms are caused by traumatic experiences at home. The young boy has not been sleeping because late at night his father sneaks into his room and rapes him. What the teachers have observed are the boy's physical, mental, and behavioral reactions to these traumatic experiences.

Each year, in the United States alone, there are at least one million reported cases of child sexual abuse (Greydanus & Merrick, 2017). One million is a large amount of cases, however, there are many more cases that go unreported. Professionals cannot do anything for those that are not reported, however, professionals can do their part to help the traumatized child in reported cases. When a case of child sexual abuse is reported, an investigation begins. These investigations consist of interviewing the child, causing them to remember, verbalize, and relive the painful experience. It is possible that the interviews can traumatize the child more.

Social Workers are hired to conduct these interviews in the least traumatizing way, while still getting forensically accurate information for prosecution of the perpetrator. It is a balancing act to be sensitive to the child's needs and the needs of the court. A successful forensic social worker conducting the interview acknowledges the

child's abilities and limitations, practices sensitively, and elicits accurate evidence for the courts.

Methodology

A large amount of research has been done in this field to understand and improve the practice done by the social workers doing the interviews. Research on the best practice protocols, such as the National Institute of Child Health and Human Development (NICHD) protocol, have been conducted. There has been a focus on the factors that affect the interviews success, such as child related factors, trauma related factors, and interview related factors. Many new and unique techniques have also been tested and suggested for use in these interviews.

At this time a study would not have been feasible due to the sensitive nature of the subject and vulnerable population, thus, making this thesis an extended literature review on child forensic interviewing. More specifically, the following paper sought to answer the research questions listed below. Southeastern University's library databases, most often Ebsco, have been scoured to find article using many search terms. Google Scholar was also used to find scholarly articles. Finally, references from articles found were used to find more useful material. The following research questions were based on previous knowledge, conversations with an expert on the subject, and a few journal articles.

The research questions are:

- What are different protocols used for interviewing alleged sexually abused children?
- What should the interviewers know about the effects of the abuse on the children before the interview?
- How does the child's age, gender, and specific trauma history affect their willingness to share?

- How can the interviewer affect the children's statements about the alleged sexual abuse?
- What are the different interviewing techniques used to make children comfortable and their effects?
- "If sexually abused children participating in a forensic interview, participate in either a single interview or multi-interview protocol, which will provide the least traumatizing and most forensically sound results?"
(Davis, 2018, p. 3)

The writer expected to find two or three interview protocols that are widely used to improve the accuracy of child forensic interviews. Also, the writer expected to find a multitude of factors that affect the willingness of the abused child to disclose as well as the success of the interview. Based on previous knowledge and portrayals in entertainment, it was believed that the use of anatomically correct dolls was standard and would be corroborated in the literature.

Literature Review

Child sexual abuse “remains a cataclysmic phenomenon” around the world, in fact, there are at least one million reported cases of child sexual abuse in the United States each year (Greydanus & Merrick, 2017). That means many interviews are conducted of children who are not ready to disclose, who may also be scared, and possibly not cognitively able to explain what has occurred. As a professional, the social worker conducting the interview should not cause more undue harm to the already traumatized child. The interviewer must be aware of the child’s needs, abilities, and limitations when trying to elicit information about the event(s) that can hold up in court. There has been much research on the protocols followed, factors to consider, and different techniques to aid in the interview process. A review of this research is provided here.

What the Forensic Social Worker Should Know Before the Interview

Before any social worker begins their career of forensic interviewing sexually abused children, they must understand the grooming process and how that affects the child’s willingness to share. Grooming, also known as the seduction stage, is the way the abusers get the child alone and prepare the child for the sexual contact (Bennett & O’Donohue, 2014). The exact grooming that occurred will be different for every case. However, there are certain common techniques that perpetrators use. One grooming tactic perpetrators use is desensitizing the victim and blurring the lines of what is and is not appropriate (Bennett & O’Donohue, 2014; Van Gijn & Lamb, 2013). Offenders desensitize the victim, “by associating ordinary physical contact (e.g., wrestling, cleaning) with inappropriate touches, sexually tinged comments and behaviors, and

disregard for the children's privacy" (Van Gijn & Lamb, 2013, p. 134). Other strategies include giving the child extra attention, this allows the child to create a positive association with the abuser (Bennett & O'Donohue, 2014). Some examples of this extra attention includes playing sports, games, or even teaching the child (Bennett & O'Donohue, 2014). Bribing is another common way abusers prepare the child (Bennett & O'Donohue, 2014). This becomes an incentive; the child may think that if they comply, they will receive another gift. Other techniques used include that of persuasion and coercion (Bennett & O'Donohue, 2014; van Gijn & Lamb, 2013). It is important to note that grooming is not reserved specifically for the victim. An offender may also groom the victim's family (Bennett & O'Donohue, 2014). They do this by gaining the parents' trust and respect so that they may be given a time and maybe even location to perpetrate the act (Bennett & O'Donohue, 2014).

The interviewer needs to have knowledge of what other factors affect disclosure and the interview results. Children are not likely to disclose sexual abuse and if they do, it usually takes a long time (McElvaney, 2015). Fear of upsetting their parents, fear of consequences, and fear of not being believed have led to some of the delayed disclosures (McElvaney, 2015). Non-disclosure and partial disclosures can also be caused by court-mandated interviews. There is a perceived power imbalance between the interviewer and the interviewee, which is heightened through court-mandated practice (Regehr & Antle, 1997). Disclosure during these interviews may be limited because the interviewee may not be sure whose side the interviewer is on and if the interviewer's power will be used against them (Regehr & Antle, 1997). The interviewer needs to dispel these fears to create a more productive interview.

Other factors that affect the productivity of the interview are gender, age, culture, and motivation. In 2003 Lamb and Garretson conducted a study to examine the effects of interviewer gender and child gender. The study found that gender effected responses based on age and type of questions (Lamb & Garretson, 2003). It was further found that younger children provided more details in response to suggestive questions from interviewers of the opposite gender (Lamb & Garretson, 2003). However, Lamb and Garretson (2003) noticed that gender effects were minimalized when the interviewer was following a protocol such as the NICHD protocol. The child's age also affects their responses during the investigative interviews. Disclosure of information during the interviews increases with age (Leach, Powell, Sharman, & Anglim, 2017). The study by Leach, Powell, Sharman, and Anglim (2017) also showed an interaction between age and other factors. The interactions observed show that younger children were less likely to disclose about intrafamilial abuse and that school-aged and young children were more likely to disclose when the abuse was more severe (Leach et al., 2017). In another study, it was seen that older children provided more details to all prompt types (Lamb et al., 2003). Other factors that may change the effectiveness of interviews are the child's socioeconomic and cultural backgrounds. The communicative skills of children from disadvantaged and culturally ethnic backgrounds may be less complex (Mordock, 2001). Other factors that Mordock (2001) discussed in his article were the child's motivation to remember and cognitive abilities.

Interview Protocols

For the best interview results, protocols have been developed to provide a better way of questioning the alleged child victims. Currently there are multiple protocols being

used in practice. Several of the well-known protocols have similar components with little variations.

Cognitive interview.

