

Child Forensic Interviewing: Current Best Practice

Laurie Fortin, LCSW

The field of child forensic interviewing has been wrought with turmoil, debate, controversy, and sometimes, consensus. This turmoil had its beginnings in the 1980's when child sexual abuse came to light along with a number of high profile, multi-victim cases. With a lack of investigative specialization, training, and interview protocols, children were being questioned coercively, suggestively, and repeatedly (Ceci & Bruck, 1995). Not only was this deemed traumatic to children, but equally damaging to the innocent when such techniques led to false allegations. Much of the analogue research conducted around this time clearly demonstrated that repeated, suggestive, and leading questioning caused children to report inaccuracies, inconsistencies, and false positives (Ceci, Huffman, Smith & Loftus, 1994; Ceci and Leichtman, 1995; Ceci, Loftus, Leichtman & Bruck, 1994).

As a result of the atrocities of the 1980's, the field was confronted with the need to improve its response to child sexual abuse allegations. Specialization and expertise were created within investigative agencies. Professionals from various disciplines, including law enforcement, mental health, prosecution, medicine, child protection, and victim advocacy coordinated their efforts and worked together to make team decisions in the best interest of the child, forming a multi-disciplinary approach to child abuse cases. The first Child Advocacy Center (CAC) was developed in Huntsville, AL, in 1985, with the CAC movement ultimately spreading throughout the nation. Paramount to this movement was minimizing the number of times children were interviewed and by whom, ensuring that comprehensive interviews were conducted by trained and qualified professionals, and reducing further trauma to children. Thus, the "forensic interviewer" or "child interview specialist" profession was born; interview guidelines developed; and the one-time forensic interview model adopted universally. Although initially driven for use with alleged sexual abuse victims of a young age, the forensic interview has been expanded to use with any age/gender child; children and adults with disabilities; and with any experience as an alleged victim or witness to abuse, including severe physical abuse, domestic violence, and/or homicide.

In the last decade or so, there has emerged substantial consensus on best practice interviewing techniques, largely gained from analogue and empirical research, as well as practice experience. Although within the U.S. there exists numerous forensic interviewing protocols and/or guidelines (National Child Advocacy Center (NCAC), American Professional Society on the Abuse of Children (APSAC), Finding Words, California Forensic Interview Training Protocol (CFIT), National Institute of Child Health and Human Development (NICHD), these protocols are more alike than they are different. They all emphasize and encourage a phased interview approach, with an overarching goal of eliciting quality and accurate information from children in an open-ended and narrative elaborative fashion. The National Institute of Child Health and Human Development (NICHD) Protocol, created by Orbach, Lamb, and colleagues (2000; revision 2007), has received the most attention and has been implemented both throughout the nation, as well as internationally, due to its vast evidence base. The rigorously researched NICHD protocol is a structured interview protocol developed for use with children of all ages. The protocol consists of presubstantive and substantive phases that utilize narrative practice and narrative exploration of memory for a non-abuse related recent event in the presubstantive phase, with encouragement for

Fortin, L. (2013, Spring). *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, p. 1, 5-8. Available: www.ccoso.org

children to expand upon their accounts through the use of open-ended and free recall prompting questions and/or cues. This same technique is utilized during the substantive phase of the interview when and if children make a disclosure of abuse. Such an approach has shown to increase the amount of accuracy, details, and quality information obtained from children (Hershkowitz, Fisher, Lamb and Horowitz, 2007; Orbach, Hershkowitz, Lamb, Sternberg, Esplin and Horowitz, 2000). This holds true with children as young as 4 years old who have demonstrated the ability to provide substantial amounts of forensically important information needed by investigators in response to free-recall and cued prompts (Lamb, Sternberg, Orbach, Esplin, Stewart, and Mitchell, 2003).

