

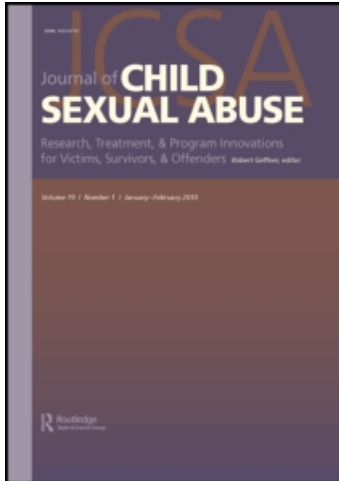
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Allegations of Sexual Abuse of a Child: What to Do When a Single Forensic Interview Isn't Enough

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Allegations of Sexual Abuse of a Child: What to Do When a Single Forensic Interview Isn't Enough

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This article describes the state of knowledge about extended assessments/forensic evaluations in situations of possible sexual abuse. It provides a critical review of the modest body of relevant research, describes two models for extended assessments, and presents descriptive survey findings of 62 professionals conducting extended assessments, most of whom conduct extended assessments intermittently as part of their other work on sexual abuse cases. Agencies should consider conducting extended assessments with young or traumatized children whose sexual abuse allegations are not resolved with a single interview as well as in complex child sexual abuse cases.

KEYWORDS *forensic assessments, extended assessments, child sexual abuse*

In the United States, when child sexual abuse (CSA) is suspected, the current best practice goal in most jurisdictions is to have the child interviewed once by a skilled forensic interviewer.¹ The interviewer is supposed to gather detailed information from the child that can be used in case decisions,

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especially strategies for assuring child safety and pursuit of offender criminal prosecution, if warranted by the child's disclosures. The single interview model assumes a child is willing to disclose CSA (if abuse has occurred) and is able to provide sufficient detail to support case decisions. But what if the child cannot meet these standards?

In this article, we address the needs of those children for whom a single interview is not enough. We review the rationale for using extended assessments in some situations where CSA is suspected, discuss reasons why a single interview assessment is the preferred practice, review the research that might support an extended assessment, and describe two extended assessment models. We also provide descriptive data on a group of clinicians employing one of these models. Finally, we identify limitations of the article and suggest future directions for research and practice.

THE DYNAMICS OF SEXUAL ABUSE DISCLOSURE

In his landmark article, community psychiatrist and pioneer in the practice area of sexual abuse Roland Summit (1983) described the dynamics of children's responses to sexual abuse, which he termed the child sexual abuse accommodation syndrome (CSAAS). Based on four years of consultation on CSA cases, Dr. Summit proposed a model to explain children's reactions to their abuse: (a) secrecy; (b) helplessness; (c) entrapment and accommodation; (d) delayed, unconvincing disclosure; and (e) retraction. Summit's work was prescient in that he highlighted that children may experience "secondary trauma in the crisis of discovery" (p. 117)

Although Summit stressed that the CSAAS is not a diagnostic tool but an explanatory tool for clinicians, investigators, and courts to understand coping behaviors of sexually abused children, research has provided support for his clinical observations (for a careful research review, see Lyon, 2002b). Sorenson and Snow (1991) examined the disclosure process in 116 high certainty allegations of CSA involving children ages 3–17 in mental health settings. These cases were characterized as high certainty because the suspected offender has confessed in 80% of cases and in the remainder there was either a successful criminal prosecution or compelling medical evidence. These authors found that only 11% of children were in active disclosure when first interviewed. Seventy-nine percent of the children initially denied sexual abuse or provided a tentative disclosure, but 96% of children did disclose over an average of 6 interviews. These authors documented a recantation rate of 22%.

A more recent study also provides support for CSAAS. Malloy, Lyon, and Quas (2007) examined 217 cases randomly selected from substantiated sexual abuse cases from the Los Angeles Dependency Court (1999–2000). On average, these children were interviewed by various professionals

12 times (an extraordinary number of interviews), but the number includes the initial child protective services (CPS) investigative interview, perhaps a separate law enforcement interview, a National Children's Advocacy Center (NCAC) forensic interview, and an interview for litigation purposes, either for child protection, criminal prosecution, or both. Although 78% of the victims had reported their sexual abuse to someone prior to their first interview by a professional, 9% initially denied and 73% expressed reluctance to talk about the abuse. Over the course of their multiple interviews, 98% disclosed. Of these children, one-third recanted during at least one interview; 23% fully recanted and 11% partially recanted. Full recantation was associated with younger victim age, closer relationship with the male perpetrator, and lack of maternal support. The predictor for partial recantation was more severe sexual abuse.

