

# CWS2031W

## SEXUAL ABUSE INVESTIGATIONS

PARTICIPANT RESOURCES  
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VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

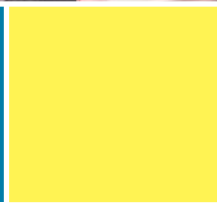
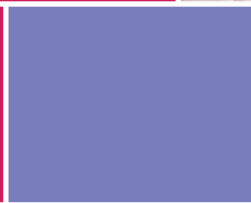
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**WDS** Workforce Development  
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## FACTSHEET

July 2017



# Forensic Interviewing: A Primer for Child Welfare Professionals

Forensic interviewing is a means of gathering information from a victim or witness for use in a legal setting, such as a court hearing. It is a key component of many child protective services investigations. The purpose of these interviews is to gather factual information in a legally defensible and developmentally appropriate manner about whether a child (or other person) has been abused (Newlin et al., 2015). Forensic interviews are conducted by trained professionals, including child welfare caseworkers, law enforcement, and specialized forensic interviewers at children's advocacy centers (CACs). These interviewers are frequently part of a multidisciplinary team investigating the case. This factsheet provides child welfare professionals with a brief overview of forensic interviewing so they can better understand how such interviews affect their practice with children and families.

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**Children's  
Bureau**

## Overview

In the 1980s, the manner in which children were interviewed during child abuse investigations came under increased scrutiny (Faller, 2015). This was largely due to high-profile cases involving sexual abuse at child care centers. Critics of the interviews asserted children were coerced or otherwise improperly interviewed. The assertion that many interviews about alleged incidences of child abuse were conducted improperly helped energize a review and reformation of the interviewing process (Faller, 2015). The forensic interviews conducted with alleged victims of child abuse are often essential to the investigation because, particularly in sexual abuse cases, the alleged victim and alleged perpetrator may be the only people who know what really happened (Mart, 2010). Research on interview techniques, child development, and other related topics shaped what is now referred to as forensic interviewing in child welfare cases.

Forensic interviews are used by trained professionals to gather information about incidents of alleged child abuse in a manner that will yield factual information from the child and stand up to scrutiny in court. For example, forensic interviewing techniques are designed to remove or minimize the potential for the interviewer to use suggestive or leading questions that may call the child's statements into question. Forensic interviews can also help shape the investigation by highlighting areas for further investigation or evidence collection. There are more than a dozen well-respected interview models (see the Forensic Interviewing Models section of this publication). Model use varies by jurisdiction, agency, and interviewer training. Who conducts the forensic interview also varies. Many jurisdictions use specialized forensic interviewers whose primary role is to conduct forensic interviews; other jurisdictions rely on law enforcement, child welfare, or other professionals who have been trained in forensic interviewing. Other professionals may observe the interview either from behind a one-way mirror, by using a real-time video link, or by accessing audio or video recordings. Only trained professionals should conduct forensic interviews (McCoy & Keen, 2014).

The interviews are often conducted at CACs, which began in the 1980s. CACs use a multidisciplinary approach to coordinate the response to child maltreatment, which can help reduce the number of interviews children experience and provides a central process to coordinate all necessary services and supports. (For more information about CACs, visit the National Children's Advocacy Center website at <http://www.nationalcac.org/>.) Interviews may also be conducted in other locations in the community that are child friendly and otherwise appropriate for the interview (e.g., private, quiet).

The requirements or guidance about which cases should include a forensic interview may vary by jurisdiction. Child welfare professionals and others working on the case should consult their supervisors, other agency staff, or law enforcement about the circumstances under which a forensic interview should be conducted.

## Forensic Interviewing Models

A variety of forensic interviewing models have been developed, and the one used in a child protective or criminal investigation may vary depending on jurisdiction, agency, or the training of the interviewer. The following are examples of forensic interviewing models; however, this is not an exhaustive list:

- American Professional Society on the Abuse of Children Practice Guidelines (<http://www.apsac.org/child-forensic-interview-clinics>)
- CornerHouse Forensic Interview Protocol (<https://www.cornerhousemn.org/training.html>)
- National Children's Advocacy Center Forensic Interview Structure (<http://www.nationalcac.org/forensic-interviewing-of-children-training/>)
- National Institute of Child Health and Human Development Forensic Interview Protocol
- ChildFirst Forensic Interviewing Protocol (<http://www.gundersenhealth.org/ncptc/childfirst-forensic-interviewing-protocol/>)

Although the exact methods employed in each model differ to some extent, they all tend to have the following phases in common (Newlin et al., 2015):

- **Rapport-building phase:** The interviewer attempts to build a trusting relationship with the child and explains some of the details about the interview process (e.g., documentation, instructions). This phase also allows the interviewer to better understand the child's developmental level, linguistic capabilities, legal competency, and other characteristics and may provide the child with opportunities to practice providing narrative information.
- **Substantive phase:** The interviewer seeks information related to the alleged abuse. This may include obtaining a narrative description of the event, inquiring about additional details, and testing alternative or multiple hypotheses (e.g., other possible scenarios), if appropriate.
- **Closure phase:** The interviewer may address the child's socioemotional or other immediate needs, transition to a topic not related to the alleged incident, or answer any questions.

The following are some of the ways in which forensic interviewing models differ:

- **Interview structure:** Models may be scripted (i.e., interviewers are provided what to say verbatim), semi-structured (i.e., interviewers are given guidance but are able to make certain decisions about how to proceed), or flexible (i.e., the interviewer is given great leeway so he or she can better follow the lead of the child) (Faller, 2015).
- **Instructions:** The exact instructions, or ground rules, presented to the child differ from one model to the next. Common topics covered by the instructions include requesting that the child only provide information about things that actually happened, giving the child permission to say "I don't know," advising the child to ask the interviewer to clarify a question if the child does not understand, and informing the child to alert the interviewer if the interviewer provides incorrect information. There is also some variation regarding when the interviewer

provides the instruction. For example, most models provide the instructions during the rapport phase, but the CornerHouse method calls for the interviewer to provide some instruction at the beginning and then incorporate instructions throughout the interview, where appropriate (Anderson, 2013). The interviewer also may provide the child with opportunities to practice following the instructions (e.g., asking the child a question to which he or she would not know the answer in order to see if he or she will respond with "I don't know").

- **Truthfulness discussion:** During the rapport-building phase, some models request that the interviewer ask the child to promise to tell the truth and/or for the interviewer to address the difference between telling the truth and a lie. Analogue research shows that children tend to be more likely to tell the truth if they promised to do so prior to being interviewed about the event in question, but the evidence is not as strong about whether having a moral discussion about truth and lies increases truthfulness (Evans & Lee, 2010).<sup>1</sup> State and local rules and practices may dictate if and how a truth/lie discussion should occur during a forensic interview (Newlin, 2015).
- **Appropriate questions:** The purpose of all forensic interviewing models is to discourage the use of leading questions or techniques, but they may vary to some degree about which are the most preferred types of questions. There is consensus that open-ended questions (i.e., a question that invites a detailed, multiword response, such as "Tell me what happened.") are better than closed-ended questions (i.e., those that can be answered with a one-word response or little detail, such as "Did the man come into your bedroom?"). Some models, though, favor open-ended probes, such as "Tell me what happened," rather than a question, such as "Do you remember what happened?" (Faller, 2007). There also may be variations in the order of preference given to other types of questions or probes along the continuum from open-ended to closed-ended, such as those that request more detail on a particular topic (Faller, 2015).

<sup>1</sup> Analogue studies take advantage of events (e.g., medical exams) or create events (e.g., child is alone with a stranger, who is part of the study, in a trailer) that are intended to be similar to the situation being studied, such as child maltreatment.

## Use of Anatomical Dolls and Diagrams

The use of anatomical dolls and diagrams to help children describe or demonstrate their experiences is still up for debate in the field of forensic interviewing (Lyon, 2012). Open-ended questions and probes encourage free recall by the child (i.e., the child is not externally prompted to recall a particular memory) and are most accurate, but in children free recall is often limited (Faller, 2007). Anatomical dolls and drawings rely on recognition memory (i.e., the child chooses a response from a series of alternatives), which may be less accurate but more detailed. The cue of the anatomical doll or diagram could trigger the child's recognition of other body-related experiences. Proponents of anatomical dolls and diagrams rely on analogue research that indicates they can help a child disclose actual experiences with a very small increase in false positives. Opponents emphasize that free recall memory is more accurate and are concerned interviewers may use dolls or diagrams in leading or suggestive ways. Further, there is a modest body of research that indicates that children age 3 and younger cannot make the representational shift to understand that the doll is being used to represent themselves or the alleged offender (Faller, 2015). In addition, forensic interviewing models differ about if and when to introduce dolls or diagrams in the interview. For example, some models introduce dolls or diagrams in the rapport-building part of the interview to clarify a child's terminology for body parts. Other models advise only using them after the child has disclosed abuse (McCoy & Keen, 2014). Finally, some models caution about their use altogether. The use of anatomical dolls and diagrams will vary based on the model used by the interviewer and local practice. When given flexibility about the use of dolls and diagrams, interviewers should review the relevant research and determine if their use is appropriate given the context of each case.

For additional information, refer to *Anatomical Dolls and Diagrams* by the Gundersen National Child Protection Training Center and the ChildFirst/Finding Words Forensic Interview Training Programs (<http://www.gundersenhealth.org/app/files/public/3580/NCPTC-Anatomical-Dolls-and-Diagrams-position-paper.pdf>) and *Position Paper on the Use of Human Figure Drawings in Forensic Interviews* by the National CAC (<http://www.chicagocac.org/wp-content/uploads/2015/10/NCAC-Position-paper-use-of-human-figure-drawings.pdf>).

## Important Considerations

Each forensic interview will be a unique experience for both the interviewer and the child, as no two interviews are exactly alike. The following factors are critical to the understanding and practice of forensic interviewing:

- **Age and developmental level:** A child's age and developmental levels should be factored into any forensic interview. These levels can affect a child's memory, comprehension, sense of time, linguistic capability, attention span, and other attributes relevant to recalling and recounting an experience (Newlin, 2015). Some jurisdictions have policies about the minimum age a child must be (often age 3 years) to participate in a forensic interview.
- **Effect of trauma on memory:** Traumatic experiences may shape how children store and recall memories of the event. Although some children may remember the traumatic event with the same clarity as a nontraumatic event, others may not be able to provide the same level of detail or coherence (Fanetti, O'Donohue, Happel, & Daly, 2015).
- **Suggestibility:** Analogue research indicates some children are more suggestible than others. Depending on a range of factors, such as cognitive ability, mental state, and culture, some children may be susceptible to having their memories altered based on how the interviewer phrases questions or otherwise presents information (Hritz, 2015). A false suggestion to a child could be made in many ways. For example, before the child has disclosed any abuse, the interviewer could explicitly say that something happened (e.g., "The man touched you inappropriately, didn't he?") or phrase a question in a way that implies an event occurred (e.g., "What did you smell when the man touched you?"). Interviewers also could increase a child's risk for suggestibility by repeating the same question, which may imply to the child that he or she provided incorrect information when responding to the original question (McCoy & Keen, 2014).
- **Multiple interviews:** There is a growing body of research that indicates that some children need more than one interview (Newlin, 2015). If more than one interview is needed, the same interviewer should interview the child. Communities and agencies should define cases that warrant more than one interview because, although interviewing children over multiple sessions can help yield more new information, including disclosures of abuse, they also have the potential to allow for a child to make contradictory statements over the course of the various sessions, which could complicate the investigation (Block, Foster, Pierce, Berkoff, & Runyan, 2014). Interviewers should ensure they adhere to good forensic interviewing practice to help limit any negative consequences of conducting multiple interviews, such as the child experiencing additional trauma when providing multiple accounts of the maltreatment (Faller, Cordisco-Steele, & Nelson-Gardell, 2010).
- **Bias:** Interviewers should be aware that they view allegations through the lens of their professional and personal experiences and that this could affect the child and the investigation. Interviewers who believe they already know what happened to the children or that no maltreatment occurred may try to elicit that information to confirm the bias or ignore information that does not conform to their preconceived narratives (McCoy & Keen, 2014). One way to help avoid bias is to use the interview to address a variety of hypotheses rather than to confirm or negate a particular one. Working with a team of professionals could help mitigate the effects of any biases.



## Training

Caseworkers, law enforcement, or other professionals require training in order to conduct effective forensic interviews. Training generally ranges from 4 days to 1 week and is sponsored by a variety of organizations, including state agencies, professional organizations, and agencies responsible for conducting interviews. Advanced training is also available on a variety of topics, such as interviewing young children, interviewing across cultures, interviewing developmentally challenged children, managing bias, delivering court testimony, and secondary trauma. Many forensic interviewers are trained in the use of more than one model (Stephens, Martinez, & Braun, 2012).

To help strengthen their skills and address difficulties they have encountered, many forensic interviewers participate in supervision or peer review. Supervision involves the interviewer meeting individually with a more experienced interviewer, who can review interview transcripts or video and provide feedback. This may assist in ensuring the newer interviewer is adhering to the model being implemented as well as general best practices. Peer review allows interviewers to discuss cases and current research and provide feedback and support to each other in a group setting. To achieve accreditation by the National Children's Alliance (NCA), CACs must ensure forensic interviewers participate in peer review. (For additional information on accreditation, see the NCA website at <http://www.nationalchildrensalliance.org/ncas-standards-accredited-members>.)

## Conclusion

Forensic interviewing is an extremely valuable tool for the investigation of child abuse allegations. When properly executed, it can assist in gathering factual information about the allegations using legally defensible techniques. A good forensic interview also can lead to the child and family receiving services and supports that best meet their needs. Given the intricate issues related to forensic interviews and the complexity of conducting such interviews, it is crucial that child welfare and other professionals be properly trained before attempting to conduct a forensic interview.

For a more detailed overview of forensic interviewing, refer to *Child Forensic Interviewing: Best Practices*, which was published by the Office of Juvenile Justice and Delinquency Prevention of the U.S. Department of Justice. It is available at <https://www.ojjdp.gov/pubs/248749.pdf>. For information about conducting a forensic interview with Spanish-speaking children, refer to the *Guide for Forensic Interviewing of Spanish-Speaking Children from the Center for Innovation and Resources* at <http://cacnc.org/wp-content/uploads/2016/06/Guide-for-Forensic-Interviewing-of-Spanish-Speaking-Children-English.pdf>.

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OJJDP

Working for Youth Justice and Safety

# JUVENILE JUSTICE

BULLETIN

September 2015

*Robert L. Listenbee, Administrator*

## From the Administrator

The Office of Juvenile Justice and Delinquency Prevention is committed to preventing the victimization of children and ensuring the well-being of all youth. In suspected abuse or maltreatment cases, law enforcement, medical, court, and other child protection professionals must respond swiftly and effectively and in a manner that avoids retraumatizing the affected youth.

To assist those who work in this field, the National Children's Advocacy Center convened experts from the major national forensic interview training programs to identify best practices in child forensic interviewing in cases of alleged abuse or exposure to violence.

The resulting discussions led to this publication, which provides guidance on topics, such as interview timing and setting, question type, rapport-building between the interviewer and the victim, interview aids as well as vicarious trauma and self-care.

This bulletin represents commendable collaboration across multiple entities and is an effort to build consensus within the field. We hope that the information contained within it will aid practitioners' efforts to protect children from abuse and bring those who prey upon them to justice.

Robert L. Listenbee  
Administrator

## Child Forensic Interviewing: Best Practices

Chris Newlin, Linda Cordisco Steele, Andra Chamberlin, Jennifer Anderson, Julie Kenniston, Amy Russell, Heather Stewart, and Viola Vaughan-Eden

### Highlights

This bulletin consolidates the current knowledge of professionals from several major forensic interview training programs on best practices for interviewing children in cases of alleged abuse. The authors discuss the purpose of the child forensic interview, provide historical context, review overall considerations, and outline each stage of the interview in more detail.

Among the topics that the authors discuss are the following:

- No two children will relate their experiences in the same way or with the same level of detail and clarity. Individual characteristics, interviewer behavior, family relationships, community influences, and cultural and societal attitudes determine whether, when, and how they disclose abuse.
- The literature clearly explains the dangers of repeated questioning and duplicative interviews; however, some children require more time to become comfortable with the process and the interviewer.
- Encouraging children to give detailed responses early in the interview enhances their responses later on.
- Forensic interviewers should use open-ended questions and should allow for silence or hesitation without moving to more focused prompts too quickly. Although such questions may encourage greater detail, they may also elicit potentially erroneous responses if the child feels compelled to reach beyond his or her stored memory.

OJJDP





SEPTEMBER 2015

## Child Forensic Interviewing: Best Practices

Chris Newlin, Linda Cordisco Steele, Andra Chamberlin, Jennifer Anderson, Julie Kenniston, Amy Russell, Heather Stewart, and Viola Vaughan-Eden

During the last quarter of the 20th century, the United States began to fully recognize the incidence of child abuse and neglect affecting our country. Increased public awareness and empirical literature have improved efforts to intervene effectively on behalf of children. One of the most significant interventions has centered on how to elicit accurate information from children regarding abuse and neglect—a process commonly referred to as “forensic interviewing” (Saywitz, Lyon, and Goodman, 2011). Following two decades of research and practice, professionals have gained significant insight into how to maximize children’s potential to accurately convey information about their past experiences. Yet, as this effort continues and practice evolves, professionals face new challenges in standardizing forensic interviewing practice throughout the country.

A relative lack of both research and practice experience challenged pioneers in the field. As such, protocols and training efforts underwent significant revisions as more research was conducted and people began gaining practice-based experience, which informed further training. Additionally, given the dearth of resources at the time, geographically diverse training programs began to develop naturally throughout the United States, emanating from frontline service providers who struggled to provide quality services themselves and who also wanted to help fellow professionals. Different case experiences, contextual perspectives, and community standards influenced these training efforts. In addition, these service providers were not directly communicating with one another about the content of their training or their theoretical approaches. This further supported the existence of various approaches and the lack of standardized training language regarding forensic interviewing.

It is now widely accepted that professionals should have formal initial and ongoing forensic interview training (National Children’s Alliance [NCA], 2011). However, the field has yet to determine one standardized practice to follow throughout the country. Although national training programs are generally based on the same body of research, some differences exist. Focusing on the variations among them often obscures consistencies within the various forensic interview models. In some cases, the veracity of the child’s statement or the performance of the forensic interviewer has been questioned solely on the basis of the model being used. However, forensic interviewers often receive training in multiple models and use a blended approach to best meet the needs of the child they are interviewing (Midwest Regional Children’s Advocacy Center [MRCAC], 2014). Furthermore, the model being used and any subsequent adaptations to it are often rooted in jurisdictional expectations. State statutes and case law dictate aspects of interview practice, further demonstrating that no one method can always be the best choice for every forensic interview.

In 2010, representatives of several major forensic interview training programs—the American Professional Society on the Abuse of Children, the CornerHouse Interagency Child Abuse Evaluation and Training Center, the Gundersen National Child Protection Training Center, the National Children’s Advocacy Center, and the National Institute of Child Health and Human Development—gathered to review their programs’ differences and similarities. The resulting discussions led to this bulletin, which consolidates current knowledge on the generally accepted best practices of those conducting forensic interviews of children in cases of alleged abuse or exposure to violence.

This nation must remain committed to consistently putting the needs of children first. It is the authors' hope that this document will become an essential part of every forensic interview training program and will be widely used as an authoritative treatise on the implementation of best practices in forensic interviewing.

## Purpose of the Child Forensic Interview

The forensic interview is one component of a comprehensive child abuse investigation, which includes, but is not limited to, the following disciplines: law enforcement and child protection investigators, prosecutors, child protection attorneys, victim advocates, and medical and mental health practitioners. Although not all of the concerned disciplines may directly participate in or observe the forensic interview, each party may benefit from the information obtained during the interview (Jones et al., 2005).

Most child abuse investigations begin with a forensic interview of the child, which then provides direction for other aspects of the investigation. Although forensic interviewers are trained to conduct quality interviews, it is important to note there is no “perfect” interview.

For the purposes of this bulletin, and in an effort to build consensus within the field, the authors offer the following definition of a child forensic interview:

A forensic interview of a child is a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse or exposure to violence. This interview is conducted by a competently trained, neutral professional utilizing research and practice-informed techniques as part of a larger investigative process.

## Historical Context

In the 1980s, several high-profile cases involving allegations that daycare providers had sexually abused multiple children in their care became the subject of considerable analysis because of the interview techniques that were used (Ceci and Bruck, 1995). Law enforcement depended on mental health practitioners because of their ability to establish rapport with children. However, mental health practitioners often used therapeutic techniques that were later deemed inappropriate for forensic purposes, primarily because of concerns regarding suggestibility. The courts scrutinized the interview procedures used in these early cases and found that techniques that invited

make-believe or pretending were inappropriate for criminal investigations.

As awareness of child abuse grew, professionals realized that it might take special skills to interview children. Sgroi (1978) was the first medical/mental health professional to address the issue of investigative interviewing in the literature. The American Professional Society on the Abuse of Children (APSAC) wrote the first practice guidelines—*Psychosocial Evaluation of Suspected Sexual Abuse in Young Children* (APSAC, 1990)—the title of which reflects the initial focus of these interviews: mental health. Today, the focus has shifted from the mental health or clinical perspective to a forensic perspective. Even the nomenclature changed to include terms such as “forensic interview” and “child forensic interview training.”

In the late 1980s and early 1990s, substantial empirical literature discussed children's developmental capabilities and appropriate ways of engaging them in the interview process. The Cognitive Interview (Fisher and Geiselman, 1992) and Narrative Elaboration (Saywitz, Geiselman, and Bornstein, 1992) models included specific strategies that applied memory-based techniques to elicit detailed information from witnesses. Traces of both models remain in current approaches to evidence-based forensic interviewing (Saywitz and Camparo, 2009; Saywitz, Lyon, and Goodman, 2011).

## Considerations Regarding the Child

Many influences have an impact on a child's experience of abuse and on his or her ability to encode and communicate information. These influences interact in a uniquely individual manner, such that no two children will ever engage or relate their experiences in the same way or with the same level of detail and clarity. This section describes the major influences on children's memory, language abilities, and motivation to converse.

### Development

All of the forensic interviewing models agree that considering the age and development of the child is essential. Lamb and colleagues (2015) state that “age is the most important determinant of children's memory capacity.” A child's age and developmental abilities influence his or her perception of an experience and the amount of information that they can store in long-term memory (Pipe and Salmon, 2002). Infants and toddlers can recall experiences, as demonstrated through behavioral reactions to people, objects, and environments; however, these early memories are not associated with verbal descriptions. Even as they begin to develop their language



capabilities, young children are less able to make sense of unfamiliar experiences, have a more limited vocabulary, and are less accustomed to engaging in conversations about past experiences than older children. As children age, their attention span improves and they are better prepared to comprehend, notice unique elements, and describe their experiences verbally. This, in turn, allows them to store more information and also allows them to discuss remembered events with others, which further serves to consolidate and strengthen memories. Children of all ages are more likely to recall salient and personally experienced details rather than peripheral details (Perona, Bottoms, and Sorenson, 2006).

Metacognition—the ability to recognize whether one understands a question and has stored and can retrieve relevant information—also improves as children mature. Very young children find it difficult to focus their attention and to search their memory effectively when interviewed. They may simply respond to recognized words or simple phrases without considering the entire question, and they are unable to monitor their comprehension or answers to questions (Lamb et al., 2015). As children grow older, both natural development and knowledge gained from school improve their skills.

Remembering an experience does not ensure that a child will be able to describe it for others. Forensic interviews are challenging for children, as they involve very different conversational patterns and an unfamiliar demand for detail (Lamb and Brown, 2006). Young children may use words before they completely understand their meaning and may continue to confuse even simple concepts and terms such as “tomorrow,” “a lot,” or “a long time.” As children mature, they acquire the ability to use words in a more culturally normative way, although terminology for sexual encounters, internal thoughts and feelings, and particularly forensic and legal matters may be beyond their grasp (Walker, 2013). Forensic interviewers and

those who evaluate the statements that children make in a legal context would do well to appreciate the many extraordinary demands made on child witnesses.

Although concerns about younger children’s verbal and cognitive abilities are well recognized, the challenges of effectively interviewing adolescents are often overlooked. Because adolescents look much like adults, forensic interviewers and multidisciplinary team members may fail to appreciate that adolescents vary greatly in their verbal and cognitive abilities and thus fail to build rapport, provide interview instructions, or ensure the comprehension of questions (Walker, 2013). Ever conscious of wanting to appear competent, adolescents may be reluctant to ask for assistance.

Forensic interviewers and investigators must guard against unreasonably high expectations for teenage witnesses and should not adopt a less supportive approach or use convoluted language, which will complicate matters.

## Culture and Development

A child’s family, social network, socioeconomic environment, and culture influence his or her development, linguistic style, perception of experiences, and ability to focus attention (Alaggia, 2010). Cultural differences may present communication challenges and can lead to misunderstandings within the forensic interview. Fontes (2008) highlights the importance of having clear-cut guidelines and strategies for taking culture into account when assessing whether child abuse or neglect has occurred. Forensic interviewers and investigators must consider the influence of culture on perception of experiences, memory formation, language, linguistic style, comfort with talking to strangers in a formal setting, and values about family loyalty and privacy when questioning children and evaluating their statements (Fontes, 2005, 2008; Perona, Bottoms, and Sorenson, 2006).

## Disabilities

Children with disabilities are potentially at greater risk for abuse and neglect than children without disabilities (Hershkowitz, Lamb, and Horowitz, 2007; Kendall-Tackett et al., 2005). Forensic interviewers are unlikely



*“Cultural differences may present communication challenges and can lead to misunderstandings within the forensic interview.”*

to have specialized training or experience in the broad field of disabilities or regarding developmental or medical concerns; thus, collaboration is often necessary to successfully interview these children. Interviewers should use local resources—including disability specialists or other professionals who work with children and their primary caregivers—to gain insight into the functioning of specific children and any needs they may have for special accommodations (Davies and Faller, 2007). The interviewer may have to adapt each stage of the interview, balancing these adaptations with the demand for forensic integrity (Baladerian, 1997; Hershkowitz, Lamb, and Horowitz, 2007). More than one interview session may be necessary to gain the child’s trust, adapt to the child’s communication style and limitations, and allow adequate time to gather information (Faller, Cordisco Steele, and Nelson-Gardell, 2010).

## Trauma

Children who have been victims of maltreatment or were witnesses to violent crime often react uniquely to their experiences. Forensic interviewers must be cognizant of factors that mitigate or enhance the impact, as trauma symptoms may interfere with a child’s ability or willingness to report information about violent incidents (Ziegler, 2002). The memories of children who have suffered extreme forms of trauma may be impaired or distorted (Feiring and Tasca, 2005); these children may not recall their experiences in a linear fashion but, instead, as “flashbulb memories” or snapshots of their victimization (Berliner et al., 2003). In addition, their memories of traumatic experiences may be limited, with a particular emphasis on central rather than peripheral details (Fivush, Peterson, and Schwarzmüller, 2002). Interviewers and those involved in investigating child abuse may need to modify their expectations of what a traumatized child is able to report. They should not attempt to force a disclosure or continue an interview when a child becomes overly distressed, which may revictimize the child. Children who are severely traumatized may benefit from additional support and multiple, nonduplicative interview sessions (Faller, Cordisco Steele, and Nelson-Gardell, 2010; La Rooy et al., 2010).

## Disclosure

Understanding the disclosure process is critical for both the investigative process and child protection outcomes. Research to date on children’s disclosure of sexual abuse—based mainly on retrospective surveys of adults and reviews of past child abuse investigations—indicates that no single pattern of disclosure is predominant (Lyon and Ahern, 2010). Disclosure happens along a continuum ranging from denial to nondisclosure to reluctant disclosure to incomplete disclosure to a full accounting of an abusive incident (Olafson and Lederman, 2006). Some children also disclose less directly, over a period of time, through a variety of behaviors and actions, including discussions and indirect nonverbal cues (Alaggia, 2004).

The interaction of individual characteristics, interviewer behavior, family relationships, community influences, and cultural and societal attitudes determines whether, when, and how children disclose abuse (Alaggia, 2010; Bottoms, Quas, and Davis, 2007; Hershkowitz et al., 2006; Lyon and Ahern, 2010). Factors that help to explain a child’s reluctance are age, relationship with the alleged offender, lack of parental support, gender, fear of consequences for disclosing, and fear of not being believed (Malloy, Brubacher, and Lamb, 2011; McElvaney, 2013). A review of contemporary literature reveals that when disclosure does occur, significant delays are common. In a recent analysis of child sexual abuse disclosure patterns, Alaggia (2010) found that as many as 60 to 80 percent of children and adolescents do not disclose until adulthood. If outside corroborative evidence exists (e.g., physical evidence, offender confessions, recordings, witness statements), there is still a high rate of nondisclosure (Lyon, 2007; Sjöberg and Lindblad, 2002). Furthermore, children who disclose often do not recount their experiences fully and may, over time, provide additional information (McElvaney, 2013).

Current literature on children’s disclosure of sexual abuse has implications for practice. According to Malloy, Brubacher, and Lamb (2013), precipitating events or people frequently motivate children to disclose abuse. Some children require a triggering event, such as a school

safety presentation, to allow them to discuss abuse without being the one to broach the subject (McElvaney, 2013). Other children may need to be questioned specifically about the possibility of abuse. Child abuse professionals should understand the many intersecting dynamics that help a child disclose maltreatment and should be open to the possibility that disclosure is not an all-or-nothing event.

## Considerations Regarding the Interview

Almost universal agreement exists regarding the need to interview children about allegations of abuse. Once this is accepted, there are a number of important considerations, such as timing, documentation, setting, interviewer, questions to be asked, and whether to use interview aids/media.

### Timing

Conduct the forensic interview as soon after the initial disclosure of abuse, or after witnessing violence, as the child's mental status will permit and as soon as a multidisciplinary team response can be coordinated (APSAC, 2012; Saywitz and Camparo, 2009). As time passes, the opportunity to collect potential corroborative evidence may diminish, children's fortitude to disclose may wane, and opportunities for contamination, whether intentional or accidental, increase (Johnson, 2009). However, children who are overly fatigued, hungry, frightened, suffering from shock, or still processing their traumatic experiences may not be effective reporters in a forensic interview (APSAC, 2012; Home Office, 2007; Myers, 2005).

### Documentation

Electronic recordings are the most complete and accurate way to document forensic interviews (Cauci and Powell, 2009; Lamb et al., 2000), capturing the exchange between the child and the interviewer and the exact wording of questions (Faller, 2007; Warren and Woodall, 1999). Video recordings, used in 90 percent of Children's Advocacy Centers (CACs) nationally (MRCAC, 2014), allow the trier of fact in legal proceedings to witness all forms of the child's communication. Recordings make the interview process transparent, documenting that the interviewer and the multidisciplinary team avoided inappropriate interactions with the child (Faller, 2007). Recorded forensic interviews also allow interviewers and others to review their work and facilitate skill development and integrity of practice (Lamb, Sternberg, Orbach, Esplin, and Mitchell, 2002; Price and Roberts, 2011; Stewart, Katz, and La Rooy, 2011).

## Neutral and Objective Setting

The National Children's Alliance (NCA), as a part of its accreditation process, requires CACs to provide child-focused settings that are "comfortable, private, and both physically and psychologically safe for diverse populations of children and their non-offending family members" (NCA, 2011:36). However, there is a dearth of literature on what constitutes a child-friendly environment (NCA, 2013).

Interview rooms come in all shapes and sizes, are often painted in warm colors, may incorporate child-sized furniture, and should only use artwork of a non-fantasy nature. The room should be equipped for audio- and video-recording, and case investigators and other CAC staff should be able to observe the forensic interview (Myers, 2005; NCA, 2013; Pence and Wilson, 1994). Although it is generally recommended that there be minimal distractions in the interview room (APSAC, 2012; Saywitz, Camparo, and Romanoff, 2010), opinions differ about the allowance of simple media, such as paper and markers. More recently published literature suggests that younger children may benefit from having access to paper and markers during the forensic interview (Poole and Dickinson, 2014). Materials that encourage play or fantasy are uniformly discouraged, as is any interpretation by the interviewer of the child's use of media or other products.

## Role of the Interviewer

Forensic interviewers should encourage the most accurate, complete, and candid information from a child and, to this end, the child should be the most communicative during the forensic interview (Teoh and Lamb, 2013). Interviewers must balance forensic concerns with decisions about how much information to introduce (APSAC, 2012; Orbach and Pipe, 2011). In addition, they should be attentive to the possibility that their preconceived ideas may bias the information gathered—particularly if the interview is conducted in an unduly leading or suggestive manner—and should avoid such practices (Ceci and Bruck, 1995; Faller, 2007).

## Question Type

Maximizing the amount of information obtained through children's free recall memory is universally accepted among forensic interview models as a best practice. Forensic interviewers should use open-ended and cued questions skillfully and appropriately to support children's ability and willingness to describe remembered experiences in their own words (Lamb, Orbach, Hershkowitz, Esplin, and Horowitz, 2007; Myers, 2005; Saywitz and Camparo, 2009; Saywitz, Lyon, and Goodman, 2011). Ask more focused questions later in the interview, depending on the developmental abilities of the child, the child's degree of



candor or reluctance, the immediacy of child protection issues, and the existence of reliable information previously gathered (e.g., suspect confession, photographs) (Imhoff and Baker-Ward, 1999; Lamb et al., 2003; Perona, Bottoms, and Sorenson, 2006). This approach reduces the risk of the interviewer contaminating the child's account.

A common language for labeling the format of questions does not exist; however, similarities in currently used labels do exist (Anderson, 2013; APSAC, 2012; Lyon, 2010). Agreement also exists that questions should not be judged in isolation. The labels for memory prompts may be classified into two main categories—recall and recognition—and are based on the type of memory accessed.

Recall prompts are open-ended, inviting the child to tell everything he or she remembers in his or her own words; such prompts have been shown to increase accuracy (Lamb, Orbach, Hershkowitz, Horowitz, and Abbott, 2007; Lamb et al., 2008). Open-ended questions encourage children to elaborate and to include salient details without significant input from the interviewer, who should use them throughout the interview. Recall prompts may include directives or questions, such as “Tell me everything that happened,” “And then what happened?” and “Tell me more about (specific person/action/place that the child previously mentioned).” Although the accounts retrieved through the use of recall prompts can be quite detailed and accurate, they may not be complete. Interviewers may ask specific, focused questions to obtain additional details about topics the child has already mentioned, using a “who, what, where, when, and how” format. Although these detailed questions focus the child on certain aspects of his or her report that are missing, the child may or may not recall such information. These questions may promote a narrative response or may elicit brief answers (Saywitz and Camparo, 2009; Hershkowitz et al., 2012). They do not introduce information or pose options to the child: “You said you were in the house. What room were you in?” followed by “Tell me about that.”