As a result of the field's continued dedication and effort to improve its approach over the years, thus lessening the likelihood or concern of false allegations, a new (or renewed) concern of children's reluctance to talk about sexual abuse, delayed disclosure, and false denials has become a predominate focus. Early prevalence rates in the United States estimated that one in four girls and one in six boys experience childhood sexual abuse with more recent rates suggesting that one in 6 girls and one in 13 boys experience sexual abuse (Centers for Disease Control, 2009). Despite these high levels of vulnerability and occurrence, research suggests that the majority of children delay in disclosing their abuse for years, often into adulthood (London, Bruck, Ceci, & Shuman, 2005). A review of 11 retrospective studies conducted since 1990 suggest that only about one third of adults reporting a childhood history of sexual abuse disclosed their abuse during childhood, and that, further, in 4 of the studies in which a childhood disclosure was made, only approximately 10%-18% of the disclosures were reported to the authorities (London et al., 2005).

Research suggest that factors contributing to delayed disclosure include: a close child/abuser relationship (Goodman-Brown, Edelstein, Goodman, Jones & Gordon, 2003; Hershkowitz, Horowitz, & Lamb, 2005); age, with younger children disclosing less often in a formalized setting than their older counterparts (Hershkowitz et al, 2005; London et al, 2005); gender, with boys showing more reluctance to disclose abuse than girls (Goodman-Brown et al., 2003; Hershkowitz et al., 2005; London et al, 2005); fear, to include fear of consequences to themselves, their perpetrator, or to family members (Goodman-Brown et al., 2003) as well as fear of social stigma (Olafson & Lederman, 2006); modesty or embarrassment (Olafson & Lederman, 2006); and a perceived non-supportive primary caretaker (Carnes, Wilson, & Nelson-Gardell, 1999; Elliot & Briere, 1994; Lawson & Chaffin, 1992).

Not only do a majority of children of all ages delay in disclosing abuse, but corroborative evidence or "golden standard" cases (i.e., medical evidence, audiovisual evidence, offender confession) suggest that many children deny true abuse when asked (Lyon, 2007; Lawson & Chaffin, 1992; Sjoberg & Lindblad, 2002). Tom Lyon (2007) reviewed 21 studies from 1965-1993 involving a total of 579 children with documented cases of gonorrhea and found that found when directly asked about abuse, only 43% of the children disclosed. Lawson and Chaffin (1992) found that among 28 children in which STDs were medically diagnosed without prior suspicion of abuse, only 12 children (43%) made an allegation of sexual abuse during the initial formal interview, and 16 children did not. This concern with false denials was similarly found by Sjoberg and Lindblad (2002) when they compared a single offender's videotapes of his sexual abuse of 10 victims to the videotapes of police interviews with the same victims. None of these children disclosed the abuse before the discovery of the tapes and the subsequent investigation. More telling, half the children denied the abuse during the investigative interview.

Fortin, L. (2013, Spring). *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, p. 1, 5-8. Available: www.ccoso.org

One of the ways that the field has addressed the research supported concern of underreporting and non-reporting in sexual abuse cases was the development of an extended forensic interviewing model. Initially developed and tested by the National Child Advocacy Center (Carnes et al, 1999; Carnes, Nelson-Gardell, Wilson & Orgassa, 2001), the Extended Forensic Evaluation (EFE) Model or some adapted version therein, is being utilized across the nation (Faller, Cordisco-Steele, & Nelson--Gardell, 2010). The goal of the model was to create an alternative option for those children who needed more time, safety, and non-pressured pace, similar to that which therapy provides, yet which maintained its forensic nature and integrity. Although the one-time interview model continues to be the predominant model used in the U.S. and has proved quite useful in assisting investigators in making prosecution and child protection decisions through the years, it assumes the cooperation and readiness of a child to disclose. Contrary, the extended forensic interviewing process may be a better option, or at least provide an alternative option, when: (a) abuse is highly suspected but a child is not disclosing; (b) when trauma symptomology may affect a child's ability to articulate and/or recall the details necessary; or (c) when developmental limitations (age, delays, disabilities) may impede a child's ability to communication at a level desired or necessary for the investigation to ensue (Carnes et al, 1999). This model employs the phases of the one-time forensic interview protocol, however, is slowed down and extended over multiple interviews utilizing a single interviewer.

