

## Chapter 6

# Contemporary Child Forensic Interviewing

### *Evolving Consensus and Innovation over 25 Years*

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In 1983, 200 parents in Manhattan Beach, California, received a letter from the chief of police informing them that, Ray Buckey, an employee of their child's current or past preschool, had been arrested the previous day for child molestation. The letter asked the parents to "question your child to see if he or she has been a witness to any crime or if he or she has been a victim." After providing a list of possible criminal acts, the letter stated that "any information from your child regarding having ever observed Ray Buckey to leave a classroom alone with a child during any nap period, or if they have ever observed Ray Buckey tie up a child, is important." Thus began the longest and most expensive trial in U.S. history: the McMartin Preschool abuse trial (for review, see Wood, Nathan, Nezworski, & Uhl, Chapter 5, this volume).

Despite media pronouncements to the contrary, much has been learned about children's abilities and the interview process, and much has changed since the highly publicized McMartin Preschool trial. The egregious interviewing techniques epitomized in this letter to parents, encouraging them to

question their children in a suggestive and unchecked manner, are not the norm. In response to such highly publicized cases, early studies focusing on children's memory, suggestibility, and truthfulness were conducted. Methodologies either explicitly or implicitly compared children's performance with adults', feeding the notion that "children are the most dangerous of all witnesses" (see Goodman, 1984, for a historical perspective). Findings that young children did not always perform to adult standards highlighted children's weaknesses as witnesses, inevitably leading to the perception of children as deficient adults.

During the 1980s, it was common during pretrial investigations for child witnesses to be repeatedly interviewed by multiple interviewers from various agencies (e.g., law enforcement, child protection, juvenile law, criminal law, medicine, and mental health), each unaware of the other's activities and with no single agency taking responsibility for coordinating the process. Many interviewers lacked training and sensitivity to children's needs and development. Many were unaware of the dangers of using suggestive interviewing techniques with young children. Children were interviewed in the presence of siblings and parents—fertile ground for cross-contamination and unseen pressures—and interviews occurred in a wide range of uncontrolled settings (e.g., schools, hospitals, courthouses, police stations, homes, cars, and cafeterias), lacking safeguards and objectivity necessary to minimize potential for false accusations.

In contrast, today's forensic interview is more likely to take place in one of the nation's more than 600 accredited children's advocacy centers (CACs) with a child interview specialist or in the context of a multidisciplinary team (MDT) or child unit. A large body of relevant scientific research on child witness capabilities and limitations now exists (Cronch, Viljoen, & Hansen, 2006; Goodman & Melinder, 2007; Perona, Bottoms, & Sorenson, 2006) highlighting the need for a developmental perspective and identifying the conditions under which children of different age groups are more or less reliable, complete, and suggestible. In addition, to inform professional training and decision making, there are now a burgeoning number of field studies of actual child witnesses to complement the highly controlled, laboratory-based analogue studies.

In this chapter, we identify and discuss improvements in child forensic interviewing over the last two decades. First, we discuss research-derived best-practice recommendations promulgated by professional and governmental organizations and describe several interview protocols designed to accommodate children's developmental levels and avoid contamination. Next, we describe advances in the infrastructure of forensic child interviewing over the same period. We end with a discussion of the next steps for moving beyond "getting the facts" by adopting a holistic approach to research and practice.

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## RESEARCH-DERIVED INTERVIEW TECHNIQUES AND PROTOCOLS

One of the advances in the past 25 years is the emerging consensus on general principles of child forensic interviewing, coalescing around a group of research-based questioning techniques to either use or avoid. We summarize these general recommendations here, yet readers should know that there is still debate and mixed findings to untangle on the finer points of interviewing. Many books and special issues of journals are devoted to the discussion (e.g., Eisen, Quas, & Goodman, 2002; Faller, 2007; Pipe, Lamb, Orbach, & Cederborg, 2007; Westcott, Davies, & Bull, 2002). In addition, there are gaps in the literature where existing findings shed little light on important issues that practitioners must decide in real time every day in the field. As discussed later, a more holistic approach to research and practice is necessary to create a database from which competing priorities may be balanced.

### Defining the Problem

Wood and Garven (2000) distinguished two ways in which interviews may go astray: improper interviewing and clumsy interviewing. They state that improper interviewing involves the use of interviewing techniques that should be avoided (e.g., suggestiveness, reinforcement for disclosure, inviting the child to speculate or "pretend") because their use could lead to false allegations. In contrast, clumsy interviewing involves not using those skills and techniques commonly recommended in the literature, a problem Wood and Garven believe is unlikely to lead to false allegations. To reduce both improper and clumsy interviewing, research indicates that, in addition to training interviewers in developmentally appropriate interview techniques and protocols and developing specific selection criteria for interviewers (e.g., personal warmth, demonstrated ability to work with children, formal training in counseling or interviewing, ability to incorporate feedback, and a master's degree or advanced training as an undergraduate), ongoing supervision and feedback are necessary and effective (e.g., Cronch et al., 2006; Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002).