Malloy, Johnson, and Goodman (2013) provide information on two widely known interview protocols, the National Institute of Child Health and Human Development (NICHD) protocol and cognitive interviews. Originally created for adults, it has been seen that cognitive interviews elicit more correct information than with a typical interview (Malloy et al., 2013). Like most interview protocols, cognitive interviews are split in multiple phases. The four phases of the cognitive interview are rapport building, explanation of goals, substantive information, and closing phases (AppendixB_Modelinfosheets.pdf, n.d.). The substantive stage of the cognitive interview also has four phases. The interviewee is first asked in the substantive phase to imagine themselves back at the event. This mental reinstatement is called context reinstatement (AppendixB_Modelinfosheets.pdf, n.d.; Malloy et al., 2013). Once the interviews have accomplished context reinstatement, the alleged victims are asked to give as much detail and disclose as much as possible in the report all phase (AppendixB_Modelinfosheets.pdf, n.d.; Malloy et al., 2013). Next, interviewers progress to the chronological and changing order phase. In this phase the interviewee is to describe the event in chronological order and then describe it in a reversed order (AppendixB_Modelinfosheets.pdf, n.d.; Malloy et al., 2013). Finally, the interviewee is to share the event from the perspective of someone else (AppendixB_Modelinfosheets.pdf, n.d.; Malloy et al., 2013). In their article, Malloy et al. (2013) suggest that modifications to the cognitive interview may need to be made to be

more appropriate for children's cognitive abilities. There is one modification to the cognitive interview in use. The modified cognitive interview has been used for children between the ages of four and nine (AppendixB_Modelinfosheets.pdf, n.d.). The modified interview does not have the interviewee recount the experience backwards or in someone else's perspective, instead this interview format has the child tell the event in chronological order twice (AppendixB_Modelinfosheets.pdf, n.d.).

National Institute of Child Health and Human Development protocol.

The NICHD protocol is one of the most researched and validated interview guidelines (Fängström, Sarkadi, Lucas, Calam, & Eriksson, 2017; Malloy et al., 2013). It consists of two main stages known as the pre-substantive and substantive stages (Malloy et al., 2013). In the pre-substantive stage, the introduction is followed by a rapport building phase that is intended to allow the child to become comfortable with the interviewer (Ahern & Lyon, 2013; Malloy et al., 2013). During the rapport building phase, interviewers ask the child of their likes and dislikes, as well as, asking the child to recall a neutral event (Ahern & Lyon, 2013). Discussion of a neutral event during this phase should help the child feel less embarrassed when sharing about maltreatment (Price, Ahern, & Lamb, 2016) The results of a study conducted by Price et al. (2016) showed that children were more productive in the interviews when the rapport phase used invitations, event questions, and questions about likes and dislikes. A successful rapport building phase can result in more complete and accurate information during the substantive stage (Price et al., 2016).

After a transitional phase, the substantive phase, which focuses on question types, begins (Malloy et al., 2013). Questions are typically presented in the following order:

invitation, follow up invitation prompts, cued invitations, and some directed questions (Malloy et al., 2013). Invitation prompts are open-ended, include minimal input from the interviewer, and simply invites the child to narrate an event (Malloy et al., 2013). “Follow-up prompts (e.g., “Then what happened?”) can be used to encourage the reporting of additional free recall details” (Malloy et al., 2013, p. 116). Cued invitations follow and prompts the child to elaborate on information already reported. Sometimes a few direct questions may be necessary. Direct questions are focused questions that ask for more detail about an event the child has already mentioned in the interview (Malloy et al., 2013). Option posing and suggestive questions should be avoided (Malloy et al., 2013). The results of an explorative study by Fångström, Sarkadi, Lucas, Calam, and Eriksson (2017) suggests that evaluative questions could be useful in eliciting statements of distress or discomfort. In the study, many children did not provide evaluative information until asked an evaluative question (Fångström et al., 2017). Similarly, Ahern and Lyon (2013) found in their study that cued-emotion prompts were the most productive question type in producing emotional language. However, more research needs to be conducted on the usefulness of evaluative questions and cued-emotion prompts.

Recognizing abuse disclosure types and responding (RADAR).

Two protocols have stemmed from the NICHD protocol, one of these being Recognizing Abuse Disclosure types and Responding (RADAR). RADAR interviews have many components. The first component to the RADAR interview is introduction and engagement. This is where the interviewer introduces themselves to the child and begins to build rapport (AppendixB_Modelinfosheets.pdf, n.d.). Next the child is given

the opportunity to ask questions, this is unlike other protocols that usually allow this at the end of the interview (AppendixB_Modelinfosheets.pdf, n.d.; Faller, 2015).

Orientation is the next component, which is when the interviewer informs the child of note-taking, video-recording, and anyone observing (AppendixB_Modelinfosheets.pdf, n.d.). After interview rules are explained. The rules explained are that it is okay to say “I do not know”, to correct the interviewer when they are wrong, and to tell the truth (AppendixB_Modelinfosheets.pdf, n.d.). Like in other protocols, the next step is narrative practice with a neutral subject so that the child becomes comfortable and understands how much information the interviewer is looking for (AppendixB_Modelinfosheets.pdf, n.d.). Different than the NICHD protocol, the interviewer conducts a barrier assessment in the beginning of the interview. The barrier assessment is conducted by the interviewer asking the child how he/she feels about talking to them, whether he/she or someone else is worried, and concludes with a verbal contract with the child agreeing to do their best (AppendixB_Modelinfosheets.pdf, n.d.; Faller, 2015). From there the interviewers have a transition decision tree to help them to decide how to proceed and once possible disclosure is assessed, the interviewer moves to transition questions. Transition questions are open-ended, non-leading, and non-suggestive questions that are focused directly on abuse (AppendixB_Modelinfosheets.pdf, n.d.). As the interview progresses the interviewer needs to elicit detailed information related to the abuse (AppendixB_Modelinfosheets.pdf, n.d.). After this, a break is taken and when the break ends, the interviewer asks their final clarifying questions (AppendixB_Modelinfosheets.pdf, n.d.). From here the child is given another opportunity to ask questions and then the interviewer closes respectfully on a neutral topic

(AppendixB_Modelinfosheets.pdf, n.d.). A difference is that this protocol provides a partial script for newer interviewers to follow (AppendixB_Modelinfosheets.pdf, n.d.; Mathews & Lux, 2018). It is important to note that RADAR can only be used with children five and older. There is a RADAR JR. for children younger than five (AppendixB_Modelinfosheets.pdf, n.d.; Mathews & Lux, 2018).

Ten step investigative process.

The second interview protocol that was adapted from the NICHD protocol is called the Ten Step Investigative Process. The Ten Step Investigative protocol does not provide steps in the rapport phase or the closing phase, it is only concerned with the allegation phase (Faller, 2015). After the initial introduction, the first four steps of the ten step investigative interview are instructions (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). First is the “I don’t know” instruction which tells the child that it is okay to answer with “I do not know”, if they do not (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). The next instruction given is the “I don’t understand” instruction. This instruction tells the child to inform the interviewer if a question confuses them so that the interviewer can reword the question (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). The third step of the protocol, is known as the “you’re wrong” instruction, which tells the child to correct the interviewer if needed (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). This step is important because if the child does not correct the interviewer when they say something wrong, then the interviewer may assume something happened that did not happen. The last instruction tells the child that the interviewer does not know what happened and cannot answer their own questions (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). This is called the ignorant interviewer instruction

(AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). The next step is explaining to the child the importance of the truth and eliciting, from the child, a promise to tell the truth (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). “Research with children, including children who have been maltreated, has demonstrated that a promise to tell the truth increases children’s honesty, even if they have been coached to cover up a transgression or to make a false report” (Lyon, 2005, p. 11).