Once open-ended questions are exhausted, it may be necessary to progressively focus the query. Children may omit details because they do not know the significance of the information sought or because they are reluctant to divulge certain information. In contrast to recall prompts, recognition prompts provide the child with context or offer interviewer-created options. Recognition prompts may elicit greater detail once the child has exhausted his or her capability for narrative or when a child cannot comprehend a more open-ended question. The risk of using recognition prompts is that they may elicit responses that are less accurate or potentially erroneous if the child

feels compelled to reach beyond his or her stored memory. It is essential to use these questions judiciously, as over-use can significantly affect the integrity and fact-finding function of the interview (Faller, 2007; Lamb, Orbach, Hershkowitz, Horowitz, and Abbott, 2007; Myers, 2005; Perona, Bottoms, and Sorenson, 2006). Suggestive questions are those that “to one degree or another, [suggest] that the questioner is looking for a particular answer” (Myers, Saywitz, and Goodman, 1996) and should be avoided.

## Interview Aids/Media

The goal of a forensic interview is to have the child verbally describe his or her experience. A question remains, however, as to whether limiting children to verbal responses allows all children to fully recount their experiences, or whether media (e.g., paper, markers, anatomically detailed drawings or dolls) may be used during the interview to aid in descriptions (Brown et al., 2007; Katz and Hamama, 2013; Macleod, Gross, and Hayne, 2013; Patterson and Hayne, 2011; Poole and Dickinson, 2011; Russell, 2008). The use of media varies greatly by model and professional training. Decisions are most often made at the local level, and interviewer comfort and multidisciplinary team preferences may influence them. Ongoing research is necessary to shed further light on the influence of various types of media on children's verbal descriptions of remembered events.

## The Forensic Interview

Forensic interview models guide the interviewer through the various stages of a legally sound interview; they vary from highly structured/scripted to semi-structured (interviewers cover predetermined topics) to flexible (interviewers have greater latitude). All models include the following phases:

- The initial **rapport-building phase** typically comprises introductions with an age- and context-appropriate explanation of documentation methods, a review of interview instructions, a discussion of the importance of telling the truth, and practice providing narratives and episodic memory training.
- The **substantive phase** most often includes a narrative description of events, detail-seeking strategies, clarification, and testing of alternative hypotheses, when appropriate.
- The **closure phase** gives more attention to the socioemotional needs of a child, transitioning to nonsubstantive topics, allowing for questions, and discussing safety or educational messages.



Divergent research, state statutes, community standards, and identified child/case populations contribute to the variations among models. Lack of adherence to a particular model does not, in and of itself, deem an interview forensically unsound. Increasingly, forensic interviewers receive training in multiple models and use a blend of models individualized to the needs of the child and the case (MRCAC, 2014).

## Rapport-Building Phase

All interview models acknowledge that building rapport is important for both the child and the interviewer. During this phase, the child can begin to trust the interviewer and become oriented to the interview process. The interviewer can begin to understand the child's linguistic patterns, gauge the child's willingness to participate, and start to respond appropriately to the child's developmental, emotional, and cultural needs. A narrative approach to building rapport sets a pattern of interaction that should be maintained throughout the interview (Hershkowitz et al., 2015; Collins, Lincoln, and Frank, 2002; Hershkowitz, 2011).

## Interview Instructions

Giving interview instructions during the rapport-building phase sets expectations that the child should provide accurate and complete information and also mitigates suggestibility. The child's age may influence the number of instructions and, perhaps, the type of instructions that may be most helpful. Interviewers may want to include some of the following instructions:

- "I was not there and don't know what happened. When I ask you questions, I don't know the answer to those questions."
- "It's okay to say 'I don't know' or 'I don't understand that question.'"

- "Only talk about things that really happened." (This emphasizes the importance of the conversation.)

For younger children, interviewers may want to have them "practice" following each guideline to demonstrate their understanding (APSAC, 2012; Saywitz and Camparo, 2009; Saywitz, Lyon, and Goodman, 2011). When children demonstrate these skills spontaneously, interviewers should reinforce them.

## "Truth Versus Lies" Discussion

Recent research indicates that children may be less likely to make false statements if they have promised to tell the truth before the substantive phase of the interview (Lyon and Evans, 2014; Lyon and Dorado, 2008; Talwar et al., 2002). State statutes and community practices may vary about whether to include a "truth versus lies" discussion in forensic interviews. Some states require such a discussion or mandate that children take a developmentally appropriate oath before the substantive phase of the interview. In other states, interviewers have more autonomy regarding the techniques they use to encourage truth telling—to assess whether the child will be a competent witness in court and to increase the likelihood that the recorded interview will be admitted into evidence (Russell, 2006).

## Narrative Practice/Episodic Memory Training

A substantial body of research indicates that encouraging children to give detailed responses early in the interview (i.e., during the rapport-building phase) enhances their informative responses to open-ended prompts in the substantive portion of the interview. When interviewers encourage these narrative descriptions early on, children typically will begin to provide more details without interviewers having to resort to more direct or leading prompts (Brubacher, Roberts, and Powell, 2011; Lamb et al., 2008; Poole and Lamb, 1998).

To help a child practice providing narratives, the interviewer may select a topic that was raised during a response to an earlier question, such as "Tell me some things about yourself," "What do you like to do for fun?" or "What did you do this morning?"; ask a question about a favorite activity; or ask for a description of the child's morning. The interviewer should then instruct the child to describe that topic from "beginning to end and not to leave anything out." The interviewer should continue to use cued, open-ended questions that incorporate the child's own words or phrases to prompt the child to greater elaboration. The interviewer may cue the child to tell more about an object, person, location, details of the activity, or a particular segment of time. This allows the child to provide a forensically detailed description of a nonabuse event and enables the interviewer to begin to

understand the child's linguistic ability and style (APSAC, 2012; Saywitz and Camparo 2009; Saywitz, Lyon, and Goodman, 2011; Walker, 2013).

## Substantive Phase

The interviewer should be as open-ended and nonsuggestive as possible when introducing the topic of suspected abuse, using a prompt such as "What are you here to talk to me about today?" If the child acknowledges the target topic, the interviewer should follow up with another open invitation, such as "Tell me everything and don't leave anything out" (APSAC, 2012; Lamb et al., 2008; Orbach and Pipe, 2011; Saywitz and Camparo, 2009; Saywitz, Lyon, and Goodman, 2011) and proceed to the narrative and detail-gathering phase of the interview.

However, if a child is anxious or embarrassed, has been threatened or cautioned not to talk, or has not made a prior outcry of abuse, the interviewer may need a more focused approach (Pipe et al., 2007). There is a distinction between real and apparent reluctance. Real reluctance refers to children who are cautious and significantly unwilling to respond to questions, whereas apparent reluctance refers to children who are introspective before responding to questions. Interviewers should therefore allow for silence or hesitation without moving to more focused prompts too quickly. In many cases, gently reassuring the child that it is important for the interviewer to understand everything that happened can effectively combat a child's reluctance.

Interviewers should plan for this transitional period deliberately, taking into account the child's characteristics, information included in the initial report, and any case concerns (Smith and Milne, 2011). Variations exist among interviewing models as to the most effective and defensible way to help a reluctant child transition to the substantive portion of the interview. Broadly speaking, options range from (1) the use of escalating and focused prompts gleaned from information in the allegation report (APSAC, 2012; Lamb et al., 2008; Saywitz, Lyon, and Goodman, 2011) to (2) the use of an incremental approach exploring various topics, such as family members, caregiving routines, body safety, and so forth (APSAC, 2012; Faller, 2007) to (3) the use of human figure drawings along with a discussion of body safety and appropriate and inappropriate contact (Anderson et al., 2010).

Forensic interviewers who have been trained in multiple models may use a variety of options, depending on child and case characteristics. Use focused or direct prompts only if good reason exists to believe the child has been abused and the risk of continued abuse is greater than the risk of proceeding with an interview if no abuse has occurred (Lamb et al., 2008; Orbach and Pipe, 2011).

## Narrative and Detail Gathering

All forensic interview models direct the interviewer to ask the child to provide a narrative account of his or her experience to gain a clear and accurate description of alleged events in the child's own words. Do not interrupt this narrative, as it is the primary purpose of the forensic interview. Open-ended invitations ("Tell me more" or "What happened next?") and cued narrative requests ("Tell me more about [fill in with child's word]") elicit longer, more detailed, and less self-contradictory information from children and adolescents (Lamb et al., 2008; Orbach and Pipe, 2011; Perona, Bottoms, and Sorenson, 2006). Because of their relatively underdeveloped memory retrieval processes, very young or less cognitively and linguistically skilled children may require greater scaffolding and more narrowly focused open-ended questions to elicit information regarding remembered events (Faller, 2007; Hershkowitz et al., 2012; Lamb et al., 2003; Orbach and Pipe, 2011). Cued and open-ended prompts, attentive listening, silence, and facilitators, such as reflection and paraphrasing, may help (Evans and Roberts, 2009). Additionally, "wh" questions are the least leading way to ask about important but missing details and can either be open-ended ("What happened?") or more direct ("What was the man's name?") (Hershkowitz et al., 2006; Orbach and Pipe, 2011). Interviewers should delay the use of recognition prompts and questions that pose options for as long as possible (APSAC, 2012; Lamb et al., 2008; Saywitz and Camparo, 2009; Saywitz, Lyon, and Goodman, 2011).

Because many children experience multiple incidents of abuse, interviewers should ask them whether an event happened "one time or more than one time." If a child has been abused more than once, the interviewer should explore details regarding specific occurrences in a developmentally appropriate way (Walker, 2013), using the child's own wording to best cue the child to each incident (Brubacher, Roberts, and Powell, 2011; Brubacher et al., 2013; Brubacher and La Rooy, 2014; Schneider et al., 2011). Using prompts such as "first time," "last time," and other appropriate labels may lead to additional locations, acts, witnesses, or potential evidence.

No one recalls every detail about even well-remembered experiences. Questions related to core elements of the abuse can maximize the quantity and quality of information a child provides. Research suggests that children and adults may recall personally experienced events better than they recall peripheral details or events they witnessed (Perona, Bottoms, and Sorenson, 2006; Peterson, 2012).



Once the child's narrative account of an alleged incident(s) has been fully explored, the interviewer can then follow with focused questions, asking for sensory details, clarification, and other missing elements. If a child provides only brief responses, the interviewer should follow up by asking for additional information or explanation using focused questions that incorporate terms the child previously provided. Although particular elements may have forensic significance (e.g., temporal dating, number of events, sexual intent, penetration), the child may not have accurately perceived or stored the information in long-term memory (Friedman and Lyon, 2005; Hershkowitz et al., 2012; Orbach and Lamb, 2007; Lamb et al., 2015). Forensic interviewers should proceed with caution when encouraging children through the use of recognition prompts to provide such information.

Introducing externally derived information (e.g., information gathered outside the interview or that the child has not divulged) may be appropriate in some interviews. There is broad consensus, however, that interviewers should use such information with caution and only after attempting other questioning methods. It is important to understand the suggestibility of such information within the context of the overall interview, the other questions asked, the child's presentation and development, and the strength of any external evidence obtained. Before or during the interview, multidisciplinary teams should discuss how, if, and when to introduce externally derived information or evidence. The manner and extent to which this information is presented varies across jurisdictions and models.

### Alternative Hypotheses

Contextually appropriate questions that explore other viable hypotheses for a child's behaviors or statements are essential to the overall integrity of the interview. Allow the child to explain apparently contradictory information, particularly as it concerns forensically relevant details (e.g., the suspect's identity or specific acts committed). Additionally, the interviewer may need to explore the circumstances surrounding the targeted event to distinguish abuse from caregiving activities, particularly with a young child or one with limited abilities.

Questions about the child's source of information or prior conversations or instructions may be helpful if there are concerns about possible coaching or contamination. There is no one set of questions used routinely in every interview, as child characteristics, contextual settings, allegations, and case specifics vary greatly.

### Consultation With the Multidisciplinary Team

Forensic interviews are best conducted within a multidisciplinary team context, as coordinating an investigation has been shown to increase the efficiency of the investigation while minimizing system-induced trauma in the child (Cronch, Viljoen, and Hansen, 2006; Jones et al., 2005). Before the interview, multidisciplinary team members should discuss possible barriers, case-specific concerns, and interviewing strategies, such as how best to introduce externally derived information, should that be necessary. Regardless of whether the forensic interview is conducted at a CAC or other child-friendly facility, the interviewer should communicate with the team members observing the interview to determine whether to raise additional questions or whether there are any ambiguities or apparent contradictions to resolve (Home Office, 2007; Jones et al., 2005). The interviewer often has to balance the team's request for further questions with the need to maintain legal defensibility and with the child's ability to provide the information requested.

### Closure Phase

The closure phase helps provide a respectful end to a conversation that may have been emotionally challenging for the child. The interviewer may use various strategies during this phase (Anderson et al., 2010; APSAC, 2012; Home Office, 2007; Poole and Lamb, 1998):

- Ask the child if there is something else the interviewer needs to know.
- Ask the child if there is something he or she wants to tell or ask the interviewer.
- Thank the child for his or her effort rather than for specific content.

*"Because many children experience multiple incidents of abuse, interviewers should ask them whether an event happened 'one time or more than one time.'"*

- Address the topic of safety plans and educational materials and provide a contact number for additional help.

## Other Considerations

Multiple evidence-supported forensic interview models are used throughout the United States, and all of these require the interviewer to adapt the model to the needs of each child based on unique situational variables. Some of the more commonly faced situational variables are highlighted below.

### Multiple, Nonduplicative Interviews

One comprehensive forensic interview is sufficient for many children, particularly if the child made a previous disclosure, possesses adequate language skills, and has the support of a family member or other close adult (APSAC, 2002; Faller, 2007; London et al., 2007; NCA, 2011; Olafson and Lederman, 2006). The literature clearly demonstrates the dangers of multiple interviewers repeatedly questioning a child or conducting duplicative interviews (Ceci and Bruck, 1995; Fivush, Peterson, and Schwarzmuller, 2002; Malloy and Quas, 2009; Poole and Lamb, 1998; Poole and Lindsay, 2002). However, some children require more time and familiarity to become comfortable and to develop trust in both the process and the interviewer. Recent research indicates that multiple interview sessions may allow reluctant, young, or traumatized children the opportunity to more clearly and completely share information (Leander, 2010; Pipe et al., 2007). Multiple, nonduplicative interviews are most effective when the interviewer uses best practices in forensic interviewing; adapts the interview structure to the developmental, cultural, and emotional needs of the child; and avoids suggestive and coercive approaches (Faller, Cordisco Steele, and Nelson-Gardell, 2010; La Rooy et al., 2010; La Rooy, Lamb, and Pipe, 2009).

### Supervision and Peer Review

Although agreement exists that knowledge of forensic interviewing significantly increases through training,

this newly acquired knowledge does not always translate into significant changes in interviewer practices (Lamb, Sternberg, Orbach, Hershkowitz, Horowitz, and Esplin, 2002; Lamb et al., 2008; Price and Roberts, 2011; Stewart, Katz, and La Rooy, 2011). Supervision, peer reviews, and other forms of feedback should help forensic interviewers integrate the skills they learned during initial training and also improve their practice over time.

Supervision facilitates one-on-one interaction between a more experienced forensic interviewer and a professional new to the job and may or may not include assessment of the interviewer's performance (Price and Roberts, 2011; Stewart, Katz, and La Rooy, 2011). Larger CACs may employ multiple forensic interviewers who can provide individual support to newly trained interviewers. Often, CACs operating within a regional service area undertake similar efforts.

Peer review is a facilitated discussion with other interviewers or team members and is intended to both maintain and increase desirable practices in forensic interviewing (Stewart, Katz, and La Rooy, 2011). It is an opportunity for forensic interviewers to receive emotional and professional support and for other professionals to critique their work. The peer review should be a formalized process in a neutral environment with established group norms and a shared understanding of goals, processes, and purpose. Power dynamics, a lack of cohesion, and differing expectations can easily derail peer review efforts, leading to a failure to achieve real improvements in practice. Training in the use of tools for providing more effective feedback (e.g., guidelines for giving and receiving feedback), checklists to assist peer reviewers in defining practice aspects for review, and strong leadership can assist practitioners in establishing a meaningful and productive process.





## Vicarious Trauma and Self-Care

Professionals exposed to the reports of abuse and victimization of children often suffer from vicarious traumatization, an affliction commonly called “the cost of caring” that has symptoms similar to those of posttraumatic stress disorder (Figley, 1995; Perron and Hiltz, 2006; Lipsky and Burk, 2009). Studies suggest that forensic interviewers, law enforcement officers, child protection workers, victim advocates, therapists, medical personnel, attorneys, and judges can all suffer from repeatedly hearing reports of child victimization (Conrad and Kellar-Guenther, 2006; Perron and Hiltz, 2006; Russell, 2010).

Vicarious trauma can be mitigated at multiple levels. Supervisors and organizations should be particularly attentive to the mental health of their staff and should be aware of factors that can exacerbate the development of vicarious trauma, including gender, past personal trauma, work dissatisfaction, large caseloads, long hours, and a lack of personal and professional support systems (Meyers and Cornille, 2002). Individuals should recognize the benefits of the work they undertake in their professional lives and celebrate their successes, knowing they have made a difference in a child’s life.

## Summary

The CAC movement was born out of the concept that the traditional fragmented and duplicative child abuse investigative process was not in the best interests of children. The multidisciplinary team approach has proven to be more child-friendly and better able to meet the needs of children and their families (Bonarch, Mabry, and Potts-Henry, 2010; Miller and Rubin, 2009). This revolutionary approach should continue to guide the nation’s response to child abuse investigations. To increase the likelihood of successful outcomes for all children, it is imperative to continue ongoing discussions among professionals in both direct service delivery and program planning.

Although there have been significant efforts over the past several decades to improve the nation’s response to child maltreatment, these efforts have often emanated from a single program or region without leading to a national debate on a particular topic, such as the development of forensic interviewing with children. This bulletin serves as the first collaborative effort, by professionals from many nationally recognized forensic interview training programs, to summarize the current knowledge and application of best practices in the field.

## INTERVIEWER TIPS

### Overall Considerations

- Conduct the interview as soon as possible after initial disclosure.
- Record the interview electronically.
- Hold the interview in a safe, child-friendly environment.
- Use open-ended questions throughout the interview, delaying the use of more focused questions for as long as possible.
- Consider the child’s age, developmental ability, and culture.

### Building Rapport With the Child

- Engage the child in brief conversation about his or her interests or activities.
- Provide an opportunity for the child to describe a recent nonabuse-related experience in detail.
- Describe the interview ground rules.
- Discuss the importance of telling the truth.

### Conducting the Interview

- Transition to the topic of the suspected abuse carefully, taking into account the characteristics of the child and the case.
- Ask the child to describe his or her experience in detail, and do not interrupt the child during this initial narrative account.
- Once the initial account is fully explored, begin to ask more focused questions if needed to gather additional details, get clarification, or fill in missing information.
- Mirror the child’s wording when asking followup questions.
- Exercise caution at this stage. Use focused queries judiciously and avoid suggestive questions that could compel the child to respond inaccurately.
- Explore other viable hypotheses for the child’s behaviors or statements.
- Consult with those observing the interview to determine whether to raise additional questions or whether to resolve any ambiguities or contradictions.

### Ending the Interview

- Ask the child if there is anything else he or she would like to share or to ask.
- Discuss safety plans and provide educational materials.
- Thank the child for participating.

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# Guide for Forensic Interviewing of Spanish-Speaking Children

A PUBLICATION OF  
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## Resources

- California Governor's Office of Criminal Justice Planning, Children's Branch. (1999). *Guía bilingüe para entrevistadores de menores víctimas de atentados al pudor y abuso deshonesto (Child molestation and sexual abuse interviewer's guide)*. Sacramento
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# Introduction

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The forensic interview, in the context of a Multi-disciplinary Interview Center (MDIC) or Multi-disciplinary Interview Team (MDIT), was uncommon in California two decades ago. In the early 1980s, some counties recognized that children were being subjected to multiple interviews and took steps toward multi-agency coordination. In 1984, a movement toward multi-disciplinary investigations for allegations of child sexual abuse began when California Attorney General John Van De Kamp established a Commission on the Enforcement of Child Abuse Laws. One task of the Commission was to recommend legislative and regulatory initiatives to improve efforts to prevent, identify, investigate and prosecute child abuse cases.

The current situation, with some form of MDIC in existence in almost every California county, is one result of legislative activity based on the recommendations of the Commission. It is now considered “best practice” to use MDICs to conduct one comprehensive interview (or as few as possible) for use by all agencies involved in investigating the crime. The MDIC provides a child-centered environment and a highly trained interviewer who understands the needs of the child as well as the requirements of the disciplines represented by the other team members.

Spanish-speaking children present special challenges for MDIC interviewers and others investigating crimes against children. Language differences and cultural issues need to be considered when working with this population. Educating the multi-disciplinary interview team on these differences and challenges is vitally important to the success of the interview.

The purpose of this guide is to provide helpful insights and strategies for persons interviewing Spanish-speaking monolingual and bilingual children. It also includes useful information for interpreters and suggestions for how multi-disciplinary interview teams can work together to obtain the best results.

The goal is to help interviewers, interpreters and other MDIC team members conduct interviews that are culturally sensitive, linguistically correct, and forensically sound. To further this goal, this document discusses ways to prepare an MDIC team to work together more successfully in cases involving Spanish-speaking children. It examines some of the cultural issues that may arise, and the significant differences between Spanish and English that can affect an interview. It offers strategies to use when working with children who speak only Spanish, those who are bilingual, and those who are just learning both languages. Suggestions to help interviewers work effectively with interpreters and translators are also included. Awareness and education are key to doing the best job possible for the children and families whose lives have been forever changed by child sexual abuse.

## **Content Overview**

This manual is divided into five chapters. The following is an outline of topic areas contained in each chapter.

### **Preparing the Team**

- How to educate a team about the special issues that affect interviews with Spanish-speaking children.
- How to handle the logistical demands of working as a team.
- How to set policies and make team decisions.
- How to increase the team's comprehension of the Spanish interview.

### **Cultural Issues**

- How values and cultural factors may affect an interview.
- Cultural issues that may affect disclosure.
- How ethnicity, race, and country of origin may affect an interview.

### **Meeting the Child/Family**

- How to establish trust with the family and set an open, cooperative tone for interactions with them.
- What information to provide the family about the forensic interview and the criminal justice system.

### **Conducting the Interview**

- Specific examples of differences between Spanish and English that may affect an interview.
- How to make an informed choice between Spanish and English for an interview.
- Factors that affect the accuracy of transcription and translation.

### **The Role of the Interpreter**

- How to prepare as an interpreter.
- How to work with the child and family as an interpreter.
- Some ground rules for interpreters.
- How the forensic interviewer can work with and support an interpreter.
- Challenges when working with interpreters.



# Preparing the Team

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A team consists of representatives of different agencies, which can present challenges with regard to coordination of meetings and agreement on protocol. Because members have their own agendas, their views of the needs of the center and interview will be different. All team members must agree on protocol, specifically as it relates to Spanish-speaking children. They must commit to doing what is best for the child and to being open to the viewpoints of the others.

## ***All team members and observers need preparation.***

As this guidebook describes, there are differences between English, Spanish, and bilingual interviews. Law enforcement, district attorneys (DAs), interviewers, interpreters, and social workers should be educated on those differences. For example, they need to know: that a Spanish-language interview may be longer than an English-language interview; that it may be difficult to follow as an observer; that a thorough debriefing will be necessary to ensure that no one misses information due to language differences. Team members may not have had experience working with interpreters and translators and may not be aware of issues surrounding the translation of recorded interviews. Education is the key to having a well-prepared team.

## ***Educate team members about Spanish interviews.***

Suggestions:

- Support all team members' participation in Child Forensic Interview Trainings (CFIT).

It is important to involve team members of all disciplines (including law enforcement and DAs) in team training, including those trainings directed towards interviewing Spanish-speaking children. The CFIT training provides a good basic framework on forensic interviewing and allows for discussion of language issues.

- Keep focused as a team on the purpose and goals of forensic interviews.

The forensic interview is performed to aid in the investigation of an allegation and can also have therapeutic benefits. One goal is to inflict less trauma on a child by performing fewer interviews. Therefore, having the best interviewers, interpreters, translators, and well-informed team members at every center is very important.

- Take advantage of teaching and learning moments.

Case review can be a great setting to involve the whole team. Try to review Spanish-speaking interviews. Consider these questions:

- What did the team do well?

- What could have been done better, where did the interview go wrong?
- How can this information help the team next time?
- Is the interpreter working with the team?
- Is there need for further training?

As is standard in all case reviews, be sure that it is a positive experience, not an exercise in assigning blame.

***Be flexible during Spanish interviews.***

Team members need to be aware of the different dynamics and structures required when working with Latino families. These include:

- Longer rapport building and trust.

Although team members' time is valuable, it is vital to spend time building rapport with the child. Time spent getting to know the child and assessing his or her comfort in the setting is not wasted, but rather essential to the success of the child's disclosure. Language complications may necessitate even longer rapport building than usual.

- Longer interviews, especially when an interpreter is involved.

Interpretation can double the length of the interview. There tend to be more pauses, greater need for clarification, and sometimes the need to repeat things back, or ask the question again in the other language in order to compare the answers.

- More breaks may be required.

Breaks are usually required more frequently when using an interpreter. This is to give the interpreter, child and/or interviewer a chance to "regroup". The child may be anxious and need to check on the family. The forensic interviewer, interpreter and team may need to discuss issues or approaches for the remainder of the interview. It is difficult work for all involved, and the team should be sensitive to the challenges for the child, the family and themselves.

***Agree on protocol***

Adopt a protocol for Spanish-speaking interviews. The following are some successful practices.

- Have bilingual/bicultural interviewers and/or interpreters available. If you are unable to have Spanish-speaking interviewers or interpreters on staff, contact nearby counties to ask about resources they might be able to share.
- Maintain a list of potential interpreters who have attended some type of CFIT training. Include District Attorneys, law enforcement, Child Protective Services (CPS), court reporters, and social workers who are bilingual.

- Have CFIT training available for all interviewers, interpreters and other team members. Include cultural issues in the training.
- Advocates should be bilingual if possible. They can translate for the family if the family has questions before or after the interview. They can remain with the family in the waiting room during the interview. They can explain the purpose of forms the family needs to sign. The family can contact the advocate when they have questions, and the advocate can provide support through the trial. It is not appropriate for a bilingual interviewer to function as the interpreter outside of the interview room. Do not rely on a bilingual interviewer to interpret for an advocate.
- The District Attorney and law enforcement officer also need to have someone other than a bilingual interviewer available to help them speak with the family.
- If possible, have a member from each discipline on the team be a back-up interpreter. Decide what qualifications the interpreter must meet.
- If the interviewer is bilingual and the interview will be done in Spanish, have someone in the observation room to translate for the rest of the team members. This will make the interview flow smoothly for everyone. The child does not have to be concerned with what the interviewer is saying during the translation, and the team members will understand what is going on without any interruptions. Be aware, though, that an interpreter in the observation room may not be as useful for court as having the interviewer and interpreter repeat the child's statements out loud on tape.
- Develop a protocol with your DA's office regarding the expectations of first responders. Many counties prefer that the child does not give an extensive detailed interview to the first responder (officer or CPS). Conduct frequent first-responder training within the counties to help first responders understand the expectations of the team.
- First responders should avoid using family members as interpreters. In the field, a family member may be the only person available to interpret, but exercise caution, since family members may not be objective. Leave the details of the crime to the forensic interview process to avoid contamination of testimony.

***Meet regularly.***

Regular team meetings are necessary to make and maintain policies and procedures. Representatives of each disciplinary component should be at the meetings to share information and express concerns.

***Have Spanish-speaking staff meet regularly with their peers.***

Have Spanish-speaking team members meet with each other or peers in other counties that have Spanish-speaking interviewers/translators. Add peer review to your protocol for Spanish-speaking interviewers. The CATT center provides no-cost Spanish-speaking interviewer peer review sessions.

# Cultural Issues

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## Values and Norms

Being acquainted with the cultures and values of the populations that an MDIC serves will make team members more effective in achieving positive outcomes of forensic interviews. This chapter discusses cultural factors that may be relevant when interviewing Spanish-speaking children.

### ***A strong cultural admonition against telling family secrets may inhibit Spanish-speaking children and families from discussing abuse.***

Many families will not report abuse due to the fear of what society might say. Children are told to keep family secrets to avoid bringing shame upon the family.

In some cultures, it is considered shameful if a female in the family is sexually abused or raped. Fathers in particular may feel ashamed for failing to protect their children, and may be unwilling to shame the family more by making the abuse public.

Family members may blame the child and not the accused offender, especially if it is the child's stepfather or the mother's boyfriend. You may hear comments such as "She should have stayed away from him" or "She was always flirting with him."

It may also be that the family feels neglected by the legal system due to the language barrier. If the family feels law enforcement will not pursue the case, they might consider it unnecessary to cause more shame to the family by reporting the abuse.

### ***A child's familiarity with sex acts could be due to a shared bedroom, not to sexual abuse.***

Many migrant families do not have a large income, but do have large families. At times, you will find a family of eight living in a two-bedroom home. Boys and girls might have to share a bedroom, and even a bed. These kids may see nothing wrong with dressing and undressing in front of each other. Many children might also have to sleep in the same bed as their parents due to lack of space and income.

As with any other child, ask questions pertaining to income and living situations. Ask if they have ever seen anyone perform the sexual acts they have described (do not mention anything the child has not described, to avoid the risk of planting images they might later "disclose"). Many times children will tell you that their parents thought the children were asleep when they were engaging in a sexual



act. Also ask the children about pornographic videos or magazines. Is the child describing something experienced, or something observed?

***In some Spanish-speaking cultures, non-sexual touching of children's private areas may be customary.***

This is not always the case, but be aware that in Spanish-speaking cultures some men may show their pride in their sons by touching their son's penis, especially around other men. The touching is not sexual. Some men will make statements such as "Ese es miyo" ("That's my boy") as they touch the boy. This is never the case with females (female genitals are not to be touched). Again, try to understand the culture. This is not to say that Latino men do not sexually abuse children, but be aware of the difference when speaking with children and families.

Conversely, don't accept as "cultural difference" an excuse for what is clearly unacceptable touching ("I was checking to see whether she was a virgin.").

***The age at which sexual activity for females is acceptable is lower in some Spanish-speaking cultures.***

In many cultures, not all, females are expected to find a husband at a very young age. In these situations, the family might not feel that a relationship between a girl aged 13-16 and a male in his 20s or 30s is child abuse. Instead, they might push for marriage. They might not see the need to involve law enforcement and might even see the team as interfering.

## **Cultural Issues that Affect Disclosure**

***Spanish-speaking communities tend to be tightly knit, and disclosure could result in members becoming outcasts.***

When a child from a large extended family discloses abuse within the family, some family members may turn against the child or other family members that are supportive to the child and blame them for the arrest of the accused suspect. The child and supportive family members might be cast out from the immediate family or even from the larger community. These children feel responsible for breaking up the family. A family that has just migrated from their homeland might be living with, or otherwise dependent on, the suspect. The fear of being homeless might keep them from reporting.

***Economic repercussions of disclosure are likely to be profound.***

As with other cultures, the alleged suspect might be the main (or only) provider for the family. This might be a reason for the child not to disclose or to be told not to disclose. Be sensitive to these issues. Many of these children will blame themselves for breaking up the family and not having enough income to survive. Assess the living situations with the children. Assess for any domestic violence at

home. Is the mother able to find a job to support the children? Does the mother drive? The suspect might be the only legal resident or citizen in the family. Have they ever heard the father threaten the mother with deportation?

***Cultural and socio-economic factors will affect the child's vocabulary.***

It is important for the interviewer and for the rest of the team members to understand the child's cultural background. Not all Spanish-speaking children speak the same type of Spanish or have the same educational opportunities. When describing body parts, some might use proper terms, while others use street slang. The words being used by the child should guide the words chosen by the interviewer.

However, don't assume every Spanish-speaking child is poorly educated. Many of these children may have received a good education in their country of origin.

## **Ethnicity and Country of Origin**

***Country of origin can affect dialect and culture.***

Although Latinos are often referred to as if they were a homogeneous group, in fact nothing could be further from the truth. Culture and language variants can vary greatly between countries, as well as regionally and among classes and ethnic groups within a country. Educate yourself about the cultural and linguistic differences among the Spanish-speaking peoples in your area, and take the time to learn about the individuals with whom you will work. Don't assume that their attitudes or behavior will conform to your ideas of a "typical" Latino.

***Culture is distinct from ethnicity.***

Don't assume two children with the same ethnicity share the same culture. Other factors such as socio/economic status, education, and religion may have a stronger influence on culture than ethnicity.

***Ethnicity is distinct from national origin.***

Don't assume that people from the same country share an ethnic heritage. Many Spanish-speaking countries are "melting pots" much like the U.S. Various ethnic groups provide a great deal of cultural diversity within national boundaries. Indigenous peoples may be linguistically as well as culturally distinct from the dominant culture. Some ethnic groups maintain the culture of their country of origin, which might be European or Asian for a Spanish-speaking child.

# Meeting the Child/Family

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Despite our national diversity, racism and bigotry are very much a part of our culture in the United States. Since the events of September 11, 2001, immigrants or people of color have been increasingly viewed with suspicion.

In addition, due to their prior experiences, many Spanish-speaking families fear and distrust people in law enforcement or social services. Fear of deportation may also contribute to their reluctance to trust a total stranger to speak with their child. The following are suggestions to help you gain the child and the family's trust, provide them with the information they need, and maintain a positive and productive relationship.

## ***Acquaint the family with the team.***

Allow the family to meet and question the team members before the interview. Take your time and answer all questions about the MDIC. Many families feel more at ease when the District Attorney introduces him- or herself to the family. A basic greeting in Spanish, such as *Buenos días* or *Buenas tardes*, can make a big difference.

## ***Demonstrate genuine warmth and compassion to the parents and the child.***

Many Latinos describe the Anglo professionals with whom they have contact as cold and distant. To work effectively with them, be warm and demonstrate caring. Listen carefully to the parent's concerns.

## ***Recognize the importance of respect in the Latino community.***

Latino families often feel shame when confronted by law enforcement or Child Protective Services (CPS), especially if the allegation involves child sexual abuse. Professional competence, caring, and cultural sensitivity are essential. Building rapport with the family leads to better rapport with the child. Understand that the demonstration of respect is highly valued in the Latino community.

Don't assume the parent or guardian does not understand the system simply because of the language barrier. Many parents are highly educated but unable to work in their field of expertise due to language barriers or legal status. At the same time, don't assume they know the system. Never assume, and always clarify.

## ***Show respect in your non-verbal communication through your demeanor and tone of voice.***

Be cautious about your language, body language and voice. Because of experiences, many Latinos involved with the social service system or law enforcement are sensitive to possible demonstrations of disrespect. This can be

as simple as calling a parent by the first name (“Lucía”) instead of by title and surname (“Señora Alarcón”).