### General Guidelines for a Developmental Perspective

There is remarkable consensus among clinicians and researchers on a wide range of techniques and general guidelines for interviewing children in a forensic setting from a developmental perspective (e.g., Ceci, Crossman, Scullin, Gilstrap, & Huffman, 2002; Cronch et al., 2006; Faller, 2007; Lamb et al., 2003; London, 2001; Poole & Lamb, 1998; Saywitz & Camparo, 1998; Saywitz, Goodman, & Lyon, 2002; Sternberg, Lamb, Davies, & Westcott,

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### Child Perspective

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2001; Wakefield, 2006; Wood & Garven, 2000). These general guidelines include:

1. Adapt the interview to the child's developmental level.
2. Take time to establish trust and rapport with children through non-suggestive means.
3. Videotape the interview when possible for supervision, feedback, and accountability.
4. Provide an age-appropriate, private environment with minimal distractions.
5. Promote a supportive, welcoming, nonthreatening atmosphere.
6. Prior to the substantive interview, provide an opportunity for children to practice telling about events, responding to open-ended questions, and using evidence-based memory and communication strategies that have been shown not to lead to false reporting.
7. Set ground rules and provide explicit instructions, such as:
  - a. Instruct the child to tell only what really happened and everything he or she can remember, even the small details, from the beginning to the end.
  - b. Instruct the child to ask for clarification if he or she does not understand a question.
  - c. Instruct the child to say "I don't know" or "I don't remember" if he or she does not know the answer to a question or cannot recall a detail or event.
  - d. Remind the child that the interviewer was not present at the alleged incident and instruct the child to correct the interviewer if the interviewer says something that is wrong.
  - e. Instruct the child to tell the truth and not to pretend or make up anything.
8. Remain objective and neutral to the veracity of the allegations. Explore alternative hypotheses and explanations. Keep biases in check.
9. Avoid suggestive techniques that mislead, introduce bias, reinforce interviewer expectations, apply peer pressure, stereotype the accused as a bad person who did bad things, or invite children to pretend and speculate.
10. Use open-ended questions that require multiword responses whenever possible. Invite children to elaborate in their own words (e.g., "What happened next? Tell me more about that.>").
11. Use "Wh" questions as follow-ups to elicit details about aspects of the alleged incident that the child has already disclosed (what, where, who, when, etc.). This may take the form of rewording yes-no or multiple-choice questions (e.g., "Did John hit you?" becomes "What did he do with his hands?").

12. Avoid utterances that are coercive (e.g., "You cannot play until after you tell me what happened with John"), tags that ask for verification (e.g., "He hurt you, didn't he? Isn't that true?"), negative terms (e.g., "Didn't he hurt you?"), suppositional questions (e.g., "When he hurt you, was he happy or mad?"), and multiple-choice questions (e.g., "Was Mary, Jane, or someone else in the house?") whenever possible. If necessary, ask option-posing questions after the child has had an opportunity to respond to open-ended questions or to describe the alleged incident in his or her own words. Use yes-no questions thoughtfully and cautiously.
13. When the interview is over, take time for closure, prepare the child for the next stage of the process, thank the child for his or her effort, and invite questions.

These recommendations enjoy high levels of consensus, although they vary in degree of empirical support. In both research and practice literatures, there is consensus on a phased approach to interviewing, including an initial preparatory phase, a second phase of information gathering, and a third phase of closure. The initial phase can include introductions, rapport development, a practice interview, instructions, a developmental assessment, and, depending on the local laws, a competency assessment, promise to tell the truth, or some type of truth-lie discussion (e.g., Lyon & Saywitz, 1999). The second phase often contains an invitation for a free-recall description of what happened followed by more specific questioning. A final phase is recommended to allow children time for recomposure if upset, to identify potential stressors that could result from outcome of interview and the need for anticipatory coping strategies, and to address children's questions, but there is little to no empirical research to guide these practices.

Recommendations regarding social support are based on a substantial amount of empirical evidence suggesting that when it is not tied to specific content, it can help children overcome resistance and improve performance, without contaminating their accounts of nonabusive events, even after a 1-year delay (see Bottoms, Quas, & Davis, 2007, for review). In contrast, research on rapport development is scant, despite the fact that it is uniformly recommended. Typically, studies include cursory initial interchanges that are not tested independently. We know little about how children decide whom to trust and whom not to trust (Cashmore, 2002) or about the conditions under which techniques designed to overcome resistance or anxiety or to build trust might have positive, negative, or no effects on memory and disclosure. Evidence for a developmental approach and a child-friendly setting with minimal distraction is strong. For example, studies highlight that questions must be matched to the child's level of language acquisition

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and cognitive development (e.g., Saywitz, 2002; Saywitz & Camparo, 1998; Saywitz, Snyder, & Nathanson, 1999).

Practice tasks and instructions enjoy much empirical support from both field and laboratory studies. For example, ground rules listed previously have shown positive effects on amount recalled without increasing errors (e.g., McCauley & Fisher, 1995; Mulder & Vrij, 1996; Saywitz, Snyder, & Lamphear, 1996; Saywitz, et al., 1999; Sternberg, Lamb, Esplin, & Baradaran, 1999). Practice exercises involving answering open-ended questions showed positive effects in the field on amount of information reported (Sternberg, Lamb, Hershkowitz, Yudilevitch, Orbach, Espilin, et al., 1997) and in the lab on accuracy of recall (Roberts, Lamb, & Sternberg, 2004; Saywitz, Geiselman, & Bornstein, 1992). Experimental studies manipulating the effects of a priori interviewer knowledge and suggestive questioning clearly support the need for interviewer objectivity (e.g., Bruck, Ceci, & Hembrooke, 1998).