Up until this point the interviewer has done most of the talking. In order to make the child more comfortable with talking, the interviewer engages the child in practice narratives (Lyon, 2005). The practice narrative involves the child discussing things they like and do not like, as well as a recent neutral event such as a birthday party (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). When the interviewer asks for elaboration in the narrative practice, the child learns that it is better for them to talk and share more (Lyon, 2005). Moving from narrative practice to steps seven through ten, the interviewer focuses on the allegations of sexual abuse. Steps seven, eight, and nine are respectively known as allegation, allegation follow up, and follow up (AppendixB_Modelinfosheets.pdf, n.d.). These steps transition to the allegations with open-ended questions and follow up with specific questions related to what the child has said (AppendixB_Modelinfosheets.pdf, n.d.; Lyon, 2005). Lastly, step 10, multiple incidents, explores the different times the abuse occurred with specific focus on the first, last, and most memorable time (AppendixB_Modelinfosheets.pdf, n.d.). Once the interviewer has completed the ten steps of the Ten Step Investigative Interview protocol, the interview can be closed (AppendixB_Modelinfosheets.pdf, n.d.).

CornerHouse forensic interview protocol.

Cognitive interviews, the NICHD protocol, and its adaptations are widely used; however, there are other interview protocols used in child sexual abuse investigations. One of which is known as the CornerHouse Forensic Interview Protocol. The CornerHouse Forensic Interview Protocol is one of the leading protocols in the United States and worldwide (“About CornerHouse,” n.d.; G. D. Anderson, Anderson, & Gilgun, 2014). This protocol was originally developed by an accredited children’s advocacy center in Minnesota with the same name (“About CornerHouse,” n.d.). Until 2013, the CornerHouse protocol followed the acronym RATAC (AppendixB_Modelinfosheets.pdf, n.d.; Faller, 2015). “RATAC stands for: (1) Rapport; (2) Anatomy Identification; (3) Touch Inquiry; (4) Abuse Scenario; and (5) Closure” (Faller, 2015, p. 49). The RATAC structure did not provide ground rules at the beginning of the interview, but instead provided them throughout the interview as needed (Faller, 2015). This structure also made use of media such as easels to draw and write on, anatomical drawings, and anatomically correct dolls (Faller, 2015). This structure’s questioning strategies varied from others, in that it starts with yes/no questions, moves to wh- questions (who, what, when, and where) and then follows with closed ended questions (Faller, 2015).

Further research that challenged some of these strategies used in the RATAC caused CornerHouse to rethink their protocol. In 2013, CornerHouse updated their protocol and now it consists of four stages (AppendixB_Modelinfosheets.pdf, n.d.; *CH_ProtocolCard.pdf*, 2014; Faller, 2015). The first stage, like in many other protocols, is building rapport (AppendixB_Modelinfosheets.pdf, n.d.; *CH_ProtocolCard.pdf*, 2014; Faller, 2015). In the building rapport stage, the interviewer is able to set a foundation for

the rest of the interview by using orienting messages, practicing narratives, and assessing the individual's function and current presentation (*CH_ProtocolCard.pdf*, 2014). The next stage of the CornerHouse protocol is "seek information", this stage allows the child to share their experience while incorporating forensically sound tools and techniques (*AppendixB_Modelinfosheets.pdf*, n.d.; *CH_ProtocolCard.pdf*, 2014). After the child has shared their experience, the interviewer moves on to the exploring statements stage (*AppendixB_Modelinfosheets.pdf*, n.d.; *CH_ProtocolCard.pdf*, 2014; Faller, 2015). In this stage, the interviewer seeks more details by asking follow up questions and clarifying questions (*CH_ProtocolCard.pdf*, 2014). Finally, the interviewer ends the interview respectfully by creating a transition that is developmentally and individually sensitive (*AppendixB_Modelinfosheets.pdf*, n.d.; *CH_ProtocolCard.pdf*, 2014; Faller, 2015).

ChildFirst forensic interview.

Previously, but no longer partnered with the CornerHouse, is the Gundersen National Child Protection Training Center (*AppendixB_Modelinfosheets.pdf*, n.d.; Faller, 2015). The Gundersen National Child Protection Training Center created their own forensic interview protocol known as the ChildFirst Forensic Interview Protocol (*AppendixB_Modelinfosheets.pdf*, n.d.; "The ChildFirst Forensic Interview Protocol - PDF," n.d.; Faller, 2015). The ChildFirst protocol was created on the principle that the child's needs are the most important ("The ChildFirst Forensic Interview Protocol - PDF," n.d.). "The ChildFirst Protocol is a four phase structure: (1) Rapport; (2) Transition to the Topic of Concern; (3) Explore Details; and (4) Closure" (Faller, 2015, p. 50).

The rapport phase of this protocol varies, based on the age of the child, but the purpose remains the same. The purpose of the rapport phase, like in other protocols, is to orient the child and encourage narratives (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). The age groups for which rapport techniques differ is five and under, six to ten, and eleven and up (Faller, 2015; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). The interviewer introduces themselves and the setting in each group, but what is included or excluded varies. In the five and under group, interview instructions are given and practice must also occur (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). Also, in the rapport phase for the five and under, the interviewer gets to know the child and the child’s family while implementing face drawing and family drawing (Faller, 2015; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). The last thing done in the rapport phase, with all children regardless of age, is narrative practice by inviting the child to describe something that he/she likes to do (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). The rapport phase for the six to ten-year-old children has two slight variations. The first variation is that the interviewer explains to the child that they are being recorded and watched by others not in the interview (Faller, 2015; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). The second variation is that the face and family drawings are optional (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). The rapport phase for the eldest group also has a few slight variations. Again, the child is informed of the recording and the other people observing (Faller, 2015; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). For this oldest age group, face drawings are never used, but family drawings are still optional (Faller, 2015; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). During the rapport phase, for all of

the age groups, truth/lie discussions and promises are optional (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). Truth/lie discussions are explained in detail in the interviewing tools and techniques section of this paper.

The second phase of the ChildFirst interview is the transition to the topic of concern. In this phase, the conversation about maltreatment begins. Open invitations begin this phase allowing the child to lead the sharing (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). For children ten and under, anatomical diagrams are used to name different body parts, as young children may have different names for some body parts (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). The interviewer will also implement anatomical diagrams as a clarification aid for children of all ages (AppendixB_Modelinfosheets.pdf, n.d.; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). If the child does not disclose in this phase, the interviewer skips the third phase and goes directly to closing the interview (AppendixB_Modelinfosheets.pdf, n.d.; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.).

If the child does disclose abuse in the second phase, the interviewer will move on to the third phase. This third phase of the ChildFirst interview is titled exploration of details (AppendixB_Modelinfosheets.pdf, n.d.; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). This phase explores the child’s disclosure of abuse and seeks to obtain more details (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). Techniques that may be used in this section are narrative elaboration, age-appropriate questions, clarification, and interview aids (“The ChildFirst Forensic Interview Protocol - PDF,” n.d.). Alternative hypothesis to explain what may have occurred must also be explored (AppendixB_Modelinfosheets.pdf, n.d.; “The ChildFirst Forensic Interview

Protocol - PDF,” n.d.). The interviewer may also move to exploring family relationships for allegations of abuse that are not sexual (AppendixB_Modelinfosheets.pdf, n.d.; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.). They may explore other forms of abuse because the ChildFirst interview focuses on polyvictimization (Faller, 2015).