***Educate families about the process.***

Provide the child and family with the information they need to understand the interview process. Here are some suggestions:

- Talk to the family about the team and what to expect during the interview.
- Have someone who speaks fluent Spanish explain to the family about the legal process: how the case will be conducted and what the charges might be. They might not be aware of the amount of time required for the investigation and prosecution.
- A bilingual interviewer should not be the only Spanish-speaking person available during the interview. Have someone interpret for the DA or detective when meeting the family. The family might have many questions for the DA or law enforcement, and it might not be appropriate for the interviewer to be the interpreter.
- Make sure the family understands that they will not be deported for making a report (see details under next heading).
- If a plea bargain is being offered, make sure the family understands why. If the case will not be prosecuted, make sure they understand why. Some families may feel that their case is not being prosecuted because they are Latinos.
- Make the family aware of the need for both child and parents to attend counseling. You may find that many Latinos do not access counseling, but it can be extremely helpful for parents who blame themselves for the abuse.
- Keep in mind that transportation might be a problem. Many parents may rely on public transportation or need to arrange with others to provide transportation for them.
- Give the family a bilingual contact to call if they have any questions.
- Make the family aware of all the resources available to them.

***Deal with fear of deportation when immigration status is an issue.***

The alleged suspect might threaten a non-offending parent with deportation if abuse is reported, or make a non-offending parent believe that CPS will take their children away from them. It is important to educate the family that immigration status is not considered during these cases, and that Social Services does not report to Immigration and Naturalization Services (INS). In fact, families might be able to get protection during the trial. If possible, get information about deportation laws and have it available at your center. Make sure this information is available in Spanish.



An important caveat: Before offering these assurances, make sure you are aware of your particular MDIC's stance on INS reporting, and the attitudes of its members.

***Acknowledge the difficulty of the situation.***

Help remove blame or guilt. Latino families may be especially protective of their children and feel an overwhelming sense of guilt when their child is abused out of their care. Furthermore, when dealing with sexual abuse, families may perceive their child as "ruined." For instance, they may believe that their daughter will become promiscuous because of sexual abuse, or that their son is likely to become homosexual because of sexual abuse by a man.

***Be prepared to deal with strong emotions.***

The family may not have had someone to talk about these or other profound issues. Floodgates may open. Traditionally, many Latino families are taught to keep personal issues in the family and maintain silence, causing isolation. After giving them permission to talk about these issues, you may find yourself overwhelmed.

***Acknowledge strengths.***

Reinforce that the child and family are survivors, that they will heal, and that they will be whole and healthy again.

***Be aware of personal cultural biases and work on changing them.***

Every person holds preconceptions about "different" cultures. We all need to examine the cultural misinformation that affects our attitudes. This is called developing "cultural sensitivity." To develop cultural sensitivity, one must:

- Learn to reject generalized assumptions about a culture
- Avoid classifying or labeling persons with cultural names
- Focus on understanding the information provided by individuals
- Strive for cultural sensitivity in each individual case through educating yourself about the culture and attempting to become free of preconceptions.

***Always be honest with the family.***

Families facing child abuse traumas have been betrayed by the perpetrator, by institutions they trusted, or by both. Be aware that the family is going through the stages of grief. It is essential that you are honest with the family. Telling them honestly what you can and cannot do for them is important to begin healing.

***Keep the focus on the child's well-being.***

Alleviate much of the overwhelming sense of hopelessness the family may be feeling by focusing on the positive. Use phrases such as, "I only want what is best for your child, as I know you do, too." Remind the family that this is the first stage to healing and that the primary concern is for their child.

# Conducting the Interview

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This chapter discusses specific language considerations that can affect an interview of a Spanish-speaking child.

## Differences Between Spanish and English that May Affect an Interview

### ***Interviews with Spanish-speaking children tend to take more time.***

Spanish interviews can be lengthier due to several reasons:

- The Spanish language itself tends to use more words to express an idea than does English.
- The interviewer may take more time in asking a question due to his or her own limitations with the language.
- More repetition and clarification of questions and answers may be required, and possibly translation for observers.
- The child who is learning two languages may take more time to think before speaking.

### ***Some terms are concise in one language but ambiguous in another.***

Assuring a child, “You’re not in trouble” is a concept that is important to convey, but does not translate concisely from English into Spanish. In English, a child will understand the statement, “You are not in trouble” without much more explanation. There is no similar sentence in Spanish to convey the same message. It will take a few sentences to convey it (one reason why a Spanish interview will tend to take longer than one in English). Some possible ways to convey the concept:

“No voy a pensar mal de ti.” (*I am not going to think badly of you.*)

“No estás aquí porque tú has hecho algo mal.” (*You are not here because you have done something wrong.*)

“No has hecho nada mal.” (*You have done nothing wrong/bad.*)

“No te vas a meter en problemas con migo.” (*You are not going to get into problems/trouble with me.*)

***Literal translation may be different from usage.***

There are words and concepts in both English and Spanish that do not translate very well. Some words may require further investigation and clarification, or explanation of context. For example, in Spanish the verb “molestar” means to bother, without necessarily carrying the sexual connotation “molest” carries in English. The sentence “Mi hermano me molesta” could be translated as, “My brother bothers me” or “My brother molests me.” A transcription might be word-for-word but still not capture the correct *meaning*. Whenever this particular verb is used, scrutinize it carefully to make sure the translation carries the intended meaning.

***Spanish-speakers tend to use more endearments than do English-speakers.***

It is important to note that Spanish speakers often use endearments. What would seem as offensive in English can be a common nickname in Spanish, not intended to offend. An example of this is the nickname “Gordito” which means, “fat” or “Prieto” and “Negrito” which mean “dark-skinned one.” The team needs to know that these nicknames are often not offensive to those named.

## **Choosing English or Spanish for the Interview**

Inform the child that the interviewer or the interpreter can speak and understand both languages if this is the case. The following are factors that should be considered in choosing a language for the interview when a child speaks both Spanish and English. You may have additional considerations, depending on protocols in your area and what is required by the court.

***Consider the language spoken at home.***

Assessing which is the stronger language can be done by asking the parents, as well as the child, what they speak at home. During rapport building, the interviewer can ask about family members and events, and what language they speak at that event. Also, rapport building is a good opportunity for the interviewer to ask questions in both languages to assess the child’s ability in each one. If the interviewer has already used both languages, a child who is more comfortable with English may provide answers in English to questions that were asked in Spanish.

***Length of residence in the United States may be a factor in language selection.***

The length of time that the child has been exposed to the English language will play a big part in his or her fluency in the language. The age at which the child started learning English will also be a major factor. If a child came to this country at the age of three and speaks Spanish in the home but has been attending school in the United States for several years, he or she will most likely be fluent



in both languages. If a child has only been in the United States for a year or less and the home is monolingual Spanish, then his or her English may be very weak.

***The strongest language is not necessarily the first language.***

Whether a child's strongest language is English or Spanish depends on many of the factors mentioned above. The child's age when he or she started learning the second language, length of time exposed to English, language spoken in the home and neighborhood, and family members who are bilingual all contribute to the child's fluency in both languages. An assessment by the interviewer should be done to ascertain the strongest language.

***Fluency of speech may not indicate equal fluency of understanding.***

A child who appears to be bilingual might not understand equally well in both languages. Most children have a higher level of understanding in one language or another. If it appears that the child is not fully understanding in one language, the interviewer may decide to ask the questions in the other.

***A child may not be fully bilingual, but may speak English to please.***

Some children may be stronger in Spanish but choose to speak English to prove that they know it. They are proud to demonstrate their knowledge of English and think that it pleases the interviewer.

When assessing the child, listen carefully to how the child answers the questions. If the answer does not seem to match the question, ask again in Spanish, and repeat the child's answer in Spanish.

Be prepared to do the interview in Spanish and have interpreters on hand. This is an especially important precaution if the child has been exposed to English for only a short time. The interviewer or interpreter needs to be skilled enough to guide the interview to the appropriate language when the child is struggling.

***Limited English vocabulary may prevent the child from providing an exact description of events.***

When English is a second language, the child's English vocabulary may not be as developed as the child's Spanish vocabulary. The child may take a longer time searching for the right way to say or describe something and may not be able to be specific about details because of limited vocabulary. When forced to speak English, some children have been known to recant and say that nothing happened because it is too difficult to describe in English.

## **When the Interview Switches Between Spanish and English**

### ***The team may have difficulty understanding an interview that mixes Spanish and English.***

Some children may flip from Spanish to English several times within a single sentence. The interviewer or the interpreters need to be very fluent in order to understand the child. It is important that the interviewer repeat the child's statements to help those who are observing and taking notes.

As was mentioned before, it is not good practice to force a child to speak English only, even if the child speaks it well. Information may be lost if the child is not allowed to express him- or herself in the most comfortable way. Reassure the child by saying, 'It's okay to answer in the language you want. Someone is here to help me understand your words.'

Some children have difficulty speaking fluently in either language. Some young children aren't even aware that they know two languages. They mix them as if they were one, resulting in what is sometimes called "Spanglish". This mixing of languages is not uncommon even among adults. A child who mixes the two may be unable to identify which language he or she knows best. This can make it difficult for the interviewer to decide which is the stronger language. When in doubt, use the language spoken in the child's home.

Team members need to understand that more information will be gathered by allowing the child to use both languages, even if it makes the interview harder to follow. More time will be needed in the debriefing and sharing of information to ensure that the whole team understands what the child has disclosed.

### ***Summarize and clarify if the interview switches between Spanish and English.***

When the interview changes from one language to another it becomes crucial for the interviewer to clarify and summarize the content of what was said and get confirmation from the child. The observing team members will need that clarification and extra time for better understanding.

### ***Have the child repeat anything that the perpetrator said during the assault in the language it was originally spoken.***

A bilingual child may have difficulty translating a quote from one language to the other. Therefore it is important to have the child repeat any quotes in the language in which they were spoken. Ask the child if the perpetrator said anything, and if so, ask the child to say it exactly as the perpetrator said it.

Example:

Interviewer: "Did he say anything?"

Child: "He said he would hurt me."

Interviewer: "Did he say it in Spanish or English?"

Child: "Spanish."

Interviewer: "Tell me in Spanish what he said."

Child: "Si le dices a tu mamá, te voy a matar!"

Which translates as, "If you tell your mom, I will kill you."

There is more detail and emotion when recounted in the language in which it was originally spoken.

***Make it clear that the interviewer, not the child, takes the responsibility for lack of understanding.***

The interviewer should make sure that the child feels no burden for any misunderstandings that occur. To keep a child from feeling embarrassed and shutting down when there is a misunderstanding, say something like, "I'm sorry that I didn't understand what you were saying to me. That was my fault; let me try again." As in all interviews, the child is reassured that he or she has done nothing wrong and is given permission to correct the interviewer. Because of possible misunderstandings due to language, it is especially important for a child in a Spanish interview to be comfortable correcting misunderstandings without hesitation or embarrassment.

## **Transcription and Translation Issues**

### ***Qualifications of Translators***

When transcription is done from an audiotape or videotape, the person doing the transcribing must be proficient in both languages in order to be able to pick up which language is being used and in what manner. If a transcriber does not have the skills needed, the interview may be questioned in court. These problems are reduced if certified translators are used.

***During transcription, words that are lost, misunderstood, or taken out of context can alter the child's meaning.***

As is the case with all interviews, the team members who observe and take notes must be attentive during the interview in order to catch the meaning of what is being said and to clarify ambiguity. In Spanish interviews it is especially important for the team to be attentive because the language and cultural differences may cause more need for clarification. If someone is serving as an interpreter for the team, he or she must be able to follow along quickly so that very little is lost. It is

also important for the interviewer to repeat what the child has said. It provides both the team and the transcriber another opportunity to understand.

Literally translated words can at times lose their meaning and context. Since transcription is done from an audio source, mistakes can be made when some words sound like others. For example: a child was being asked to name their body parts. The child answered “omblico” for the bellybutton but the transcriber translated it as “un libro” which means “a book.”

***Interviewers and interpreters should review all translations and transcriptions of the interview.***

Many interviewers and interpreters are only asked to review a transcript when called into court. It is also ideal for interviewers and interpreters to be able to review all transcripts to clarify, fill in gaps, and make corrections so that the transcripts are accurate.

***Transcripts convey information to juries less accurately than would a videotaped interview with subtitles.***

In court, the jury is usually given a transcript of the interview to review. Showing a videotape of the interview allows the jury to see the child’s demeanor at the time of the interview and hear the child’s own voice. It demonstrates how the child was feeling at the time by showing body language and facial expressions.

If an interpreter’s translation is audible on the videotape, no subtitles are needed. However, if the interview is conducted all in Spanish, the video can be subtitled.

***Educate transcriptionists and translators about interviewing so that transcriptions and translations are more accurate.***

Not only do transcriptionists and translators need to be aware of the variances and nuances of the Spanish language, they also need a basic understanding of the interview process. This will help them understand the *sense* of what was said, not just the literal translation of the words.

***Devote resources to ensure quality of transcription.***

Use agency resources and/or trained volunteers to make sure your translators and transcribers are the highest quality possible. Double-check the transcripts to ensure they are accurate and that they meet the needs of the courts. If your county is not able to devote adequate resources, collaborate with nearby counties to build quality regional services for Spanish-speaking children.

# The Role of the Interpreter

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This chapter focuses on the role of the interpreter within the team. It offers suggestions on how the interpreter can be better prepared to perform his or her role effectively, and how the forensic interviewer can maximize positive results when working with an interpreter.

## Preparing as an Interpreter

***Be aware of dynamics of child abuse and anticipate the emotional responses to disclosures that may be made.***

Forensic interviews of children often reveal very private, shocking and disturbing details. Oftentimes, the child shows little or no emotion about an event that others may be horrified to hear. If this lack of affect or contradictory affect causes an interpreter to question the validity of the disclosure the tone of the interview may be tainted.

As with other professionals in the field, interpreting the child's disclosure of an abuse event may trigger the interpreter's own childhood abuse issues or related history. This secondary trauma is dangerous to the interview process and should be acknowledged and addressed before the role of interpreter is accepted. This work is not for everyone. An interpreter may come to the realization that working with children victims is too difficult and choose to assist in another way.

***Attend CFIT or a comparable course in child forensic interviewing.***

As an interpreter, participating in a basic child forensic interviewing course is extremely valuable in understanding the forensic team concept. The training provides a framework for the process of interviewing, and an overview of such topics as question design, psychodynamics, child development, and basic interview skills. It introduces interpreters to all elements of a child abuse investigation (investigation, prosecution, protection, advocacy, and therapy).

***Attend a training or orientation in the MDIC where you will be assisting with interviews.***

Ideally, MDICs should provide training for potential interpreters and keep a reserve list of qualified, trained interpreters who can be called for a crisis/emergency interview.

The training should include a tour, orientation to the facility and the equipment, an opportunity to meet the forensic interviewers in the program, and a review of the protocols for forensic interviews at the center. It may also provide an opportunity for role-playing exercises, for practicing seating arrangements, and for other strategies to be used during an interview.



***Meet with the forensic interviewer before the interview.***

The interpreter should arrange to meet with the lead interviewer before the scheduled interview, if only for 15 minutes. This provides an opportunity for the interviewer and the interpreter to share their expectations, and provide answers to questions such as:

- Will a break be taken?
- What is the plan for communication if something is not clear to the child, interpreter, interviewer or team?
- What is the comfortable length of sentences for the interpreter?
- Is a literal interpretation expected? What if a word or expression cannot be translated literally?
- What if the child switches between English and Spanish during the interview?
- How fast or slow should the questions/answers be?
- Is the interpreter available if a follow up interview needs to take place? (Best practice in interviewing calls for a consistent interview team if the interview needs to be done in two parts.)

If possible, the interpreter should take the time to read appropriate reports to become familiar with the case and be able to anticipate what terms and vocabulary are likely to be used.

***Become comfortable with language and expressions of a sexual nature, and learn the Spanish words or phrases specific to sexual abuse.***

Interpreters for forensic interviews involving suspected child sexual abuse need to become comfortable saying words or expressions that might be considered crude or inappropriate. They may wish to take a list of slang words and descriptive names for sexual acts and practicing saying these words in a mirror. This will help them get over the negative connotations of the words and allow them to use the words as necessary. It is also helpful for interpreters to become familiar with current slang as much as possible. If the child detects discomfort from the interpreter it may inhibit her or him from fully disclosing.

***Be familiar with forensic justifications for the manner in which questions are asked.***

Forensic interviews are very different from interrogations or therapeutic interviews. They use fact-finding, non-leading, non-suggestive questions that are designed to meet the needs of the court. Therefore, the question in a forensic interview may be worded differently than a question would ordinarily be. The goal of the interview is to ask open-ended questions in order to elicit narrative responses.

For example, an interviewer might ask,  
“What happened that day?”

Or, she might choose a somewhat longer question,

“I heard something might have happened to you. Tell me about what happened.”

Another example:

Interviewer: “Do you know why you’re here today?”

Child: “To tell you what my stepfather did.”

The interviewer could then say,

“Tell me about that.”

Or, she could say,

“Tell me all about that. Tell me everything you can remember, even if you don’t think it’s important.”

Another common strategy used when designing questions for a forensic interview is to get information by asking very similar, but not repeated questions. This may be used to get more detail and/or to show consistency of the details of the abuse event.

Example:

“Where were you hurt?”

“How did you get that owie?”

“Why did you go to the hospital?”

When interpreting during a forensic interview, the manner in which the questions are asked may seem awkward or unnecessary when interpreting them back to the child. Keep in mind, however, that the wording is important. Forensic questions are designed to increase the accuracy of the child’s statement and the validity of the interview.

***Be prepared to sign a confidentiality statement.***

Interview centers have confidentiality forms as part of their protocol whenever a guest or non-team member observes the interview. Interpreters may be part of an existing MDIC team or they may work as outside contractors. If the interpreter is not a team member, he or she should be prepared to sign a confidentiality form. This should be discussed with the program director or the interviewer prior to the interview.

## **Working with the Family**

### ***Introduce the roles of the team.***

Take the time to learn and understand the roles of each member of the team so that you can explain the roles well to the family and the child. Make sure that the family understands that conversation is the role of the interviewer, and that you will just be interpreting what the interviewer says.

### ***Do not engage in conversation with the family about the allegations while the team is not present.***

It is important that you do not share anything you may know about the case with the family. If they should approach you with questions about the case, explain that you have been instructed not to speak about the allegations without the team. This demonstration of your professionalism will increase their confidence that you will maintain confidentiality in other situations.

### ***Be careful not to form alliances.***

An interpreter provides neutral passage for information rather than acting as an advocate for the family or the child. Be clear that the interpreter's role is to interpret, nothing more.

### **Ground Rules for Interpreters During an Interview**

Every MDIC has its own protocol for use of an interpreter. Discuss with the team what they do and do not want you to do when conducting a forensic interview. Here are some basic guidelines:

- Do not edit questions or responses from the forensic interviewer, the family or the child.
- If one party does not understand, convey the misunderstanding rather than try to explain it yourself. Let the interviewer know if the child or family does not understand something.
- Do not omit portions of questions or responses; do not add or embellish on them either.
- Translate in the first person, rather than adding, “He said/she said.”
- Do not alter the phrasing as questions are translated.
- Convey the content and spirit of what was said — the real meaning, not just the literally translated word. Convey the cultural framework if that is appropriate.
- Interpret accurately, without comment. Even if you disagree with what is said, believe it is a lie, or feel that it is immoral, do not let your biases show.
- Do not ask the child your own questions.

Adapted from a handout by Kathy Burton and Martha Corona-Goldstein of Child Abuse Response and Evacuation Services (CARES) Northwest, a medical child abuse assessment center in northeast Portland, operated by OHSU Doernbecher Children's Hospital, Legacy Emanuel Children's Hospital and Kaiser Permanente.

## **After the Interview**

***Interpreters may be asked to testify in court as witnesses. Be prepared for and understand the interpreter's role in court.***

While many interpreters spend much of their career in the courtroom, testifying still invokes fear and uneasiness in some of the most experienced professionals. However, careful preparation and review of the expectations of interpreters and their testimony can relieve some of the apprehension. Here are some guidelines for the interpreter:

- Always respond to a subpoena immediately by notifying the attorney whose name appears on the subpoena.

- Ask the attorney what is expected and what questions you can anticipate in the cross-examination.
- Prepare a resume including education, experience, and the number of interviews conducted.
- Ask for a copy of the interview transcript and be familiar with the details of the interview.
- When possible, ask to review the videotape of the interview. Review written translations.
- Arrive at court on time, dressed professionally.
- Try to remain as comfortable and relaxed as possible. Keep in mind that the interpreter's adult testimony will help take some of the pressure off the child in court.

***Review translated transcriptions, especially if called to court.***

When possible, the interpreter should request and review a copy of the translated interview that is transcribed for the courtroom. The prosecutor should be immediately notified of any errors or misinterpretations. If possible, it is extremely helpful to follow along with the videotaped interview in order to double-check the transcripts.

## **How the Forensic Interviewer Can Work with the Interpreter**

***Invite the interpreter to the pre- and post-interview meetings to meet team members and to review the specifics of the case.***

If a center's protocol calls for a pre-interview staff meeting, invite the interpreter to be present as a team member. This enables the interpreter to understand the roles of the different team members. It also provides an opportunity for team members to build trust and establish a good working relationship with the interpreter.

After the child's interview, take time with the interpreter to provide him or her with feedback about the interview. Also, make available an opportunity for the interpreter to process some of the feelings that the interview may have elicited.

***Explain your expectations to the interpreter before the interview.***

Teams should schedule annual (or more frequent) check-ins with current and prospective interpreters. Holding a meeting with the core interpreters provides an opportunity to discuss what the team expects during the interview, what the program coordinator expects, and any concerns or issues that the interpreter may have.



However, if an annual training of interpreters is not part of the center's protocol, or if a new interpreter is being used for the interview, make time during the pre-interview meeting to discuss roles and expectations with all members present.

***Introduce the interpreter to the child and family and explain the interpreter's role in the interview.***

Children and families can be confused about who is conducting the interview. They may tend to want to talk directly to the interpreter without allowing time for the interpreter to relay their questions and concerns to the forensic interviewer. Prior to beginning the forensic interview, the interviewer should introduce her- or himself and the interpreter to the child and the family. Set the tone of the interview immediately by having the interpreter explain that his or her role is to relay information as accurately as possible.

Once introductions are made and roles explained to all involved, give the family time to establish rapport with the interpreter. It is beneficial for the child to observe that the parents/caretakers regard the interpreter as competent, caring, and culturally sensitive. Many Latino cultures place a premium on family, loyalty, and cooperation. Their deep sense of commitment to family may make it more difficult for them to disclose abuse to someone outside their family. Spending a brief time connecting with the family can prove invaluable later.

***Use short units of speech, not long phrases or sentences. Discuss one topic at a time.***

When working with an interpreter during a forensic interview, it is helpful to avoid sentences and phrases that are long. Be alert for awkward sentence structure when designing the questions for the interview. Stick to one topic at a time to avoid confusing the interpreter and the child. Remember to use bridges in your sentences to introduce new subjects.

Example: "Now we are going to talk about bodies."

***Set up interview room seating to minimize distractions.***

It is preferable to seat the interpreter next to the forensic interviewer directly across from the child. The child should be able to look at both the forensic interviewer and the interpreter easily, without having to look back and forth. This also communicates that the interviewer and the interpreter are united and working together.

The interviewer should look at the child when posing a question rather than directing the questions to the interpreter. The child being interviewed may look mainly at the interpreter to hear the question and give a response. But looking at the child shows that the interviewer is interested in what the child has to say, even if he or she may not understand the child's language.

The seating arrangement described above may not work in some centers. In that case, try to find another arrangement that will help put the child at ease. The goal is to create a safe, child-friendly environment that lessens the trauma to the child.

***Assessing the child's most comfortable language for the interview.***

Discuss at the pre-interview staff meeting which language the child speaks at home and at school, and when the initial disclosure was made. The interpreter may need to help with a language assessment of the child. For more information, see "Choosing English or Spanish for the Interview" on pages 16-17.

If a child's language skills in English appear to be strong during the rapport/competency building phase, it is still best to have the interpreter available in case the child begins to have trouble with communication or cannot describe abuse events without using Spanish.

If unsure about what language to use, the interviewer and interpreter may take a short break to get recommendations from the team.

***Repeat in English what the child or the interviewer says in Spanish for benefit of English-only team members.***

Some centers have Spanish-speaking forensic interview specialists and team members who speak and understand Spanish. This is ideal for the Spanish-speaking child. However, those resources are not available in the majority of centers, which consequently must rely on interpreters.

If possible, these centers should have an interpreter in the observation room to interpret for observing team members. If this is not possible, it is imperative that the Spanish-speaking forensic interviewer repeats in English what the child said in Spanish. This will give the team members details of the abuse, help the forensic interviewer with follow-up questions and simplify the task of translation when the interview is transcribed for court purposes.

## **Challenges When Working with Interpreters**

***It can be difficult to find an interpreter who is familiar with the child's particular culture and dialect.***

Advance preparation is essential for a successful forensic interview of a non-English speaking child. Try to elicit as much background information as possible about the child and family's culture, language, and vernacular. Draw upon partners in the community who may be able to assist in finding the best fit for an interpreter according to the child's particular dialect. It is best to have these

resources and relationships available beforehand in case of emergency interviews. Resources may be found in a county's:

- Domestic violence centers
- Child abuse prevention councils
- Mentoring clubs
- Service clubs
- Medical facilities
- Law enforcement agencies

***Interpreters are often unwilling to go to court.***

It is important to be honest with the interpreter about the fact that he or she may be subpoenaed if the case goes to court. While one of the goals of the videotaped forensic interview is to present a competent child witness and lessen the likelihood of a trial, testifying in court is the reality of child sexual abuse investigations. Being up-front about this possibility before the scheduled interview will help assess the level of commitment the interpreter is able to make as a team member. The fear of the unknown may be a factor for an interpreter without courtroom and testimony experience. Providing training and role-playing through the help of the prosecutor's office can be valuable for both the interpreter and the team.

***Provide training for interpreters on the forensic interview process.***

As previously noted, an acute challenge is that many interpreters do not understand the forensic interview process. It is extremely helpful for interpreters to attend a child forensic interviewing course of some kind. This lays a good foundation and overview of basic interviewing skills for forensic purposes and increases their effectiveness in their role as a team member.

***Many interpreters work part-time and without benefits. They lose income if they take time for training.***

Due to limited resources and training, and the unpredictable needs of the courts, it is difficult for MDICs to maintain a consistent list of court-certified interpreters. Turnover tends to be high; in light of the irregular hours and lack of benefits, interpreters may have little motivation to commit to a career of interpretation services.

Not all MDICs require interpreters to be court-certified. MDICs should have a protocol that establishes the qualifications required of interpreters, consistent with the expectations of the prosecutor and the standards of the community.



# Anatomical Dolls and Diagrams

A POSITION PAPER FROM

Gundersen National Child Protection Training Center  
and the ChildFirst®/Finding Words Forensic Interview Training Programs

**GUNDERSEN**  
NATIONAL CHILD  
PROTECTION TRAINING CENTER





ChildFirst® is an international, national and state forensic interview training initiative. ChildFirst® is a collaboration between Gundersen National Child Protection Training Center, a program of Gundersen Health System, and child protection professionals and agencies throughout the United States, Japan, and Colombia. ChildFirst® includes a core 40 hour training program as well as a series of advanced courses. The program is currently being taught in the following states and countries:

**State programs**

- Alaska
- Arkansas
- Connecticut
- Georgia
- Illinois
- Indiana
- Kansas
- Maryland
- Minnesota
- Mississippi
- Missouri
- New Jersey
- North Carolina
- Ohio
- Oklahoma
- Pennsylvania
- South Carolina
- Virginia
- West Virginia

**Countries**

- Colombia
- Japan
- United States



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# Introduction

In recent years, several researchers have challenged the utility of both anatomical dolls and diagrams in a forensic interview. Although some researchers have recommended caution or limitation on the usage of media,<sup>1</sup> others have boldly called for a “moratorium” on the usage of these tools<sup>2</sup> and have said those who use dolls or diagrams are engaging in conduct “eerily similar” to “ancient divination techniques.”<sup>3</sup>

Harsh language against the use of media is nothing new. In 1994, Everson and Boat recognized “legitimate concerns” about the use of anatomical dolls but found “surprising” the “extreme reactions” in the literature.<sup>4</sup> Everson and Boat noted the critics of dolls called them “dirty,” “ugly,” “anatomically bizarre,” and “monstrosities.”<sup>5</sup> Professionals using the dolls were called “incompetent” and even “guilty of medical malpractice and unethical conduct.”<sup>6</sup>

The strong, even extreme rhetoric against dolls and diagrams, much less the disparagement of the forensic interviewers who utilize these aids, is neither professional nor supported by the actual research. Indeed, some of the research cited against the use of media contains findings or language arguably *supportive* of their usage.<sup>7</sup>

Although there are studies highlighting potential problems with the use of interviewing aids, the research has multiple weaknesses. Researchers have designed studies using interviewing aids that bear little resemblance to the tools used in actual interviews and researchers sometimes employ them in a manner

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<sup>1</sup> Reflecting on the research on diagrams and dolls, Professor Tom Lyon writes “My personal view is that they should be used only as a last resort and avoided altogether with children under 4 years of age.” Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 18 (WINTER/SPRING 2012). In 2015, the National Children’s Advocacy Center (NCAC) published a position paper on “human figure drawings” stating the “NCAC does not prohibit the use of HFDs, but also does not recommend their use as common practice.” The NCAC also noted that “when interviewing children with communication challenges, media, including HFDs and free drawings, may be necessary additional tools.” National Children’s Advocacy Center, *Position Paper on the Use of Human Figure Drawings in Forensic Interviews* (Huntsville, AL 2015).

<sup>2</sup> Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011) (“...these finding suggest that policy makers should place a moratorium on the practice of introducing body diagrams early in interviews.”)

<sup>3</sup> Debra Ann Pool & Maggie Bruck, *Divining Testimony? The Impact of Interviewing Props on Children’s Reports of Touching*, 32 DEVELOPMENTAL REVIEW 165, 166 (2012).

<sup>4</sup> Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994).

<sup>5</sup> Id at 114, citing E. Tylden, 2 *The Lancet* 1017 (1987); D. Raskin, *Interviewing and Assessment Techniques in Child Sexual Abuse Cases*, Department of Psychology Division of Continuing Education Seminar, Salt Lake City, Utah (May 17-19, 1991); R.A. GARDNER, TRUE AND FALSE ACCUSATIONS OF CHILD SEXUAL ABUSE (CRESSKILL: CREATIVE THERAPEUTICS 1992); R. Naumann, *The Case of the Indecent Dolls or Can Voodoo be Professional?* (unpublished paper 1985).

<sup>6</sup> Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994), citing A. GARDNER, TRUE AND FALSE ACCUSATIONS OF CHILD SEXUAL ABUSE (CRESSKILL: CREATIVE THERAPEUTICS 1992); W. Melver & H. Wakefield, *Behavior of Abused and Nonabused Children with Anatomically Correct Dolls* (unpublished manuscript 1987).

<sup>7</sup> In their study urging a moratorium on diagram usage, at least early in the interview, Poole and Dickinson also note the diagrams were “beneficial” in that they “elicited more touch disclosures than open-ended questions alone.” Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011). In a recent study concluding that diagrams are “not yet an evidence based practice,” the researchers nonetheless found that the diagrams were associated with significant reductions in false negatives in anal and genital touch for 6-8 year olds without any false positives for anal touch and a small rate for genital touch. Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children’s Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1 (2016).

markedly different from how they are used in the field.<sup>8</sup> The research also fails to recognize the multiple purposes for the interviewing aids<sup>9</sup> and fails to place the usage of dolls or diagrams in the context of the entire interview, much less the entire investigation.<sup>10</sup>

Although there is no dispute that dolls and diagrams can be used inappropriately,<sup>11</sup> there is a paucity of evidence to conclude the appropriate usage of dolls and diagrams does not aid in assessing the maltreatment of children and protecting against false accusations. Although there is a small body of research on the use of anatomical diagrams,<sup>12</sup> there are more than 100 studies on the usage of anatomical dolls and *most* of this research supports their usage.<sup>13</sup>

In this paper, we explore the research to date, critique it in light of actual practice, and offer suggestions for future research on the use of media in forensic interviews. We begin by putting the debate over diagrams and dolls in the context of research on bias.

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<sup>8</sup> Several researchers, for example, have been critical of anatomical doll designs that use the tools on children too young to employ them and who introduce the dolls with leading, misleading, presumptive and speculative questions and then, to further complicate the matter, introduce doctor toys into the research. Since using the dolls in this way contradicts all accepted usage of the dolls, it is hard to see the relevance of the research unless it is simply to show the dolls could be improperly used. See Kathleen Coulborn Faller, *Anatomical Dolls: Their Use in Assessment of Children Who May Have been Sexually Abused*, 14(3) JOURNAL OF CHILD SEXUAL ABUSE 1, 7 (2005).

<sup>9</sup> See generally, Heather A. Hlavka, Sara D. Olinger, & Jodi Lashley, *The Use of Anatomical Dolls as a Demonstration Aid in Child Sexual Abuse Interviews: A Study of Forensic Interviewers' Perceptions*, 19 JOURNAL OF CHILD SEXUAL ABUSE 519, 535 (2010).

<sup>10</sup> Michael Lamb and colleagues correctly caution us that "our narrowed focus on forensic interviews should not lead" us to "ignore the importance of the overall investigation and the need to see the interview as but one (important) part of the process." MICHAEL LAMB, ET AL, TELL ME WHAT HAPPENED: STRUCTURED INVESTIGATIVE INTERVIEWS OF CHILD VICTIMS AND WITNESSES 1ST EDITION 269 (2008).

<sup>11</sup> See e.g., Barbara Boat & Mark Everson, *Concerning Practices of Interviewers When Using Anatomical Dolls in Child Protective Services Investigations*, 1 CHILD MALTREATMENT 96 (1996).

<sup>12</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 129 (OXFORD UNIVERSITY PRESS 2007) ("Less has been written about the use of anatomical drawings in interviewing children thought to have been sexually abused than about anatomical dolls.")

<sup>13</sup> Kathleen Coulborn Faller, *Anatomical Dolls: Their Use in Assessment of Children Who May Have been Sexually Abused*, 14(3) JOURNAL OF CHILD SEXUAL ABUSE 1, 2 (2005).



## Putting the Discussion of Diagrams and Dolls In the Context of Research on Bias

**D**r. Mark Everson and Jose Miguel Sandoval developed the *Child Forensic Attitude Scale (CFAS)*, an instrument that was administered to 1,613 child abuse professionals over a six year period.<sup>14</sup> What Everson and Sandoval found is that *all* professionals have different subjective biases that can play a role in our evaluation of various child sexual abuse case scenarios.<sup>15</sup> Indeed, depending on an individual's biases, he or she may be 6-7 times less likely than his or her peers to view a case of child sexual abuse as credible.<sup>16</sup>

In a paper still in early draft form, Everson and colleagues identify two critical characteristics for correctly evaluating a case of child maltreatment—two characteristics that can also lead to concerning biases.