One area in which there is overwhelming consensus is for the use of open-ended questions in place of directive, option-posing, leading, or suggestive utterances (e.g., Cronch et al., 2006; Lamb & Fauchier, 2001; Lamb et al., 2003; London, 2001; Sternberg et al., 1996; Wood & Garven, 2000). Analogue and field studies demonstrate consistently that open-ended invitations elicit longer, more detailed, more accurate, and less self-contradictory responses from older children and adolescents than do the other types of interviewer utterances. However, research also suggests that nonleading specific questions and cued invitations (e.g., "You mentioned that he touched you ... tell me more about that") are most effective for children younger than 12 (e.g., Cronch et al., 2006).

Despite high consensus for the efficacy of these "guidelines" in best practice, studies of interviews conducted in multiple countries have found that interviewers often do not use these techniques (e.g., Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Warren et al., 1999). In fact, Lamb and Fauchier (2001) found that only about 6% of the total number of prompts by forensic interviewers were open-ended invitations, and even when interviewers receive intensive training, demonstrate understanding of the underlying conceptual issues, and are able to explain the rationale for appropriate techniques, they still often do not use them (Orbach et al., 2000). Consequently, a variety of child forensic interview protocols specifically designed to incorporate the aforementioned guidelines have been developed over the past 20 years.

### Putting Guidelines into Practice: Research-Derived Protocols

Protocols that have received recent attention include the Step-Wise Interview (Yuille, 2002), the Cognitive Interview (CI; Geiselman et al., 1984;

McCauley & Fisher, 1995; Saywitz et al., 1992), the National Institute of Child Health and Human Development (NICHD) investigative interview (Orbach et al., 2000; Sternberg et al., 1999), the Narrative Elaboration (NE) procedure (Camparo, Wagner, & Saywitz, 2001; Saywitz & Snyder, 1996), and Finding Words, a forensic interview training program (Vieth, 2006; Walters, Holmes, Bauer, & Vieth, 2003).

### *The Step-Wise Interview*

The Step-Wise Interview (Yuille, 2002) involves a series of seven steps that have been modified over the years to include the general guidelines listed earlier. These steps include (1) introductions; (2) rapport development and assessment of the child's development, memory skills, and language; (3) a statement stressing the need for the child to tell the truth; (4) raising the topic of concern using language such as "Do you know why we're talking today?" if the child has already disclosed; (5) disclosure, which involves (a) an uninterrupted free narrative, (b) open questions (e.g., "Do you remember more?", "Who?", "What?", "When?", or "Where?"), and (c) optional specific questions that do not include multiple-choice questions and never include information that the interviewer obtained from another source; (6) clarification, during which the interviewer clarifies problems and inconsistencies in the child's report and in sexual abuse cases queries sexual knowledge that is inappropriate for the child's age; and (7) conclusion, during which the interviewer thanks the child, asks the child if he or she has any questions, and tells the child what will happen next. Although the efficacy of the Step-Wise Interview as a whole has not been tested rigorously, several components have been, and there is ample overlap with consensus recommendations (but see Lindberg, Chapman, Samscock, Thomas, & Lindberg, 2003).

### *The Narrative Elaboration Procedure*

The NE procedure (Saywitz & Snyder, 1996) incorporates many of the general guidelines listed earlier; however, the NE procedure is unique in that it teaches children strategies for reporting the kinds of information and level of detail important in a forensic interview, using four "reminder cards" (and/or verbal prompts depending on children's ages) as external cues to cue forensically relevant categories of information (i.e., participants, settings, actions, emotional states, and conversations), with each card consisting of a generic line drawing representing its category (e.g., people card, talking/feeling card; Saywitz & Snyder, 1996; Saywitz et al., 1996).

Described as both a procedure for preparing children to be questioned and a format for interviewing them, the original procedure was streamlined

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by Camparo et al. (2001), consisting of four main components: (1) *preparation for interview*, including rationale for and introduction to the strategy for organizing and reporting recall into the four categories represented by the reminder cards, introduction to the reminder cards, practice using the strategy with feedback and modeling, and reinstruction immediately prior to interview; (2) *free recall*; (3) *cued recall*, which involves presenting the child with each of the four reminder cards individually and asking, "Does this card remind you to tell something else? ... to tell about the people there?" and/or using verbal prompts for each category (e.g., "Who was there? What are their names? What did the people look like? What did the people say?"); and (4) *specific follow-up questions*.

Analogue studies comparing NE with standard protocols (i.e., free-recall prompt followed by specific questions) have found that school-age children recalled 53% more information with NE than in the standard interview condition, with no group differences in inaccuracies. In some studies, improvements ranged from 65 to 85% depending on comparison groups. Positive effects have been found by varied research teams in different countries testing more than 800 children using short and long delays of up to 9 months (Brown & Pipe, 2003b). NE has been adapted for preschoolers (Dorado & Saywitz, 2001) and children with learning disabilities (Nathanson, Crank, Saywitz, & Ruegg, 2007). Several components have been tested independently (Bowen & Howie, 2002; Brown & Pipe, 2003b; Dorado & Saywitz, 2001; Elischberger & Roebbers, 2001; Saywitz et al., 1996). In addition, research examining school-age children's reports of a fictitious event using the NE procedure in comparison to a standard interview yielded no group differences in the amount of false information reported about the fictitious event (Camparo et al., 2001), and NE has been found to reduce the effect of lower IQ scores on children's ability to report details (Brown & Pipe, 2003a).