Polyvictimization means that if a child experiences one form of abuse, sexual abuse, they are more likely to also experience other forms of abuse (Faller, 2015). Once enough information has been collected, the interviewer may move on to closing the interview.

Closure consists of allowing the child to ask questions, exploring safety options, and ending respectively on a neutral topic (AppendixB_Modelinfosheets.pdf, n.d.; “The ChildFirst Forensic Interview Protocol - PDF,” n.d.).

Step-Wise guidelines - the next generation.

John C. Yuille Ph.D. alongside his colleagues, Barry S. Cooper Ph.D. and Hugues H.F. Hervé Ph.D., created another technique known as the Step-Wise Guidelines (Lindberg, Chapman, Samssock, Thomas, & Lindberg, 2003; Yuille, Cooper, & Hervé, 2009). Similar to other protocols, Yuille defined three goals of the Step-Wise interview. The goals of the Step-Wise interview are to minimize the trauma to the child during the interview, maximize the amount and quality of information obtained without contamination, and maintaining the integrity of the investigative process (Lindberg et al., 2003; Yuille et al., 2009). Another goal of the approach is to evaluate the credibility of content retrieved (Yuille et al., 2009).

Originally, the interview was known as Step-Wise Protocol, but it was changed to the Step-Wise Guidelines in the 1990’s to sound more flexible (Yuille et al., 2009). As the name was updated, so were some of the steps. These changes were made due to

advancement in the knowledge of investigative interviewing, memory, and credibility assessments (Yuille et al., 2009). The updated guidelines, known as The Step-Wise Interview Guidelines For Child Interviews: The New Generation, is more sensitive to age, development, and children with special needs (AppendixB_Modelinfosheets.pdf, n.d.; Yuille et al., 2009). The interviewer must also be knowledgeable of and sensitive to the child's cultural background (Yuille et al., 2009).

There are six steps in the Step Wise: New Generation. To begin, the introduction consists of recording the date, time, location, and full names of both the interviewer and interviewee (Yuille et al., 2009). The second step, which was expanded in the update, is the rapport phase. The rapport phase still has its original goals of allowing the interviewee to become comfortable with the interviewer and allowing the interviewer to assess the child's cognitive and linguistic capabilities (Yuille et al., 2009). In the updated version, techniques were provided to the interviewers, so that they are able to assess the child's linguistic and conceptual levels during the rapport phase (Yuille et al., 2009). In the original Step-Wise, the next step would have been explaining the interview rules, however there is no longer a step for interview rules (Yuille et al., 2009). Now, the interviewer, following these guidelines, introduces one of the eight interview rules when the child presents the opportunity (Yuille et al., 2009). The eight interview rules that the Step-Wise guidelines use are similar to the ones in other interviews and can be seen in the Appendix. The new step three, is the optional task of establishing the need to tell the truth (Yuille et al., 2009). The interviewer should decide whether to include this step based on local practice and the preferences of the prosecutor (Yuille et al., 2009).

Step four transitions the interview from building rapport to the topic of concern (AppendixB_Modelinfosheets.pdf, n.d.; Yuille et al., 2009). The updated Step-Wise provides the interviewer with more ways to introduce the topic of concern to the child. In this step of the interview, as well as the others, the interviewer is to use the funnel approach when asking questions (Yuille et al., 2009). The funnel approach can be defined as moving from the most general type of question to more specific questions when necessary (Yuille et al., 2009). An example of this would be to begin by asking the child, “why are you here today” and if the child is unable to answer that the interviewer can move on to a more specific question. Yuille et al. (2009) provides the following as an example of an interviewer using a moving to a more specific question:

“... my job is to talk to kids about things that have happened to them. Can you tell me about something good that happened to you?” and subsequently: “... Can you tell me about something bad that has happened to you?” (p. 18).

After introducing the topic of concern, the interview moves to step five, disclosure phase (Yuille et al., 2009). The disclosure phase consists of three parts. Free narrative is the first part of the disclosure phase because it leads to the most unbiased information reported (Yuille et al., 2009). The objective of the free narrative is to elicit an episodic memory. The story received from an episodic memory is that of a specific memory (Yuille et al., 2009). However, often an interviewer will receive what is called a script memory. A child who experienced the abuse multiple times may provide a script of what typically happened during the abuse (Yuille et al., 2009). Yuille et al. (2009) suggests that if the interviewer suspects they are hearing a script, due to conditional verbs or generalized language, that the interviewer still hear out the entire script and search for

as much detail as possible. Afterwards, the interviewer should try to elicit an episodic memory of a time the abuse did not stick to script (Yuille et al., 2009). Once the free narrative has completed, the interviewer moves to, part two of disclosure, open-ended questions. The open-ended questions asked are the who, what, where, and when questions (Yuille et al., 2009). If the interviewer still feels more details can be elicited, then they can move to the third part of disclosure. This consists of the use of specific questions. The specific questions may be necessary, but should never be leading or suggestive (Yuille et al., 2009).

Finally, step six of the Step-Wise interview is closure (AppendixB_Modelinfosheets.pdf, n.d.; Yuille et al., 2009). This step had not been altered from the original protocol and consists of three tasks (Yuille et al., 2009). First, the child is thanked for their participation. Second, the child is provided the opportunity to ask any questions. Lastly, the child is informed of what will happen next (Yuille et al., 2009).

National Children’s Advocacy Center’s interview structure

Another protocol, with a long history, is the National Children’s Advocacy Center’s Child Forensic Interview Structure (NCAC CFIS). The NCAC began their work with child victims in 1985 and designed the CFIS in 1995 (Carnes, Nelson-Gardell, & Wilson, 2000). The NCAC CFIS is reviewed and updated annually (AppendixB_Modelinfosheets.pdf, n.d.). In order to ensure that the interviewer is competent, there is pre-interview preparation in which the interviewer receives limited information on the child (National Children’s Advocacy Center, 2019). Information the interviewer receives for the interview preparation includes, “age, developmental

functioning, school status, cultural background, family make-up, health status, and special needs” (National Children’s Advocacy Center, 2019, p. 8), all of which may influence the child’s ability to participate in the interview. The information will also allow the interviewer to structure the interview in a way tailored to the child’s needs, anticipate complications, and consider other hypotheses of what may have occurred (National Children’s Advocacy Center, 2019).