Other field research also supports a conclusion that disclosure is a process, not an event, for many children (e.g., Carnes, Wilson, Nelson-Gardell, & Orgassa, 2001; Faller, 2003, 2007; Olafson & Lederman, 2006). For example, Elliott and Briere (1994) studied 336 8- to 15-year-old children who received forensic evaluations at Harbor-UCLA's Sexual Abuse Crisis Center. Among their findings were that 75% of children had failed to disclose their sexual victimization within the year after it occurred.

Similarly, follow-up studies of children after disclosure and litigation support the observation that, for a substantial proportion of victims, disclosure occurs over time (Berliner & Conte, 1995; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Sas & Cunningham, 1995). Illustrative is the work of Goodman-Brown and colleagues (2003), who examined predictors of delayed disclosure in a sample of 218 children referred to district attorneys' offices. They found that older age, type of sexual abuse, fear of negative consequences, interfamilial sexual abuse, and perceived responsibility for the sexual abuse all contributed to delay in disclosure.

Sas and Cunningham (1995) selected from a sample of over 500 child victims who experienced criminal court litigation regarding sexual abuse. They asked 135 children about the disclosure process and criminal litigation. Although Sas and Cunningham found 33% of the children knew the sexual abuse was wrong and told soon after the first incident, 40% had no idea the behavior was wrong when first sexually abused, decreasing the likelihood children would disclose. In 50% of cases, children said they were admonished by the abuser not to tell. Forty-three percent never considered telling, and 12% consciously decided not to tell. Forty-four percent of children who didn't tell were reabused by the same person.

Thus, a number of field studies provide support for extending the assessment process. Findings that children are often reluctant to report sexual abuse and may reveal over time provide a rationale for giving them more than a single opportunity to disclose.

REASONS A SINGLE INTERVIEW IS ADVOCATED

Given the research that demonstrates the challenges children experience in disclosing sexual abuse, why, in most communities, are they given only one chance? That is, why do professionals advise that children receive only a single interview? There are three reasons for this general policy. First, resources for investigation of CSA are scarce (General Accounting Office, 2003). CSA cases already require more resources than other types of maltreatment in the course of their investigation, in large part because many allegations involve criminal and child protection concerns. In most communities, several disciplines are involved in investigations (e.g. CPS, law enforcement, medical professionals, and the prosecutor) (e.g., California Attorney General's Office, 1994; Pence & Wilson, 1994). If more than one interview were required, this would require a major resource investment. Second, just as Summit (1983) pointed out in his historic article, there can be trauma associated with having to repeat an account of sexual abuse to multiple strangers (La Rooy, Lamb, & Pipe, 2008). This concern, in part, spawned the children's advocacy center (CAC) movement (National Children's Advocacy Center [NCAC], 2005). A major goal of CACs has been to have the child interviewed only once by a skilled forensic interviewer who is supposed to collect the information needed by all professionals involved in case management and prosecution of the sexual abuse case. A recent evaluation involving four CACs and four comparison sites found that on average children received fewer than 2 interviews; but despite the CAC goal of minimizing the number of interviews, CACs (1.42 interviews) did not do better than the comparison sites (1.29 interviews, $p < .05$) (Cross, Jones, Walsh, Simone, & Kolko, 2007). Moreover, in data collected for this CAC evaluation from child participants in forensic investigations, 41% reported that they had to explain things too many times to investigators (Jones, Cross, Walsh, & Simone, 2007). Thus, concerns about the negative impact of multiple inquiries appear well-founded.