### *The Cognitive Interview*

The CI was developed by Geiselman and Fisher (Geiselman et al., 1984) for adult witnesses. CI employs memory-jogging strategies based on two principles: First, memories are composed of multiple features, and retrieval of any given memory is based on feature overlap between the memory and the memory cues; second, any particular memory may be retrieved via a variety of paths so that if one path is not successful, another path may be so. The four primary interview techniques are (1) mentally reconstructing the environmental and personal context in existence at the time of the event; (2) reporting everything, even partial information; (3) recounting the sequence of events in a variety of orders; and (4) reporting the events from a variety of perspectives.



In a series of laboratory and field studies, the CI elicited up to 35% more accurate details from adults without increased inaccuracies. The original protocol was not as effective for children, so the instructions and wording were revised to make them more developmentally appropriate (McCaulley & Fisher, 1995; Saywitz et al., 1992). Saywitz et al. found that this version elicited 45% more accurate details when children were provided with an opportunity to practice the techniques before substantive questioning. Moreover, there were no group differences in the number of inaccurate details recalled. Subsequently, components have been studied independently (e.g., Brown & Pipe, 2003b; Milne & Bull, 2002), and although some studies have found increased inaccuracies, there is debate as to whether researchers used appropriate control conditions in those studies (see Fisher, 1996, for discussion).

### *The NICHD Investigative Interview*

One protocol that has been examined extensively in the field is the NICHD investigative interview (Orbach et al., 2000; Sternberg et al., 1999). Typically, field research cannot directly examine the completeness and accuracy of children's responses because researchers often cannot know what actually occurred during alleged sexual abuse crimes; therefore, this body of research determines the efficacy of the interview protocol indirectly. It does so by examining the proportion of details elicited from children as well as interviewers' use of techniques that have been found in laboratory research to elicit more complete and accurate responses from children (i.e., proportion of open-ended invitations and option-posing, directive, leading, and suggestive utterances).

The NICHD protocol uses four strategies that have received widespread support in laboratory research (Orbach et al., 2000). First, the interviewer creates an interview environment that is supportive and free from distractions. Second, the interviewer empowers the child through a series of preinterview reminders and instructions similar to those described in the general guidelines mentioned earlier in this chapter. Third, similar to the NE and CI protocols, during the presubstantive phase of the interview, the interviewer provides the child with an opportunity to practice providing complete and detailed narratives and reinforces the child's efforts. Fourth, during the substantive phase of the interview, especially in interviews in which the child may be recounting multiple incidents, the interviewer instructs the child to recount only specific events, particularly the first and last events in a series, to reduce the likelihood that the child will recount "generic" or "script" information (Orbach et al., 2000).

Extensive examination of the NICHD protocol in more than 40,000 field interviews has found that its use improves the quality of investiga-

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tive child forensic interviews (see Lamb et al., 2007, for review). Although NICHD interviews do not elicit more details across the entire interview from 4- to 13-year-old alleged sex abuse victims than standard interview protocols (Orbach et al., 2000), when forensic interviewers use recommended procedures, NICHD interviews contain at least three times more open-ended prompts overall and half as many suggestive and option-posing utterances than standard interviews. This finding is particularly important in that, as discussed previously, option-posing, directive, leading, and suggestive utterances are associated with greater inaccuracy in laboratory studies of children's reports (e.g., Goodman & Reed, 1986; Hershkowitz, Orbach, Lamb, Sternberg, & Horowitz, 2002; Lamb et al., 2007; Orbach et al., 2000; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001; Quas et al., 2007; Waterman, Blades, & Spencer, 2001). In addition, field studies of the NICHD protocol have found that nearly 50% of information provided by children as young as 4 years came in response to free-recall, open-ended invitations and more than 80% of the initial disclosures of sexual abuse provided by preschoolers were in response to free-recall, open-ended invitations (Lamb et al., 2007).

### *Finding Words*

Another approach to incorporating professionally approved guidelines is Finding Words, a forensic interview training program developed in 1998 by the American Prosecutors Research Institute (APRI) at the National Center for Prosecution of Child Abuse in partnership with CornerHouse, an Interagency Child Abuse Evaluation and Training Center in Minneapolis, Minnesota (Vieth, 2006; Walters et al., 2003). Finding Words is a 5-day training program for multidisciplinary teams composed of prosecutors, law enforcement officers, child protection workers, and forensic interviewers. This training program was designed by "frontline child abuse professionals" to train future child forensic interviewers in conducting interviews in the field.

Finding Words uses CornerHouse's RATAAC protocol for questioning children, which is a semistructured and developmentally sensitive protocol that can be used for victims and witnesses of all forms of abuse, neglect, or other violent crimes. RATAAC stands for different stages of the protocol: Rapport, Anatomy identification, Touch inquiry, Abuse scenario, and Closure (Walters et al., 2003). Similar to the Step-Wise Interview, it draws heavily on the areas of consensus in the literature outlined in the previous section, but some techniques have not been tested independently, and there is little to no empirical testing of the protocol as a whole.