Initial concerns with the extended forensic interview model was that it replicated the repeated interviewing disasters of the past and that such an approach may create errors and/or program children, especially younger children who are susceptible to influence and suggestion, to make false allegations (Ceci, Kulkofsky, Klemfuss, Sweeney, & Bruck, 2007). However, these concerns are based on prior analogue studies on repeated interviewing which employed highly suggestive interviewing techniques and included biased interviewer statements (Ceci et al., 1994a; Ceci et al., 1994b; Ceci & Leichtman, 1995). In repeated interview studies that utilized best practice interviewing techniques, children's accounts have not only shown to be accurate, but also that the children recall more information over repeated interviews (La Rooy, Pipe, & Murray, 2005; 2007). This later point has added an unforeseen benefit to the extended interview process that has received further attention in the research. Lyon (2002a) found in his review of the analogue research on the effects of repeated questions and repeated interviews that repeated, open-ended questioning may actually improve memory for an event. Memory research indicates that the inability to recall memory of an event in a single test is normal, regardless of age, and thus, that we should not expect complete recall after a single attempt at retrieval (La Rooy, Katz, Malloy, & Lamb, 2010). Likewise, it indicates that repeated retrieval attempts that yield new information not recalled during earlier attempts is a normal feature of memory as is forgetting across interviews. Later retrievals often omit previously recalled information and forgetting and remembering can occur simultaneously (La Rooy et al, 2010).

The first field study on repeated interviewing conducted by Hershkowitz and Terner (2007), utilized a sample of 40 alleged sexual abuse victims, age 6-13. The children were initially interviewed utilizing the NICHD protocol, then re-interviewed 30 minutes later in the same setting, by the same interviewer, and using the same protocol. Findings revealed that children disclosed 24% new details in the second interview and the proportion of central or core details were greater. Likewise, the proportion of details repeated in both interviews was only 36%; and 65% of the details disclosed in the first interview were omitted in the second interview. Taking the research into account, then, we should expect inconsistency

Fortin, L. (2013, Spring). *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, p. 1, 5-8. Available: www.ccoso.org

from children across interviews and we should not expect children in a single interview to provide a complete account of what has happened. The extended interviewing process, therefore, may have several benefits both for the child as well as for the investigation.

In summary, the child interviewing field, like many, is revolving and changing. Many lessons have been learned, arguments been had, and adaptations made. It is only because of the years of controversy, debate, conflict and consensus that we are where we are today. Allowing research and science to guide our practice is paramount to perfecting our approach to interviewing children of any age in a way that is best for the child, best for the accused, and best for a community's response to child abuse.

References

Carnes, C., Nelson-Gardell, C., Wilson, C., & Orgassa, U. (2001). Extended forensic evaluation when sexual abuse is suspected: A multisite field study. *Child Maltreatment*, 6(3), 230-242.

Carnes, C., Wilson, C., & Nelson-Gardell, D. (1999). Extended forensic evaluation when sexual abuse is suspected: A model and preliminary data. *Child Maltreatment*, 4(3), 242-254.

Ceci, S., & Bruck, M. (1995). *Jeopardy in the courtroom: A scientific analysis of children's testimony*. Washington D.C: American Psychological Association.

Ceci, S., Huffman, M., Smith, E., & Loftus, E. (1994a). Repeatedly thinking about a non-event: Source misattributions among preschoolers. *Consciousness and Cognition*, 3, 388-407.

Ceci, S., Loftus, E., Leichtman, M., & Bruck, M. (1994b). The role of source misattribution in the creation of false beliefs among preschoolers. *International Journal of Clinical and Experimental Hypnosis*, 62, 304-320.

Ceci, S., Kulkofsky, S., Klemfuss, J., Sweeney, C., & Bruck, M. (2007). Unwarranted assumptions about children's testimonial accuracy. *Annual Review of Clinical Psychology*, 3, 311-328

Ceci, S., & Leichtman, M. (1995). The effects of stereotypes and suggestions on preschooler's reports. *Developmental Psychology*, 31 (4), 568-578.

Centers for Disease Control (2009). Adverse childhood experiences reported by adults—five states. In *Morbidity and Mortality Weekly Report*, 2010, 59(49), 1609-1613.

Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences and the Law*, 12, 261-277.