**Sensitivity** measures the ability of an evaluator of child abuse to detect **true** cases of abuse while minimizing the number of missed cases of maltreatment.

**Specificity** measures the success of an evaluator to detect **false** cases of abuse and avoid substantiating a false allegation of abuse.<sup>17</sup>

Although sensitivity and specificity are equally important indicators of decision accuracy, child abuse professionals differ widely in their views about the probability and consequences of false positive and false negative errors. Professionals who believe that preventing false positive errors should take priority over preventing false negative errors are said to have a specificity bias. Professionals who emphasize preventing false negative errors at the expense of false positive errors are said to have a sensitivity bias.<sup>18</sup>

As a potential remedy to sensitivity or specificity bias, Everson and Sandoval suggest a "'team' approach to assessment that emphasizes diversity in professional position or discipline, gender, and experience level..."<sup>19</sup>

The sensitivity and specificity biases that exist among professionals evaluating cases of child maltreatment similarly exist among researchers who study the work of these frontline professionals. For example, researcher Tom Lyon expresses his "personal view" that dolls and diagrams should be used sparingly but notes "I would stress that my view is based on limited knowledge, on value judgments, and primarily on the research that best applies: studies examining children's true and false reports of genital touch."<sup>20</sup>

<sup>14</sup> Mark D. Everson & Miguel Sandoval, *Forensic Child Sexual Abuse Evaluations: Assessing Subjectivity and Bias in Professional Judgments*, 35 CHILD ABUSE & NEGLECT 287 (2011).

<sup>15</sup> Id.

<sup>16</sup> Id.

<sup>17</sup> Mark D. Everson, Joseph O'Brien, Jose Sandoval, Nancy Berson and Brett O'Gardner, *Virtuous to a Fault: Impact of Sensitivity and Specificity Bias on Professional Judgements about Alleged Child Sexual Abuse*, forthcoming paper.

<sup>18</sup> Id.

<sup>19</sup> Mark D. Everson & Miguel Sandoval, *Forensic Child Sexual Abuse Evaluations: Assessing Subjectivity and Bias in Professional Judgments*, 35 CHILD ABUSE & NEGLECT 287, 297 (2011).

<sup>20</sup> Thomas D. Lyon, *Twenty-five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 18 (WINTER/SPRING 2012).

Lyon contends that differing views on the usage of dolls and diagrams is “attributable to unspoken value judgments and a lacking appreciation of the dynamics of sexual abuse disclosure.”<sup>21</sup> Although acknowledging that research supports limitations on the usage of media, Lyon concludes the “risks have been exaggerated by some research, and reasonable minds still disagree about the potential utility of dolls and diagrams when non-direct questions fail to elicit disclosures.”<sup>22</sup>

The primary bias or value judgments influencing an interpretation of doll and diagram usage pertains to our concern for avoiding false positives (a child falsely alleging abuse) or false negatives (a child falsely denying abuse). This bias, in one direction or another, can influence how researchers design and interpret their studies. In her review of the research, Kathleen Coulborn Faller notes as much, concluding “research paradigms and interpretation of findings vary somewhat depending upon whether the researcher sees the dolls as a potentially useful medium for communicating with children or a potentially dangerous source of false positive findings.”<sup>23</sup>

In 1996, for example, research by Steward found that “Anatomically detailed cues...increased completeness of reporting of total body and genital touch” in children 3-6 years old.<sup>24</sup> In commenting on these findings, Poole & Dickinson note that anatomical aids in the Steward study “boosted the percentage of children who accurately reported genital touch from **18% to 69%** but the rate of false reports of genital touching also increased from **0-5%**” (emphasis added).<sup>25</sup> Although both the Steward and Poole quotes are correct statements, they may reflect a value judgment of what is more important—overcoming false denials or avoiding false positives?

As perhaps a clearer indication of potential bias, consider the following statement from Bruck and colleagues in one of the most recent studies on anatomical or body diagrams (BDs):

(A)t this time there is not a requisite amount of research to show that BDs safely increase accurate disclosures; therefore the use of BDs to elicit abuse disclosures is not yet an evidence-based practice.<sup>26</sup>

When this quote is read more closely, the researchers are conceding there is research to support the use of diagrams, just not the “requisite amount.” They are also conceding the diagrams increase accurate disclosures of genital touch but assert this is not done “safely” because their use is associated with an

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<sup>20</sup> Thomas D. Lyon, *Twenty-five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 18 (WINTER/SPRING 2012).

<sup>21</sup> Id. at 14.

<sup>22</sup> Id. at 14.

<sup>23</sup> KATHLEEN COULBORN FALLER, *INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE* 115 (OXFORD UNIVERSITY PRESS 2007).

<sup>24</sup> M.S. Steward, et al, *Interviewing Young Children About Body Touch and Handling*, 61 MONOGRAPHS OF THE SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT 1-232 (1996).

<sup>25</sup> Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 660 (2011).

<sup>26</sup> Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children's Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1 (2016).

increase in false positives. This conclusion, though, is misleading since their own research found marked differences between 6-8 year olds, 4-5 year olds, and 3 year olds in terms of their ability to use the diagrams “safely.”<sup>27</sup> Stated differently, professionals with a sensitivity as opposed to specificity bias might examine the Bruck study (as well as other research) and conclude there is an “evidence base” for using diagrams in at least some scenarios.

The challenge, of course, is to be concerned about both false positives and false negatives and to constantly strive to reduce both possibilities. Just as Everson and Sandoval suggest the value of teams of professionals with different perspectives in reducing bias in the evaluation of abuse cases, we suggest researchers make a conscious effort to work with professionals with different views and perspectives on the use of media. In this way, we are more likely to design research reflecting a concern for both false positives and false negatives and to analyze the data through a more neutral lens.



**To reduce bias in assessing child maltreatment cases, Everson and Sandoval recommend using multi-disciplinary teams that are diverse in professional position, discipline, gender and experience level. A similar approach could be used to reduce potential research bias.**

<sup>27</sup>See notes 88-95, 113-118.

# Advantages of Media to Alleged Victims

In her treatise *Interviewing Children About Sexual Abuse*, Dr. Kathleen Coulborn Faller of the University of Michigan notes six “empirically and practically sound advantages of using media.”<sup>28</sup> These advantages are:

- 1 Children, particularly young children, may be better at demonstrating an event or experience than in describing it.**<sup>29</sup> As any parent can attest, children’s play often communicates their experiences more richly than their words. Although gestures, behaviors, or demonstrations can never be used exclusively in a forensic context,<sup>30</sup> they may be one means in which a child communicates his or her experiences.
- 2 Using media gives the forensic interviewer and, more importantly, the child two means of communication—verbal and actions.**<sup>31</sup> It is not unusual for adults to use multiple forms of communication when conversing. When, for example, someone asks us for directions we may not only verbalize our instruction but we may point, gesture, or draw a map. When a doctor explains an operation to a patient, he or she may use a replica heart or other part of the body to explain what will be done during the procedure. In courts of law, adult witnesses are routinely allowed to use demonstrative aids when communicating with a judge or jury.<sup>32</sup> If we as adults find tools helpful in communicating our thoughts, why would we assume a child, who may need them more, could also not benefit from using multiple forms of communication to share their experiences or knowledge?
- 3 The use of media may limit the number of leading questions.** Rather than ask a series of potentially direct questions in search of details, the interviewer can simply use a tool such as a doll to have a child demonstrate their experience. As noted by Everson and Boat, “the use of anatomical dolls may prevent almost as many errors as their use may promote.”<sup>33</sup>

<sup>28</sup> KATHLEEN COULBORN FALLER, *INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE* 111 (OXFORD UNIVERSITY PRESS 2007).

<sup>29</sup> *Id.* at 111

<sup>30</sup> Deirdre A. Brown, et al, *Supportive or Suggestive: Do Human Figure Drawings Help 5 to 7 Year-old Children Report Touch?*, 75 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 33, 40 (2007) (“Clearly, when children are asked about touches, with or without drawings, their responses must be probed using open-ended questioning so that the nature of the contact can be clarified. Without verbal elaboration, reports of touches using a body map may be inaccurate at least in part because children locate them imprecisely.”)

<sup>31</sup> *Id.* at 111

<sup>32</sup> Just as adults are allowed to use demonstrative aids, courts have also allowed child witnesses to use anatomical dolls, diagrams and drawings. See JOHN E.B. MYERS, *MYERS ON EVIDENCE OF INTERPERSONAL VIOLENCE* FIFTH EDITION 200-204 (2011).

<sup>33</sup> Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994)

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**Some media may provide “cues” that triggers a child’s memory.**<sup>34</sup> For example, a child demonstrating with anatomical dolls may note that, unlike the doll’s undergarments, their grandfather’s underwear has hearts on it.<sup>35</sup> In one study of children assessed for sexual abuse, children interviewed with anatomical dolls were three times more likely to give a detailed description of abuse and twice as likely to name a suspect as children interviewed without dolls.<sup>36</sup>

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**Media may overcome the reluctance of children to disclose abuse.**<sup>37</sup> Although some critics of media have suggested sexually abused children have little difficulty sharing their experiences,<sup>38</sup> research finds that 60-80% of child abuse victims fail to disclose until adulthood.<sup>39</sup> Even with corroborating evidence, many children do not disclose abuse.<sup>40</sup> Media may assist children in overcoming a fear of disclosure in multiple ways. Fallor notes, for example, “(s)ome children take literally an instruction by the offender or others not to tell what happened and do not interpret this instruction as preventing them from showing or writing responses.”<sup>41</sup> One of the weaknesses of research critical of media is that these researchers fail to fully consider the reluctance of children to disclose abuse.<sup>42</sup>

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<sup>34</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007); Karen L. Thierry, Michael E. Lamb, Yael Orbach, & Margaret-Ellen Pipe, *Developmental Differences in the Function and Use of Anatomical Dolls During Interviews with Alleged Sexual Abuse Victims*, 73(6) JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 1125,1133 (2005).

<sup>35</sup> This is an example provided in: Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994).

<sup>36</sup> J.M. Leventhal, et al, *Use of Anatomically Correct Dolls Used in Interviewing Young Children Suspected of Having Been Sexually Abused*, 84(5) PEDIATRICS 900 (1989).

<sup>37</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007).

<sup>38</sup> In a North Carolina case, Professor Maggie Bruck, a critic of dolls and diagrams, testified as follows:

**Question:** Would it be fair to say that one of the least favorite subjects, ah, to talk about, whether it’s with their own parents or, ah, stranger would be anything that occurred to them of a sexual nature?

**Answer:** Oh, I don’t agree with you, Mr. Hart. I think that children, in fact, love to talk about those kind of things especially among themselves...

**Question:** Tell me, Doctor, from your experience how great a time would a child have going and telling her friends and neighbors and other people about having someone stick his finger up their butt, how much glee would be involved in that?

**Answer:** You know, I don’t know, Mr. Hart, but if they get a good laugh from their friends and if it could be something that would make them a really important kid and that their friends could all jump in and say is that what happened to you, I’ve got an even better one, it would be a really great topic of conversation.

<sup>39</sup> R. Alaggia, *An Ecological Analysis of Child Sexual Abuse Disclosure: Considerations for Child and Adolescent Mental Health*, 19(1) JOURNAL OF THE CANADIAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY 32-39 (2010).

<sup>40</sup> Thomas D. Lyon, *False Denials: Overcoming Methodological Biases in Abuse Disclosure Research*, in CHILD SEXUAL ABUSE: DELAY, AND DENIAL 41-62 (PIPE, ET AL, EDS. 2007).

<sup>41</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007).

<sup>42</sup> Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17-18 (2012).



**Even if a child is willing to share an experience of abuse, it may simply be less stressful to show than to tell.**<sup>43</sup> Child abuse is a traumatic experience that can impact a boy or girl physically, emotionally, and spiritually.<sup>44</sup> This is compounded by the fact that most maltreated children are victimized in multiple ways.<sup>45</sup> As a result of trauma, a child's ability and willingness to share information can be impaired.<sup>46</sup> It may, for example, be painful for a child to verbalize all the details of their abuse or neglect and he or she may feel more comfortable showing what happened. If, for example, an older child told an interviewer "I can't talk about it, but I can show you," would we deny them this opportunity? What if a child demonstrates his or her need to show by touching or abusing their own bodies during the interview? In one case discussed in the literature, a five year old girl explained the sexual abuse by putting her hands down her pants to demonstrate the touching. As an alternative, the interviewer offered the girl to show on an anatomical doll which she accepted.<sup>47</sup> When a child is articulating verbally or through their conduct the need or at least desire to demonstrate their abuse, simple compassion calls for the use of media.

## Dolls and Diagrams in Court



**Legislation in ten states permits child witnesses to use dolls or diagrams as a testimonial aid. In at least 15 states, appellate courts have upheld their usage in courts of law.**

Source: National District Attorneys Association, *State Statute Series: Anatomical Dolls & Diagrams*, (November 2014); JOHN E.B. MYERS, MYERS ON EVIDENCE OF INTERPERSONAL VIOLENCE FIFTH EDITION 200-204 (2011).

<sup>43</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 111 (OXFORD UNIVERSITY PRESS 2007).

<sup>44</sup> Vincent J. Felitti & Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare*, in RUTHE A. LANIUS, ERIC VERMETEN & CLARE PAIN (EDS) THE IMPACT OF EARLY LIFE TRAUMA ON HEALTH AND DISEASE: THE HIDDEN EPIDEMIC 77, 78 (CAMBRIDGE MEDICINE 2010); Donald F. Walker, et al, *Addressing Religious and Spiritual Issues in Trauma-Focused Cognitive Behavior Therapy with Children and Adolescents*, 41 PROFESSIONAL PSYCHOLOGY: RESEARCH & PRACTICE 174 (2010).

<sup>45</sup> Heather A. Turner, David Finkelhor, and Richard Omrod, *Poly-Victimization in a National Sample of Children and Youth*, 38(3) AMERICAN JOURNAL OF PREVENTIVE MEDICINE 323 (2010), David Finkelhor, Richard K. Omrod, Heather A. Turner, 31 JOURNAL OF CHILD ABUSE & NEGLECT 7 (2007).

<sup>46</sup> Chris Newlin, Linda Cordisco Steele, Andra Chamberlin, Jennifer Anderson, Julie Kenniston, Amy Russell, Heather Steward, Viola Vaughan Eden, *Child Forensic Interviewing: Best Practices*, OJJDP JUVENILE JUSTICE BULLETIN 5 (SEPTEMBER 2015)

<sup>47</sup> Heather A. Hlavka, Sara D. Olinger, & Jodi Lashley, *The Use of Anatomical Dolls as a Demonstration Aid in Child Sexual Abuse Interviews: A Study of Forensic Interviewers' Perceptions*, 19 JOURNAL OF CHILD SEXUAL ABUSE 519, 535 (2010).

## Advantages of Media to the Alleged Offender

Although rarely discussed in the academic literature, frontline professionals have found that media, particularly anatomical dolls, may benefit a suspect in at least three ways.

First, in instances in which a child may have been coached, it is likely to have been verbal coaching. Accordingly, asking a child to show the alleged abuse with dolls “may help clarify concerns about programming.”<sup>48</sup> In a 2012 study, Faller and colleagues found that anatomical dolls “yielded the highest percentage of recantations” in sexual abuse cases receiving an extended evaluation.<sup>49</sup>

Second, the literature includes documented cases in which an interviewer asks a child to clarify a verbal description of a touch and the child demonstrates the contact was not sexual in nature. In one case, for example, it appeared the child was verbally describing a touch to her breasts but clarified with the dolls the touch was to her underarm.<sup>50</sup>

Third, even when the dolls support an accusation a child has been sexually abused, they may clarify the exact nature of the sexual touch and ensure a suspect is charged only with his or her actual crimes (e.g. sexual touching and not penetration). In one case, a child verbally described sexual abuse using slang terminology suggestive of anal intercourse. However, the child went on to describe the offender as having ejaculated on the boy’s stomach. Since these verbal accounts appeared incongruent, the interviewer asked the child to demonstrate the contact with anatomical dolls. The child demonstrated the perpetrator’s penis as going in between the boy’s legs from behind but not in the anal opening and the ejaculate therefore going on to his stomach. The perpetrator confessed to abusing the boy in exactly this way and pled guilty to the offense.<sup>51</sup> Without the dolls, the government may have charged the defendant with sexual penetration as opposed to sexual touching.



**The literature on media references instances in which the use of dolls cleared a suspect or resulted in lesser charges.**

<sup>48</sup> Kathleen Coulborn Faller, *Anatomical Dolls: Their Use in Assessment of Children Who May Have been Sexually Abused*, 14(3) JOURNAL OF CHILD SEXUAL ABUSE 1, 9 (2005).

<sup>49</sup> Kathleen Coulborn Faller, Marguerite Grabarek, Debra Nelson-Gardell, & Javonda Williams, *Techniques Employed by Forensic Interviewers Conducting Extended Assessments: Results from a Multi-Site Study*, 20 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 237, 246 (2012).

<sup>50</sup> Heather A. Hlavka, Sara D. Olinger, & Jodi Lashley, *The Use of Anatomical Dolls as a Demonstration Aid in Child Sexual Abuse Interviews: A Study of Forensic Interviewers’ Perceptions*, 19 JOURNAL OF CHILD SEXUAL ABUSE 519, 535 (2010).

<sup>51</sup> Lori S. Holmes, *Using Anatomical Dolls in Child Sexual Abuse Forensic Interviews*, 13(8) UPDATE (2000).

# Anatomical Doll Research

According to “classical psychoanalytic theory,” many professionals concluded that children are “prone to sexual fantasies.”<sup>52</sup> Indeed, the belief that children fantasize about sexual abuse dominated the field of psychology for decades.<sup>53</sup> This fear also led to the “speculation that anatomically detailed dolls stimulate reporting of such fantasies rather than actual memories.”<sup>54</sup> The actual research, though, does not support these fears.

In a 1994 review of the literature on anatomical dolls, Everson and Boat conclude:

Evaluators can be confident in their continued, informed use of anatomical dolls in sexual abuse evaluations. Neither a review of the relevant empirical data nor an examination of the major criticisms leads to the conclusion that anatomical dolls are unsuitable for use, while clinical and research experience suggest that they are a valuable interview tool.<sup>55</sup>

At the same time, Everson and Boat noted that dolls could be used inappropriately, particularly by poorly trained interviewers and that “any critique of the dolls must take into account the specific function or role the dolls serve in a particular evaluation and the skills of the individual interviewer.”<sup>56</sup>

In both her 2005 and 2007 reviews of anatomical doll research, Faller concludes “(m)ost analogue studies find that use of anatomical dolls result in more information and more accurate information than relying on verbal communication alone.”<sup>57</sup>

Goodman and colleagues conducted studies of children receiving an examination involving a “voiding cystourethrogram fluoroscopy” (VCUG).<sup>58</sup> As noted by one scholar, since “VCUG is an intrusive, painful, and humiliating procedure, it is a very good analogue study for sexual abuse.”<sup>59</sup> In free recall, only 20% of the children reported the painful procedure but, when dolls were employed, this number increased to 70%.<sup>60</sup>

<sup>52</sup> Karen J. Saywitz, Gail S. Goodman, Elisa Nicholas, & Susan F. Moan, *Children's Memories of a Physical Examination Involving Genital Touch: Implications for Reports of Child Sexual Abuse*, 59 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 682, 683 (1991).

<sup>53</sup> “The history of psychology in the past one hundred years has been filled with theories that deny sexual abuse occurs, that discounts the responsibility of the offender, that blame the mother and/or child when it does occur, and that minimize the impact. It constitutes a sorry chapter in the history of psychology, but it is not only shameful, it is also puzzling. Hostility toward child victims and adult women leaks through the literature like poison.” ANNA SALTER, PREDATORS 57 (2003).

<sup>54</sup> Saywitz, note 52, citing A. Yates & L. Terr, *Anatomically Correct Dolls—Should They be Used as the Basis for Expert Testimony?* 27 JOURNAL OF CHILD & ADOLESCENT PSYCHIATRY 254-257 (1988).

<sup>55</sup> Mark D. Everson & Barbara Boat, *Putting the Anatomical Doll Controversy in Perspective: An Examination of the Major Uses and Criticisms of the Dolls in Child Sexual Abuse Evaluations*, 18 CHILD ABUSE & NEGLECT 113, 114 (1994).

<sup>56</sup> Id. 126.

<sup>57</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 116 (OXFORD UNIVERSITY PRESS 2007).

<sup>58</sup> Gail S. Goodman, Jodi A. Quas, Jennifer M. Batterman-Faunce, M. Riddlesberger, & Jerald Kahn, *Children's Reactions to and Memory for a Stressful Event: Influences of Age, Anatomical Dolls, Knowledge, and Parental Attachment*, 1(2) APPLIED DEVELOPMENTAL SCIENCES 54-74 (1997); Gail S. Goodman, et al, *Predictors of Accurate and Inaccurate Memories of Traumatic Events Experienced in Childhood*, 3 CONSCIOUSNESS AND COGNITION 269-294 (1994).

<sup>59</sup> Id. at 120.

<sup>60</sup> Id. at 120.

Saywitz and colleagues studied 72 five and seven year old girls who had received a medical check-up.<sup>61</sup> Half the children had an anal and vaginal examination as part of the check-up and the other half had a scoliosis exam. The children were interviewed one week or one month later using free recall questions (“Tell me everything you remember” about the visit to the doctor). They were also asked to demonstrate the examination with anatomical dolls, and were then asked a series of direct questions with the dolls (e.g. “Did the doctor touch you there?” pointing to the doll’s vagina).<sup>62</sup> The researchers found a number of benefits to the use of dolls, including:

- 1** ➤ Dolls dramatically increased the amount of accurate information. Specifically, “when asked to demonstrate as well as tell what happened, children reported approximately twice as much correct information as in free recall.”<sup>63</sup>
- 2** ➤ Although the children made some errors with the dolls “none of the errors involved demonstration of sexually explicit behaviors.”<sup>64</sup> Most of the errors that were made (57%) were not attributable to the use of the dolls but rather the introduction of toy instruments.<sup>65</sup>
- 3** ➤ The use of dolls and direct questions dramatically increased the disclosure of anal or genital touches. In free recall, only 22% of the girls disclosed vaginal touch and only 11% reported anal touch. When direct questions with the use of dolls were employed, these numbers climbed to 86% and 69%.<sup>66</sup>
- 4** ➤ False reports of genital or anal touch were rare and, with one exception, were not elaborated on when follow up questions were asked. One child in the nongenital condition “falsely affirmed vaginal touch” and two children “falsely affirmed anal touch.”<sup>67</sup> As would be done in a quality forensic interview, the researchers asked follow up questions (“How did the doctor do that?”, “What did the doctor touch you with?”, “How did it feel?”, “Did it hurt?”). Two of the children “were unable to provide any detail” in response to these questions.<sup>68</sup> The child who falsely affirmed an anal touch could only provide two details (“it tickled” and “the doctor used a long stick”).<sup>69</sup> From these findings, Saywitz and colleagues concluded:

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***“Our results suggest that although there is a risk of increased error with doll-aide direct questions, there is an even greater risk that not asking about vaginal and anal touch leaves the majority of such touch unreported.”***

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<sup>61</sup>Karen J. Saywitz, Gail S. Goodman, Elisa Nicholas, & Susan F. Moan, *Children’s Memories of a Physical Examination Involving Genital Touch: Implications for Reports of Child Sexual Abuse*, 59 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 682, 683 (1991).

<sup>62</sup>Id. at 684.

<sup>63</sup>Id. at 685.

<sup>64</sup>Id. at 685.

<sup>65</sup>Id. at 685.

<sup>66</sup>Id. at 686-687.

<sup>67</sup>Id. at 687.

<sup>68</sup>Id. at 687.

<sup>69</sup>Id. at 687.

<sup>70</sup>Id. at 690.

There are also analogue studies that find dolls of limited value or even counterproductive. However, these studies have multiple shortcomings. For instance, Maggie Bruck and colleagues conducted two studies involving private part touching.<sup>71</sup> In each study, pre-school children were given a medical examination involving light touching of the genitals and buttocks. The researchers employed a number of leading and misleading questions about touches with the use of anatomical dolls. Although the researchers found high rates of inaccurate information, the studies have three fundamental errors.

First, since the researchers used leading and misleading questions,<sup>72</sup> it is unclear if the inaccurate information is the result of the use of dolls or the bad interviewing of the researchers. Indeed, with at least one of the studies, the researchers acknowledge the “suggestive nature” of the interviews which involved “several features known to elicit high rates of false reports in 3-year-olds irrespective of the topic.”<sup>73</sup>

Second, the studies were done on 3 or 4 year old children who may not have been able to make the representational shift of understanding that a doll represents their body.<sup>74</sup> Guidelines for using dolls in actual forensic interviews require the interviewer to first test to see if the child can make this representational shift.<sup>75</sup> Since that was not done in these studies, the research may simply confirm recommended practice for the use of the dolls.<sup>76</sup>

Third, and most concerning, the scoring in the studies has been criticized in the literature<sup>77</sup> and may raise concerns about researcher specificity bias.<sup>78</sup> For example, the researchers initially coded as a correct response any demonstration of touching of the genitals—which meant that 71% of the children replied correctly. However, the researchers then departed from this original design to include as correct answers only those instances in which a child demonstrated a mere touch as opposed to rubbing or insertion to the

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<sup>71</sup> Maggie Bruck, Stephen Ceci, & Emmett Francoeur, *Children's Use of Anatomically Detailed Dolls to Report Genital Touching in a Medical Examination*, 6(1) JOURNAL OF APPLIED EXPERIMENTAL PSYCHOLOGY 74-83 (2000); Maggie Bruck, Stephen Ceci, Emmett Francoeur, and Ashley Renick, *Anatomically Detailed Dolls Do Not Facilitate Preschoolers' Reports of a Pediatric Examination Involving Genital Touching*, 1(2) JOURNAL OF EXPERIMENTAL PSYCHOLOGY 95-109 (1995).

<sup>72</sup> With respect to Bruck's 1995 study, for example, Everson and Boat noted “at least four different types of leading questions...” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 65 (1997).

<sup>73</sup> Maggie Bruck, Stephen Ceci, Emmett Francoeur, and Ashley Renick, *Anatomically Detailed Dolls Do Not Facilitate Preschoolers' Reports of a Pediatric Examination Involving Genital Touching*, 1(2) JOURNAL OF EXPERIMENTAL PSYCHOLOGY 95, 105 (1995).

<sup>74</sup> Although noting the results of these studies are inconsistent with other research, including other studies on pre-school children, Faller notes the results may partly “derive from the young age of the children.” KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 121 (OXFORD UNIVERSITY PRESS 2007). Everson and Boat note similar concerns about the Bruck 1995 study, noting “many of the children in the sample may have been under the age and developmental level at which one can productively conduct a formal forensic interview.” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 65 (1997).

<sup>75</sup> Jennifer Anderson, Julie Ellefson, Jodi Lashley, Anne Lukas Miller, Sara Olinger, Amy Russell, Julie Stauffer, and Judy Weigman, *The CornerHouse Forensic Interview Protocol: RATAC*, 12 T.M. COOLEY PRACT. & CLINICAL L. 193, 311 (2010).

<sup>76</sup> Commenting on the 1995 Bruck study, Everson and Boat note the “interview format did not represent realistic, appropriate forensic standards, and the interval between target event and interview was unrealistically short.” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 65 (1997).

<sup>77</sup> Everson & Boat, for example, contend the “scoring system” used in Bruck's 1995 study “may have demanded an unrealistic level of precision for such young children, given that the children may not have been able to see exactly where and how the doctor touched them, especially if they had been lying in a prone position during that part of the exam.” Mark D. Everson & Barbara W. Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55, 64-65 (1997).

<sup>78</sup> Professor Ross Cheit has raised considerable concerns about researcher bias and the application of this research to actual cases and argues some researchers are “suggesting child suggestibility” by selecting some and ignoring other data or facts. ROSS E. CHEIT, THE WITCH HUNT NARRATIVE: POLITICS, PSYCHOLOGY AND THE SEXUAL ABUSE OF CHILDREN 341-342, 404 (OXFORD UNIVERSITY PRESS 2014).



correct private part.<sup>79</sup> This re-coding reduced the correct answers to 38%.<sup>80</sup>

### **Field studies**

There are field studies finding children do not provide more information with the use of dolls than without and that open-ended questions were the primary determinant of additional information.<sup>81</sup> However, at least one commentator has urged the field to be cautious in using these studies to conclude there is no value in using dolls since the studies did not control “whether, when, or how the dolls were used.”<sup>82</sup> Moreover, since the dolls were primarily used after an attempt to elicit information verbally, it would not be expected that the dolls would produce more information as opposed to detail, clarification and corroborating evidence.<sup>83</sup>

In a 2012 study of extended forensic evaluations of sexual abuse, Faller and colleagues found that anatomical dolls were the least frequently used interviewing technique but, when they were employed, they had the highest rate of producing “confirming information” which the researchers defined as yielding a “new report of information,” an “enhanced report of information,” or a “repeat of previous information.”<sup>84</sup>

### ***The bottom line: the dolls are valuable when properly used***

In summarizing all the analogue and field studies on dolls, Kathleen Coulborn Faller writes:

The assertion that anatomical dolls cause nonabused children to state they have been abused is not supported by the existing research. Anatomical doll research on whether the dolls assist children in providing information about abuse is somewhat mixed, but generally supports their utility.<sup>85</sup>

In a 2011 summary of the doll research, Professor John Myers concludes:

In the hands of well-trained interviewers, dolls are a useful adjunct to the interview process. Dolls can stimulate memory, allow children to demonstrate what they have difficulty putting into words, and confirm that the interviewer correctly understands the child’s vocabulary and meaning for various terms. At the same time, dolls---like all props---can be misused.<sup>86</sup>

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<sup>79</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 121 (OXFORD UNIVERSITY PRESS 2007).

<sup>80</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 121 (OXFORD UNIVERSITY PRESS 2007).

<sup>81</sup> Karen L. Thierry, Michael E. Lamb, Yael Orbach, & Margaret-Ellen Pipe, *Developmental Differences in the Function and Use of Anatomical Dolls During Interviews with Alleged Sexual Abuse Victims*, 73(6) JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 1125 (2005); Michael Lamb, I. Hershkowitz, K. Sternberg, Barbara Boat, and Mark Everson, *Investigative Interviews of Alleged Sexual Abuse Victims with and Without Anatomical Dolls*, 20 CHILD ABUSE & NEGLECT 1251 (1996).

<sup>82</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 124 (OXFORD UNIVERSITY PRESS 2007).

<sup>83</sup> Id.

<sup>84</sup> Kathleen Coulborn Faller, Marguerite Grabarek, Debra Nelson-Gardell, & Javonda Williams, *Techniques Employed by Forensic Interviewers Conducting Extended Assessments: Results from a Multi-Site Study*, 20 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 237, 243, 246 (2012).

<sup>85</sup> KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 128 (OXFORD UNIVERSITY PRESS 2007).

<sup>86</sup> JOHN E.B. MYERS, MYERS ON EVIDENCE OF INTERPERSONAL VIOLENCE 87 (2011), citing Diedre A. Brown, *The Use of Supplementary Techniques in Forensic Interviews with Children*, in MICHAEL LAMB, DAVID LA ROOY, CARMIT KATZ & LINDSAY MALLOY (EDS), CHILDREN’S TESTIMONY: A HANDBOOK OF PSYCHOLOGICAL RESEARCH AND FORENSIC PRACTICE (2D ED 2011).



Even those critical of dolls have, in some of their writings, acknowledged the utility of dolls *if they are properly used*. Commenting on Steward's research finding value in the use of dolls, Bruck and Ceci write:

If all doll-centered interviews were conducted with the same degree of control and structure as those in the present study, and if all child witnesses could be shielded from suggestions by adults who have access to them prior to and during the interview, the Steward et al's findings would demonstrate that one could have great confidence in the effectiveness of anatomical dolls.<sup>87</sup>



**A number of studies on anatomical dolls involve a medical check-up or other condition that involves an inspection of the genitals. Some scholars consider these studies to be the most relevant because the researchers were able to interview children about genital touches and because the researchers could create conditions in which children had or had not been genitally touched.**

*Source: Thomas D. Lyon, Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure, APSAC ADVISOR 14, 15 (WINTER/SPRING 2012).*

<sup>87</sup> Maggie Bruck and Stephen J. Ceci, *Issues in the Scientific Validation of Interviews with Young Children*, 61 MONOGRAPHS OF THE SOCIETY FOR RESEARCH IN CHILD DEVELOPMENT 204, 209 (1996).

## Anatomical Diagram Research

There are several studies that highlight value in the use of diagrams. This value includes a significant reduction in false negatives, and an increase in forensically relevant details which, in turn, can result in corroborating evidence.

### ***Diagrams may significantly reduce false negatives and enable more children to disclose touches***

In a study published in 2016, Bruck and colleagues conducted interviews with and without anatomical diagrams on children who received a medical examination involving both genital and anal touch.<sup>88</sup> Five to fourteen days after the exam, the children were interviewed in a medical clinic, a laboratory, or a “public but quiet place” near the children’s residence.<sup>89</sup> Unlike other studies, the researchers used the sort of diagrams commonly used in forensic interviews—unclothed drawings depicting both the buttocks and genitals.<sup>90</sup>

In free recall questioning of 6-8 year olds, Bruck found that none of the children falsely reported a genital or anal touch (false positives). However, there was a large percentage of false negatives (children who were touched but failed to disclose). Approximately 65% of the children failed to disclose an anal touch and 60% failed to disclose a genital touch.<sup>91</sup> When diagrams were used, though, these numbers dropped significantly with as little as 32% of the children maintaining a false negative about anal touch and only 12% of the children maintaining a false negative about genital touch.<sup>92</sup> The diagrams did not result in any false reports of anal touching.<sup>93</sup> Although there was an increase in false reports of genital touching (9.4%), this rate was identical to false reports involving more direct questions that did not involve the use of diagrams.<sup>94</sup>

Although this study provides strong support for the use of diagrams with children 6-8 years of age, the results for younger children were more mixed—a limitation discussed later in this paper.<sup>95</sup>

In another 2016 study, Dickinson and Poole found that diagrams “more effectively elicited information from children who had not previously disclosed”—a finding they note is consistent with two medical analog studies which “also obtained more disclosures with diagram-assisted interviewing.”<sup>96</sup> Equally important, the researchers found that introducing diagrams early in the interview “did not increase false reports” in the children studied.<sup>97</sup>

In 2007, Brown et al, published a study involving a staged event in which children are dressed as pirates and touched by a photographer 7 times. Utilizing the NICHD protocol, the children were then interviewed about

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<sup>88</sup> Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children’s Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1 (2016).