Finding Words is based on several core beliefs (Walters et al., 2003): (1) Forensic interview training is most effective when teams receive instruction;

(2) forensic interviewers should use protocols that are based on research and are defensible in court; (3) trainees should be taught a range of knowledge and skills; (4) trainees must read pertinent research themselves; (5) trainees must demonstrate their skills and be critiqued by their peers and by professional interviewers; and (6) trainees must be able to defend basic interview concepts in court. The curriculum for Finding Words consists of readings; lectures; training exercises that include practice interviews with children and adults that are videotaped, critiqued, and subjected to feedback from peers and professionals; and a final essay exam, resulting in certification.

High demand for Finding Words has resulted in the Half a Nation by 2010 Project devised by APRI and CornerHouse. This project involves an intense 3-week certification process for individual states, which can then run the course on their own to meet the needs of their own child abuse professionals. A search of the literature failed to reveal systematic assessment of the effectiveness and durability of the training program.

### IMPROVEMENTS IN CONTEXT AND INFRASTRUCTURE

Over the last 25 years, efforts to reform the interview process were not limited to research-driven improvements in questioning techniques. Policymakers and practitioners set out to create a context and an infrastructure that facilitate rather than undermine children's abilities and that reduce stress on families. The next section highlights some core components of community response to child abuse allegations that have advanced the context and infrastructure of forensic interviewing over the last 25 years.

#### Child Advocacy Centers

In the United States, a nationwide trend toward coordinated, cross-discipline, child-friendly interviews by highly trained specialists commenced in the 1980s. To this end, communities began (1) to promote interagency cooperation in response to allegations of child abuse; (2) to reduce system-induced stress on children; (3) to provide the greatest number of services to children and families in one location; and (4) to provide competent, objective, forensically defensible interviewing. Community-based child witness/child advocacy centers grew from a handful of pilot projects in the mid-1980s to well over 600 accredited centers across the country today.

The hallmark of these child-friendly centers is the fact that they collocate legal, social service, and medical personnel in one facility where the child has contact with a single highly skilled interviewer who gathers sufficient information for multiple agencies to make a variety of decisions. Often

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other professionals watch from behind a one-way mirror or via closed-circuit television. Centers maintain policies and safeguards necessary for videotaping and confidentiality/privacy. Videotapes are often used to limit the dependence of further decision making on reinterviewing children. Centers typically house a pediatrician to examine injuries as well as legal representatives from juvenile and criminal justice systems. Staff members are trained to identify mental health needs and refer or provide services. Victim/witness support and advocacy are often available. Case-tracking systems ensure that cases do not fall through the cracks. Cross-agency advisory committees continually revise protocols and policies to accommodate statutory reforms and new research findings.

The effectiveness of these centers has not been tested rigorously. A few quasi-experimental evaluations have compared the center model with standard community services (e.g., Cross, Jones, Walsh, Simone, & Kolko, 2007; Kolbo & Strong, 1997). Findings suggest that children interviewed at such centers are more likely to receive medical examinations and referrals to needed mental health services. Parents' satisfaction is higher, and centers are more successful in promoting interagency collaboration. One study found investigations in communities with CACs to be 36% less expensive than those in communities without centers (Formby, Shadoin, Shao, Magnuson, & Overman, 2006). However, the impact of the centers on prosecution outcomes, false allegations, children's disclosure rates, and stress reduction is not yet clear.

### Multidisciplinary Team Approach

Failure to respond to reports of child abuse in a timely and appropriate manner because of a lack of communication and coordination across investigating agencies has been blamed for the deaths of many children at the hands of caretakers after being the subject of multiple reports of abuse to authorities (Ells, 2000). In response to these tragedies, policymakers across the globe have promoted interagency teamwork (Cross et al., 2007; Kolbo & Strong, 1997). Teams are based in hospitals, prosecutors' offices, or child protection agencies; are not necessarily part of a CAC; and do not have special interview facilities, but they use available resources to try to accomplish many of the same goals (Ells, 2000). In the United States, all 50 states have initiatives promoting MDTs.

Compared with the United States, smaller countries like New Zealand, with a population of 4 million, have been far more aggressive in their reforms, in that they have overhauled their entire infrastructure to implement MDTs with national interagency protocols, a specialization of forensic interviewers, a single national training program and interview format, and a national peer review process (Wilson, 2007). Training is jointly funded and

coordinated by police and social services departments. Pretrial interviews are videotaped and conducted according to joint guidelines. Ongoing supervision and feedback maintain interview quality.

Although there is little outcome research on the effectiveness of the MDT approach, it would be fair to say that it is considered "best practice" (American Bar Association [ABA] Criminal Justice Task Force on Child Witnesses, 2002; Ells, 2000; Jones, Cross, Walsh, & Simone, 2005; Kolbo & Strong, 1997). MDTs are often credited with decreasing fragmentation in service delivery, reducing the number of interviews and secondary stress to children from the system, and increasing accuracy of assessment and prediction of risk (ABA, 2002).