Third, a single interview has been advocated for fear that multiple interviews will result in programming children to falsely accuse an adult of sexual abuse (Bruck, Ceci, & Hembrooke, 1998; Ceci & Bruck, 1993, 1995; Ceci, Crossman, Scullin, Gilstrap, & Huffman, 2002; Ceci, Kulkofsky, Klemfuss, Sweeney, & Bruck, 2007; Kuehnle & Connell, this issue). The assumption is that interviewers will not "take no for an answer." Analogue research has demonstrated that interviewers can program at least some preschoolers to falsely affirm events they have not experienced, for example going up in a hot air balloon (Ceci, Huffman, Smith, & Loftus, 1994) or getting a finger caught in a mousetrap (Ceci, Loftus, Leichtman, & Bruck, 1994). Moreover, some preschoolers can be programmed to making accusations that an adult has committed misdeeds, such as soiling a teddy bear and ripping a book (Ceci & Leichtman, 1995) or playing with toys instead of cleaning them

(Clarke-Stewart, Thompson, & Lepore, 1989). All of these studies involved multiple interviews but also leading, suggestive, and persuasive questioning.

IS THE PROBLEM MULTIPLE INTERVIEWS OR THE TYPE OF QUESTIONS EMPLOYED DURING THE INTERVIEW?

As noted, analogue studies demonstrate that using leading questions and repeated interviews can cause some young children to falsely affirm interviewers' allegations (e.g., Ceci, Huffman, et al., 1994; Ceci & Leichtman, 1995; Ceci, Loftus, et al., 1994). However, analogue research that involves multiple interviews and examines non-suggestive questions demonstrates that children generally do not alter their accounts over the course of multiple interviews and may recall and/or report more information over repeated interviews (La Rooy & Lamb, n.d.; La Rooy et al., 2008).

In a pioneering series of analogue studies with preschoolers, some of whom were only 2 and a half years old at the time of the event studied, Fivush and colleagues (Fivush & Hamond, 1989; Fivush & Shukat, 1995) demonstrated that children's reports of the event were accurate according to their parents but changed over years as their language and knowledge of the world developed. Thus, they reported different information in interviews spaced months and years apart.

La Rooy, Pipe, and Murray (2005, 2007) involved 46 5- and 6-year-old children in a "pirate event" consisting of 20 activities and 28 different items (e.g., a skeleton pen, gold coins and bars, a treasure map, a jar of dye, a bowl, a paintbrush, Styrofoam chips) over a 10–15 minute period. These children were then interviewed in various sequences: immediately after the pirate event, after 24 hours, and/or 6 months later. The researchers found that the children recalled more information over repeated interviews, error rates were generally low, but that persistent recollections over interviews were more accurate than their later recalled details.

Poole and White (1991) questioned children and adults immediately after an event and one week later. The event involved a one minute interaction between a male and female adult during which the male snatched a pen from the female. When children were questioned using open-ended questions, their accounts generally remained accurate (Poole & White, 1991). Similarly, Poole and Lindsay (1995) described an analogue study in which preschoolers interacted with Mr. Science and were questioned directly afterward and three months later. When children did not receive misinformation about Mr. Science, their accounts during both interviews were quite accurate, and they provided additional information in response to open-ended questions (Poole & Lindsay). Moreover, in his review of the analogue research

on the effects of repeated questions and repeated interviews Lyon (2002a) concluded that repeated, less suggestive questioning does not contaminate children's accounts. In fact, repeated, open-ended questioning may improve memory of events.

Finally, in a careful and exhaustive review of these analogue studies of repeated interviews, La Rooy and colleagues (2008) found that when open-ended, nonsuggestive questions are employed, initially remembered and/or reported information is more accurate than subsequently remembered and/or reported information. In addition, interviews occurring close to the event and interviews spaced more closely together yielded more accurate information. La Rooy and colleagues' review provides support for interviewing a child more than once. It appears that it is not the number of interviews but the use of leading questions that has the potential to contaminate children's accounts. Nevertheless, analogue studies have their limitations in informing professionals about extended assessments. They are not studies of disclosure patterns in cases of sexual abuse; indeed, the analogues vary in their ecological validity. They range from recollection of a list of words (e.g., Brainerd, Reyna, & Forrest, 2002) to recollections of living through a hurricane (Fivush, McDermott-Sales, Goldberg, Bahrick, & Parker, 2004). Nonetheless, for ethical reasons these studies cannot involve the betrayal experienced in sexual abuse (Faller, 2003).