When conducting the interview, there are nine tasks which can be split into two stages, rapport and substantive, that the interviewer follows (AppendixB_Modelinfosheets.pdf, n.d.; National Children’s Advocacy Center, 2019). Beginning with an introduction, the interviewer explains their role, the child’s role, and the observation and documentation methods (AppendixB_Modelinfosheets.pdf, n.d.; National Children’s Advocacy Center, 2019). The next task starts here at the beginning of the interview and continues throughout it. Throughout the interview, the interviewer, based on their knowledge and observations, may need to adapt the interview to be developmentally and culturally sensitive (National Children’s Advocacy Center, 2019). Early engagement is the next step which builds rapport and comforts the child through discussions of neutral topics (AppendixB_Modelinfosheets.pdf, n.d.; National Children’s Advocacy Center, 2019). After early engagement or immediately after the introduction, the child may be presented with the interview instructions (AppendixB_Modelinfosheets.pdf, n.d.; National Children’s Advocacy Center, 2019). The instructions are similar to those presented in other interviews, including tell the truth, correct the interviewer, and say I do not know (AppendixB_Modelinfosheets.pdf, n.d.; National Children’s Advocacy Center, 2019). However, the National Children’s

Advocacy Center (2019) made this step optional in the NCAC CFIS because explaining the interview rules may be overwhelming for some children. The interviewer is to use their knowledge and observations of the child to decide when or how to present the interview rules (National Children's Advocacy Center, 2019). After the interview instructions or early engagement, if interview instructions are skipped, the interviewer and interviewee participate in narrative practice of a non-abuse event (AppendixB_Modelinfosheets.pdf, n.d.; National Children's Advocacy Center, 2019). This practice sets the tone of the child being the expert and not the adult, provides the child with practice explaining in details, lets the interviewer better understand what questions to ask, and provides the interviewer with a better understanding of the child's vocabulary and narrative style (National Children's Advocacy Center, 2019). Finally, before moving on to the substantive stage, the interviewer asks the child about his/her family and those that frequently interact with the household (AppendixB_Modelinfosheets.pdf, n.d.; National Children's Advocacy Center, 2019). This conversation will indicate the child's willingness to talk about certain people, household events, and more difficult topics (National Children's Advocacy Center, 2019).

When the child is ready, the interview moves to the substantive stage. The way the interviewer transitions into the discussion of allegations must be strategically chosen for that specific case (National Children's Advocacy Center, 2019). The interviewer should try to transition with open-ended questions, however, more reluctant children may need to transition with a more direct question (National Children's Advocacy Center, 2019). Once the transition has occurred, the interviewer moves to allegation specific

questioning. This occurs by first prompting the child to share the details of the event and then wh- questions may be used to fill in missing details (National Children's Advocacy Center, 2019). For more reluctant children, the interviewer can use media to aide in the interview (AppendixB_Modelinfosheets.pdf, n.d.; National Children's Advocacy Center, 2019). In some cases the child may indicate multiple incidents of abuse, in those cases the interviewer should get a description of what usually happens, referred to earlier as script memory, and then move on to details of a specific event (National Children's Advocacy Center, 2019).

Once the interviewer feels they have received all the details and that the substantive stage can end then they must close the interview. The interviewer closes the interview by returning to a neutral topic (National Children's Advocacy Center, 2019). The interviewer should also answer any questions that the child may have and acknowledge the child's participation in the interview (AppendixB_Modelinfosheets.pdf, n.d.; National Children's Advocacy Center, 2019). It is important to note that this is a flexible protocol, meaning that there is no script to follow and the interviewer has the liberty make changes during an interview if necessary (AppendixB_Modelinfosheets.pdf, n.d.; National Children's Advocacy Center, 2019). Another important note, this interview protocol may be completed in one session or eight (Carnes et al., 2000; National Children's Advocacy Center, 2019). The NCAC recognizes the importance in completing the investigation with the fewest interviews possible, but they also recognize that children may need more time to disclose (National Children's Advocacy Center, 2019). The NCAC often completes the interviews within eight sessions with the first few sessions dedicated to building rapport between the child and interviewer (Carnes et al., 2000).

Then after building rapport, the interviewer may take a few more sessions in the substantive stage as the child may not share all of the details right away (Carnes et al., 2000). However, whether in one interview or eight, the interviewer has the same goals and follows a similar structure.

Single Vs. Extended Assessments

Social workers and other professionals have been searching for ways to make these forensic interviews more successful and less traumatizing on the children involved. Although not widely accepted, there is evidence for the use of extended assessments. “There are cases and situations in which a single interview does not adequately address concerns about sexual abuse” (Williams, Nelson-Gardell, Faller, Cordisco-Steele, & Tishelman, 2013, p.89). Maltreatment professionals have determined that about a fourth of the children, who participate in forensic interviews, could use an extended assessment because children do not always feel comfortable enough to disclose in one interview (Williams et al., 2013). Those who do not support extended assessments claim that there is not enough funding, lack of training, and the possibility of contaminating the child’s account of the event (Williams et al., 2013).

Following a forensic interview protocol, such as one of the ones mentioned above, helps to retrieve the information needed to substantiate the allegations of sexual abuse while protecting the child from further trauma. It has been widely agreed upon in the United States that a single interview protocol is considered best practice (Faller, Cordisco-Steele, & Nelson-Gardell, 2010; Williams, Nelson-Gardell, Faller, Cordisco-Steele, & Tishelman, 2013). “A single interview protocol is exactly what it sounds like” (Davis, 2018, p. 3). It is when an interviewer follows the guideline that only one

interview can be conducted with the child. In the single interview, the interviewer must elicit as much forensically sound information related to the abuse as possible (Williams et al., 2013). “The forensic information gathered in this single interview is to, ‘be used in case decisions, especially strategies for assuring child safety and pursuit of offender criminal prosecution’ (Faller et al., 2010, pp. 572–573)” (Davis, 2018, pp. 3-4).

There are several advantages to a single interview protocol, which is why it is often the protocol of choice. “An advantage is that a single interview is believed to minimize the trauma to the child (Faller & Nelson-Gardell, 2010, p. 649; Williams et al., 2013, p. 89)” (Davis, 2018, p. 4). Additionally, use of just one interview conserves the already limited resources available for the trained forensic interviewers to conduct these interview investigations and reduces the redundancy that can be created through multiple interviews (Faller & Nelson-Gardell, 2010, p. 649; Williams et al., 2013, p. 89). “Another reason single interviews are stressed, is because professionals believe that they will prevent contamination and false claims (Faller & Nelson-Gardell, 2010, p. 649; Faller et al., 2010, p. 575; Williams et al., 2013, p. 89)” (Davis, 2018, p. 4). Finally, Williams et al. also noted that, “a single interview is especially successful with children who are older, are actively disclosing, and have been sexually abused by someone who is not the child’s caretaker” (2013, p. 89). This may be due to the fact that older children understand what happened to them and can verbalize their thoughts better. Additionally, those who are actively disclosing may not have a problem disclosing all the information needed in a single session, and/or they do not have to worry about getting their caretaker in trouble.

“The one major limitation to a single interview protocol is that there are many cases that do not, ‘adequately address concerns about sexual abuse,’ in just one interview (Williams et al., 2013, p. 89). Some children may not be willing or able to disclose in just one interview. This is known as non-disclosure or partial disclosure (Faller & Nelson-Gardell, 2010, p. 649). In 1983, Roland Summit described the nuances of a child’s response to sexual abuse which is known as Child Sexual Abuse Accommodation Syndrome (CSAAS) (Faller et al., 2010, p. 573). CSAAS suggests that children respond to sexual abuse with, ‘secrecy, helplessness, entrapment and accommodation, delayed and unconvincing disclosure, and retraction’ (Block, Foster, Pierce, Berkoff, & Runyan, 2013, pp. 174–175). Examining the disclosure process, Sorenson and Snow (1991) found that 79% of children did not disclose or provided tentative disclosure initially and they found a 22% recantation rate (Faller et al., 2010, p. 573)” (Davis, 2018, pp. 4-5).