<sup>89</sup> Id. at 4.

<sup>90</sup> Id. at 4.

<sup>91</sup> Id. at 6.

<sup>92</sup> Id. at 6-9.

<sup>93</sup> Id. at 6-9.

<sup>94</sup> Id. at 6-9.

<sup>95</sup> See notes 113-118 and accompanying text.

<sup>96</sup> Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children’s Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016.

<sup>97</sup> Id. at 10.

touches. Only 4 of 79 children reported touch in response to these questions and half of them were erroneous.<sup>98</sup> When, however, an anatomical diagram was used, *a majority of the children reported touches*.<sup>99</sup> Although there were some errors, the errors were primarily *false denials of touching*.<sup>100</sup> When the children were asked to elaborate on a false genital touch, only one child “elaborated in a way that maintained concern.”<sup>101</sup>

In 2010, Teoh, et al, made similar findings. Calling the anatomical diagrams “human figure drawings” or “HFDs,” the researchers concluded:

Use of the HFDs was associated with reports of new touches not mentioned before and elaborations regarding the body parts reportedly touched. The HFDs especially helped clarify reports by the oldest rather than the youngest children.<sup>102</sup>

In 2012, Otgaar, et al, conducted a study involving the measurement of 10 body parts (e.g. waistline) of children 4-5 and 9-10 years of age. After the children failed to disclose additional information using an NICHD protocol, the children were then interviewed with clothed or unclothed human figure drawings. The researchers found:

- Human figure drawings result in more correct information.
- Human figure drawings resulted in errors but **not forensically relevant errors**.
- **Unclothed** human figure drawings resulted in more correct disclosure of touches.<sup>103</sup>

As to why the unclothed diagrams may have increased correct information about touches, the researchers concluded:

It seems that an unclothed HFD provides more retrieval cues for younger children than a clothed HFD. It is probably that on a clothed HFD, body parts are more difficult to identify for younger children than on an unclothed HFD or that younger children find it more difficult to picture an image of themselves with the aid of a clothed HFD.<sup>104</sup>

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<sup>98</sup> Deirdre A. Brown, et al, Supportive or Suggestive: *Do Human Figure Drawings Help 5 to 7 Year-old Children Report Touch?*, 75 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 33, 36 (2007).

<sup>99</sup> Id. at 37 (noting “a majority of children reported new information when the drawings were presented, even though this followed exhaustive verbal interviews.”)

<sup>100</sup> Id. at 40 (“As in previous studies, erroneous responses to the direct questions predominantly reflected false denials of experienced touches rather than false reports of touches that did not occur.”)

<sup>101</sup> Id. at 40 (“Thus, taking account of elaborative information, only 2% of the sample (1 child) reporting touch elaborated in a way that maintained concern...” Deirdre A. Brown, et al, *Supportive or Suggestive: Do Human Figure Drawings Help 5 to 7 Year-old Children Report Touch?*, 75 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 33-42 (2007).

<sup>102</sup> Y.S. Teoh, et al, *Do Human Figure Diagrams Help Alleged Victims of Sexual Abuse Provide Elaborate and Clear Accounts of Physical Contact with Alleged Perpetrators?* 24 APPLIED COGNITIVE PSYCHOLOGY 287-300 (2010).

<sup>103</sup> Henry Otgaar, et al, *Clothed and Unclothed Human Figure Drawings Lead to More Correct and Incorrect Reports in Touch of Children*, 7 PSYCHOLOGY, CRIME & LAW 641-653 (2012).

<sup>104</sup> Id.

### ***Diagrams may result in additional forensically relevant details***

In 2004, Aldridge, et al, published a study in which a gender-neutral anatomical diagram was used in NICHD interviews after the children, ages 4-13, had verbally disclosed abuse. The use of the diagrams produced 27% of the “forensically relevant details” for children 4-7 years of age and 18% of the forensically relevant data for the children as a whole.<sup>105</sup>

### ***Forensically relevant details may lead to corroborating evidence***

In the Aldridge study, discussed above, the “forensically relevant details” obtained through the use of diagrams were not evaluated for accuracy. However, a multi-disciplinary team following best practice would seek to corroborate most, if not all of these details.<sup>106</sup> When corroborating evidence of this kind is obtained, research finds it has a “big effect” on both charging decisions and suspect confessions.<sup>107</sup> Specifically, corroborating evidence “more than doubled the confession rate.”<sup>108</sup>

Based on these findings, the researchers concluded:

The finding that the odds of confession were over twice as great with a corroborating witness shows the value of the special methods for collecting this type of evidence that experts like Lanning and Vieth teach.<sup>109</sup>

To the extent that diagrams increase the rate of disclosures, research finds there will be a corresponding, and dramatic increase in suspect confessions. As noted by Lippert and colleagues:

The fact that the odds of suspect confession were 3½ times greater when children disclosed highlights the value of skilled forensic interviewers and appropriate supports and settings to help children who are sexually abused to disclose their abuse.<sup>110</sup>

Conversely, when disclosures or details of abuse cannot be corroborated or are even refuted, cases are less likely to result in confessions or charges. Criminal justice expert Ken Lanning notes “(a)s a general principle, valid cases tend to get better and false cases tend to get worse with investigation.”<sup>111</sup> Similar patterns hold true in civil child protection cases, with research finding “the amount of evidence of maltreatment is the most important predictor of whether a case is substantiated...”<sup>112</sup>

<sup>105</sup> J.M. Aldridge, et al, *Using a Human Figure Drawing to Elicit Information from Alleged Victims of Child Sexual Abuse*, 72 JOURNAL OF CONSULTING AND CLINICAL PSYCHOLOGY 304 (2004).

<sup>106</sup> See e.g. Victor I. Vieth, *When the Child Has Spoken: Corroborating the Forensic Interview*, 2(5) CENTERPIECE 1 (2010), available online at: <http://www.gundersenhealth.org/upload/docs/NCPTC/CenterPiece/Vol%202%20Issue%205.pdf> (last visited August 10, 2016).

<sup>107</sup> Tonya Lippert, Theodore P. Cross, Lisa Jones, and Wendy Walsh, *Suspect Confession of Child Sexual Abuse to Investigators*, 15(2) CHILD MALTREATMENT 161, 168 (2010).

<sup>108</sup> Id.

<sup>109</sup> Id. at 168.

<sup>110</sup> Id. at 168.

<sup>111</sup> Kenneth V. Lanning, *Criminal Investigation of Sexual Victimization of Children*, in THE APSAC HANDBOOK ON CHILD MALTREATMENT SECOND EDITION 329, 340 (2002).

<sup>112</sup> Theodore P. Cross, Betsy Goulet, Jesse J. Helton, Emily Lanz, and Tamara Fuller, *What Will Happen to This Child If I Report? Outcomes of Reporting Child Maltreatment*, in BEN MATTHEWS & DONALD C. BROSS, EDS, MANDATORY REPORTING LAWS AND THE IDENTIFICATION OF SEVERE CHILD ABUSE AND NEGLECT 417, 434 (2015).

### **Studies not supportive of diagrams**

Although the 2016 Bruck study found diagrams were associated with significantly lower false negatives without an accompanying increase in false positives among 6-8 year-olds,<sup>113</sup> the results for younger children were less conclusive. With respect to children 3-5, the diagrams were also associated with a significant decrease in false negatives but also a false positive rate as high as 17% for anal touch and 35% for genital touch.<sup>114</sup> These numbers, though, are skewed by combining 3 year old children with children as old as 5. As noted by other scholars, there are “distinct differences” between a 3 and a 5 year old.<sup>115</sup> Indeed, some of the comments in the Bruck, et al, study make it clear that false positives were much more likely in 3 year old than 5 year old children.<sup>116</sup>

More importantly, Bruck and colleagues admittedly failed to “employ follow up questions that help investigators disregard erroneous points that are not convincingly described” and concede this “should be a focus of future research.”<sup>117</sup> In order to charge someone with sexual abuse, the prosecutor would need much more than a child pointing to a diagram—the MDT would need details establishing the location of the offense, the identity of the perpetrator, and information establishing the genital touch was for sexual or aggressive purposes (as opposed to a medical exam, bath, etc).<sup>118</sup> The fact the researchers did not seek such elaborations, limits the applicability of the study to real-world scenarios.

In 2006, Wilcock et al, conducted a study in which children were taken to a fire station or an early learning laboratory and were subjected to innocuous touches while being dressed in a fire hat and a shirt or a fire service costume. One month later, the interviewers introduced **clothed** body diagrams and then asked the children to point on the diagram where they had been touched. The researchers found that 11% of the 5-6 year old children disclosed a genital touch.<sup>119</sup> However, since the diagrams are clothed, it is difficult to determine precisely what the children may have been pointing to. Indeed, other scholars have noted the use of clothed diagrams may be a “possible explanation” for the higher rate of false reports.<sup>120</sup>

In 2011, Poole and Dickinson published a “Mr. Science” experiment in which children received two touches

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<sup>113</sup> See notes 88-95 and accompanying text.

<sup>114</sup> Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children's Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1, 6-8 (2016).

<sup>115</sup> Kathleen Coulborn Faller & Sandra K. Hewitt, *Special Considerations for Cases Involving Young Children*, in KATHLEEN COULBORN FALLER, INTERVIEWING CHILDREN ABOUT SEXUAL ABUSE: CONTROVERSIES AND BEST PRACTICE 142, 143 (OXFORD UNIVERSITY PRESS 2007).

<sup>116</sup> When, for example, the researchers discuss false positives of children undergoing “cued recall” with the diagrams, they note “All of these children were in the younger age group: four 3 year-olds...and one 5 year old...” Maggie Bruck, Kristen Kelley, and Debra Ann Poole, *Children's Reports of Body Touching in Medical Examinations: The Benefits and Risks of Using Body Diagrams*, 22 PSYCHOLOGY, PUBLIC LAW & POLICY 1, 7 (2016).

<sup>117</sup> Id. at 9.

<sup>118</sup> See e.g. MINN. STAT. SECTION 609.341, SUBD. 11(a).

<sup>119</sup> Emma Wilcock, Kirstie Morgan & Harlene Hayne, *Body Maps Do Not Facilitate Children's Reports of Touch*, 20 APPLIED COGNITIVE PSYCHOLOGY 607 (2006).

<sup>120</sup> Thomas D. Lyon, Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012).

<sup>121</sup> As described by the researchers, “Mr. Science tried to wrap a small wrist band around the child's wrist, marveled at how big the child's wrist was, wrapped his fingers around the wrist to measure it, and retrieved a larger band that he taped onto the child. After the demonstrations, Mr. Science removed the wrist band and then tried unsuccessfully to stick a worn-out reward sticker on the child's shoulder, after which he handed the child a strip of stickers instead.” Debra Ann Poole & Jason J. Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 662 (2011).

involving the wrist as well as a touch to the shoulder.<sup>121</sup> The children were later read a story with inaccurate information about the events. Months later, the children were interviewed with and without *gender neutral* body diagram figures.

The researchers found that diagrams had “beneficial and detrimental effects on the accuracy of touch reports.”<sup>122</sup> Without the diagrams, no child reported touching but this increased to 9% when diagrams were introduced.<sup>123</sup> The detriment was that some children interviewed with the diagrams reported touches suggested by the story and 14.5% made a “false intrusion of touching by Mr. Science.”<sup>124</sup> From these findings, the researchers conclude “it is easy for children to make false allegations by pointing to body parts”<sup>125</sup> and recommend a “moratorium on the practice of introducing body diagrams early in interviews.”<sup>126</sup>

Despite this sharp language, not a single child in the Poole and Dickinson study falsely reported a genital touch. Since, though, the diagrams were gender neutral, it’s not entirely clear how they *could* report a genital touch. Nevertheless, since the presumed concern with diagrams is that a child may falsely report a genital touch, this study provides little support for the conclusion that it is “easy” for children to make “false allegations” (presumably of sexual abuse) or to justify a “moratorium” on the usage of diagrams.

Poole and Dickinson dismiss the absence of genital touch in their study by noting:

A second foreseeable criticism is that no child in our research falsely reported genital touching and other studies collectively found few forensically relevant false reports. However, our body diagrams lacked genitalia, interviewers did not prime genital areas by asking children to name them,<sup>127</sup> and the children were not in a social environment that expressed concerns about sexual abuse.<sup>128</sup>

In other words, Poole and Dickinson appear to be suggesting that if they used the unclothed diagrams utilized in ChildFirst forensic interviews, children would likely have made a false allegation of genital touch. Although this hypothesis could have been put to the test by using unclothed diagrams, it was not a part of this study.

Professor Tom Lyon notes that Poole & Dickinson “provide no support for their apparent belief that explicit depiction would increase the likelihood of error.”<sup>129</sup> Lyon contends “the opposite problem might be at work: When the genitalia are not depicted, this increases the risk of misunderstanding.”<sup>130</sup> Lyon also noted a

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<sup>122</sup> Id. at 665.

<sup>123</sup> Id. at 665.

<sup>124</sup> Id. at 666.

<sup>125</sup> Id. at 666.

<sup>126</sup> Id. at 668.

<sup>127</sup> Poole and Dickinson’s reference to interviewers “priming” children to disclose genital touches by asking them to name body parts appears to be a reference to the practice in some ChildFirst interviews of asking a child to identify body parts on a diagram to reach common language for body parts and determine if a child can make a representational shift. The inference, apparently, is that such a use of diagrams would increase the chance a child will falsely allege a genital touch. Again, this could have been tested simply by using unclothed diagrams and asking the children to name body parts as part of the research design.

<sup>128</sup> Debra Ann Poole & Jason J. Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011).

<sup>129</sup> Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012).

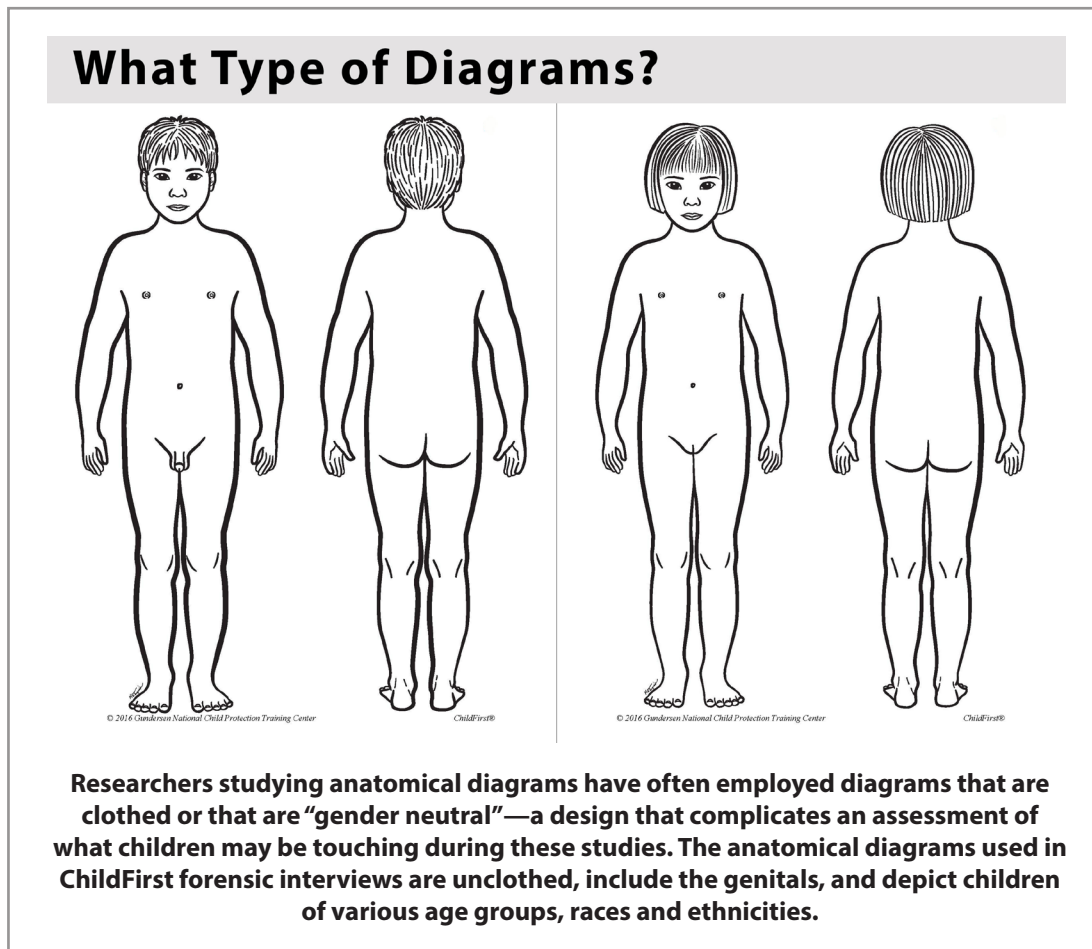
<sup>130</sup> Id. at 17.



number of other shortcomings in the anatomical diagram studies published prior to 2012.<sup>131</sup>

In a 2016 study, Dickinson and Poole tried to correct for a number of these design limitations. This study, discussed earlier in this paper, reached the opposite results with the researchers finding that utilizing diagrams early in the interview “did not increase false reports”—a finding that “contrasts with results from our previous investigation...”<sup>132</sup>

Although Dickinson and Poole’s most recent study did find an increased error rate when the diagrams were used later in the interview, they conclude “it is likely that question format and their location in the interviews, **rather than the presence of a diagram**, accounted for the high error rate in our study” (emphasis added).



<sup>131</sup> “Unfortunately, the studies are not terribly useful in helping us assess the potential utility of diagrams in questioning children about genital touch. Because there was no condition in which children were touched on their genitalia, one cannot calculate the percentage of children who were touched who revealed with or without diagrams. Children often showed very low rates of touch disclosure, but there is no reason not to disclose any of the touches that occurred. It is more likely that they simply forgot the touching or found it unremarkable.” Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012). With respect to the findings of false reports, Lyon finds the absence of genitalia a weakness in the Poole & Dickinson and Wilcock studies and notes the research by Otgaard, discussed earlier, in which unclothed diagrams “produced more accurate information” in younger children. Id. at 17.

<sup>132</sup> Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children’s Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016.

## The Bottom Line on Diagram Research: The Need for More and Better studies

In 2010, representatives of all of the nation's major forensic interview training programs, including APSAC,<sup>133</sup> NICHD,<sup>134</sup> NCAC,<sup>135</sup> CornerHouse,<sup>136</sup> and the National Child Protection Training Center,<sup>137</sup> got together in an effort to reach consensus on best practices on forensic interviewing of children. The result was a paper published in 2015 by the Office of Juvenile Justice and Delinquency Prevention, a branch of the United States Department of Justice.<sup>138</sup> With respect to the use of media in forensic interviews, the consensus statement was:

The goal of a forensic interview is to have the child verbally describe his or her experience. A question remains, however, as to whether limiting children to verbal responses allows all children to fully recount their experiences or whether media (e.g. paper, markers, anatomically detailed drawings or dolls) may be used during the interview to aid in descriptions...The use of media varies greatly by model and professional training. Decisions are most often made at the local level, and interviewer comfort and multidisciplinary team preferences may influence them. **Ongoing research is necessary to shed further light on the influence of various types of media on children's verbal descriptions of remembered events** (emphasis added).<sup>139</sup>

We agree with this consensus statement and would recommend the following:

- 1 More research.** Since the research on diagrams is limited there needs to be more studies on the use of this media in forensic interviews.
- 2 Better research.** As noted by Professor Lyon, many of the existing studies "are not terribly useful."<sup>140</sup> Simply stated, researchers must design studies that more closely reflect a scenario of abuse and use media that parallels actual forensic interviewing practices. Instead of designing studies that reflect bad interviewing practices, such as employing leading questions and giving children false information, researchers should design at least some studies reflecting quality interviewing practices.
- 3 Neutral research.** Researchers must be cognizant of the biases implicit in the design and interpretation of these studies and guard against it. Just as MDTs can guard against biases by bringing multiple disciplines and perspectives to the table in evaluating a case of possible

<sup>133</sup>The American Professional Society on the Abuse of Children

<sup>134</sup>National Institute of Child Health and Human Development

<sup>135</sup>National Children's Advocacy Center

<sup>136</sup>CornerHouse Interagency Child Abuse Evaluation and Training Center

<sup>137</sup>Gundersen National Child Protection Training Center

<sup>138</sup>Chris Newlin, Linda Cordisco Steele, Andra Chamberlin, Jennifer Anderson, Julie Kenniston, Amy Russell, Heather Stewart, Viola Vaughan Eden, *Child Forensic Interviewing: Best Practices*, OJJDP JUVENILE JUSTICE BULLETIN (SEPTEMBER 2015)

<sup>139</sup>Id. at 7.

<sup>140</sup>Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14, 17 (WINTER/SPRING 2012).

maltreatment,<sup>141</sup> researchers can make a concerted effort to bring to the table those who see benefits as well as weaknesses in the use of media.

**4** **Involve frontline professionals in the design of research.** One of the criticisms of doll and diagram research is that the designs can be markedly different from real world practices with the use of media.<sup>142</sup> These weaknesses can be reduced if researchers are proactive in consulting with frontline professionals in the design of future studies. We are pleased to see that at least one of the most recent studies on diagrams notes some of these limitations and made several steps in the direction of designing research that more realistically reflects the type of cases which result in forensic interviews.<sup>143</sup> The goal of conducting studies that reflect actual work in the field could be achieved more quickly if frontline professionals were closely consulted in the design.

**5** **Cease the use of extreme language when referring to the proponents of media.** Proponents of media are often well-educated, have attended multiple forensic interview training programs, and have significant experience in working as forensic interviewers—a credential very few researchers have. Instead of comparing these proponents to ancient practitioners of sorcery<sup>144</sup> critics should recognize this remains an issue where reasonable minds can differ<sup>145</sup> and encourage and practice a more respectful dialogue until a consensus is reached. Although extreme language may assist in identifying the specificity bias among some researchers, it discourages a healthy debate by denigrating dissenting voices.

**6** **Recognize dolls and diagrams are used in physical abuse, emotional abuse, neglect, torture,<sup>146</sup> polyvictimization, as well as sexual abuse investigations.** The research on dolls and diagrams is centered on the use of these tools in cases of sexual abuse. Although forensic interviewers may have historically focused only on sexual abuse,<sup>147</sup> this narrow application is no longer the case. Perhaps the most unique feature of the ChildFirst forensic interviewing protocol is that it takes into account relatively recent research on polyvictimization.<sup>148</sup> Accordingly, even if children are initially interviewed out of

<sup>141</sup> Mark D. Everson & Miguel Sandoval, *Forensic Child Sexual Abuse Evaluations: Assessing Subjectivity and Bias in Professional Judgments*, 35 CHILD ABUSE & NEGLECT 287, 297 (2011).

<sup>142</sup> See generally, Mark D. Everson & Barbara Boat, *Anatomical Dolls in Child Sexual Abuse Assessments: A Call for Forensically Relevant Research*, 11 APPLIED COGNITIVE PSYCHOLOGY 55-74 (1997); Amy Russell, *Out of the Woods: A Case for Using Anatomical Diagrams in Forensic Interviews*, 21(1) UPDATE (2008).

<sup>143</sup> Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children's Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016 (noting that previous "analog" paradigms mimic the dynamics of day care cases in which investigators interviewed numerous children who had not previously reported abuse. In contrast, sexual abuse investigations include a sizeable percentage of children who have already disclosed, and this group may be less suggestible...If this is true, then interviewing techniques that prompt an alarming number of false reports in laboratory studies may not have similar effects in the field...")

<sup>144</sup> Debra Ann Pool & Maggie Bruck, *Divining Testimony? The Impact of Interviewing Props on Children's Reports of Touching*, 32 DEVELOPMENTAL REVIEW 165, 166 (2012).

<sup>145</sup> Thomas D. Lyon, *Twenty-Five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure*, APSAC ADVISOR 14 (WINTER/SPRING 2012).

<sup>146</sup> See generally, Barbara L. Knox, Suzanne P. Starling, Kenneth W. Feldman, Nancy D. Kellogg, Lori D. Frasier, Suzanna L. Tiapula, *Child Torture as a Form of Child Abuse*, 27 JOURNAL OF CHILD & ADOLESCENT TRAUMA (2014).

<sup>147</sup> See generally, Kathleen Coulborn Faller, *Forty Years of Forensic Interviewing of Children Suspected of Sexual Abuse, 1974-2014: Historical Benchmarks*, 4 SOCIAL SCIENCES 34-65 (2015).

<sup>148</sup> Id. at 51.

concern about possible sexual abuse, multiple forms of abuse are screened for and, more often than not, children report being abused in multiple ways.<sup>149</sup>

7

**Design research that places the use of diagrams in the context of not only the entire forensic interview but also the entire MDT investigation.** Michael Lamb and colleagues correctly caution us that “our narrowed focus on forensic interviews should not lead” us to “ignore the importance of the overall investigation and the need to see the interview as but one (important) part of the process.”<sup>150</sup> Researchers would do well to take this into consideration in designing research. The use of diagrams is but one small part of the forensic interview process and the interview process is but one part of the MDT investigation. As a matter of law, it would be impossible to charge anyone with a crime simply because a child pointed to the genitals (or any other part) of an anatomical diagram. In a criminal case, the government must prove beyond a reasonable doubt that a child was sexually touched or otherwise violated in a certain time period in a certain jurisdiction by a certain person. In cases of sexual abuse, the government must not only prove a genital touch but prove that it was done with sexual or aggressive intent.<sup>151</sup> Meeting these thresholds requires significant details which the MDT acquires not only from the child but also the suspect and other witnesses as well as crime scene investigations.<sup>152</sup> Simply stated, there are multiple checks and balances within and without the forensic interview to guard against a false allegation of abuse. Future studies should at least acknowledge this reality and, if possible, attempt to study whether these checks and balances are effective in making sound charging and other decisions.

8

**Recognize that modern MDT investigations have multiple checks to limit false positives—but very few checks on false negatives.** As noted above, when a child discloses abuse in an interview, the MDT investigation and, if need be, subsequent trial has a number of checks to reduce the risk of a false positive. In contrast, when a child falsely denies abuse (false negative) in a forensic interview, the investigation typically ceases. Unless there is an extended evaluation,<sup>153</sup> the child’s opportunity for protection from continuing abuse may be forfeited. Given this risk, as well as the consistent findings in the research that diagrams or dolls may reduce false negatives, they should continue to be an option in MDT investigations.

<sup>149</sup>This is based on our clinical observations but is also consistent with the polyvictimization research referenced earlier in this paper.

<sup>150</sup>MICHAEL LAMB, ET AL, TELL ME WHAT HAPPENED: STRUCTURED INVESTIGATIVE INTERVIEWS OF CHILD VICTIMS AND WITNESSES 1ST EDITION 269 (2008).

<sup>151</sup>For a comprehensive overview of the complexities of proving a case of child maltreatment, *see generally*, AMERICAN PROSECUTORS RESEARCH INSTITUTE, INVESTIGATION AND PROSECUTION OF CHILD ABUSE THIRD EDITION (2004).

<sup>152</sup>*See generally*, Victor I. Vieth, *When the Child Has Spoken: Corroborating the Forensic Interview*, 2(5) CENTERPIECE (2010); Victor I. Vieth, *Picture This: Photographing a Child Sexual Abuse Crime Scene*, 1(5) CENTERPIECE (2009).

<sup>153</sup>*See e.g.* Kathleen Coulborn Faller, Marguerite Grabarek, Debra Nelson-Gardell, & Javonda Williams, *Techniques Employed by Forensic Interviewers Conducting Extended Assessments: Results from a Multi-Site Study*, 20 JOURNAL OF AGGRESSION, MALTREATMENT & TRAUMA 237 (2012).

## Conclusion

In a law review article on the debate over anatomical diagrams, attorney E. Morgan Kendrick expresses concern that, despite strong support in the literature for the appropriate use of anatomical dolls, many professionals are no longer using them primarily because of the influence of a minority of studies. She then applies this history to the current debate over anatomical diagrams and urges the field not to dismiss the value of diagrams based on limited, poorly designed research.<sup>154</sup>

Other professionals have expressed a similar concern. In one of her literature reviews on anatomical dolls, Kathleen Coulborn Faller writes:

It is important to appreciate that attacks on anatomical dolls are but one of a series of maneuvers to undermine efforts to uncover sexual abuse. In the guise of getting at the truth, these maneuvers aim at obscuring the truth—the widespread prevalence of sexual abuse of children.<sup>155</sup>

Some scholars have gone even further and have concluded the debate over diagrams and dolls is one small part of an historic shift in our response to cases of child abuse. According to Professor Ross Cheit:

We have, over the last twenty years, discounted the word of children who might testify about sexual abuse. We have become more worried about overreacting to child sexual abuse cases than we are about under-reacting to it.<sup>156</sup>

Stated differently, Cheit is arguing we are much more concerned today about false positives than false negatives and that, as a result, our MDT responses to child maltreatment are at risk of becoming out of balance.<sup>157</sup>

In the context of the debate over diagrams, consider this recommendation from Poole and Dickinson:

Simply place body diagrams after open-ended questioning when a prop is needed to clarify verbal reports or when case evidence (e.g. images or a definitive medical finding) justifies using a more suggestive memory cue.<sup>158</sup>

With some variation, all of the major forensic interviewing models, including ChildFirst®, do not use the diagrams until the child is asked a series of open ended prompts such as those recommended by Poole and

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<sup>154</sup> E. Morgan Kendrick, *Diagram Debate: The Use of Anatomical Diagrams in Child Sexual Abuse Cases*, 8 LIBERTY LAW REVIEW 125-168 (2013).

<sup>155</sup> *Id.*

<sup>156</sup> ROSS E. CHEIT, *THE WITCH HUNT NARRATIVE: POLITICS, PSYCHOLOGY, AND THE SEXUAL ABUSE OF CHILDREN X* (OXFORD UNIVERSITY PRESS 2014).

<sup>157</sup> Cheit writes: “Why so many psychologists have aligned themselves with the defense, to the point of demonstrating and even admitting bias in that direction, is a puzzle for another time. What matters for this book is that these politics exist and work to diminish the credibility, and ultimately the safety, of children.” ROSS E. CHEIT, *THE WITCH HUNT NARRATIVE: POLITICS, PSYCHOLOGY AND THE SEXUAL ABUSE OF CHILDREN* 404 (OXFORD UNIVERSITY PRESS 2014).

<sup>158</sup> Debra A. Poole & Jason Dickinson, *Evidence Supporting Restrictions on Uses of Body Diagrams in Forensic Interviews*, 35 CHILD ABUSE & NEGLECT 659, 668 (2011)

Dickinson (e.g. asking children why they are here today).<sup>159</sup> Indeed, in their most recent study, Dickinson and Poole note that “recent modifications” to the ChildFirst interviewing programs “have added narrative practice and open-ended topic introduction to their procedures, thereby elbowing out media, such as dolls and BDs, from the first part of the interview.”<sup>160</sup>

Nonetheless, when open ended questioning falls short, the alternative option proposed by these researchers of using diagrams only when there are “images” or a “definitive medical finding” sets an extraordinarily high bar. For example, even in pre-pubertal children who are penetrated, medical evidence is extraordinarily rare.<sup>161</sup> Obviously, if our primary focus is only on preventing a false allegation, we may wish to set the bar this high. If, though, we are also concerned about false denials, a broader discussion and more focused research is warranted.

If this broader discussion is accompanied with a more respectful dialogue and stronger research, a consensus on the use of media in forensic interviews and MDT investigations may one day be reached.

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<sup>159</sup> Id. at 668. Under the ChildFirst protocol all children are asked why they are here today and, if they indicate maltreatment, that issue is explored through open ended questions prior to the use of diagrams. See ChildFirst forensic interview training binder (2016).

<sup>160</sup> Jason J. Dickinson & Debra Ann Poole, *The Influence of Disclosure History and Body Diagrams on Children's Reports of Inappropriate Touching: Evidence from a New Analog Program*, LAW AND HUMAN BEHAVIOR, online first publication, July 21, 2016.

<sup>161</sup> See e.g., Astrid Heger, et al, *Children Referred for Possible Sexual Abuse: Medical Finding in 2384 Children*, 26 CHILD ABUSE & NEGLECT 645-659 (2002).





## **When the Victim is Very Young: Assessing Allegations of Sexual Abuse in Pre-school Children (Part 1 of 2)**

**By Victor Vieth**

In a nationwide survey of sexually abused children, David Finkelhor concluded the “median age at time of abuse was 9.9 years for boys and 9.6 years for girls.” However, sexual abuse occurs at all ages, including infancy. In one study, half of the women who are abused as children said the onset of abuse occurred before the age of five. Some experts contend the average age of sexual abuse victims is only three years old. And yet, allegations of sexual abuse involving children under the age of six are least likely to be substantiated. Data from the National Clearinghouse on Child Abuse and Neglect suggests that the highest substantiation rates for all types of child abuse are for children ages 0-6. However, for child sexual abuse reports, the “younger the child the lower the level of substantiated abuse”. In this, the first of two articles addressing sexual abuse allegations among preschool children, the difficulties of substantiating abuse among this age group will be explored. The second article will offer tips for overcoming these obstacles and securing justice for more of these vulnerable children.

### **Difficulties in substantiating the sexual abuse of young children**

Dr. Sandra Hewitt gives the following example to illustrate the difficulties of substantiating cases of child sexual abuse among young children. A two-year-old child was in a domestic violence shelter with her mother. The mother was badly beaten by an alcoholic father. When the mother changed the child’s diaper, she grabbed her vulva and cried “Daddy hurt butt! Daddy hurt butt!” The child was also observed to be nervous and anxious around her father and had trouble sleeping after a visit. Police and child protective services conducted a joint investigation but could not substantiate sexual abuse. The child as eventually returned to the father for unsupervised visitation.

This example illustrates some of the many difficulties in substantiating allegations of abuse among very young children. Reasons for these difficulties include:

1. *Physical findings are rare.* In prepubertal girls, the likelihood of diagnostic physical findings, even with penetration, is about 3%.
2. Any verbal accounts of abuse are rudimentary at best. As noted in APRI’s Child Abuse manual, “children who are unable to give verbal accounts of abuse may use their rudimentary verbal skills together with gestures and behaviors that suggest an abusive incident. For instance, the child may point to a bruised arm or her genital area and say “Owee, Dadda, owee.” Some

include the child lying back in the crib and spreading her legs wide or the child pounding over and over on a stuffed animal.”

3. *The younger the child, the greater the concern about suggestibility.* In general, once children reach the age of ten, they are no more suggestible than adults are. However, younger children, particularly those of pre school age, may be unduly suggestive. According to some researchers, this “vulnerability leads younger preschoolers, on occasion, to claim that they remember actually experiencing events that they only thought about or were suggested by others.”

Having said this, we should not assume that subjecting a young child to a misleading or suggestive question necessarily invalidates an allegation of abuse. According to one commentator, “although young children can be misled to report inaccurate information about their experiences, they are more resistant to false suggestions about negative and abuse related activities...”