REAL-WORLD RESEARCH THAT SUPPORTS EXTENDED ASSESSMENT

The NCAC pioneered a CAC single interview model linked to community collaboration in CSA investigation. In the 1990s, however, NCAC staff began to be concerned about children where sexual abuse was suspected but who did not disclose during a single interview, which amounted to approximately a fourth of the children whom they interviewed. They initiated a series of studies to determine the number of interviews these children needed to resolve allegations of their sexual abuse. Criteria the NCAC chose for inclusion in these studies were: (a) the child did not disclose but there was other compelling evidence of sexual abuse (e.g., medical findings), (b) the child was not able to disclose the full extent of sexual abuse in a single interview, and (c) the allegations were still unresolved after a single interview. The extended assessment (or forensic evaluation, as NCAC calls their extended model) uses the same techniques as a forensic interview but increases the number of sessions and thereby the number of opportunities the child has to provide information.

The clinician-researchers developed a four category system of classifying results, a manual, and a training program for forensic evaluators (Carnes, Wilson, & Nelson-Gardell, 1999). At the end of the assessment,

cases are classified as (a) credible disclosure, (b) credible nondisclosure, (c) noncredible disclosure (false allegation or some other explanation), or (d) unclear (allegation still not resolved). Interviewers were trained in how to classify their cases.

The first NCAC study examined the utility of an extended assessment comprised of 12 sessions with 24 children (Carnes, Wilson, & Nelson-Gardell, 1999, 2000). The clinician-researchers developed content for the sequence of sessions to be used. In this initial pilot, most children who did disclose did so before the ninth session. The most common content to result in disclosure was an explanation of “good touch–bad touch,” but the effectiveness of this particular approach may have been an artifact of its early placement in strategies to elicit abuse related material.

Based on these early findings, the NCAC researchers then piloted an eight session extended forensic evaluation with 51 children. It took two years to complete this study, an index of the challenges of recruiting sufficient numbers of cases and completing the assessments, even in a high volume program. In this study, 24 children (47%) were classified as credible disclosures, 9 (18%) as credible nondisclosures, 6 (12%) as noncredible disclosures, and 12 (23%) as unclear. Thus the forensic evaluation was able to resolve concerns about sexual abuse with positive findings in about half of cases and negative findings in about a fifth of cases.

NCAC then undertook a national study of the forensic evaluation, randomly assigning children who were eligible for an extended assessment to a 4- or 8-session model. Because these are real children who may have been abused, there could not be a “no treatment control” as there are in analogue studies. Although initially 40 centers were recruited to participate, 18 centers actually participated (Carnes et al., 1999), yielding a sample of 147 cases. Findings were as follows: the 8 session extended forensic evaluation resulted in 56.6% of children being classified as credible disclosures, whereas only 29.5% of children in the 4 session model were so classified. Approximately equal percentages were classified as credible nondisclosure (14.4% and 11.6%, respectively). In the 8 session model, most allegations that were resolved were determined by the sixth session ($n = 52$). Of importance in terms of court outcomes, the rate of court substantiation was 60%, the same as in single interview cases. Younger children required more interviews (Carnes et al., 2001). The results of the series of NCAC exploratory studies indicate an extended assessment model has utility and that a six session model may be the most appropriate. The appropriate content of the sessions is less clear because interviewers were given general guidelines and flexibility.

A series of studies on the National Institute of Child Health and Human Development (NICHD) protocol also supports the efficacy of an extended assessment (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007). Researchers who developed the NICHD protocol have conducted

numerous field studies on CSA cases collaborating with agencies responsible for their investigation, including law enforcement units and child protection units. This research has taken place in four different countries (Lamb et al., 2007).

The NICHD protocol is a scripted interview protocol, drawing from research on child development, which prescribes interview structure as well as appropriate questions to employ during the investigative interview. Generally the NICHD protocol assumes a single interview with the child. Several publications on the NICHD protocol, however, indirectly support giving children more than a single opportunity to disclose (Hershkowitz, Horowitz, & Lamb, 2005; Hershkowitz, Lanes, & Lamb, 2007; Hershkowitz, Orbach, Lamb, Sternberg, & Horowitz, 2006; Hershkowitz, Orbach, et al., 2007; Hershkowitz & Terner, 2007; Orbach, Shiloach, & Lamb, 2007).