“Summit’s CSAAS model and other research supports the, ‘conclusion that disclosure is a process, not an event’ (Faller et al., 2010, p. 574). Fear of upsetting their parents, fear of consequences, and fear of not being believed have led to some of the delayed disclosures (McElvaney, 2015). Some of the consequences they may fear are the consequences for the perpetrator, themselves, their sibling(s), and the non-involved parent(s) (Block et al., 2013, p. 175). Other consequences that older children may fear is the incarceration of a parent, separation of family due to the removal of a sibling from the home, and loss of financial security (Block et al., 2013, p. 175). The sexually abused child may feel shame or responsibility for the abuse, preventing them from disclosing (Block et al., 2013, p. 175)” (Davis, 2018, p. 5).

“Currently, the child protection and legal systems use a disclosure vs non-disclosure model (Anderson, 2016, p. 383). This model does not consider the continuum of disclosure that CSAAS model and professionals have focused on. Due to this, a child’s tentative disclosure in a single interview may seem unreliable and the investigation may be closed (Anderson, 2016, p. 383). These findings that children are more likely to report sexual abuse over time provides support for the use of multiple interviews also known as extended assessments (Faller et al., 2010, p. 574; Williams, Nelson-Gardell, Faller, Tishelman, & Cordisco-Steele, 2016, p. 57). Extended assessments can be defined as two or more interview sessions with the same child and same interviewer with the purpose of gathering information about the allegations of sexual abuse (Block et al., 2013, p. 175; Williams et al., 2016, p. 57). Extended assessments use the same techniques as a single forensic interview, the only difference is that it increases the number of opportunities the child has to disclose (Faller et al., 2010, p. 577)” (Davis, 2018, pp. 5-6).

“The pioneering studies for extended assessments were conducted in the 1990s by the National Children’s Advocacy Center (NCAC) (Williams et al., 2013, pp. 89–90). The first study looked at a 12-session assessment, however the first assessment was with the non-offending care giver (Williams et al., 2013, p. 90) The NCAC found that the children who disclosed did so before the ninth interview; they reconducted the study using an eight-session protocol (Williams et al., 2013, p. 90). The NCAC, professionals, and other researchers have continued performing studies on the effectiveness of extended assessments and the best amount of interviews to perform (Block et al., 2013; Faller, Grabarek, Nelson-Gardell, & Williams, 2011; Faller & Nelson-Gardell, 2010; Williams et al., 2013, pp. 90–93)” (Davis, 2018, p.6).

“Results from these studies suggest that extended assessments are useful and have concluded the best ways to perform extended assessments. Both the NCAC and Faller and Nelson-Gardell compared the results of a four- and eight- session interview. The results of both found that the eight session condition had significantly higher credible disclosures than the four session (Faller & Nelson-Gardell, 2010, p. 659; Williams et al., 2013, pp. 90–91). Upon further examination, Faller and Nelson-Gardell (2010) found that 95% of the new information was provided by the sixth session suggesting that six sessions is a sufficient number of sessions (pp. 659–660; Williams et al., 2013, p. 91)” (Davis, 2018, p. 6).

“Extended assessments provide credible disclosure and have the advantage of allowing the interviewer to employ multiple different techniques with the child (Faller et al., 2011, p. 239). Faller et al. (2011) did a study on the use of techniques in the extended assessments, ‘because of a belief that nonverbal techniques such as a drawings, dolls, and toys can facilitate, clarify, or corroborate children’s verbal communication...’ (p. 238). Some of these techniques include anatomical dolls, standardized anatomical drawings, and hand-drawn anatomical drawings (Faller et al., 2011, p. 242). The use of these non-verbal techniques allows the children to express what they may not have been able to with words and allows the interviewers to customize the interviews to the child’s needs (Faller et al., 2011). This is one advantage that extended assessments has over single session interviews. Single session interviews do not have the time or leeway to try different techniques” (Davis, 2018, p. 7).

“There are other advantages to extended assessments. The first one is that it does give the child more than one chance to disclose on such a sensitive topic (Williams et al.,

2016, p. 58). Second, it also allows the decision makers and interviewers to have greater confidence in confirming or disconfirming the child sexual abuse allegations (Williams et al., 2016, p. 58). Another advantage is that in confirmed cases it allows for the elicitation of the full extent of the abuse (Williams et al., 2016, p. 58)” (Davis, 2018, p. 8).

“Many professionals point out some possible disadvantages of extended assessments. One is that children may not be safe during the course of an extended assessment, meaning that the child may live in an environment with the offender which could cause re-abuse or pressure not to disclose (Williams et al., 2016, p. 58). One study tried to take this into account by performing a two-session interview (Hershkowitz & Terner, 2007). Hershkowitz and Terner (2007) did an initial interview, gave the child a 30 minute break, and then performed the second interview (p. 1134). They found that they did receive more credible information in the second interview but noticed the children becoming fatigued (Hershkowitz & Terner, 2007, pp. 1139–1141). Other concerns that professionals have is the perceived or actual contamination of the child’s reports (Williams et al., 2016, p. 59). However, if the interviewers follow an interview protocol such as the National Institute of Child Health and Human Development (NICHD) protocol, which relies on open-ended questions, contamination and false allegations can be avoided (Faller et al., 2010; Hershkowitz & Terner, 2007; Williams et al., 2016)” (Davis, 2018, pp. 7-8).

“Single protocol interviews are still widely used however, professionals have noticed the need for extended assessments. Williams et al. (2013) surveyed 1,294 professionals’ perceptions of extended assessments. Professionals were able to determine a variety of contexts that extended assessments would be useful for (Williams et al.,

2013, p. 103). However, many professionals reported having some but not enough resources to perform these assessments and lack of training” (Davis, 2018, p. 8).

Interviewing Tools and Techniques

As mentioned in the previous sections, interviewers sometimes employ different techniques or tools to aide in the interview. These techniques and tools aide the interviews in various ways. Some tools are used to improve the accuracy report, clarify what the child is saying, or help the child communicate with the interviewer. Other times the tools are used to calm the child down and make them feel more comfortable in the interview setting.

Truth/lie discussion.

One technique used by interviewers, mentioned above, is a truth/lie discussion. Truth/lie discussions, also called competency evaluations are used to increase the reliability and credibility of the child, as well as, predict and promote truth-telling (J. Anderson et al., n.d.; Russell, 2006). This discussion occurs in the rapport stage of the interview and is often coupled with the interview instructions (J. Anderson et al., n.d.; Child Welfare Information Gateway, 2017; Faller, 2015; Newlin et al., n.d.; Russell, 2006). Based on the interview protocol, the truth/lie discussion may take multiple forms. It may take the form of telling the child that it is important to tell the truth and instructing them to tell the truth (J. Anderson et al., n.d.). Other structures ask the child to define truth and lie, explain the difference between truth and lie, or tell whether examples given were truth or lie (J. Anderson et al., n.d.; Faller, 2015; Russell, 2006). However, those three approaches have been met with criticism. Some have said that asking the child to define truth and lie is more of a vocabulary test than a moral discussion (J. Anderson et

al., n.d.). Also, it is believed that giving examples can lead to the child becoming vulnerable to suggestion because it seems like a test for which the interviewer already has the answers (Russell, 2006). Studies on these variations of the truth/lie discussion show minimal improvement in telling the truth (Russell, 2006). However, it has been seen that another variation, eliciting a promise from the child to tell the truth, is successful in causing the child to be more likely to tell the truth (J. Anderson et al., n.d.; Child Welfare Information Gateway, 2017; Faller, 2015; Newlin et al., n.d.; Russell, 2006).