Results of available studies are mixed. For example, some researchers found that the MDT approach was related to fewer interviews per child (e.g., California Attorney General's Office, 1994; Henry, 1997; Jaudes & Martone, 1992); greater professional and family satisfaction (e.g., Finkelhor & Williams, 1988); increased likelihood of substantiating allegations and filing charges (Jaudes & Martone, 1992); and higher levels of victim corroboration, perpetrator confessions, and conviction rates (Tjaden & Anhalt, 1994). Other researchers found no effects (Hicks, Stolfi, Ormond, & Pascoe, 2003; Steele, Norris, & Komula, 1994). However, MDTs vary widely in configuration, function, composition, training, and attendant legislation. Studies are often unable to control for significant preexisting factors (e.g., demography of catchment areas, characteristics of children served, such as age and type/severity of abuse). According to Jones et al.'s (2005) review of the literature, in aggregate, results indicate no evidence of negative effects and tend to suggest that MDTs improve the overall quality of investigations and promote the well-being and safety of children.

### **Separation of Forensic and Clinical Interviews**

Another important change in the context of contemporary interviewing is the trend toward maintaining clear boundaries between the role, methods, and goals of the forensic and clinical interviewer. The forensic interviewer is considered a fact finder, objectively gathering details of legal relevance and documenting children's statements verbatim, if possible. He or she is supportive but remains neutral to the veracity of the information provided and refrains from a relationship that could unduly influence children's reports. In contrast, the goals of the clinical interview are diagnosis, treatment planning, and symptom reduction. A basic aim of a therapeutic conversation is to effect change. The child's behaviors and perceptions are central. There is no obligation to determine the reliability of the child as a historian; hence, there is less demand to pursue alternative hypotheses. The therapist seeks to establish a therapeutic alliance with warmth and empathy. He or she

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## Interviews

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might take the role of advocate, educator, role model, or coach (Deblinger & Heflin, 1996).

Both the research and clinical literatures now make clear the value of differentiating between forensic interviews and clinical efforts (see Saywitz, Esplin, & Romanoff, 2007, for discussion). Most professional organizations recommend that forensic interviews be conducted separately from therapeutic efforts in separate sessions by different professionals, often with limited sharing of information between the two (American Academy of Child and Adolescent Psychiatry [AACAP], 1998; American Professional Society on the Abuse of Children [APSAC], 1997; American Psychological Association [APA], 1998). They underscore the potential for blurred boundaries to result in distortion or false allegation or to jeopardize the child's credibility and the treatment itself. For example, if in the course of treatment a child reveals forensically relevant information and the therapist responds with detailed questioning and is then called to testify, he or she may be required to answer questions regarding the entire treatment, not only the forensic event, revealing information provided in confidence. This can violate the child's trust and undermine the therapeutic alliance. In contrast, if the child had been referred to a forensic interviewer while continuing in therapy with the original therapist, the interviewer could testify to the forensic event with little consequence to the treatment.

## Procedural and Statutory Reforms

Over the last two decades, many statutory and procedural innovations in the legal system have been introduced worldwide to accommodate the needs and limitations of child witnesses (e.g., court schools; alternatives to live, in-court testimony like closed-circuit television or videotaped depositions for vulnerable children; closing the courtroom to spectators; or allowing support persons to be present during questioning). A review of the growing literature on the effects of innovative reforms would be beyond the scope of this chapter (see Goodman et al., Chapter 8, this volume, for review). In general, existing studies seem to indicate that progressive reforms are underutilized (Goodman, Quas, Bulkley, & Shapiro, 1999).

One contemporary trend, however, is particularly germane: the trend toward vertical prosecution. Vertical prosecution refers to the notion that, whenever possible, the same prosecutor handles all aspects of a case involving a child victim/witness. Vertical prosecution is considered best practice and is thought to increase the attorney's familiarity with the child and the case, rapport between child and attorney, ability to gather more compelling evidence, and coordination among investigating agencies (e.g., ABA, 2002; Williams, 2006). Again, research on effectiveness is limited. One survey found that vertical prosecution was associated with an increase in guilty

pleas (Goodman et al., 1999). However, there is no centralized database to examine its effects. Available studies comparing smaller jurisdictions tend to provide a distorted view of the population of children being questioned by focusing on the very small number of cases (9%) that result in a trial (Cross, Whitcomb, & DeVos, 1995). More information is needed to understand the implications for interviewing children when cases are declined for prosecution, are plea bargained, or result in guilty pleas. Cross et al. (1995) proposed a new paradigm for understanding prosecution based on the entire distribution of outcomes, not just highly visible, controversial cases of sexual abuse.

### **NEXT STEPS IN RESEARCH AND PRACTICE: A HOLISTIC APPROACH**

Over time, distinct subsystems have evolved along separate paths to address the needs of justice, child protection, and trauma recovery (e.g., legal, social service, mental health, and medical systems). Although the structure in its entirety is fragmented, the interaction among subsystems is considerable and increasing (Finkelhor, Cross, & Cantor, 2005). Clearly, forensic interviews are embedded in an infrastructure replete with competing priorities and cross-purposes. Everyday decision making in the field requires a balance of competing objectives that need to be prioritized in real time.

Similarly, distinct research domains have evolved separately as well. Over the last 25 years, there has been little connection between progress in child witness research and clinical treatment outcome studies. The latter have made notable strides in the development of (1) effective treatments for posttraumatic symptoms and (2) innovative prevention and early intervention programs to deter maltreatment and mental health disorders, especially in high-risk populations. This divergence of subsystems and research domains has been exacerbated by the adversarial nature of the legal system that tends to polarize forensic and clinical researchers and practitioners.