One of the most productive NICHD collaborations has been with the Ministry of Labor and Social Affairs in Israel. Children involved in allegations of physical and sexual abuse received an investigative interview by Israeli Youth Investigators, who are masters-level forensic interviewers trained on the NICHD protocol. These interviews are audio recorded, and transcriptions of these interviews have been employed in a number of groundbreaking studies. Results on 26,446 children whose allegations of physical and sexual abuse were investigated over five years yielded an overall disclosure rate of 65%. However, when sexual abuse by a parent is suspected, disclosure rates drop to 20.9% (14.2% for boys and 23.6% for girls) (Hershkowitz et al., 2005). Thus, although it is possible that there is an overreporting of sexual abuse allegations against parents, a more likely explanation of the differential disclosure rate is the reluctance of children to implicate their parents, a finding that would warrant additional interviews to determine the likelihood of sexual abuse. This research also suggests that younger children are less likely to disclose, based on their lower disclosure rates. This finding could be used to argue for more interviews for younger children.

In another important study using interviews by Israeli Youth Investigators, Hershkowitz and colleagues (2006) matched 50 interviews in which children did not disclose and 50 interviews in which children did disclose. These were all single interview cases using the NICHD protocol and were high certainty cases. Among other findings, nondisclosing children provided uninformative responses in both the rapport-building part of the interview and the abuse-related parts of the interview. Interviewers treated both disclosers and nondisclosers similarly during the rapport-building and episodic memory phases of the interview, using open-ended questions and supportive comments. However, interviewers resorted to more closed-ended prompts and fewer supportive comments during the "getting the allegation" phase with nondisclosers. Based on these findings, the researchers recommend a longer rapport-building phases and additional interviews; the latter recommendation lends support to extended assessments (Pipe et al., 2007).

The article most directly on point involves 40 children (6–13 years) suspected of sexual abuse who were interviewed using the NICHD protocol by Israeli Youth Investigators (Hershkowitz & Terner, 2007). Each child was interviewed twice by the same investigator, and between the two interviews there was a 30 minute break. The child was given materials to draw during the break. Following the NICHD protocol, the first interview began with rapport-building and practice of the interview rules before eliciting information about sexual abuse using free recall questions. The second interview started with free recall of abuse related material, not preceded by rapport building.

Among the findings were that interviewers spoke more in the first than second interview and asked more open-ended questions in the second interview than the first (Hershkowitz & Terner, 2007). Thus, contrary to what might have been anticipated, investigators did not use more leading and suggestive questions during the later interview. With regard to information from the child, second interviews yielded a greater proportion of central details and quite a few new details (about a fourth of the total information from the child). Only 37% of the information from the first interview was repeated during the second interview, with older children repeating more information than younger ones. Moreover, the children's narratives were better organized in the second interview. Thus, because a forensic interview is an anomalous experience for most children, more than one interview may be needed to elicit a coherent narrative account.

Finally, Hershkowitz and Terner (2007) remind readers that children in their study were not interviewed more than once because results of the first interview were categorized as incomplete or unsatisfactory, as for example in the research conducted by NCAC. Rather, the study used a second interview in a planned manner, supporting the notion that a second interview would be useful across the board to enrich obtained information. Hershkowitz and Terner concluded that their findings suggest that repeated forensic interviews may elicit new information and preserve central details (p. 1131). Although a two interview practice has considerable merit, routine use of a two-interview model would be costly.

CURRENT MODELS OF EXTENDED ASSESSMENTS

Although professionals are very likely engaging in extended assessments of sexual abuse, little has been written about their practice (Faller, 2007). In this section, we summarize basic elements of two models for extended assessment, the Forensic Evaluation Model developed by the NCAC (Carnes, Wilson, et al., 1999; Carnes et al., 2001) and the Extended Assessment Model developed by the University of Michigan Family Assessment Clinic (FAC) (Faller, 2007; University of Michigan Family Assessment Clinic, 2009). Topics covered will be source of referrals, criteria for extended assessment, use of

standardized measures, involvement of caretakers, assessment process, and outcomes.