Anatomically correct dolls.

Anatomically correct dolls have a long history of use in child forensic interviews. The use of anatomically correct dolls has helped interviewers ensure the accuracy of the report and clarify what the child has communicated. However, the use of these dolls has always been controversial with some professionals supporting the use and others not (Bentovim, Bentovim, Vizard, & Wiseman, 1995; Child Welfare Information Gateway, 2017; Faller, 2005; Lyon, 2012) These dolls have been used since 1982 and are helpful in many cases (Shamroy, 1987). “Anatomically correct dolls have been especially helpful with children who are embarrassed, young, or mentally handicapped; have a short attention span; or do not know the terminology necessary to describe a sexual molestation” (Shamroy, 1987, p. 165). The dolls are helpful because they allow for non-verbal disclosure through re-enactment of the child’s experiences (Salmon, 2006). Multiple uses for anatomical dolls in the forensic interview setting have been noted. These uses are as an ice breaker to begin the conversation of sexuality, an anatomical model to assess the child’s terminology and knowledge of anatomical parts, and as a way for the child to demonstrate what happened, as opposed to telling what happened

(Bentovim et al., 1995). Other uses of anatomical dolls include a memory stimulus to trigger the recall of an event and as a diagnostic screen where the child can reveal sexual interests, concerns, and knowledge (Bentovim et al., 1995). There is a concern that a child who was not abused would create a false positive by touching or playing with dolls in a sexual manner (Faller, 2005; Lyon, 2012). However, it has been seen that children who were not sexually abused are less likely to engage in sexual behaviors with the dolls than children who were sexually abused (Faller, 2005). The dolls were a very popular tool in interviews when introduced, but they have lost their popularity and still create a debate among professionals (Faller, 2005; Lyon, 2012). Due to this debate, there is extensive literature on the subject and for every article found supporting the use there is also an article opposing the use of anatomically correct dolls. (Faller, 2005; Maan, 1991). Even though there is much debate, there seems to be some agreement. A common agreement seen is that anatomically correct dolls should only be introduced in certain circumstances such as during rapport to clarify body part terminology, after disclosure of abuse, or as a last resort (Bentovim et al., 1995; Child Welfare Information Gateway, 2017; Lyon, 2012). Another agreement is that anatomically correct dolls should not be used on children under four as they, “cannot make the representational shift to understand that the doll is being used to represent themselves or the alleged offender” (Child Welfare Information Gateway, 2017, p. 4; Lyon, 2012).

Human figure diagrams.

An alternative used instead of anatomically correct dolls is human figure diagrams. Most of the time the human figure diagram is an already prepared drawing, but occasionally the interviewer will draw the human figure in the interview (J. Anderson et

al., n.d.; Bentovim et al., 1995; Bruck, 2009; National Children's Advocacy Center, 2019). The figure diagrams vary in complexity. One interviewer may use a gingerbread looking figure, another may use a human outline with no details, and another may use a figure with anatomically and developmentally accurate details (J. Anderson et al., n.d.; National Children's Advocacy Center, 2019). The child is often presented with both genders, regardless of the gender of the perpetrator, as well as figures that depict both a child and an adult (J. Anderson et al., n.d.; Bentovim et al., 1995; Bruck, 2009). Human figure diagrams can serve multiple purposes in an interview. The diagrams are used for gender differentiation and to establish a common language for communicating about body parts (J. Anderson et al., n.d.). Children often have different understandings about gender and have different names for body parts, so this step allows the interviewer to understand where the child is developmentally and/or emotionally and may prevent communication errors later in the interview (J. Anderson et al., n.d.). Human figure drawings are also used as a symbol representing the child and the perpetrator, which can help the child explain an event and point out where touches may have occurred (J. Anderson et al., n.d.; Bruck, 2009; Otgaar, van Ansem, Pauw, & Horselenberg, 2016). However, it may be difficult for younger and less developed children to see the diagram as a symbol for themselves (J. Anderson et al., n.d.; Bruck, 2009; Otgaar et al., 2016). The diagrams are also useful for touch inquiries, but less detailed diagrams, such as the gingerbread man and clothed diagrams, have caused miscommunication and false reports (Lyon, 2012). The diagrams may also serve as a retrieval cue, meaning that its presence may help the child retrieve details of the event (J. Anderson et al., n.d.). Human figure diagrams are believed to be superior to anatomical dolls by professionals because the two

dimensional nature prevents exploration and play that sometimes occurs with dolls (J. Anderson et al., n.d.; Bruck, 2009). Some professionals recommend only using the diagrams at the end of the interview, as the last resort, or for clarification (Bruck, 2009; Lyon, 2012; National Children's Advocacy Center, 2019).

Toys.

Other toys can be helpful in forensic interviews of sexually abused children. Toys may make the child more comfortable because it indicates that the child is in a child-friendly environment (Salmon, 2006). Some toys are used so that the child can depict a certain event that may be too difficult or complicated for them to verbally explain. Toys used for this purpose include doll houses with dolls, puppets, and clay figures (Salmon, 2006). Puppets and other toys, such as telephones, can also allow the child to report difficult and distressing information in an easier way (Salmon, 2006). This can be done by pretending to talk through the telephone to the interviewer or by both the interviewer and interviewee talking to each other through hand puppets (Bentovim et al., 1995; Salmon, 2006). Talking through the props lets the child tell about distressing events while distancing themselves from the feelings (Bentovim et al., 1995).

Drawing.

An activity that professionals often implement in a forensic interview with a child is drawing. Research has shown that implementing drawing in an interview is an effective alternative to anatomically correct dolls and human figure diagrams (Otgaar et al., 2016). Drawings have been used in multiple ways throughout forensic interviews. One way that drawings are used is during the rapport building stage (National Children's Advocacy Center, 2019). Allowing the child to free draw during this phase can diminish the child's

anxiety, build rapport, and provide the interviewer with developmental information about the child (Bentovim et al., 1995; National Children's Advocacy Center, 2019).

Implementing drawing in the beginning will allow the interviewer to decide whether to continue its use in the substantive stage. They are able to decide this based on the impact the drawing has on the child's conversational skills and attention (National Children's Advocacy Center, 2019). One type of drawing the child may be asked to produce in the pre-substantive stage is called a family kinetic drawing also known as a family action drawing (Bentovim et al., 1995). Put simply, the child is asked to draw their family and themselves doing something. This activity may cue the interviewer of any preoccupations or intrusive thoughts that the child has about a family member (Bentovim et al., 1995). If implemented, drawing may also be beneficial during the substantive stage of the interview. Drawing the event can enhance the child's memory retrieval and can up to double the amount of information provided by the child (J. Anderson et al., n.d.; National Children's Advocacy Center, 2019; Otgaar et al., 2016). Also, drawing helps the child provide details in an organized fashion and helps to clarify verbal statements (J. Anderson et al., n.d.). Another benefit of drawings in forensic interviews is that they can also be used as physical evidence in court (J. Anderson et al., n.d.). Young children may have trouble drawing complex images, in these cases, the interviewer can draw what the child is saying with the child in charge of placement of people and objects (J. Anderson et al., n.d.). It is important to remember that these drawings are to support verbal communication and not an image that must be interpreted by the interviewer (National Children's Advocacy Center, 2019).