4. *Statements suggesting abuse may have multiple interpretations.* For instance, Dr. Allison Defelice of Columbia, South Carolina, tells of a preschooler who informs the day care provider, “Daddy put his pee on my pee.” As it turns out, the child had urinated in the toilet and her father told her not to flush since he was going to use the bathroom next. It is easy to see how the statement could be misinterpreted if this child had not been interviewed by a competent forensic interviewer. If the event had been misinterpreted as abuse, an interviewer could have unwittingly planted the idea of an inappropriate touch in the child’s mind. This possibility has concerned a number of courts.
5. *We think too narrowly.* As noted by Dr. Hewitt, “we document child sexual abuse by how well children can talk about what has happened to them. In other words, substantiation rates mirror the ability to talk, not probable cause.” So long as we collect evidence of sexual abuse primarily based on a young child’s verbal abilities, we will be unable to protect this population. We need to aggressively look at alternative forms of documenting abuse and perhaps look more at civil child protection as opposed to criminal codes.
6. *Nonverbal symptoms of abuse may be more difficult to discern among some preschoolers.* Hewitt and Friedrich attempted to fit the behaviors of preschoolers into categories documenting that these children were abused, non-abused or uncertain. The uncertain category as preschool children “who came from very chaotic families.” According to Dr. Friedrich, preschoolers coming from chaotic families made substantiation of abuse “more difficult since there were so many other potential contributors to their behavior, and they were less able to express their concerns.”

## Conclusion

Although addressing the abuse of infants and preschoolers presents unique challenges, failure to address this social ill has devastating consequences to our society. According to authors Robin Karr Morse and Meredith Wiley, “a growing body of scientific knowledge demonstrates that maltreatment during the nine months of fetal growth and the first twenty-four months after birth leads to violent older children and adults.” To this end, part II of this article will provide investigative and prosecutorial tips for proving an allegation of sexual abuse in cases involving preschool victims.

1 Director, APRI's Child Abuse Programs.

2 David Finkelhor, et al, Sexual Abuse and Its Relationship to Later Sexual Satisfaction, Marital Status, Religion, and Attitudes, 4 JOURNAL OF INTERPERSONAL VIOLENCE 379-99 at 381 (1989).

3 Steven N. Gold, et al, Characteristics of Childhood Sexual Abuse Among Female Survivors in Therapy, 20 CHILD ABUSE AND NEGLECT 323, 328 (1996).

4 Gavin de Becker, Foreword to ANNA SALTER, Predators ix (BASIC BOOKS 2003).

5 SANDRA K. HEWITT, ASSESSING ALLEGATIONS OF SEXUAL ABUSE IN PRESCHOOL CHILDREN: UNDERSTANDING SMALL VOICES 2 (SAGE 1999).

6 Id. at 2—3.

7 Dr. Rich Kaplan, *When Child Abuse Hits Home*, a conference of the National Child Protection Training Center, presented in Winona, MN June 21 —25, 2005, citing Berenson, et al, *A Case Study of Findings Resulting From Sexual Abuse*, 42(4) AMERICAN J. OBSTET. GYNECOL. 82-83 (APRIL 2000). Hager, et al, Children Referred for Possible Sexual Abuse: Medical Findings in 2384 Children, 26 CHILD ABUSE AND NEGLECT 645-659 (2002).

8 INVESTIGATION AND PROSECUTION OF CHILD ABUSE THIRD EDITION 22-23 (Sage 2004).

9 John E.B. Myers, Gail S. Goodman, Karen Saywitz, *Psychological Research on Children as witnesses Practical Implication for Forensic Interviews and Courtroom Testimony*, 27 Pacific Law JOURNAL 1,26 (1996).

10 Stephen Ceci, et al, *The Possible Role of Source Misattribution in the Creation of False Beliefs among Preschoolers*, 62 THE INTERNATIONAL JOURNAL OF CLINICAL AND EXPERIMENTAL HYPNOSIS 304 (1994)

11 Id.

12 Jodi A. Quas, et al, *Individual Difference in Children's and Adult' Suggestibility and False Event Memory*, 9 LEARNING AND INDIVIDUAL DIFFERENCES 359, 362 (1997). For an excellent overview of the correlation between age and suggestibility, see John E.B. MYERS, MYERS ON EX IDENCE IN CHILD, DOMESTIC, AND ELDER ABUSE at 25-28 (ASPEN 2005).

13 See e.g. In Re GB, 838 A.2d 529, 530 n. 1 (2004) (commenting that children “in the three to four—year old range are most vulnerable to suggestions by the questioner)

14 HEWITT, supra note 5 at 3.

15 WILLIAM N. FRIEDRICH, PSYCHOLOGICAL ASSESSMENT OF SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES 155 (SAGE 2002)

16 Id.

17 ROBIN KARR-MORSE AND MEREDITH S. WILEY, TRACING THE ROOTS OF VIOLENCE 15 (ATLANTIC MONTHLY PRESS 1997).

American Prosecutors Research Institute (2005). *Reasonable Efforts*, Volume 2, Number 4  
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## ***When the Victim is Very Young: Assessing Allegations of Sexual Abuse in Preschool Children (Part 2 of 2)***

***By Victor Vieth***<sup>1</sup>

In the first article in this series, the difficulties of substantiating abuse among this age group were explored. This second article offers tips for overcoming these obstacles and securing justice for more of these vulnerable children.

### **Tips for substantiating abuse among preschool children**

*Understand as much as possible about child development factors.* In addition to the works cited in this article, APRI's Web site also contains helpful child development articles.<sup>2</sup>

*Do not routinely dismiss the statements of young children.* Just because very young children are at greatest risk of suggestibility, it doesn't mean their statements are inaccurate or that their memories are invalid. As Dr. Hewitt notes, "some say that if these young children cannot talk much, then maybe they don't remember much either. After all, few memories of very early childhood survive into adult memory. This argument is strongly refuted by new research on the importance of development during the early years of life."<sup>3</sup>

*Examine behaviors as much as words.* As Dr. Hewitt notes, "children do not always express information in words, and their small voices often reflect only a minimal understanding of their experiences. Behaviors are precursors to language and powerful pieces of what preschool children have to disclose about their experiences."<sup>4</sup> Abused children may demonstrate anxiety through nightmares,<sup>5</sup> flashbacks, hyper vigilance, regression, bed-wetting, nervousness, clinginess, etc. However, most of these behaviors are also observed in *non-abused* children as well and thus are not definitive. Still, these behaviors can, at times, be helpful. I had a case once where a child protection worker was holding a two-year-old child whose father had allegedly abused her. When the father arrived, the child clung to the social worker, curled her toes inward, and otherwise expressed behaviorally her fear of the father. Documentation of behaviors like these, though not definitive, can be a small part of making a case.

*Have a thorough knowledge of normal sexual activity among young children.* Children from birth to four years old may touch or rub their own genitals, though "rhythmic manipulation with the hand does not appear to occur until children are at least three years of age, likely because small muscle control is not sufficiently developed."<sup>6</sup> These children may show their genitals, are interested in bathroom functions, may use dirty language for bathroom functions, may insert something in their body cavities but will stop if there is any pain, and may play house or doctor. If they play house or doctor, though, the play will mimic what they have seen. For example, a child may put a mom and dad doll in bed together but will not manipulate them in an explicitly sexual manner unless<sup>8</sup> they have this knowledge.



*Have a thorough knowledge of abnormal sexual activity.* There are a number of sexual behaviors that are not normal during childhood. The behaviors *least* often seen in non-abused children are:

- Placing the child's mouth on a sex part
- Asking to engage in sex acts
- Masturbating with an object
- Inserting objects in the vagina/anus
- Imitating intercourse
- Making sexual sounds
- French kissing
- Undressing other people
- Asking to watch sexually explicit television<sup>9</sup>
- Imitating sexual behavior with dolls

*Consider the use of a psycho-social assessment.* Although it may be possible to get some information from preschool children as part of a traditional forensic interview, the younger the child the greater the need to consider other assessment tools. Investigators may want to employ the 4-8 session "forensic evaluation model" piloted at the National Children's Advocacy Center (NCAC). This forensic interviewing model has been used with children as young as two years old and is designed to be conducted by licensed mental health clinicians. Preliminary research found the NCAC model to be effective with pre-school children.<sup>10</sup> The NCAC model was further tested as part of much broader study in which the model was used by 22 professionals at 18 agencies and in 12 different states. According to data collected on 147 participants, the "forensic evaluation procedure yielded clear information to be used in child protection and prosecutory (sic) decisions in 64% of the cases (combining cases with credible disclosures and abuse unlikely findings)."<sup>11</sup>

*Consult a mental health professional to diagnose the possibility of PTSD in the child.* It is widely accepted that children can have Post Traumatic Stress Disorder (PTSD), also known as Acute Stress Disorder (ASD) or Traumatic Stress Disorder (TSD). The psychiatric community is becoming better at diagnosing this condition in very young children, even infants.<sup>12</sup> Since PTSD is consistent with the trauma of abuse, though not

*Consult a mental health professional to thoroughly examine the family as a whole.* Dr. William Friedrich of the Mayo Clinic and Dr. Sandra Hewitt suggest that in addition to conducting a child sexual behavior inventory (CSBI) that the parents receive a "preschool structured interview. "Was this a wanted child? Were there complications at birth? Is there a history of chemical dependency or abuse by either caretaker? Does the child have opportunities to sleep or bathe with either parent? Questions like these, as well as specific questions about the child's sexual behaviors or statements, may be extremely helpful in substantiating a report."<sup>13</sup>

*Look for witnesses.* A toddler making a sexual statement or displaying unusual sexual behaviors may indeed have been victimized but is unlikely to give enough detail to prove a case. However, the non-offending caretaker or others in the home, such as siblings, may have witnessed the abuse or have been victimized themselves. A thorough investigator will interview everyone in the home with possible knowledge. There have been documented cases of witnesses walking in on the abuse of a non-verbal child.<sup>14</sup>

*Look for other victims.* It is unlikely that a child abuser has offended against the known victim only once or that he has not had other victims.<sup>15</sup> Accordingly, in investigating the reported case, ask every witness if they know of any other child who may have been abused and what information they have which leads them to this conclusion. Also, check the suspect's criminal history and CPS records wherever he has resided to discover any previous sexual abuse allegations. If the suspect has been married before, the previous partner may have important information.

*Look for corroborating evidence.* If a child displays unusual sexual knowledge, eliminate alternative sources of the knowledge (pornography, walked in on parents having relations, etc). This can be done by interviewing the parents and others with access to the child and also by inspecting the house. Is there pornography present? If so, would the child have been able to access it without the assistance of a caretaker? Confirm with the caretaker that there is no reason for semen to be in the child's bedroom. Then, with luminal technology, look for evidence of semen in the child's bedroom—bedspread, carpeting, tissue paper in basket, etc. If there is an ejaculation, the semen had to go somewhere and may be present in the child's room.

*Interrogate the suspect.* If any of the strategies listed above suggests a particular person is a suspect, a competent interrogation may produce a confession. All law enforcement officers should be trained in the art and science of interrogating child sexual abuse suspects. A good place to start is reading chapter II, section VIII of APRI's child abuse manual,<sup>16</sup> "Interrogation of the Suspect."

*Look at both the child protection and the criminal codes.* If the investigation does not produce sufficient evidence to prove a criminal case beyond a reasonable doubt, there may nonetheless be sufficient evidence to prove a child protection case. For example, CPS codes may have a lower burden of proof (clear and convincing as opposed to beyond a reasonable doubt), may be more lenient in admitting child hearsay (*Crawford* issues are less likely to apply since there is only a due process right to confront witnesses), and the government may not be required to prove a certain perpetrator but only that a child was victimized. Moreover, PTSD, unusual sexual behaviors and other factors cited above may, by themselves, be enough to prove a child is in need of protection.

*Look at alternatives to alleging sexual abuse.* In the case example from Dr. Hewitt's book, cited in Part I, the child displayed fear, made suggestive statements, and was exposed to explosive violence perpetrated on mom by dad. Although not enough to prove sexual abuse, this arguably was enough to prove the child is in need of protection and services.

*Establish the preschooler's competence to testify.* Before a young child can testify, he or she must be declared competent. This means the child must articulate the difference between a truth and a lie and that it is bad to lie in court. If a prosecutor or child protection attorney needs a young child to testify, the attorney must be well versed with research in this area. Furthermore, the competency hearing must be conducted in a developmentally appropriate manner.<sup>17</sup>

## Conclusion

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Thorton Wilder once observed," To the impassioned will all things be possible." Perhaps no child abuse case is harder to investigate, much less prove, than one involving a pre- or non-verbal child. Without a thorough investigation and a diligent prosecution, there is little hope of stopping the abuse.

1 Director, APRI's Child Abuse Programs.

2 Jennifer Massengale, *Child Development: A Primer for Child Abuse Professionals*, 14(5) Update at: [http://www.ndaa-apri.org/publications/newsletters/update\\_vol-ume\\_14\\_number\\_5\\_2001.html](http://www.ndaa-apri.org/publications/newsletters/update_vol-ume_14_number_5_2001.html)

3 SANDRA K. HEWITT, ASSESSING ALLEGATIONS OF SEXUAL ABUSE IN PRESCHOOL CHILDREN 3 (SAGE 1999).

4 *Id.* at 4.

5 JOHN E.B. MYERS, EVIDENCE IN CHILD ABUSE AND NEGLECT CASES 511-516 (WILEY & SONS 1997 AND 2004 SUPP) (citations omitted).

6 Eliana Gil, Ph.D., *Age Appropriate Sex Play Versus Problematic Sexual Behaviors*, pages 21-24, in ELIANA GIL AND TONI CAVANAGH JOHNSON, *SEXUALIZED CHILDREN* (LAUNCH PRESS 1993).

7 *Id.* at 26.

8 *Id.* at 23.

9 JOHN E.B. MYERS, EVIDENCE IN CHILD ABUSE AND NEGLECT CASES 516 (1998), (citations omitted).

10 Of 51 children assessed under this method, 14 were four years old or younger (the youngest was 2.5 years). Six of these 14 children made a credible disclosure of abuse, three made a credible non-disclosure (no abuse), one made a non-credible disclosure of abuse, and it was unclear whether or not the four remaining children were victimized. For details of this assessment method and cited research, See Carnes, et al, *Extended Forensic Evaluation When Sexual Abuse is Suspected: A Model and Preliminary Data*, 4(3) CHILD MALTREATMENT 242, 243-244 (1999).

11 Connie Carnes, et al, *Extended Forensic Evaluation When Sexual Abuse is Suspected: A Multisite Field Study*, 6 CHILD MALTREATMENT 230 (2001).

12 Michael S. Scheeringa and Theodore J. Gaensbauer, *Post Traumatic Stress Disorder* in CHARLES H.

ZEANAH, JR. ED HANDBOOK OF INFANT MENTAL HEALTH 2D ED. 369-381 (2000).

13 The preschool structured interview is included as an appendix (pages 293-298) in WILLIAM N. FRIEDRICH, *PSYCHOLOGICAL ASSESSMENT OF SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES* (SAGE 2002).

14 See e.g. *Lovejoy v. United States*, 92 F.3d 628, 632 (8<sup>th</sup> Cir. 1996) (mother walked in on young child being sexually abused).

15 See generally, Gene G. Abel, et al, *Self-Reported Sex Crimes of Nonincarcerated Paraphiliacs*, 2 JOURNAL OF INTERPERSONAL VIOLENCE 3, 17 (1987).

16 INVESTIGATION AND PROSECUTION OF CHILD ABUSE THIRD EDITION 126-143 (SAGE 2004).

17 See Thomas D. Lyon & Karen J. Saywitz, *Young Maltreated Children's Competency to Take the Oath*, 3(1) APPLIED DEVELOPMENTAL SCIENCE 16-27 (DA CAPO PRESS 1999).

18 MICHAEL STREISSGUTH, JOHNNY CASH AT FOLSOM PRISON: THE MAKING OF A MASTERPIECE 17 (2004).

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## **FORENSIC INTERVIEWS OF CHILDREN WHO HAVE DEVELOPMENTAL DISABILITIES (PART 1)**

***By Jennifer Anderson, MSW, LCSW and Rachel T Heath, MSW LCSW***

Developmental disabilities can hinder an individual's ability to understand and communicate effectively. As a result, conducting investigative interviews with children who have developmental disabilities poses challenges to even the most experienced professional. Of great concern is often the perception that the child will appear confused and inconsistent in his/her disclosure, thus presenting as a poor witness. We suggest, however, that the interview's outcome may be more directly attributed to the extent to which the interviewer accounts for the child's developmental and cognitive needs. Many children who have disabilities are competent to communicate about their experiences, if interviewed appropriately. The following article and its companion suggest recommendations for professionals to consider before, during and after such a forensic interview.

### **Before the Interview**

Determining the unique needs of the child to be interviewed is critical to adequate preparation and may provide the information necessary to maximize the child's abilities throughout the interview. The interviewer's preparation will limit the number of adjustments the child must make, thereby minimizing stress to the child and enhancing the child's ability to tell what (s)he knows.

First and foremost, the multidisciplinary team process is integral to meeting the needs of every child interviewed as part of a child abuse investigation. In addition to sharing basic referral information regarding the child's disclosure, the multidisciplinary team can work together to obtain additional information regarding the child you are preparing to interview. Each team should decide which member will make contacts with collaterals to learn about a child's abilities and disabilities. Careful questioning of parents and caregivers is recommended as either may be in a vulnerable state and some may not perceive their child as "disabled". If the child has a social worker in the developmental disabilities unit of your local county or state agency, s/he can be an excellent resource for information about the child's functioning. It is important to inquire if the child has ever received a learning evaluation. If so, request a copy of the most recent evaluation or individual Education Plan (IEP). This information is extremely valuable in understanding the child's abilities and any accommodations (s)he may need. The interviewer or team member should also ask if the child receives special services in school, has classes in a resource room, is on medication or receives medical care from a specialist.

Parents and/or caregivers are often able to provide helpful information, however, the greatest resource may likely be the child's school. Parents may minimize their child's difficulties or be

biased based on limited experience with other children. The circumstances of a case may necessitate an investigative interview with the child prior to making contact with the family. In addition, school personnel may possess a greater understanding of the child's comprehension and communicative abilities. A classroom teacher, special education teacher, resource specialist or speech instructor can be a valuable source of information.

It is possible that a school professional may not be available, and if the allegation involves a school employee, contact with school personnel may not be appropriate. Consider respite workers, therapists, transportation aides or other professionals involved in the child's care. It may also be helpful to contact a professional who has expertise in the child's particular disability. Although information specific to the child you are interviewing is necessary, general knowledge can also be valuable. Explore the following areas:

1. Disability: What is the child's primary disability and when was it first noticed? What are the effects for this child? Does this child have any secondary or tertiary diagnoses or medical needs? It will be helpful to educate yourself about the disability in general, however, continued assessment is necessary to determine how it may affect this individual child in the interview process.
2. Physical needs: Does the disability affect the child physically? Does the child use a wheelchair, walker or other adaptive equipment? Does (s)he wear glasses or contacts?
3. Cognitive abilities: What is this child's cognitive or developmental age equivalent? At what grade level is (s)he performing? Does (s)he work independently or with an aide?
4. Expressive/receptive language abilities: How does this child best communicate, understand and comprehend language? Does (s)he:

- Use communication boards, pictures or other augmentative communication tools?

- Use sign language, read lips or wear a hearing aid? If so, be aware that the use of language in children who are hearing impaired or deaf is highly variable. An extensive inquiry regarding the child's communication needs is necessary with this population. Explore additional questions: Does this child communicate through gestures, American Sign Language or signed English? It is crucial to meet with interpreters for the deaf prior to the interview to discuss the child's needs as well as educating interpreters to the unique and specific demands of the forensic setting. The interpreter should be educated regarding this child's communication style, as well as idiosyncratic signs and name signs for family members, friends, and the alleged perpetrator.

- x Read Braille? Utilize a guide dog?
- x Have impaired or idiosyncratic speech?
- x Engage in echolalic speech?
- x Indicate (s)he does not understand questions asked?
- x Have a processing delay? If so, the interviewer may need to slow the pacing, allowing additional time for the child to process each question and respond.

5. Attention: Does this child struggle with staying on task? How does (s)he show that his/her attention is waning? What strategies may help with staying on task or redirection? The family or school may use a cue or phrase that can be very successful in reengaging an active child. Some children will need to remain active throughout the interview. The interviewer should not feel the need to have the child seated at all times. If the child continues to respond to questions while engaged in other activities such as moving around the room or drawing a picture, there is no need to reengage him or her. However, if the other activity is overly distractive, the interviewer should redirect the child.
6. Other questions to ask: Learning more about additional needs of this child can be crucial to a successful interview. What else is important to know about this child? Are there any (other) classroom accommodations made for this child? What is this child's daily routine? Will this child need assistance toileting? Does the child have any special dietary needs? Does this child receive medication or treatments during the day? Does the child experience seizures?

Families and children can be at the interview facility for several hours, and preparations may need to be made in advance of the child's arrival. If the child uses adaptive equipment for mobility, prepare your facility. Facility staff should ask themselves: Will large equipment fit through the door? Are there hazards to navigate like small hallways, stairs, or furniture? Remember, the child's needs should always be the first priority.

Interviewers will need to spend additional time preparing for an interview with a child who has a developmental disability. If the child is safe, the team may decide to wait a day or so for the interview in order to adequately prepare. As in any case, the team can work together effectively to determine the best needs of the child and proceed accordingly. The additional time spent in preparation for an interview with a child who has a disability will inevitably benefit the child, which in turn will benefit the investigation, resulting in positive outcomes for all involved. Please refer to part two of this article for continued discussion of recommendations to consider during and after a forensic interview.

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<sup>2</sup>Rachel T. Heath is Executive Director of Ginnie's House, Sussex County Children's Advocacy Center in Newton, New Jersey. <sup>3</sup>According to the Centers for Disease Control and Prevention, developmental disabilities are a diverse group of severe, chronic

conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major life activities such as use of receptive and expressive language, mobility, learning, self-help, and independent living.

Developmental disabilities begin any time during life up to 22 years of age and usually last throughout a person's lifetime.  
(Source: <http://www.cdc.gov/ncbddd/dd/default.htm>).

<sup>4</sup>Erickson, K., Perlman, N., & Isaacs, B. (1994). Witness competency, communication issues and people with developmental disabilities. *Developmental Disabilities Bulletin*, 22(2).

<sup>5</sup>Bourg, W., Broderick, K., Flager, R., Kelly, D. M., Ervin, D. L., & Buder, J. (1999). *A child interviewer's guidebook*. Thousand Oaks, CA: Sage Publications.

<sup>6</sup>Follow state data and privacy practices when obtaining information from educational systems. For more information, refer to APRI Update Volume 6, Number 4 that can be found at [http://www.ndaa-apri.org/publications/newsletters/update\\_volume\\_16\\_number\\_4\\_2003.html](http://www.ndaa-apri.org/publications/newsletters/update_volume_16_number_4_2003.html)

<sup>7</sup>Augmentative Communication is an alternative means of expression for people who cannot speak, or whose speech is highly limited. It can include techniques or communication aids that are standardized or specially tailored to all individual. Augmentative communication can include the use of sign language, language boards with drawings, pictures or symbols and electronic devices that speak in response to input such as keyboards, touch screens, or the push of a button. For more information, see <http://www.asha.org/public/speech/disorders/Augmentative-and-Alternative.html>. <sup>8</sup>For more information, see Registry of Interpreters for the Deaf, <http://www.rid.org>

<sup>9</sup>For more information on prosecuting cases involving deaf children, see Tiapula, S. (2005). Learning to Read the Signs: Prosecution Strategies for Child Abuse Cases with Deaf Victims and Witnesses, *Update*, 18(5).

<sup>10</sup>For information on the use of interpreters in forensic interviews, see Hiltz, B., & Anderson, J. (2002). Using interpreters in forensic interviews. *Update*, 15(12).

<sup>11</sup> Echolalia is the repetition or echoing of verbal utterances made by another person. This repetition can be immediate or delayed and may be pervasive. For more information, refer to Heffner, Gary J. (2000). Echolalia and Autism.  
<http://groups.msn.com/TheAutismHomePage/echolaliafacts.msnw>

<sup>12</sup> CornerHouse Child First Doctrine.





## FORENSIC INTERVIEWS OF CHILDREN WHO HAVE DEVELOPMENTAL DISABILITIES (PART 2)

*By Jennifer Anderson, MSW, LCSW and Rachel T Heath, MSW LCSW*

This is the second article in a two-part series addressing the particular demands and recommendations for forensic interviews with children who have developmental disabilities. As discussed in the first article of the series, it is important to gather specific information about a child's abilities and needs prior to a forensic interview. Part Two will discuss issues to consider during and after the interview including developmental screening, issues of suggestibility, corroboration and preparing for court.

### **During the Interview**

*Developmental Screening* — As with all children, an interview with a child who has a developmental disability should include developmental screening. In short, the interviewer needs to know and should ask him or herself: Can I understand this child? And can the child understand me? If the interviewer is unsure of the child's comprehension, a simple invitation to reflect or demonstrate understanding can be effective. For example, the interviewer might say, "Does that make sense?" or "Tell me what that means to you."

The interviewer should assess the child's speech and match vocabulary and sentence length accordingly, remembering that children's capacity for understanding typically surpasses expressive skills. The child's ability to provide a narrative should be observed during rapport building as well as the ability to answer indirect, complex, and abstract questions. Although the interviewer can rely on information gathered about the child's developmental abilities prior to the interview as a starting point, the child's abilities should drive the interaction and the interviewer should adjust accordingly as the interview progresses.

Just as children are not miniature adults, children who have developmental disabilities are not just like "younger" kids. There are two significant ways in which developmentally disabled children differ from non-disabled children who have similar cognitive abilities. First, persons who have developmental disabilities may possess a "...great unevenness in impairment across...development." This phenomenon, often referred to as "scatter skills," indicates that a child's developmental abilities vary significantly across domains. Secondly, the acquisition and application of life experiences may vary. A child functioning at a "five-year-old level" may have ten years of life experience, increasing the likelihood of some well-developed rote skills that surpass commensurate cognitive abilities. Interviewers are cautioned against generalizing skills across areas, but are encouraged to meet the child where (s)he is, every step along the way.

*Suggestibility* — Consideration of suggestibility issues is key for any competent interview process. Interviewing a child who has a disability begs the question: Are children who have

developmental disabilities more suggestible than typical children? The simple answer to that question appears to be: not necessarily.

1. Source monitoring ability: When compared to children of similar cognitive abilities, children diagnosed with mental retardation performed similarly when asked to distinguish real from imagined events after a six-week delay. These findings remind forensic interviewers to assess children who had developmental disabilities in terms of their cognitive abilities rather than their chronological age.
2. Question types: When asked open-ended questions, children who have developmental disabilities are able to perform similar to other children with commensurate cognitive abilities. As in any forensic interview, open-ended questions are recommended whenever possible as they have been found to produce accurate information. When asked specific questions, children who have disabilities again performed similarly to non-disabled children of their developmental age equivalent. Yes/no questions, while less preferred for all children, may present particular challenges for this population. In research conducted with developmentally disabled teens and adults, the tendency to acquiesce, or disproportionately respond “yes,” was found to be a trend especially in persons who have lower IQs. Providing an interview instruction indicating that it is appropriate to answer, “I don’t know” when unsure may be helpful in this regard. Researchers note that concrete and immediate topics pose less risk, as do questions that are understood. Interview instructions such as, “if I ask you a question and you don’t understand, it’s okay to say, ‘I don’t understand’” may have particular importance in staving off acquiescence bias due to misunderstanding. The use of multiple-choice questions as an alternative to a yes/no format is also recommended. As mentioned previously, the echolalic speech characteristics of some disorders (particularly autism spectrum disorders) may preclude the use of multiple-choice questions because the interviewer would be unable to discern a question motivated response from an echolalic response when the child repeated the last choice presented by the interviewer. However, for other children who do not demonstrate a recency/echolalic or a primacy bias, multiple-choice questions that provide the child the opportunity to choose his/her own response and don’t impose undue suggestion, (i.e., “You said this happened at your house. Was it in the bedroom, bathroom, or some other room?”), can be very beneficial when used appropriately.
3. Repeated questions: Repeated questions can be problematic for any child, but may present particular issues for children who have disabilities because of the likelihood of limited assertiveness skills and previous reinforcement for compliance and obedience. When asked repeated questions, children who have disabilities may change their responses more than other children of their developmental age equivalent. Efforts should be made to limit the number of interviews, and interview instructions such as, “If I ask you the same question more than once, it doesn’t mean you gave the wrong answer” should be provided liberally. Further, interviewers can alleviate the need for repeated questions through improved interview pacing. Children who have developmental disabilities may need additional time to process and respond; it is recommended that interviewers wait several seconds after asking a question.

**Dynamics of abuse** — Children who have developmental disabilities may experience related feelings of isolation, inadequacy, and shame. In addition, sexual abuse may instill increased feelings of shame, guilt, fear, anxiety, depression, anger or age—inappropriate sexual behavior. These dynamics may contribute to internal barriers prohibiting the child from discussing his/her experiences openly. Interviewers can reassure children as needed to create a supportive environment and facilitate the child's ability to report experiences.

## After the Interview

**Consultation and referral:** As with all interviews, follow-up consultation with multi-disciplinary team members and referrals for necessary medical, therapeutic, or other services are critical. A child's unique needs and abilities should be considered in the completion of assessments, provision of services and the development of safety plans and personal safety education. Clearly, the team should consider making referrals for assessment and treatment to a professional who has experience with both sexual abuse and developmental disabilities.

**Corroboration:** A child's statement should never stand alone, regardless of the individual's abilities or challenges. However, in cases where the child witness is also a child who has disabilities, corroboration of the child's statement is of utmost importance, as the credibility of these witnesses may be challenged aggressively due to their perceived intellectual deficits. Multidisciplinary team members are strongly encouraged to continue with a rigorous investigation, seeking physical evidence, witnesses, and additional victims, and others the child may have told.

While we can educate ourselves about particular disabilities and consider the capabilities of those who have developmental disabilities as a group, each interview will be conducted with a single alleged victim irrespective of (dis)abilities. To that end, interviewers are encouraged to engage each child in the interview process uniquely as (s)he presents that day, in that setting, and refrain from influencing the outcome of a forensic interview with preconceived ideas of any kind. In the words of expert linguist Anne Graffam Walker, "We do not question children... [w]e question one child at a time."

1Jennifer Anderson is the Training Director of CornerHouse Child Abuse Evaluation and Training Center, a Children's Advocacy Center in Minneapolis, Minnesota.

2Rachel T. Heath is Executive Director of Ginnie's House, Sussex County Children's Advocacy Center in Newton, New Jersey. 3Bourg,W., Broderick, I&., Flagor, R., Kelly, I), M., Ervin, D. L., & Butler,J. (1999). *A child interviewer's guidebook*. Thousand oaks,

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5Gordon, B.N.,Jens, K.G., Hollings, k., & Watson,T.E. (1994). Remembering activities performed versus those imagined: implications for testimony of children with mental retardation. *Journal of Clinical Child Psychology*, 23(3), 239-248.

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8 Henry, L.A. & Gudjonsson, G.H. (2003). Eyewitness memory, suggestibility and repeated recall sessions in children with mild and moderate intellectual disabilities. *Law and Human Behavior*, 27(5).

9Sigelman, (K., Budd, E.C., Spanhel, C.L., Shoenrock, C.J. (1981). When in doubt, say yes: Acquiescence in interviews with mentally retarded persons. *Mental Retardation*. 19(2), 53-58. 10 Ibid.

11Heal, LW., Sigelman, (K. (1995). Response biases in interviews of individuals with limited mental ability. *Journal of Intellectual Disabilities*, 39, 331-340.

12 A primacy bias is a tendency to select the first "choice" when presented with multiple options.

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14 Henry, L.A. & Gudjonsson, G.H. (2003). Eyewitness memory, suggestibility and repeated recall sessions in children with mild and moderate intellectual disabilities. *Law and Human Behavior*, 27(5).

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## **Cultural Sensitivity in the Forensic Interview**

By Victor I. Vieth<sup>1</sup>

There are at least two compelling reasons that forensic interviewers of child abuse victims need to be culturally sensitive. First, cultural ignorance, insensitivity or bias may impair our ability to protect some children from abuse or neglect. This can happen in myriad ways. For example, our insensitivity may cause a child to shut down and otherwise refuse to communicate with us. Second, insensitivity could lead child protection officials to label benign conduct, such as cupping<sup>2</sup> or coining<sup>3</sup> as “abuse.”

### **Cultural sensitivity before the forensic interview**

Cultural sensitivity toward child abuse victims is not something we employ in individual, select cases. Cultural sensitivity is a process whereby we continue to educate ourselves about the cultures we interact with and apply that continually growing knowledge in every case. There are steps a forensic interviewer can take on the road toward cultural sensitivity.

1. Be firmly grounded in the dynamics of abuse. The process by which children disclose abuse has been presented as a model entitled the “Child Sexual Abuse Accommodation Syndrome.” According to this model, the victimization of a child is engulfed in secrecy. Because the child is often abused by an authority figure, she feels trapped and helpless. In dealing with the abuse, the child victim accommodates or accepts the relationship. When the child discloses the abuse, it is often an unconvincing disclosure. For example, a family conflict may trigger the abuse allowing the perpetrator to contend that his attempt to discipline the child resulted in a fabrication of abuse. Subjected to familial and societal pressure, the child typically recants the allegation of abuse. Indeed, Dr. Roland Summit concludes that “(u)nless there is special support for the child and immediate intervention to force responsibility on the father, the girl will follow the ‘normal’ course and retract her complaint.”<sup>4</sup>

Researchers David Finkelhor and Angela Browne offer another framework, entitled the traumagenic model, to explain the impact of sexual abuse on children. First, traumatic sexualization results in shaping the child victim’s sexuality in a “developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse.” A sense of betrayal results when the child victim discovers that “someone on whom they were vitally dependent has caused them harm.” Third, the victim feels powerless because the child’s “will, desires, and sense of efficacy are continually contravened.” Fourth, stigmatization “refers to the negative connotations—e.g. badness, shame, and guilt—that are communicated to the child around the experiences and that then become incorporated in the child’s self-image.”<sup>5</sup>

2. Understand that the dynamics of abuse can be more pronounced in children victimized by bigotry. Researcher Gail Wyatt notes that the four dynamics of abuse victims identified by Finkelhor and Browne would also be present in children victimized by discrimination. Wyatt contends, for example, that “some ethnic minority children and adults may internalize these negative expectations about their sexual attitudes and behavior.” Such a result, she claims, would parallel traumatic sexualization. Exposure to bigotry and discrimination may cause parallel feelings of betrayal, stigmatization and powerlessness.<sup>6</sup>

Wyatt argues that as professionals develop an understanding of the effects of sexual abuse, “it becomes critically important to examine the cumulative impact of other forms of victimization.”<sup>7</sup>

3. Identify the various racial, ethnic and religious cultures in the community or communities you are serving. What cultures, other than your own, are you likely to deal with in your job? As one commentator notes, “child abuse professionals in most parts of the country are highly likely to work with ethnic minority families because these are over- represented in the child welfare system.”<sup>8</sup>
4. Educate yourself about the history of the people you will be serving. As one commentator notes, this “knowledge should occur on a broad cultural level (e.g., how did a Southeast Asian community emerge in your city?) as well as on an individual level (how does it happen that a specific Southeast Asian client lives in your city?).”<sup>9</sup>
5. Develop diversity in your multi-disciplinary team and in child maltreatment leadership positions. As one commentator notes, “White people (I am one) may face hardship for other reasons, but we are not followed in stores, denied bank loans” or otherwise singled out because of race. <sup>10</sup> A diverse team will assist all members in understanding unique dynamics that may be at work in the lives of some of the children we interview.
6. Develop links with the diverse cultures in your community. In the rural, Minnesota community where I served as a prosecutor, we did a diversity training for our MDT and then set up a series of meetings with leaders in the local Lao community to discuss issues of common interest and to build necessary bridges. The county attorney’s office also designed a six-week training course to teach immigrants about the legal system.<sup>11</sup>

### **Cultural sensitivity during the forensic interview**

There are several things that can be done to make the interview setting and the interview itself culturally sensitive.