Referral Process

One way in which the two models differ is in their sources of referrals. The NCAC model is one developed by and associated with a CAC; thus, the CAC or a multidisciplinary team of the CAC makes the referral for an extended assessment. In contrast, the FAC is part of a university and receives referrals from public and private child welfare agencies, CACs, and courts. FAC makes the determination that an extended assessment is needed, rather than the referral source. Often extended assessments are included in an overall family assessment.

Criteria

Virtually all cases referred for extended assessment have received a CAC, child protection, and/or law enforcement single interview that have not resolved concerns about sexual abuse. Children may be young (Hewitt, 1999), developmentally or physically challenged (Davies & Faller, 2007), frightened, or culturally different from the dominant community culture (Fontes, 2000, this issue). Allegations may be complicated because of conflicting prior findings, multiple forms of maltreatment, divorce/custody disputes (Faller, 2003), or bizarre characteristics (Dalenberg, Hyland, & Cuevas, 2002).

Standardized Measures

Both models for extended assessments recommend supplementing interviews with standardized measures. These are part of the Child Behavior Checklist (Achenbach, 1991), which provides findings about the child's competencies and general behavior problems; the Child Sexual Behavior Inventory, which assesses developmentally appropriate and deviant sexual behaviors (Friedrich, 1999); and the Trauma Symptom Checklist for Children (TSCC; Briere, 2001) or Trauma Symptom Checklist for Young Children (Briere, 2005), which evaluates for symptoms that could be caused by several traumas including sexual abuse, physical abuse, and psychological abuse. Except for the TSCC, these measures are completed by the child's caretaker(s).

Involvement of Caretakers

Extended assessments can occur only in situations in which the child's caretaker is protective and cooperative. Models vary in the role of caretakers,

but caretakers are a source of information about the allegation and the child, and caretaker support may need to be ascertained and maintained throughout the assessment process (e.g., Bolen & Lamb, 2002, 2007; Everson, Hunter, Runyon, Edelson, & Coulter, 1999; Lawson & Chaffin, 1992; Malloy & Lyon, 2006; Malloy et al., 2007; Tishelman, Meyer, Haney, & McLeod, this issue). The NCAC model involves an initial data-gathering session with the caretaker, whereas the FAC model gathers information from the caretaker and others by phone (and review of written documents) before child interviews commence and provides brief, general feedback to the caretaker at the end of each session with the child.

Assessment Process

The fundamental difference between the typical forensic interview and extended assessments is the number of sessions with the child, which may be up to six sessions (2–5 for NCAC and up to 6 for FAC). In all cases, the assessment process will be guided by the child's functioning (e.g., age, anxiety level, behaviors, developmental level, special needs), the characteristics of the allegation, and the level of concern about possible abuse.

Because the interviewer will have multiple opportunities to meet with the child, introductions, rapport building, providing rules, and assessing/training the child in providing narrative responses to neutral topics (Poole & Lamb, 1998) may be all that is covered in the first session. Moreover, each session begins with interviewer efforts to ensure rapport and remind the child of the interview parameters.

A variety of methods for introducing the topic of concern will be attempted. These include asking the child about important people in his or her life (including the alleged offender) and focused questions (Faller, 1999) about the possible context of the abuse (e.g., day care, visiting grandparents), body parts, bed and bathtime routines, or prior disclosure of the abuse (e.g., during a medical exam, to a parent, or to a child protection worker), if there has been one. The Touch Continuum (Hewitt, 1999), the "touch inquiry" used by Corner House (Hiltz & Bauer, 2003), or a body parts inventory (Faller, 2003) may be employed to focus the child on body parts.

Both models delay reference to a caretaker or a professional (including the interviewer) being worried about something having happened to the child until later sessions. The interviewer will refer back to disclosures in previous sessions and try to elicit more detail. One goal is to ascertain consistency in the child's information across disclosures and sessions. Use of externally derived information (Faller, 2007) is undertaken with caution, and direct inquiry about the event is usually only made if other approaches fail (American Professional Society on the Abuse of Children, 1997).