However, many of the advances described in this chapter support a more holistic approach to research and practice, including the promulgation of guidelines from professional organizations (e.g., AACAP, 1998; American Academy of Pediatrics, 2005; ABA, 2002; APA, 1998; APSAC, 1997; World Health Organization, 2006), the proliferation of child-friendly centers, and the use of multidisciplinary teams. This approach to research and practice would treat children holistically, not merely as witnesses or victims of crime. It would respect the fact that interviews are embedded in a larger multisystemic infrastructure and would promote greater cross-pollination across forensic and clinical domains to produce new research questions and paradigms that neither field could develop in isolation. Next are a number of illustrations of the kinds of items to be found on a more holistic research agenda.

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## Broader Conceptualization of the Information-Gathering Process

There are a number of reasons for a more holistic approach. First, forensic interviews are not conducted in isolation, as the bulk of past experimental methodologies suggest. Children are involved in multiple systems simultaneously. There are (1) questions by parents, neighbors, or teachers; (2) social service interviews regarding risk assessment and placement; (3) medical interviews regarding cause and treatment of injuries; (4) clinical interviews regarding diagnosis and treatment of mental health problems; and (5) civil legal interviews regarding personal injury or custody disputes. There are myriad opportunities for genuine disclosure outside formal forensic interviews as well as opportunities for suggestion, coaching, or misinterpretation. This scenario calls for a broader conceptualization of the information-gathering process, the contexts in which it unfolds, and the circumstances under which forensic guidelines are called into play.

## Moving Beyond "Getting the Facts"

Second, existing research and guidelines focus almost exclusively on "getting the facts" from children who are alleged "victims" of "sexual abuse." A more holistic approach would acknowledge that children's voices are heard on a wide range of issues where legal decisions are pending. Methods are needed to elicit information about more than memories, including preferences, attitudes, fears, feeling states, expectations, and opinions. For example, increasing numbers of children are interviewed to make decisions about deporting immigrant parents who are not citizens but whose children were born in the new country. Clearly, these cases highlight cultural and linguistic factors not yet addressed by the literature. Interviews in custody disputes focus on children's preferences; victim impact statements permit children to express their views concerning the personal consequences of victimization. Although some of the research thus far is applicable to a range of circumstances, available findings are far from sufficient.

## Meeting Mental Health Needs without Tainting Reports

Third, children are often referred for ongoing therapy while still involved in protracted legal cases both when interviews are inconclusive (to monitor risk factors or treat symptoms when the cause is unclear) and when there are clear substantiated disclosures (treatment of posttraumatic symptoms). This presents an opportunity for additional forensically relevant information to emerge as a trusting relationship develops over time with a therapist and children test the waters with partial or vague disclosures. Unfortunately, these circumstances also increase the potential for contamination, incon-



sistencies, and misunderstandings because therapeutic techniques were not designed to preserve reliability of children's reports. A more holistic research agenda would consider what kinds of therapeutic interventions could be implemented during this extended phase of information gathering to create an opportunity for clarity to emerge while meeting children's mental health needs without jeopardizing their reports or credibility.

If children are not referred for mental health services because of concerns over contamination, their mental health needs remain unidentified and unmet. Moreover, childhood abuse is a significant risk factor for adult psychiatric disorders and adolescent problems of substance abuse, promiscuity, depression, and delinquency. Withholding effective treatments for fear of contamination creates a dilemma. Yet the knowledge base necessary to balance competing priorities does not yet exist (Saywitz et al., 2007).

Even when questionable therapies are excluded from the discussion (e.g., hypnosis, memory-recovery techniques) and only efficacious evidence-based treatments, well accepted in the field, are considered, there remains a dilemma. Some of the most efficacious treatments involve discussion of the facts of the case. For example, in well-controlled, multisite treatment outcome studies with sexually abused children, trauma-focused cognitive-behavioral therapy outperforms other therapies with which it has been compared (e.g., Cohen, Deblinger, Mannarino, & Steer, 2004; see Saywitz, Mannarino, Berliner, & Cohen, 2000, for a review). This intervention uses techniques for reducing posttraumatic symptoms (e.g., graduated exposure and systematic desensitization) that involve discussion of the child's memories, attributions, and perceptions of the traumatic event. Although there is no evidence that such discussions must be conducted in a suggestive manner to be effective, relevant research to create guidelines for therapists is scant.

A holistic agenda would establish efficacy for both forensic and therapeutic objectives, addressing the following questions: Can interventions efficacious for treating depression or anxiety, symptoms common in abused children, be unpackaged and components tested with regard to their effects on both children's reports and therapeutic outcome? Which techniques require discussion and remembering of the facts of the case to be effective? Is repeated discussion of memories in and of itself contaminating? Can discussions be conducted in ways that are unbiased, nonleading, and still effective therapeutically? What guidelines could be imported from the available knowledge base on child witnesses to help therapists avoid contamination without impairing symptom reduction? A more holistic research agenda would begin to address these questions.