1. Include culturally diverse artwork in your Child Advocacy Center or child-friendly interview room. Simply putting up pictures of children from different cultures sends a message that all children are welcome here and that children of varied backgrounds have come here.
2. Make sure that all services, paperwork and outreach materials are readily available in the language of the families you will be working with. Involve members of local cultures in developing and screening the materials that will be used. Review and update the materials periodically.
3. Make sure all the tools that may be used in the interview are culturally appropriate. For example, anatomical drawings and dolls should reflect the race and ethnicity of the children you are interviewing. It is insensitive to ask an African-American child “which doll looks most like you?” if the only dolls you have are European-American.<sup>12</sup>
4. Be sensitive to the possibility of a non-traditional family. When, for example, you inquire as to a child’s family, be aware that the child’s “dad” could be a step-dad or a boyfriend of mom. Don’t act shocked if a child says he has two moms or dads.



5. During the interview, look for clues of potential cultural issues. For example, if a child asks “Am I still a virgin in God’s eyes?”, the interviewer should follow up with a question such as “What makes you wonder that?” The child may then reveal deep-seated religious issues that the perpetrator may have exploited.
6. Remember that each interview is unique. Although there is some research to suggest that children are more likely to disclose a negative secret to an interviewer of their same race,<sup>13</sup> it is also possible that interviewers from the same group may be mismatched and people from different backgrounds can work cooperatively together. Do not assume, for example, that a man cannot interview a sexually abused girl. Much more important than gender compatibility is the interviewer’s knowledge of child development and ability to ask sensitive, linguistically appropriate questions. Your goal is to establish a professional relationship characterized by trust and acceptance.

Cultural sensitivity requires us to think broadly. Cultural considerations include race, ethnicity, language, sex/gender, socio-economic status, sexual orientation, disability, age, and religion. Problem areas may include:

The child’s experiences: If a child has had extensive experience with law enforcement, that could impair your ability to develop rapport with the child. If the child is part of an immigrant family, he/she may fear deportation. If the child has been exposed to domestic violence and has previously witnessed one or both of his parents being arrested, that may increase the child’s apprehension about speaking to a law enforcement officer or otherwise trusting the “system.” This is one reason why law enforcement officers who conduct forensic interviews should be in plain clothes. In such a scenario, it may be necessary to devote more time to developing rapport with the child before exploring the sensitive topic of abuse.

Language: Be prepared for the child’s language. The interviewer should mirror the child’s language. If you don’t understand a term the child uses, simply ask. In some cases, you should use an interpreter.<sup>14</sup>

Socioeconomic status: Child abuse cuts across all socioeconomic levels. People have difficulty believing that abuse happens in “good” families. Don’t assume that a wealthy family from a culture similar to yours could not contain a perpetrator or victim of child abuse. There is research indicating “perpetrator socioeconomic status seemed to influence a professional’s decision to report an incident to CPS with perpetrators of low socioeconomic backgrounds more likely to be reported.”<sup>15</sup>

Male victims: The victimization of boys is dramatically under-reported in part because boys are afraid of being stigmatized as weak, gay, or both. Boys are also more likely to be threatened with physical violence. All of this may create a barrier between the victim and the interviewer. A simple reassurance that the interviewer has talked to lots of boys about “stuff like this” may be helpful in easing this barrier.

Such a comment lets the child know he is not alone.

Teen victims: There are several potential problems with this group. For example, some teens may not view themselves as victims. They may claim, for example, they are in love with their adult boyfriends. Victims may fear what their own pleasure, passivity or response might mean in the context of disclosure. It is also easy to blame teens for the abuse. When interviewing this population, it may not be appropriate to mirror their language (they may think you are trying to be hip, and you may only

end up looking, at best, ridiculous). If possible, prepare the interview room for teen victims.

## **Cultural Sensitivity after the interview**

After the interview, continued cultural sensitivity involves at least two aspects:

First, the multi-disciplinary team (MDT) should consider culture in conducting the rest of the investigation. The team should ask the family about religious or other cultural practices that may impact on the child victim or that may be mistakenly labeled as abuse. Be wary, though, to verify the accuracy of a caretaker's pronounced culture. Some perpetrators claim that abusive conduct is part of their religion or culture when, in fact, it is not.

Second, the MDT should consider a child's culture in selecting therapy and other services. I had a case where a child stated she kept the abuse a secret because her personal religious belief was that sex outside of marriage was sinful and she did not want to be condemned in her church or by God. Statements such as this are red flags that the child has a cultural or religious issue that needs to be addressed.

## **Conclusion**

Martin Luther King, Jr. said the "true neighbor will risk his position, his prestige, even his life for the welfare of others."<sup>16</sup> As I travel around the country, working with numerous forensic interviewers every year, it is clear to me that those toiling on the front lines are willing to risk their prestige in revamping local child protection systems to improve the quality of our investigations. But if we are to create a system that truly leaves no one behind, cultural sensitivity, in its broadest sense, must be at the heart of our efforts.

1. Director, APRI's National Center for Prosecution of Child Abuse.
2. Cupping is practiced in some Latin American and Russian cultures. Under this folk medicine practice, "a vacuum is created under a cup or glass by placing a small amount of material under the vessel on the skin and burning the material." J. A. Monteleone & A.E. Brodeur, *Child Maltreatment* Second edition 5 (1998).
3. Coining, also known as *cai gio*, is a form of folk medicine practiced in some Southeast Asian cultures and involves rubbing a coin or spoon that has been heated in oil on an ill child's neck, spine and ribs. *Id.*
4. Roland C. Summitt, M.D., *The Child Sexual Abuse Accommodation Syndrome*, *Child Abuse and Neglect* 3 (1985); Roland C. Summitt, *Abuse of the Child Sexual Abuse Accommodation Syndrome*, *Journal of Child Sexual Abuse* 41 (1992).
5. Finkelhor and Browne, *The Traumatic Impact of Child Sexual Abuse: A Conceptualization*, *American Journal of Orthopsychiatry* 55(4) October 1985.
6. Gail E. Wyatt, *Sexual Abuse of Ethnic Minority Children: Identifying Dimensions of Victimization*, 21 *Professional Psychology: Research and Practice* 338-343 (1990).
8. Lisa Aronson Fontes, *Introduction: Those Who Do Not Look Ahead, Stay Behind*, 6(2) *Child Maltreatment* 83, 84 (May 2001).
9. Fontes, *Consider Culture in Counseling for Sexual Abuse*, 8(1) *The Family Digest*, International Association of Marriage and Family Counselors.
10. Fontes, *supra* note 8 at 84.
11. Victor I. Vieth, *In My Neighbor's House: A Proposal to Address Child Abuse in Rural America*, 22 *Hamline L. Review* 143, 176 (1998).
12. For additional information on the correct use of anatomical dolls in an investigative setting, see Lori S. Holmes, *Using Anatomical Dolls in Child Sexual Abuse Forensic Interviews*, 13 *UPDATE* number 8 (2000) (American Prosecutors Research Institute, Alexandria, VA).
13. A study asking children to disclose the secret of who hid someone's purse found that only "20% of Black children

disclosed the negative secret to the White interviewer ... whereas 67% of them disclosed to an interviewer of their own race." Glorious K. Dunkerley & Constance J. Dalenberg, Secret-Keeping Behaviors in Black and White Children as a Function of Interviewer Race, Racial Identity, and Risk for Abuse in Kathleen Coulborn Faller, Maltreatment in Early Childhood: Tools for Research Based Intervention 13, 20-21 (1999).

14. For helpful suggestions on the use of court interpreters, see Matt Hardy, Ten Tips on Using Court Interpreters in Child Witness Cases, 11 UPDATE, number 12 (1998) (American Prosecutors Research Institute).
15. Fontes, Child Maltreatment article, supra at 160, citing G.L. Zellman, The Impact of Case Characteristics on Child Abuse Reporting Decisions, 16(1) Child Abuse and Neglect 57-74 (1992).
16. Martin Luther King, Jr., Strength to Love 35 (1963).

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## WHEN A CHILD STANDS ALONE: The Search for Corroborating Evidence

By: Victor I. Vieth.<sup>1</sup>

**This article, by Victor I. Vieth, director of the National Child Protection Training Center and former director of the National Center for Prosecution of Child Abuse, is reprinted with permission.**

The outcome of many child abuse cases is determined by an evaluation of the child's credibility.<sup>2</sup> When a victim believes her testimony is the state's only evidence, the child experiences exacerbated stress.<sup>3</sup> When a child's statement stands alone, it is easier for the defense attorney to attach the child's allegation on memory and suggestibility grounds.<sup>4</sup>

To reduce the child's stress, strengthen the government's case, and ensure justice, child abuse investigators and prosecutors must find and offer the jury evidence corroborating a victim's statements. The following rules will aid in the search for corroborating evidence.

***Do not think too narrowly.*** In many cases, investigators fail to locate corroborating physical evidence because their definition of physical evidence is too narrow. Many investigators think of physical evidence only in terms of hair, fibers, blood and semen. Since this type of physical evidence is not present in most cases of abuse, an officer confined to this narrow definition will routinely come up empty handed. Instead, an officer should think of physical evidence as any object or item that corroborates any aspect of the victim's report of abuse.

***Search the victim's statement for clues.*** If the victim's statement is audio or video recorded, transcribe the statement. Working as part of a multi-disciplinary team, tear the statement apart sentence by sentence, word by word. After each line of the transcript, consider whether there is anything in the sentence that can be corroborated. Even in brief interviews, a child abuse victim may be asked hundreds of questions that produce a large amount of information.<sup>5</sup>

If the victim says her father read a particular bedtime story before the sexual encounter, search the suspect's house and seize the book. If the child describes her house as being blue, photograph the house to document the child accurate in her description of its color. If a child claims he was sexually abused by his grandfather during a camping/fishing trip, find evidence documenting the trip. There may be a campground registration or

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<sup>1</sup> Senior Attorney, APRI's National Center for Prosecution of Child Abuse.

<sup>2</sup> See generally, Victor I. Vieth, *When a Child Testifies: Getting the Jury to Believe the Victim*, 17 ABA CHILD LAW PRACTICE 22 (1998).

<sup>3</sup> John E.B. Myers, Gail S. Goodman, and Karen J. Saywitz, *Psychological Research on Children as Witnesses; Practical Implications for forensic Interviews and Courtroom Testimony*. 27 PACIFIC L. JOURNAL 1, 79 (1996) (citations omitted).

<sup>4</sup> For a discussion of the propriety of such an attach, see Brian K. Holmgren, *Expert Testimony on Children's Suggestibility: Should it be Admitted?*, 10 APSAC ADVISOR 10 (Summer 1997).

<sup>5</sup> Gina Richardson, Ph.D., a forensic linguist who specializes in children's language, advises that in the forensic interview transcripts she reviews, the average number of questions posed to a young child is 298. See Telephone interview with Gina Richardson, Forensic Linguist, Arlington, Virginia, March 31, 1999.

photographs of the trip. Search the grandfather's house for a tent, camping equipment, fishing rod, etc. If a child says she missed school as a result of abuse, obtain the attendance records. If a child claims a particular song was playing on the radio during the abuse, go to the radio station and obtain a copy of the playlist.

When child abuse investigators define "physical evidence" more broadly, corroborating physical evidence can be found in most cases.<sup>6</sup>

***Do not assume a victim's statement cannot be corroborated.*** A young child may be developmentally incapable of giving a coherent answer to every question post to her.<sup>7</sup> When this happens, an officer may be tempted to use the child's inability as an excuse not to investigate. In one case, a three-year-old girl told an officer she was molested at a neighbor's house. The child said the abuse took place in a room with a "gigantic eagle." The officer did not believe the suspect had a gigantic eagle in his house but he searched the residence nonetheless. In the suspect's bedroom, the officer found a bedspread depicting a large eagle. The room was photographed and the bedspread was seized as evidence. By investigating and not summarily discounting the child's statement, the officer was able to enhance the credibility of the child. If the officer had failed to examine the crime scene, a defense attorney could have attacked the victim as a child who fantasizes about gigantic eagles. The defense attorney may have asked the jury, "What else is she fantasizing about?"

***Search for evidence that brings the crime to life.*** Seize clothing or other items that bring the crime home to the jury as a real event. If a child claims her father reached under Winnie-the-Pooh pajamas and fondled her vagina, seize the pajamas and put the clothing into evidence. The pajamas document the small stature of the child at the time of the abuse and the ease with which a perpetrator could reach beneath the garment for sexual purposes. More importantly, the pajamas will make the assault less abstract for the jury. When the jurors see and touch the pajamas, it puts them at the scene of the crime and allows them to picture the child's ordeal. This is why thousands of Americans flock to museums to be near Babe Ruth's bat, Judy Garland's ruby slippers, or remnants of the Titanic. Seeing the item connects us to an individual or an event in a powerful, personal way.

***There is always a crime scene.*** The location of the child's victimization is a crime scene that needs to be inspected. Even if there is no reason to believe that blood, semen, or other evidence can be found at the site of the abuse, the crime scene must be photographed. The photographs will give the jury a picture of the child's world. If the child's room is barren and completely lacking in toys, decorations and color, the jury may sense the coldness of the child's environment. If the room is decorated with the

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<sup>6</sup> See Victor I. Vieth, *In My Neighbor's House: A Proposal to Address Child Abuse in Rural America*, 22 HAMLINE L. REV. 143, 173-174 (1998) (discussing the success of one jurisdiction in obtaining corroborating evidence). For additional information on obtaining corroborating physical evidence see INVESTIGATION AND PROSECUTION OF CHILD ABUSE, SECOND EDITION 104-108 (APRI's National Center for Prosecution of Child Abuse, Alexandria, VA).

<sup>7</sup> For a detailed analysis of the abilities of very young children, see SANDRA K. HEWITT, *ASSESSING ALLEGATIONS OF SEXUAL ABUSE IN PRESCHOOL CHILDREN* (1999).

trimmings and trappings of childhood, the jury may sense the lost innocence that place in the room. The photographs can also be used to aid the child's testimony. For instance, the child can use the photographs to point to locations in the house where various acts took place.

In addition to photographing the crime scene, check the room to determine the ease with which abuse could take place undetected. Is there a working lock on the child's door? How far is the child's room from other sleeping quarters in the house? How thick are the walls? Thick walls may explain a father's boldness in the abusing a child while others are awake. If the walls are equivalent to paper, the child's statement "daddy told me not to make a noise" is all the more compelling.

***Search for evidence of motive.*** Many abused children love their perpetrators and have expressed their love by drawing pictures, sending letters, and making projects for them. Look for these drawings or projects in the suspect's house and place of work. A child's artwork is often displayed on refrigerators and office doors. Find out what present the child made or gave his father on a special occasion such as a birthday, Christmas celebration, of Father's Day. Artwork and other expressions of affection document that the child has not incentive to falsely accuse the suspect. A prosecutor may be able to place these items into evidence to show the child's state of mind at the time the project was made.<sup>8</sup> A prosecutor can then argue to the jury: "if you have ever been in love, you know this to be true. Rational human beings do not commit perjury in order to send to prison someone they love. The child's artwork proves she is not trying to hurt her father. She simply wants a father who doesn't hurt her."

***Use the suspect to corroborate the victim's statement.*** Even if the defendant is adamant in denying the abuse, they will often admit many of the important details surrounding the abuse. If the victim gave the police one hundred pieces of information and you can show through the defendant, that at least ninety percent of the information is accurate, this enhances the child's credibility. Just as you did with the victim's statement, transcribe the interview with the suspect and take it apart line by line. Investigate any claims made by the defendant to see if they are true. If the investigator finds wives and girlfriends who refute the defendant's claim of impotency, the prosecutor can now show the defendant to be a liar and the jury may wonder what else the accused has lied about. Beyond this, make a concerted effort to obtain an outright confession from the suspect. Properly training investigators can and do obtain confessions in a high percentage of child abuse

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<sup>8</sup> A child's out of court statement may be admitted as evidence if it pertains to the child's "the existing state of mind, emotion, sensation, or physical condition (such as intent, plan, motive, design, mental feeling, pain, and bodily health)..." FED. R. EVID. 803(3). Many of the sentiments contained in the drawings or letters of children do not fit within the definition of the hearsay rule. For instance, let us assume a child writes, "Daddy, you're the greatest father in the whole world." A prosecutor who places this note into evidence is not offering it for the truth of the matter asserted. That is, the prosecutor is not offering the statement to prove the defendant is the greatest father in the world. Instead, the prosecutor is attempting to show the child has no motive to lie. Since the prosecutor is not offering the statement to prove the matter asserted in the writing, the statement is not hearsay. See FED. R. EVID. 802.



cases.<sup>9</sup> To assist investigators, APRI's National Center for Prosecution of Child Abuse trains investigators throughout the country in the art of obtaining a confession in a child abuse case that will withstand scrutiny on appeal. For further information about course offerings, call the Center at (703) 739-0321.

**Conclusion.** In the short run, it may be time consuming to thoroughly investigate a child's allegations of abuse. In the long run, however, a thorough investigation will save time. An investigation that produces corroborating evidence will enhance the child's credibility, lessen the defendant's desire to go to trial, and will hasten the arrival of justice. To a hurting child, a thorough investigation makes real the words of Aeschylus: "Take heart. Suffering, when it climbs highest, lasts but a little time."<sup>10</sup>

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<sup>9</sup> Vieth, *supra* note 6 at 168-172 (offering strategies an investigator can employ to obtain a confession in cases of child physical or sexual abuse).

<sup>10</sup> MAKE GENTLE THE LIFE OF THIS WORLD: THE VISION OF ROBERT F. KENNEDY (Maxwell Taylor Kennedy, Ed. 1998).

# TESTIFYING TIPS FOR CHILD ABUSE INVESTIGATORS

APRI Update - Volume 12, Number 5, 1999

By Veryl Gambino<sup>1</sup>

Police officers are often the first responders in many situations—traffic accidents, crimes they observe, even violent crimes to which they are assigned. Police officers may also be the first to respond to a report of child abuse and neglect even when the officer is inexperienced in handling these cases. Similarly, Child Protective Services (CPS) workers often are the first responders to abuse and neglect cases. Many times, because they have been the first response, CPS and police officers are responsible for putting abuse and neglect cases into the “system” and therefore become major witnesses for the prosecution, especially in Juvenile/Family Court. Testifying in any court can be an intimidating, fearful experience but, with preparation, knowledge of the facts, and a readiness for what to expect in court, you can achieve your goal of helping abused and neglected children and will do so with less stress. To this end, the following tips may help.

1. **Know the Facts of Your Case.** Know **who** is involved—the names of all the parties involved, their relationship to each other, whether they were involved in the abuse and neglect or witnesses to it. Know **what** happened to the child/ children. Is this a case of abuse (physical/ sexual or both), neglect (environmental, educational, medical, psychological), or both. Know **where** the abuse happened. Did it happen in the child’s home, a relative’s home, in the car, in the garage, at church, etc. Once you determine the location(s) for the abuse determine where in the location(s) the abuse took place. For example, **where** within the child’s bedroom did the assault occur? Know **how** and **why** the abuse happened if possible. In physical abuse cases the responder might observe marks on the child’s body. Child abuse, unlike other violent crimes, usually does not involve knives and guns. Regular household items—hairbrushes, belts, curling irons, lit cigarettes, lighters, frying pans, electrical cords—become the implements of abuse. These implements often leave distinctive marks. If the victim(s) or anyone else can tell you what was used to cause the marks, and that item can be recovered as evidence, the case will be strengthened.
2. **Be Prepared.** Being prepared involves more than just knowing the facts of the case, it means meeting with the prosecutor to discuss **why** you are testifying, **what** you are testifying about, and **where**, **when** and **how** you are testifying. Even police officers who have been qualified as expert witnesses in cases involving street gangs, narcotics, or firearms<sup>2</sup> may be novices at testifying in abuse and neglect cases and need to meet with prosecutors before court. CPS workers may be very familiar with and comfortable about testifying in Juvenile Court but not in Criminal Court. When there are court proceedings in both Juvenile/ Family Court and Criminal Court, involving different burdens of proof and Rules of Evidence and Procedure, it is especially important that all witnesses meet with the prosecutor. For example, in many jurisdictions laws governing non-criminal child abuse and neglect proceedings admit into evidence a child victim’s hearsay<sup>3</sup> statements. However, for the same case in Criminal Court hearsay may not be allowed. Different evidentiary standards necessitate meeting

with the prosecutor for the criminal case even if you already have testified in the Juvenile/ Family Court action. Do not hesitate to ask questions and tell the prosecutor if you don't understand her questions. Do not assume, make sure you know what you are being asked and why you are being asked it before you answer.

3. **Be Aware.** Testimony in one court proceeding can be used in any other court proceeding involving the abuse, neglect or related issues (divorce, custody, visitation, criminal charges, etc.). If you have testified at Juvenile/ Family Court and then are contacted to testify in Criminal Court, make sure the prosecutor knows about your previous testimony. In some jurisdictions the prosecutor's office is not involved in the Juvenile/ Family Court proceedings. When this is the case, you may play a vital role in coordinating information between the lawyers involved in the various court proceedings. If it has been a long time since your previous testimony, get a transcript to refresh your memory. Keep in mind that the transcript of your previous testimony, or your testimony in any related court proceeding, can also be used to impeach you. Impeachment is the legal process of casting doubt on your credibility, usually during cross-examination. Impeachment can be accomplished in several different ways:
  1. Through inconsistent statements, if it can be shown that what you have just testified about is different from what you said before, in a report or at a prior court proceeding. If you are impeached with a prior inconsistent statement the impeaching attorney can argue that you are unbelievable because you tell different stories. If the inconsistency was at another court proceeding, the argument is that you tell different stories (lie) under oath.
  2. Through bias for the child victim or prejudice against the defendant.
  3. Through a challenge to your senses, telling the judge and/or jury that you really did not see/ hear/ smell or remember what you said you saw/ heard/ smelled or remembered or that you could not see/ hear/ smell or remember it as well as you said you did.
  4. Through omission in a report, conversation, or prior court appearance. Witnesses are frequently attacked for failing to use available technology. For example, the defense attorney may ask if you taped (audio and/or video) the interview, the scene, the victim's condition, etc. If your office/ agency/department does not use available technology, know the reason why and be prepared to explain the underlying policy. If you do use these procedures but did not in this particular case be prepared for extra scrutiny about the reason for omitting the procedure. This type of impeachment causes many witnesses to become argumentative. Do not fall into this trap. Whatever the reason for the omission (only a preliminary report, clerical error, mechanical error, only a summary of events, lack of equipment, etc.) it is better to admit and explain than to argue. A skilled prosecutor will cover the omission during direct examination or will deal with it in re-direct.
4. **Listen to the Question.** The question and answer format is designed to allow the prosecutor to direct your testimony in court, to let you tell the judge and/or the jury what happened in a clear, logical, legally admissible, often chronological order. If you do not understand, politely say "I don't understand the question." This not only forces the prosecutor to ask a question you understand, but also lets the

jury know your testimony is not rehearsed. When you do not answer the prosecutor's question directly, you lessen the impact of your testimony in several ways:

1. You "tell" the judge and/or jury that you are not listening/paying attention to the prosecutor so it must not be important;
  2. You "tell the judge and/or jury that you don't care what the question is, that you know better than the prosecutor and you will tell what you think they should hear;
  3. You "tell" the judge that the Rules of Evidence and Procedure (what testimony is admissible and how it should be admitted) do not apply to you.
5. **Do Not Volunteer Information.** Prosecutors must follow the Rules of Evidence and Procedure in court, rules that dictate what information can be told and how it can be told. The way we structure our questions incorporates those Rules and is part of our strategy. If you volunteer information that is not asked you may be violating the Rules and/or interfering with our strategy about how to present your testimony. Inevitably, volunteered information affords avenues of attack by defense counsel that would not otherwise have existed.
6. **Use Plain Language.** One of the most frequently heard complaints about expert testimony, regardless of whether the expert is a doctor, lawyer, chemist, psychologist, or firearms expert, is that the expert's language is too technical and is difficult for lay persons to understand. Sometimes, CPS workers and police officers fall into this trap and use technical language specific to their profession but which is confusing to the judge or jury. If the judge or jury is confused your testimony may be disregarded completely. Try to use the same language as you would in a conversation with a friend or neighbor. If it is necessary to use a technical term give an understandable definition of the term. Conversely, tell a prosecutor using "legalese" that you do not understand the question. Hopefully, the prosecutor will rephrase the question in plain English. The more conversational the dialogue between you and the prosecutor, the more it will hold the judge or jury's attention and the more helpful it will be to the case.
7. **Do Not Argue With:**
1. *The judge.* The judge is always the boss in the courtroom.
  2. *The defense attorney/ parents' attorney.* You should be ready for cross-examination. During your preparation with the prosecutor, cross-examination should be discussed so that you know what you will be asked, how you will be asked it, what to say if you forget/ don't understand/ can't answer as asked, what impeachment is, and how to respond when an objection is made (do not answer until the judge rules on the objection). Because you have been prepared you will know how to respond to confusing questions, questions based on incorrect information or premises, badgering, and hostility. This does not mean that you cannot disagree. Assume you are asked the following question: "Isn't it true that this is only the second time CPS has been involved with this family?" If this is the fourth time CPS has responded, you should answer "No, that is not true." Do not argue with the defense attorney/ parents' attorney: "You know very well it is not the second time we've been involved, it is the fourth time. You have all the reports,

you should read them” If the defense attorney can goad you into arguing you look bad to the judge or jury and that diminishes the impact of your testimony.

3. *The prosecutor.* Any area of disagreement between you and the prosecutor should be discussed and resolved before, not during the trial. You and the prosecutor are usually part of the same team, trying to protect and help the victim(s). Arguments between you and the prosecutor in court diminish the impact of your testimony even more than arguing with the defense attorney because you are testifying as a prosecution witness. Your testimony about child abuse or neglect may, literally, make the difference between life and death for a child victim. Make sure that, armed with your knowledge, preparation and experience, you continue to fight to protect innocent victims entrusted to our care.

#### Notes

1. Senior Attorney, APRI's National Center for Prosecution of Child Abuse
2. *People v. Jackson*, 495 N.E.2d 1207, (Ill. App. Ct. 1986).
3. Hearsay is an out of court statement offered to prove the truth of the matter asserted.

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[http://www.ndaaapri.org/publications/newsletters/update\\_volume\\_12\\_number\\_5\\_1999.html](http://www.ndaaapri.org/publications/newsletters/update_volume_12_number_5_1999.html)  
Note that web addresses and their contents are subject to change.

# GOING TO COURT



An Activity Book for Children



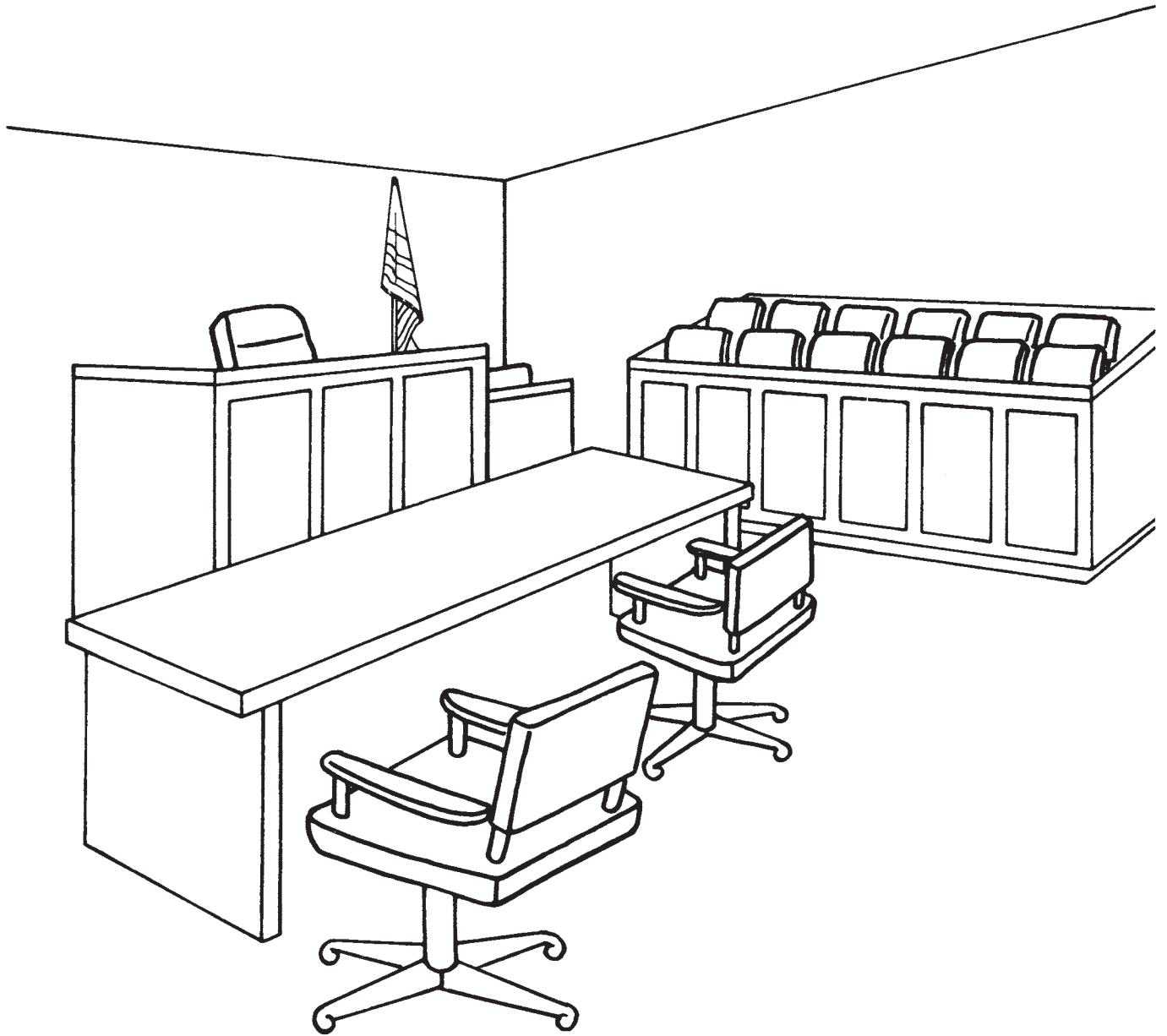
This project was supported by Grant #G-0801VACJA1 awarded to the Virginia Department of Criminal Justice Services by the U.S. Department of Health and Human Services. Points of view or opinions contained within this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.



This book belongs to \_\_\_\_\_.

You're going to court because something happened that you know about and have to tell. Your job in court is to answer questions. Some questions will be about you, like your name and how old you are. Another question may be about the difference between the truth and a lie. Your job is to tell the truth when you answer questions about what you saw, heard, or felt. A person who answers questions in court is called a **Witness**.

When you have told your story and answered all the questions—your job for the day is over.



A **Courtroom** is a special room where witnesses go to tell what they know. Some courtrooms look like this.



Now let's talk about who is going with you to court. Let's name them.

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There will also be other people in court who have jobs to do. This book will tell about them.

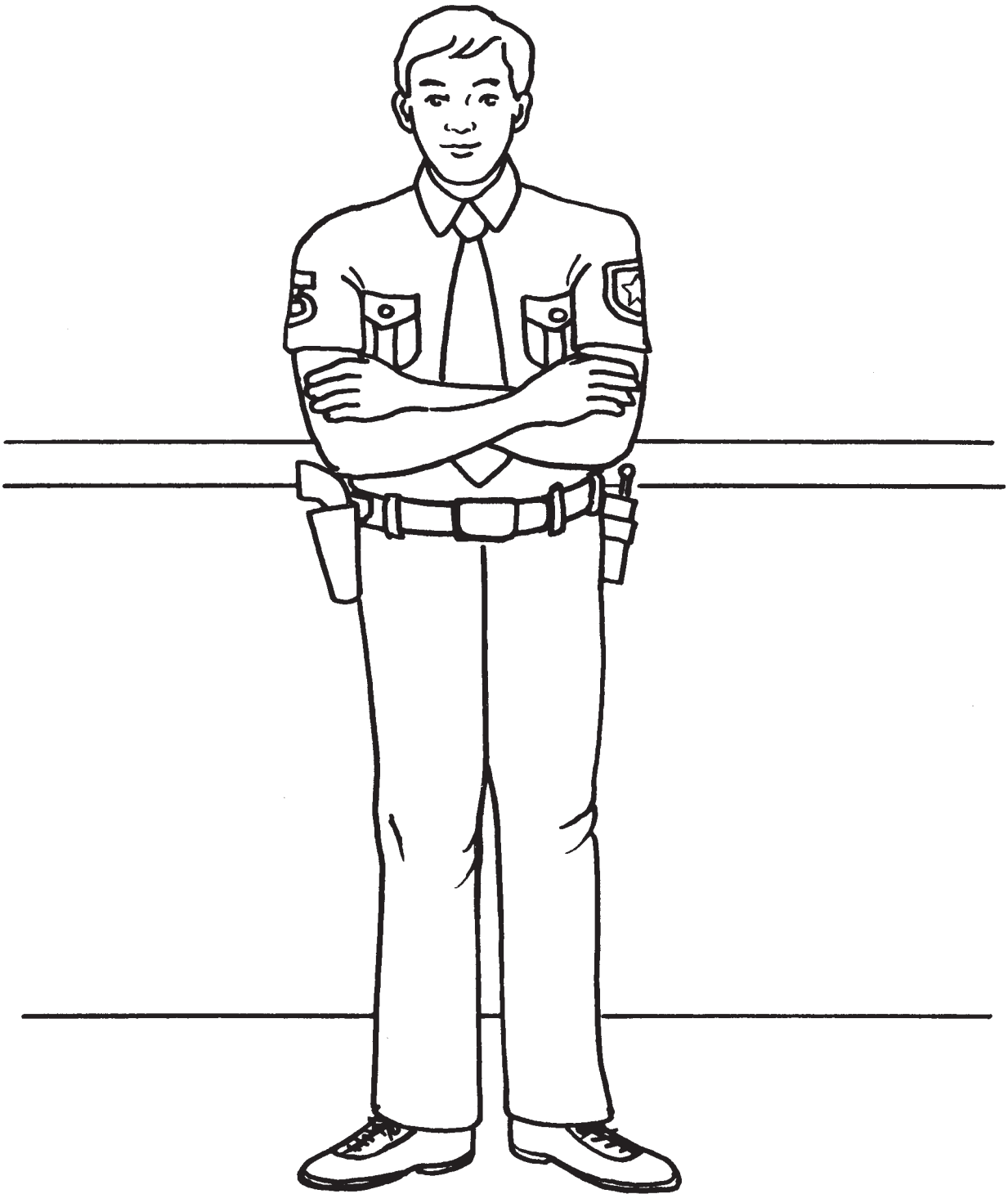


The **Judge** is the person who sits in the front of the courtroom. Sometimes the judge wears a black robe. The judge is the boss in the courtroom and listens to what the witnesses say. The judge may ask you or other witnesses questions. The judge always wants to hear the truth. If there is no jury, the judge decides what happens.