If any of the previous approaches yield abuse-related information from the child, invitational questions (e.g., tell me all about that) and follow-up

inquiry (e.g. “what happened next?” “do you remember anything else?”) are employed. Although both models recommend the use of media (e.g., free drawings, anatomical drawings, dolls, anatomical dolls), the NCAC model relies less heavily on them than the FAC model and uses media primarily to clarify verbal disclosures. Generally, anatomical dolls are the least preferred medium because they have been the subject of so much controversy (Bruck, Ceci, & Francoeur, 2000; Bruck, Ceci, Francoeur, & Renick, 1995; Faller, 2005, 2007; see Hlavka, Olinger, & Lashley, this issue, for a discussion and empirical research on anatomical doll use during forensic interviews).

Outcomes

Both models call for a written report based on all of the data gathered during the assessment process. Reports include identifying information, referral documentation, a brief description of the child’s developmental presentation, a summary of the assessment process, allegation-focused information, including any verbatim disclosures, and additional recommendations. The FAC report will include a conclusion about the likelihood of abuse.

CURRENT EXTENDED ASSESSMENT PRACTICE

Nelson-Gardell and Cordisco-Steele (2008) reported on a study of 62 (44% response rate) evaluators trained to provide forensic evaluations using the NCAC model. The survey sought to obtain information that would provide a “picture” of the professionals conducting extended evaluations and current practice of extended evaluation. The “typical” survey respondent was a mental health practitioner (48% social work, 35% counseling, 9% psychology, 4% nursing) with a master’s degree (77%) who had 10.3 years of practice experience on average. These forensic evaluators generally also did forensic interviews (24%) and had clinical or therapeutic responsibilities (51%).

About a third of agencies conducted forensic evaluations at least monthly, with the remainder doing so less frequently. Most programs absorbed the cost of the evaluations within the agency. Children were referred for forensic evaluations after an initial forensic interview because of child and case vulnerabilities, most commonly young age, trauma, and case complexity. The most commonly used method of documentation was interviewer notes, which were the used to write a report that typically included an opinion about the likelihood of sexual abuse. The most commonly endorsed function of the report was for child protection. The findings from this survey generally suggest that the forensic evaluations service is one that communities valued.

LIMITATIONS

As this article demonstrates, the body of research that either directly or indirectly supports extended assessments is modest. Only one randomized study has been undertaken, and it has the limitation of being conducted at multiple sites where researchers had to rely on the written reports and responses of clinicians.

Most strategies employed during extended assessments have not been subjected to rigorous research (La Rooy et al., 2008) but rather are based on practice wisdom. The most effective strategies for eliciting confirming or disconfirming information in extended assessments are not known. The clinical assumption is that strategies should vary based on the needs of the child.

CONCLUSIONS AND FUTURE DIRECTIONS

The limited research that has been undertaken does not demonstrate dangers to be consequent of extended assessments either in terms of creating false allegations or compromising legal outcomes. In fact, research to date demonstrates that extended assessments can resolve problematic cases about two thirds of the time (Carnes et al., 2001), and more than a single interview may result in substantial and substantive additional abuse-related disclosure information (Hershkowitz & Terner, 2007).

The research review and model description suggest the efficacy of extended assessment/forensic evaluations for subpopulations of children who come to professional attention because of allegations of sexual abuse. These include young children, physically and cognitively challenged children, children who are culturally different from the dominant community, and cases that are challenging because of their complexity, bizarreness, or prior discrepant findings. To date, it appears that these assessments are being integrated into existing agency structures, but one of the challenges will be creating mechanisms to cover costs.

Similarities of the two models described in this paper are greater than their differences, the primary difference being how cases are referred for extended assessments/forensic evaluations. Both models use existing interview strategies but slow the pace of the assessment by extending it over several interviews. Sequencing of strategies is in large part the decision of the interviewer.

Research is needed to further clarify the criteria for extended assessments, more clearly articulate the number of sessions required, and define sequencing and techniques and strategies to be employed during an extended assessment. Current practice conducting extended assessments, as described here and elsewhere, will shape future practice and further inform the field about the right research questions to ask.

NOTE

1. Despite a fair amount of professional consensus that ideally children should be interviewed only once by a single interviewer, many children continue to be interviewed by more than one professional because of the absence of community coordination and the fact that professionals have different roles and responsibilities on a child sexual abuse case.

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