### **Alternative Models for "Nondisclosing" Children**

Fourth, even after the most ideal of interviews, a subgroup of children will fail to provide unambiguous, straightforward information, making it dif-

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**Children**

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difficult to substantiate or reject suspicions of abuse (see Lyon, Chapter 2, this volume). Some were not abused, but their statements are so contradictory that they fail to dispel adult concerns. Others are genuinely abused but are afraid or unable to articulate their experiences clearly. In other cases, there is physical or medical evidence or imitation of adult sexual behavior despite no disclosure of abuse. Although it is difficult to estimate the size of this group, available estimates range from 10 to 24% (e.g., Department of Health and Human Services, 2004; Herman, 2005; Wilson, 2007). However, most experimental methodologies assume motivated, cooperative participants, and most existing protocols are designed for children who have already made at least a partial disclosure of abuse (but see Pipe et al., 2007).

As mentioned earlier, one direction for future research would be to test how clinical techniques designed to overcome resistance or reduce anxiety affect recall, disclosure of genuine abuse, false allegation, and false denial. For example, Saywitz and Moan-Hardie (1994) examined the effects of clinical techniques (i.e., normalization and cognitive-behavioral positive self-statements) on 100 7-year-olds' suggestibility. They found that the children who received the clinical techniques before the interview made fewer errors in response to misleading questions about past classroom activities. Saywitz et al. (2007) speculate about the efficacy of various clinical techniques (e.g., empathy, self-soothing strategies, relaxation, emotional expression skills training, and coping skills training) for promoting disclosure of genuine abuse and reducing symptoms without tainting children's reports.

A holistic agenda also addresses the need to establish alternative pathways when forensic interviews are inconclusive but abuse is still suspected. In New Zealand, when forensic (evidential) interviews fail to result in a clear allegation but a high level of risk remains (e.g., sexually transmitted disease, children giving partial unclear allegations in contact with known offenders, children with persistent sexualized behaviors, offender confessions), interviewers move to a "diagnostic," or exploratory, format. The entire process is videotaped, and the diagnostic interview may take up to three sessions with a more flexible structure covering a wider range of topics. This approach is not a panacea because guidelines for diagnostic interviews are not clear, but the national infrastructure explicitly acknowledges the need for alternative pathways in such cases.

**Opportunities for Prevention, Early Identification, and Early Intervention**

Fifth, children referred for interviews constitute a high-risk population who would benefit from access to prevention, early identification, and early intervention efforts. Often these are children living in high-risk situations, alternating between foster care and reunification with biological families, as parents struggle with addiction, poverty, homelessness, adolescence,

divorce, and domestic and community violence. This population displays high rates of emotional, cognitive, and behavioral problems (e.g., posttraumatic stress disorder, anxiety, depression, aggressivity, suicidal ideation) that interfere with functioning in ways that place them at greater risk for abuse and interfere with determining whether abuse occurred. A holistic research agenda considers how to promote prevention of child maltreatment and increased access to mental health care as children progress through the legal system. New psychometric instruments may be needed to identify early warning signs at forensic interviews, given that attorneys often object to available screening tools because they contain items that may undermine witness credibility when exposed in court (e.g., difficulties with reality testing and judgment). Alternatively, a holistic approach might seek to develop ways to link child witnesses and their families with programs that promote well-being and prevention (e.g., evidence-based positive parenting training), programs that have been tested and adapted to be mindful of the impact on children's statements. Studies might require an integration of intervention outcome paradigms, analogue studies of recall, and partnerships across disciplines. For example, in Arizona evidence-based prevention programs for divorcing families are now implemented through courts to prevent mental health problems from developing (e.g., Tein, Sandler, MacKinnon, & Wolchik, 2004).

### **Special Techniques for Special Populations**

Last, special approaches may be both necessary and beneficial for reluctant/resistant children, developmentally delayed children, and children with emotional and behavioral problems. Although clinically derived methods may not be necessary in a majority of cases, our research trajectory should not ignore this sizable group. For example, there is growing evidence to suggest that such children with learning disabilities benefit from special interview techniques that provide them with memory enhancement strategies. They provide more complete reports of past events without increased errors and demonstrate greater resistance to misleading questions using CI and NE protocols in comparison to standard techniques (Milne & Bull, 1996; Nathanson et al., 2007).

## **CONCLUSION**

Important strides have been made in the field of contemporary forensic child interviewing over the past 25 years. In this chapter, we have reviewed many advances in questioning technique and infrastructure. However, new paradigms will be necessary to create a knowledge base that informs how to

his population displays problems (e.g., posttraumatic stress disorder, suicidal ideation) that put them at greater risk for abuse and revictimization. A holistic research approach to child maltreatment and child sexual abuse through the legal system is needed to identify early warning signs. Attorneys often object to the use of techniques that may undermine the integrity of the legal process. Attorneys might seek to develop programs that promote positive parenting training, and be mindful of the impact on the child. Integration of intervention programs across disciplines and partnerships across disciplines are needed to prevent mental health problems (Milne, MacKinnon, & Wolcott, 1996).

and beneficial for reluctant children, and children with developmentally derived methods. Research trajectory should be based on growing evidence to suggest that children benefit from special interview techniques without increased errors. Questions using CI and CI (Milne & Bull, 1996;

Contemporary forensic child interviewing, we have reviewed many studies. However, new paradigms are needed that inform how to

- (1) elicit reliable and sufficient information from children to make a wider range of decisions beyond prosecution of abuse, (2) meet children's mental health needs without tainting their reports, (3) prioritize actions when forensic and clinical goals conflict, (4) promote children's well-being and optimal development, and (5) implement prevention and early intervention programs for abuse and mental health problems.

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