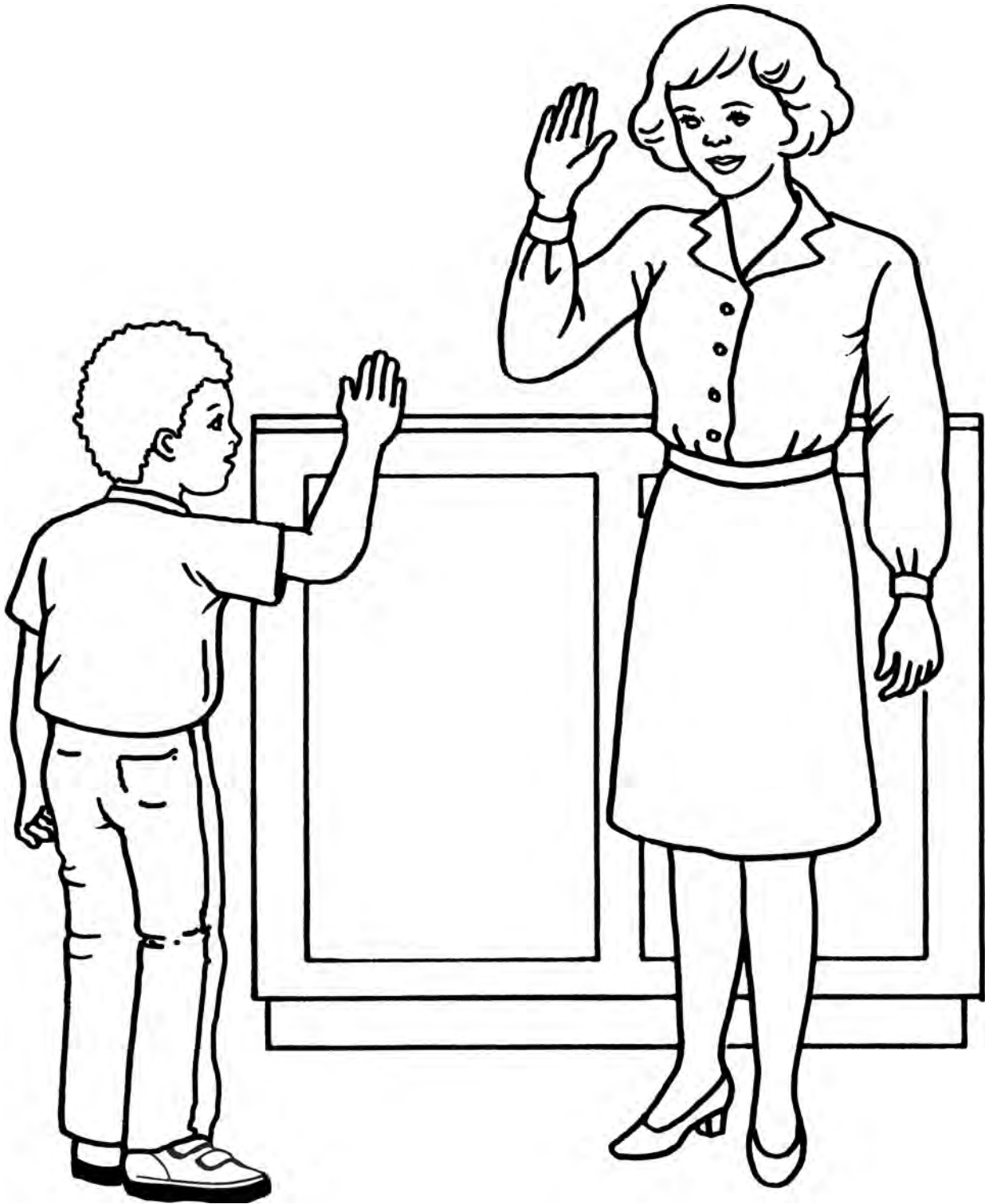


Sometimes the **Jury** decides what happens. The jury is a group of 12 people. Their job is to listen carefully to everything that the witnesses, the lawyers, and the judge have to say.





The **Bailiff** is a deputy sheriff. The bailiff's job is to keep the courtroom a safe place. The bailiff is there to protect the judge and everyone else in the courtroom. Sometimes the bailiff brings witnesses into the courthouse.

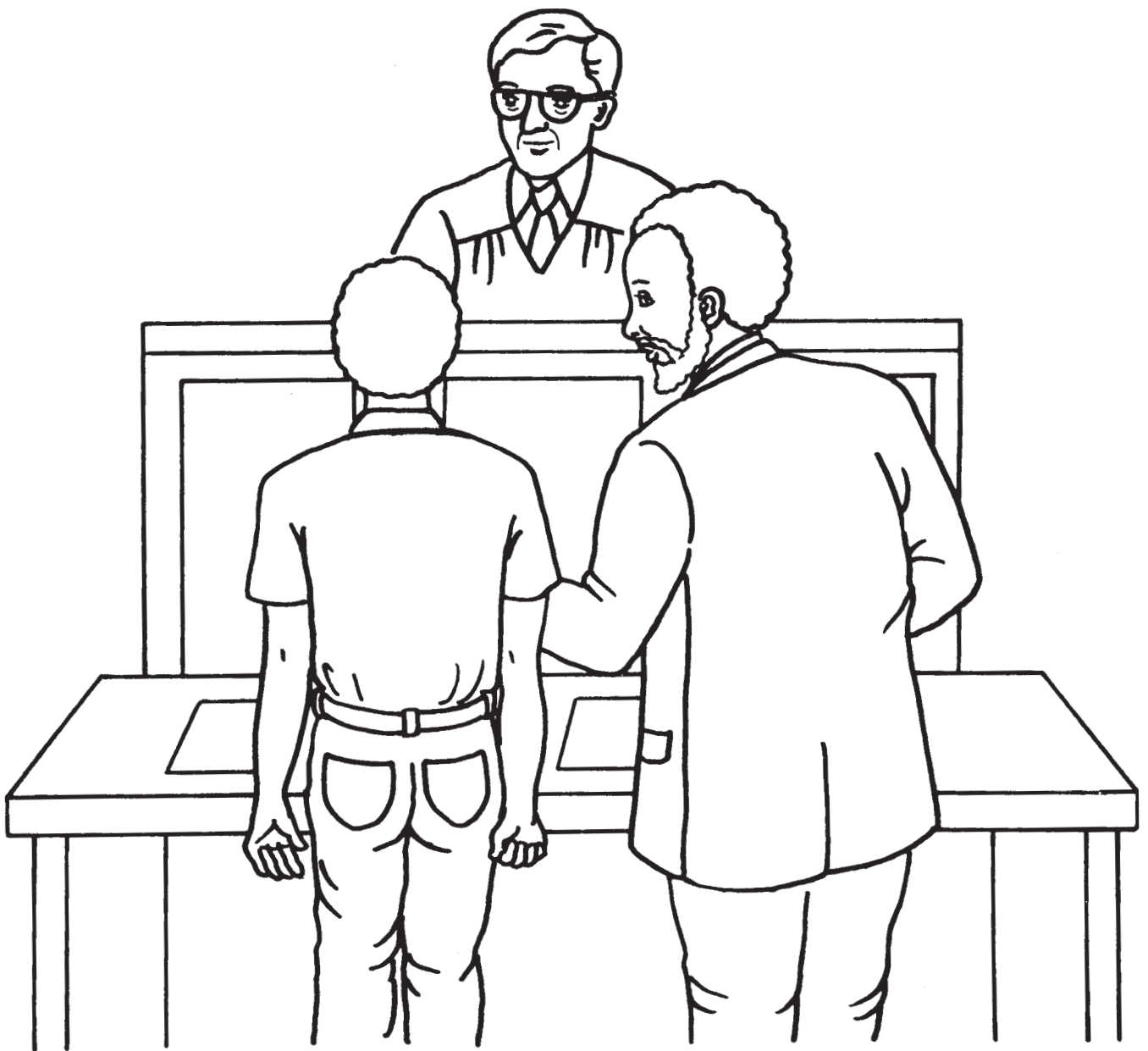


The **Court Clerk** helps the judge in court. The court clerk writes or types notes for the judge. Either the court clerk or judge will ask you to raise your right hand and promise to tell the truth.

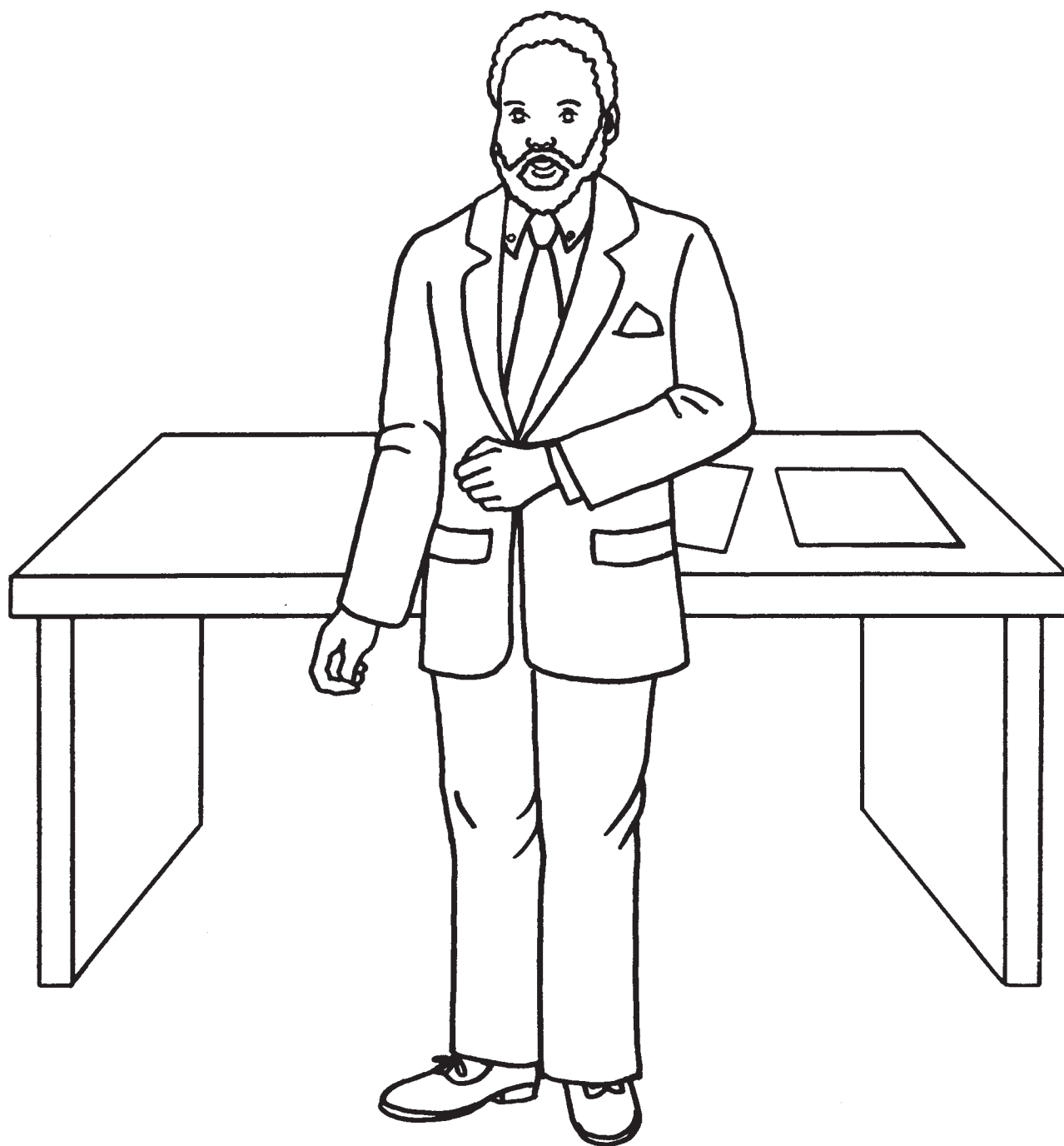


The **Commonwealth's Attorney** is the lawyer who helps you tell the judge what happened. Sometimes the Commonwealth's Attorney is called a **Prosecutor**. This person will ask questions about you, like your name and how old you are. The Commonwealth's Attorney will ask you questions about what you saw or heard or felt.

Listen to the questions. If you don't understand a question, ask the Commonwealth's Attorney to say it in a different way.



The **Defendant** is the person who is accused of doing something wrong. You may know the defendant. The defendant will be in the courtroom while the witnesses answer questions.



The **Defense Attorney** is the lawyer for the defendant. The defense attorney will ask you and the other witnesses questions about what you saw or know.

If you don't understand a question, ask the defense attorney to explain it. Remember to answer all questions by telling the truth.



The **Police Officer** is the person who asked you questions and investigated what happened. The police officer who talked to you may be in court. The police officer's job in court is to help tell what happened.





There may be a **Court Reporter** in the courtroom. The court reporter's job is to type or write everything the witnesses, the lawyers, and the judge say. Everyone must speak in a loud, clear voice. The court reporter may use a machine that looks like a small typewriter on legs.



At the end, the judge or jury decides what happened. Sometimes this is very difficult. If you don't understand what the judge or jury decided, or if you have any questions you can ask the Commonwealth's Attorney, or the person who helped you in court.

You have done a very important job in court.

# Rules for Witnesses

There are rules in court. Some are:

- Tell the truth.
- If you can't remember something or don't understand what someone says, say so.
- Don't guess if you don't know the answer to a question. Say you don't know.
- If you don't agree with what someone asks you, say you don't agree.
- If you are not sure about the answer to a question, only tell the parts that you know.
- Tell the judge if something is bothering you, or if you have a question when you are in court.

# Questions

Most people have questions about going to court.  
What questions do you have?

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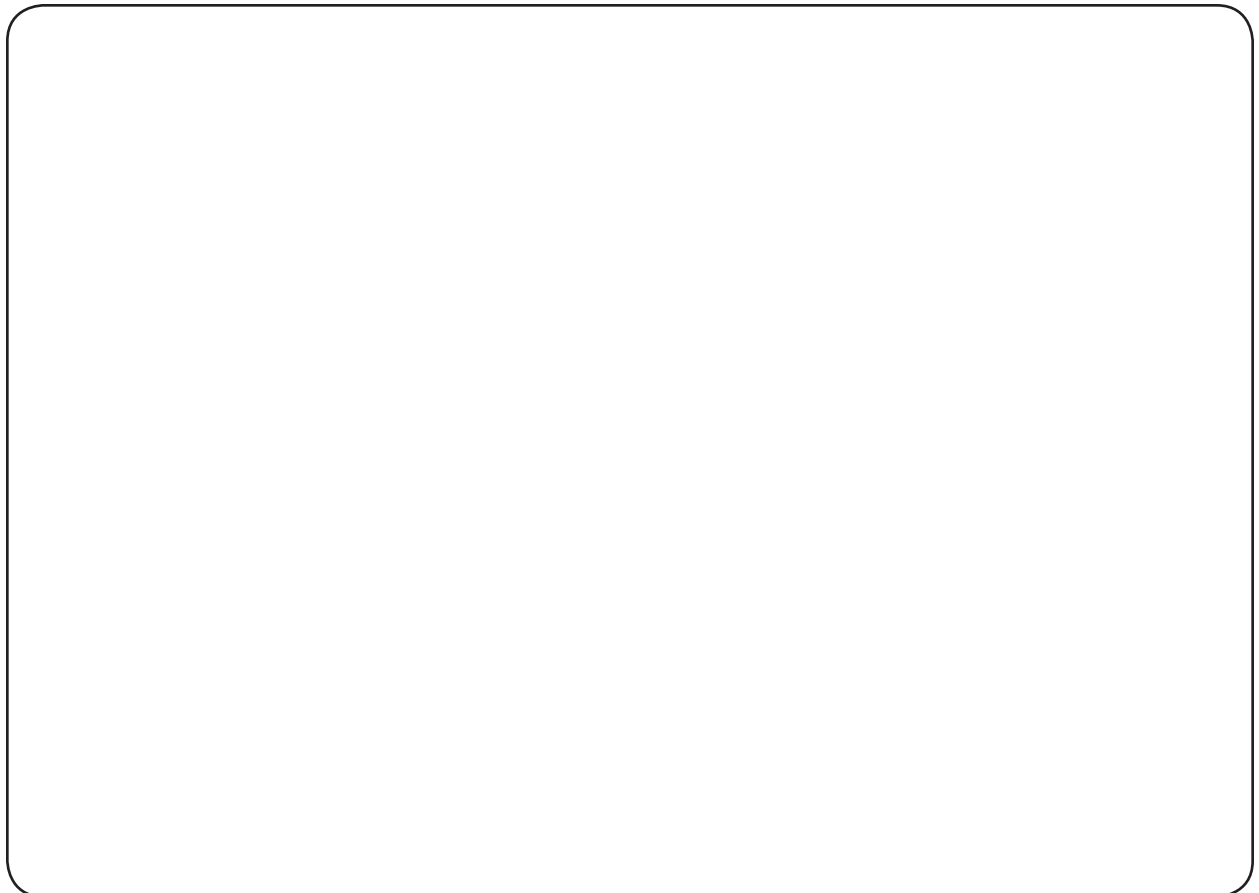
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After you see the courtroom, draw a picture of it.



# Crossword Puzzle

## ■ WORDS TO USE

Apple

Witness

Bailiff

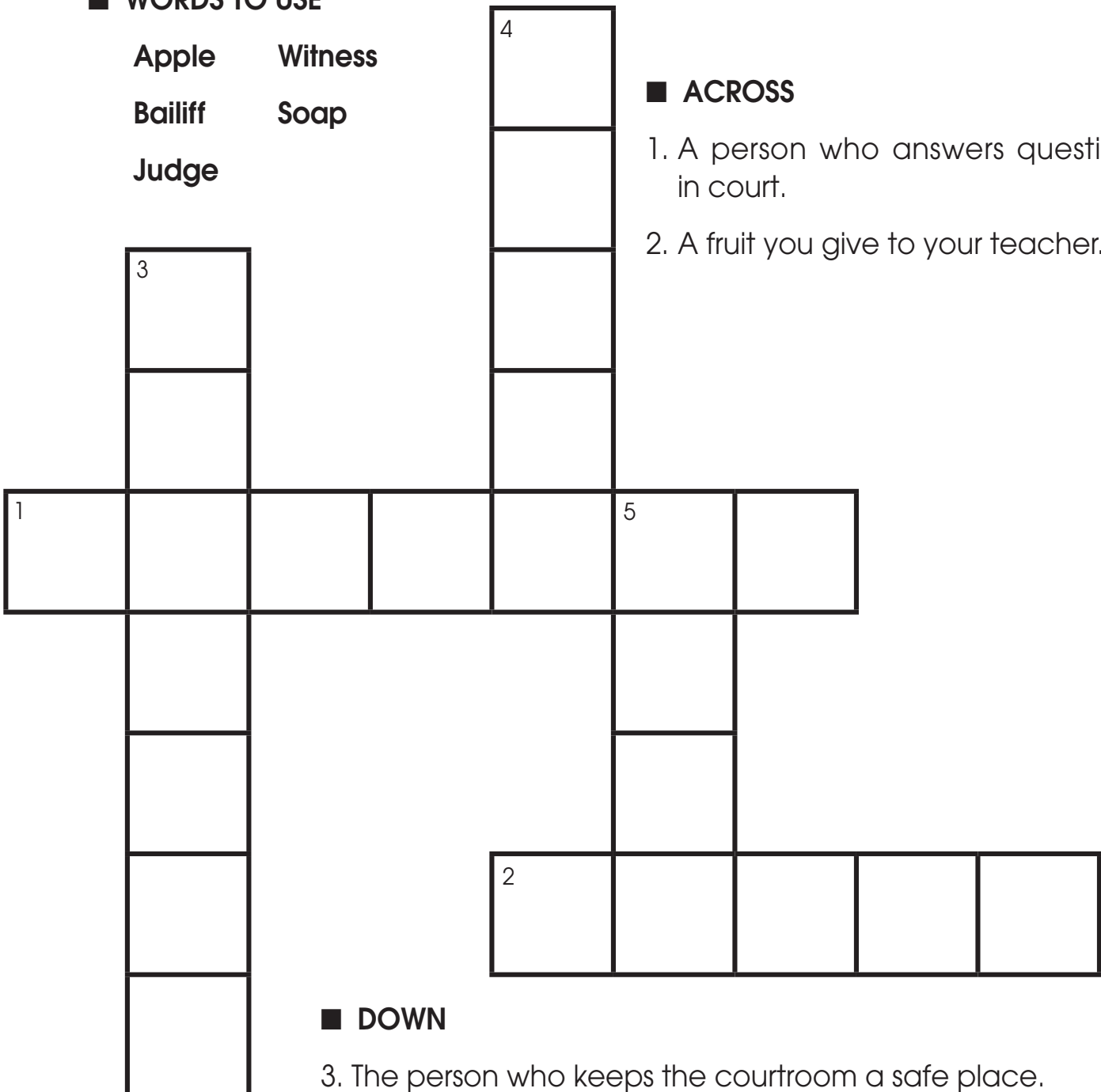
Soap

Judge

## ■ ACROSS

1. A person who answers questions in court.

2. A fruit you give to your teacher.



## ■ DOWN

3. The person who keeps the courtroom a safe place.

4. The boss in the courtroom who listens to what the witnesses say.

5. Something you use to wash your hands.

# Word Search

Find and circle the words listed below. Words may be found across, down, or diagonally.

COURT

PLAY

SUN

HAPPY

BOOK

LAWYER

POLICE

COLOR

ZOO

SCHOOL

TABLE

JUDGE

L	Z	H	A	P	P	Y
O	A	O	B	V	U	L
P	S	M	O	S	D	J
E	G	C	O	U	R	T
S	A	I	K	N	M	D
C	O	L	O	R	P	G
H	T	Z	P	E	G	J
O	I	X	L	V	B	U
O	D	B	A	F	N	D
L	A	W	Y	E	R	G
T	P	O	L	I	C	E



# Match Game

Match the people in Column A to their jobs in Column B.

## Column A

Witness

Courtroom

Judge

Commonwealth's  
Attorney

Defendant

Bailiff

Police Officer

## Column B

The boss in the courtroom who  
listens to what the witnesses say.

The person accused of doing  
something wrong.

A person who answers questions  
in court.

The person who asked you questions  
and investigated what happened.

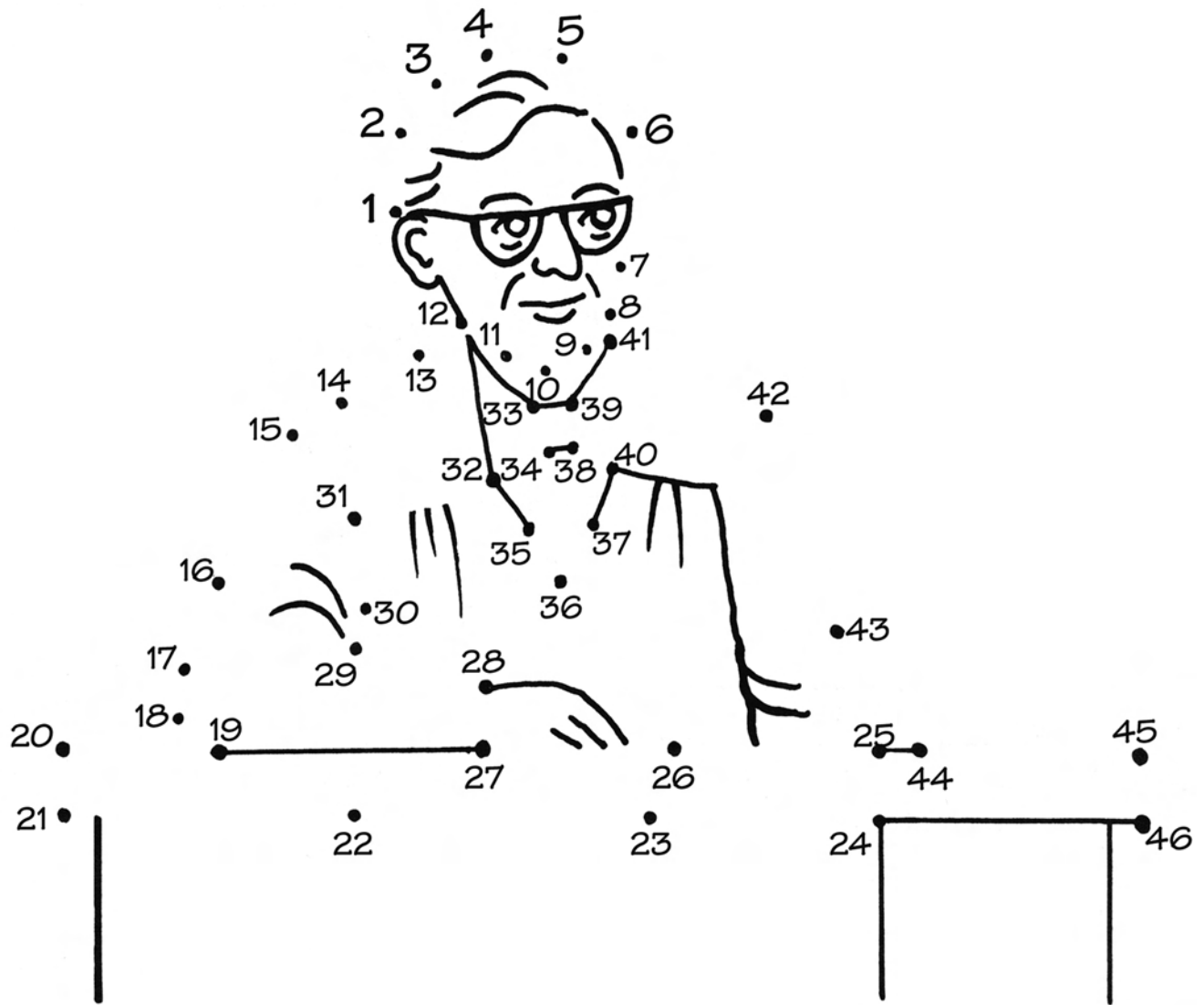
The person who keeps the courtroom  
a safe place.

A room where witnesses go to tell the  
what they know.

The lawyer who helps you tell the  
judge what happened.

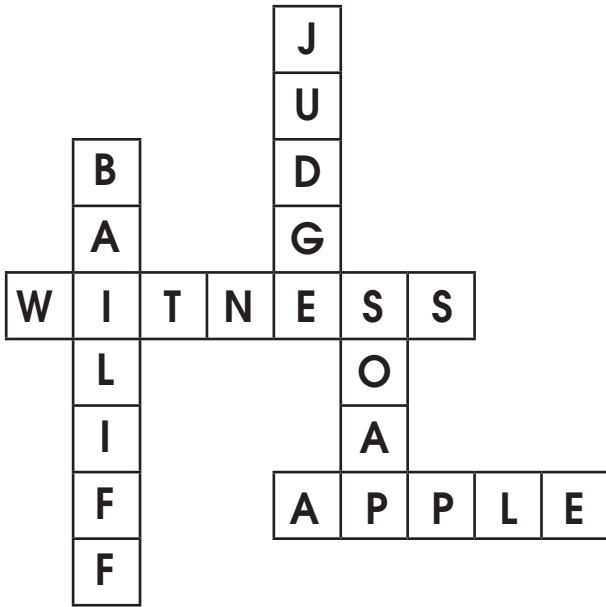
# Dot-to-Dot

Connect the dots.



# Answers

## ■ Crossword Puzzle



## ■ Match Game

### Column A

Witness

Courtroom

Judge

Commonwealth's  
Attorney

Defendant

Bailiff

Police Officer

### Column B

The boss in the courtroom who listens to what the witnesses say.

The person accused of doing something wrong.

A person who answers questions in court.

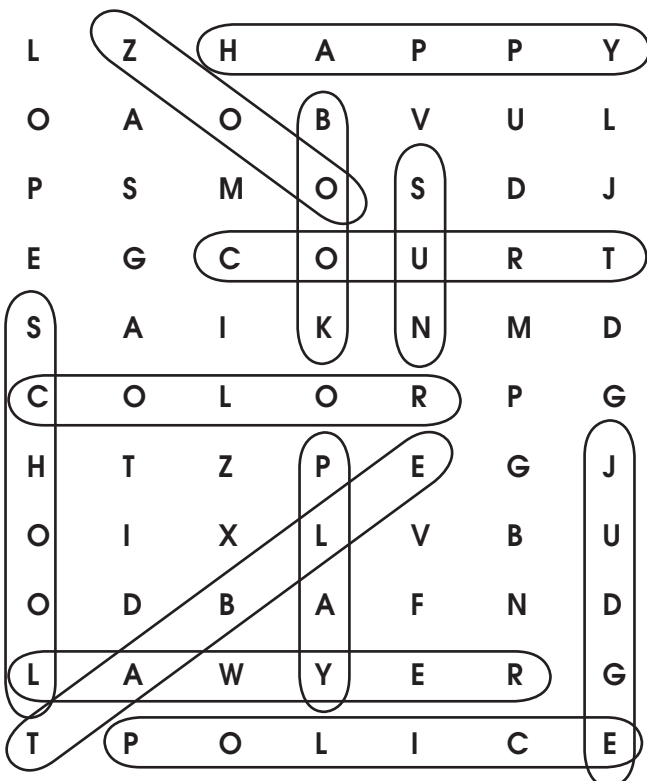
The person who asked you questions and investigated what happened.

The person who keeps the courtroom a safe place.

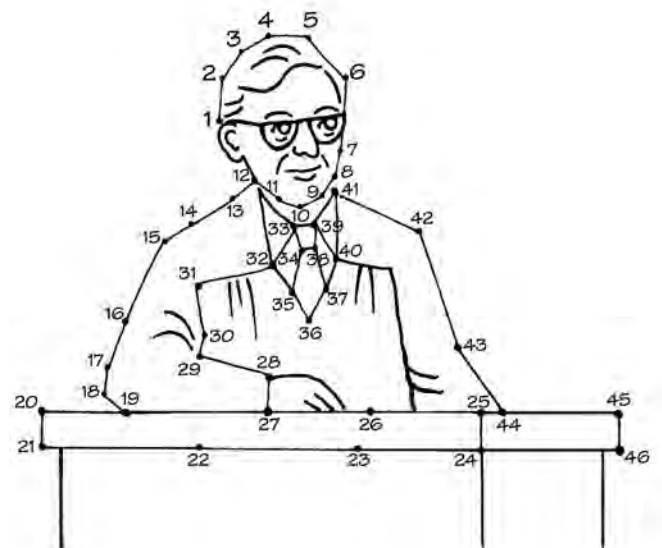
A room where witnesses go to tell the what they know.

The lawyer who helps you tell the judge what happened.

## ■ Word Search



## ■ Dot-to-Dot



## **ACKNOWLEDGMENTS**

The Department of Criminal Justice Services, extends its appreciation to the many individuals and their agencies for their assistance in the development of the “Going To Court” activity book for children.

If you would like to get copies of this activity book, you may download the information from the Virginia Department of Criminal Justice Services website at [www.dcjs.virginia.gov/victims/resources.cfm](http://www.dcjs.virginia.gov/victims/resources.cfm) or contact the Virginia Department of Criminal Justice Services at (804) 371-6507.

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# **The Child As A Witness**

## ***How You Can Help***

Being a witness is not a common experience for most adults, let alone for children. Many people get nervous as they think about going to court. Adults and children have different concerns. You may worry about whether the child can describe things clearly. The child may be worried about having to go to the bathroom while testifying! As a parent or support person, you can help in the following ways:

- Make sure the child has seen the courtroom and is familiar with everyone who will be there. Familiarity reduces fear and increases comfort and confidence.
- You will probably have to wait at court, so plan ahead. Bring a few favorite games, books or toys, and a book or activity for yourself.
- Tell the child that it is okay to be nervous, but reassure the child that he/she will do “just fine” as a witness.
- Don’t try to rehearse or coach the child’s testimony.
- If the child has questions that you cannot answer, ask the Commonwealth’s Attorney or victim/witness staff to answer them.

**You may have questions, too.**

**Don’t ever be afraid to ask questions or ask for help.**

This activity book was given to you by:

“Going to Court” was developed and produced by the  
Virginia Department of Criminal Justice Services  
1100 Bank Street, Richmond, VA 23219  
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[www.dcjs.virginia.gov](http://www.dcjs.virginia.gov)

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## **Online Publications and Resources**

**American District Attorneys Association**

[ndaa.org/programs/child-abuse](http://ndaa.org/programs/child-abuse)

**American Professional Society on the Abuse of Children (APSAC)**

[www.apsac.org](http://www.apsac.org)

**APSAC Resource page:**

<https://www.apsac.org/sources-for-additional-information>

**ChildFirst Virginia**

<http://www.cacva.org/342-2/>

**Child Welfare League of America (CWLA)**

[www.cwla.org](http://www.cwla.org)

**The National Children's Advocacy Center (NCAC)**

[www.nationalcac.org](http://www.nationalcac.org)

**NCAC Takeaway Tuesday Forensic Interview Micro-learnings**

<https://calio.org/takeaway-tuesday/>

**Thomas D. Lyon Research**

<http://works.bepress.com/thomaslyon/>

**Virginia's Child Advocacy Centers**

<http://www.cacva.org/what-is/find-a-virginia-cac/>

**Virginia Department of Criminal Justice Services**

<https://www.dcjs.virginia.gov/juvenile-and-child-welfare>