Faller, K., Cordisco-Steele, L., and Nelson-Gardell, D. (2010). Allegations of sexual abuse of a child: What to do when a single interview is not enough? *Journal of Child Sexual Abuse*, 19(5), 572-589.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *Future of Children*, 4, 31-53.

Goodman-Brown, T., Edelstein, R., Goodman, G., Jones, D., & Gordon, D. (2003). Why children tell: A model of children's disclosures of sexual abuse. *Child Abuse & Neglect*, 27(5), 525-541.

Fortin, L. (2013, Spring). *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, p. 1, 5-8. Available: www.ccoso.org

Hershkowitz, I., Fisher, S., Lamb, M., & Horowitz, D. (2007). Improving credibility assessment in child sexual abuse allegations: The role of the NICHD Investigative Interview Protocol. *Child Abuse & Neglect*, *31*, 99–110.

Hershkowitz, I., Horowitz, D., & Lamb, M. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, *29*, 1203-1214.

Hershkowitz, I. & Terner, A. (2007). The effects of repeated interviewing on children's forensic statements of sexual abuse. *Applied Cognitive Psychology*, *21*, 1131-1143.

Lamb, M., Orbach, Y., Hershkowitz, I., Esplin, P., & Horowitz, D. (2007). A structured forensic interview protocol improves the quality and the informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol. *Child Abuse & Neglect*, *31*, 1201-1231.

Lamb, M., Sternberg, K., Orbach, Y., Esplin, P., Stewart, H. & Mitchell, S. (2003). Age differences in young children's responses to open-ended invitations in the course of forensic interviews. *Journal of Consulting and Clinical Psychology*, *71*, 926-934.

La Rooy, D., Katz, C., Malloy, L., & Lamb, M. (2010). Do we need to rethink guidance on repeated interviews? *Psychology, Public Policy, and Law*, *16*(4), 373-392.

La Rooy, D., Pipe, M., & Murray, J. (2005). Reminiscence and hypermnnesia in children's eyewitness memory. *Jr of Experimental Child Psychology*, *9*, 235-254.

La Rooy, D., Pipe, M., & Murray, J. (2007). Enhancing children's event recall after long delays. *Applied Cognitive Psychology*, *21*, 1-17.

Lawson, L., & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse cases of accidental abuse discovery by diagnosis of STD. *Journal of Interpersonal Violence*, *11*, 107-117.

London, K., Bruck, M., Ceci, S., & Shuman, D. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and the Law*, *11*, 194-220.

Lyon, T. (2002). Applying suggestibility research to the real world: The case of repeated questions. *Law and Contemporary Problems*, *65*, 97-126.

Lyon, T. (2007). False denials: Overcoming methodological biases in abuse disclosure research. In M. Pipe, M. Lamb, Y. Orbach, & A. Cederborg (Eds.). *Child Sexual Abuse: Disclosure, Delay, and Denial* (pp. 51-62). Mahwah, NJ: Erlbaum.

Olafson, E. & Lederman, C. (2006). The state of the debate about children's disclosure patterns in child sexual abuse cases. *Juvenile and Family Court Journal*, *33*, 27-40.

Orbach Y, Hershkowitz I, Lamb M. E., Sternberg K. J., Esplin P. W., Horowitz D. (Eds). (2000). Assessing the value of structured protocols for forensic interviews of alleged abuse victims. *Child Abuse & Neglect*, *24*, 733–752.

Fortin, L. (2013, Spring). *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, p. 1, 5-8. Available: www.ccoso.org

Pipe, M., Lamb, M. E., Orbach Y., & Cederborg, A. (Eds.). (2007). *Child sexual abuse: Disclosure, delay, and denial*. New York, NY: Taylor & Francis.

Sjoberg, R. & Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose experiences were documented by videotape. *American Journal of Psychiatry*, 159, 312-314.

Laurie Fortin, LCSW is Clinical Coordinator, Forensic and Medical Services at Chadwick Center for Children and Families, Rady Children's Hospital, San Diego.

Fortin, L. (2013, Spring). *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, p. 1, 5-8. Available: www.ccoso.org

Fortin, L. (2013, Spring). *Perspectives: California Coalition on Sexual Offending (CCOSO) Quarterly Newsletter*, p. 1, 5-8. Available: www.ccoso.org