Therapy animals.

A less widely used strategy used in forensic interviews is the use of therapy animals. Krause-Parello and Gulick (2015) investigated the therapy animals' effects on the child's stress biomarkers. The results of the investigation were that the children without the canine had significantly increased heart rate and the heart rate of those with the canine did not elevate (Krause-Parello & Gulick, 2015). The canine's presence acted as a shield from the distressing effects of disclosing details of sexual assault (Krause-Parello & Gulick, 2015). However, this study had a small sample size and is one of the first of this kind, therefore, more studies need to test this strategy.

Conclusion

“ ‘One hundred years from now it will not matter what your bank account was, the sort of house you lived in, or the kind of car you drove....but the world may be different because you were important in the life of a child’ (Witcraft FE. With my power. Scouting 1950:2) ” (Greydanus & Merrick, 2017, pp. 289–290). Social workers who conduct forensic interviews of sexually abused children will be important in the life of the children they interview. They can change the child’s world for the better or if done improperly they can hurt the child more. Children who are being interviewed by forensic social workers about sexual abuse have already faced more pain and tragedy than they should have. Then at the forensic interview, “they are asked to share and relive the moment by strangers” (Davis, 2018, p. 8). If done right, the interviewer will be a person with whom the child feels safe and to who he/she is willing to disclose. Optimally, the interview will be a comfortable experience for the child that will result in the interviewer obtaining forensically sound information. If done carelessly or incompetently, the child may not disclose, could be traumatized more, and information obtained could be picked apart in court. If this occurs, the child may get sent back to the unsafe environment where the sexual abuse may continue to occur.

The social worker should obtain a credible testimony for the court case while keeping the child and their abilities and limitations in mind. Precautions should be taken to minimize the stress on the child and elicit the information without causing more harm. This paper aimed to research and report the ways that professionals do just this. The interviewers can do this by having knowledge about factors that will affect the interview before going into the interview. As mentioned above, grooming, fear of consequences,

perceived power imbalance, age, gender, culture, and socioeconomic status are all factors that can hinder the child's willingness to disclose.

This paper also explored how following interview protocols affects the interview results. Based on the research conducted, social workers who interview sexually abused children should follow a forensic interviewing protocol. This paper explored eight of the popularly used protocols; however, there are many more used in individual agencies and in different states. It is important to note that though all the interviews mentioned above differ, they all also have a similar structure. Forensic interviews typically have two main components: pre-substantive or rapport stage and then a substantive stage. The protocols focus on building a rapport between the interviewer and the child, preparing the child to answer questions, and assessing the child's abilities. Then they go into a substantive phase. In the substantive phase, the interviews always stress the importance of question type. Questioning should go from open ended/free recall to specific questions for clarification. The question types should never be leading or suggestive. Finally, interviews should close on a neutral topic.

Even with a protocol in place, a child may not be comfortable to share with the interviewer the first time they meet. Yet, "the most common practice in the United States right now is a single interview protocol" (Davis, 2018, p. 8). This stood out to Davis (2018, pp. 8-9), so she explored, "the question: if sexually abused children participating in a forensic interview, participate in either a single interview or multi-interview protocol, which will provide the least traumatizing and most forensically sound results?" Through the research it was found that: "Both single interviews and extended assessments have advantages and disadvantages. It appears, based on the research presented, that the

advantages of extended assessments outweigh the disadvantages of extended assessments. Extended assessments also provide more opportunities for the traumatized child to disclose. These reasons suggest that extended assessments provide the least traumatizing and most forensically sound results” (Davis, 2018, p 9).

Extended assessments, however, cannot be used more often until the challenge of finding resources to conduct them is addressed and professionals receive proper training.

Finally, this paper addressed what tools and techniques interviewers can implement during the interview to either comfort the child or produce more information on the alleged abuse. Tools and techniques found to be helpful in at least some cases are truth/lie discussions, anatomically correct dolls, human figure diagrams, toys, drawing, and even therapy animals. Truth/lie discussions were deemed important enough that some protocols have its use written in to them. It may be surprising that anatomically correct dolls are so controversial. They have been in use for so long, yet there is still a debate on their effectiveness. It seems that if used properly they could be an effective tool to further the interview. However, some professionals do not like their use and have turned to newer tools like human figure diagrams and drawings.

This paper was an extended literature review, thus not adding any new knowledge to the extensive literature on the topic. Instead, this paper looked at a multitude of scholarly work in the literature on the topic and condensed the information, so that a researcher, professional, or student in the future can begin their research with a large sum of information on the topic of interviewing sexually abused children in a victim-sensitive and competent manner. Though numerous references were used in this paper, it is not an extensive piece. There are pieces of literature that were not researched and used in this

paper. This researcher was limited by the university's databases and her ability to find the articles online.

The information generated by this study calls for further research to be conducted. It is important to continue the exploration of the knowledge already published on the topic. Further, studies should be conducted on how grooming affects a child's disclosure in a forensic interview. Other suggestions for future studies include a study on the effectiveness of extended assessments when following a protocol, compared to a single interview. Finally, therapy animals appear to be an effective option that, if provided, will remove some of the anxiety caused by these forensic interviews. However, the study utilized in this study appears to be the only one of its kind specifically directed towards forensic interviewing. Therefore, further studies should be conducted on the use of therapy animals during forensic interviews.

The number of children who are sexually abused each year are staggering. Some of these instances of abuse gets reported either by the child, family member, teacher, or other figure in the child's life. The report is the first step to receiving justice and creating a safer environment for the child. However, before that can occur, the child must participate in a forensic interview, in a strange room with a social worker or other professional that they just met. This can be terrifying and traumatizing to the child, but it does not have to be. This is where the interviewer can make a difference. If not well prepared or well trained, it is possible that the child will be traumatized more, the child may get sent back to the unsafe environment, and the perpetrator may not get caught. On the other hand, if the interviewer is competent because they have knowledge on the factors that affect disclosure, have ability to follow a protocol, and can use appropriate

tools and techniques, then the interview may be a fruitful experience for the child. A competent social worker can obtain the forensically sound information needed for justice, while focusing on the child's needs, and will hopefully prevent the already traumatized child from experiencing more trauma.

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Appendix

Interview Rules for The Step-Wise Interview Guidelines for Child Interviews: The New Generation

1: If I misunderstand something you say please tell me. I want to know, I want to get it right.

2: If you don't understand something that I say, please tell me and I will try again.

3: If you feel uncomfortable at any time, please tell me or show me the stop sign.

4: Even if you think I already know something, please tell me anyway.

5: If you are not sure about an answer, please do not guess, tell me your [sic] not sure before you say it.

6: Please remember when you are describing something to me that I was not there when it happened. The more you can tell me about what happened, the more I will understand what happened.

7: Please remember that I will not get angry or upset with you

8: Only talk about things that are true and really happened. (*Step-Wise guidelines for child interviews - the next generation 2009.pdf*, n.d., p. 36)