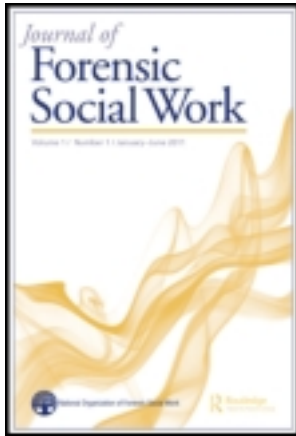


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### Is There a Place for Extended Assessments For Evaluating Concerns about Child Sexual Abuse? Perceptions of 1,294 Child Maltreatment Professionals

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## **Is There a Place for Extended Assessments For Evaluating Concerns About Child Sexual Abuse? Perceptions of 1,294 Child Maltreatment Professionals**

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*This article reports the findings from an online survey of child maltreatment professionals about the appropriateness of extended assessments when maltreatment concerns cannot be resolved in a single interview. Respondents practiced in all 50 states, the District of Columbia, and 3 territories, and reported mean years of experience about 15 years. The overwhelming majority of respondents saw the need for extended assessments and endorsed a wide range of child and context characteristics appropriate for extended assessments, the most common being cases where children denied abuse despite persuasive evidence to the contrary, cases with multiple types of maltreatment, cases with preschool age children, and cases with children with disabilities. On average about a fourth of the children seen in their work would benefit from an extended assessment. More than one fourth of respondents actually conducted*

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*extended assessments. Respondents however identified barriers and drawbacks to extended assessments, including lack of funding, lack of training, and concerns about contaminating the child's account.*

Since the passage of the federal Child Abuse Prevention and Treatment Act (CAPTA) in 1974, which among other provisions, mandates the reporting and investigation of child sexual abuse, professionals have been challenged to balance sensitivity (identifying true victims of sexual abuse; avoiding false negatives; e.g., Everson & Sandoval, 2011) and specificity (assuring no nonabused children are mistakenly categorized as abused; avoiding false positives; e.g., Connell, 2009; Herman, 2009). A core policy and strategy in the United States has been a community practice that fosters a single interview with the alleged child victim that can serve multiple purposes and is conducted by a skilled forensic interviewer (e.g., Cross et al., 2008). The use of a single interview has a number of important advantages.

A single interview is especially successful with children who are older, are actively disclosing, and have been sexually abused by someone who is not the child's caretaker (e.g., Hershkowitz, Horowitz, & Lamb, 2005). A single interview potentially minimizes trauma to the child and conserves scarce child welfare resources. A single interview also minimizes both perceived and actual contamination of the child's memory and/or event report (Bourg et al., 1999; Carnes & LeDuc, 1998; Davies et al., 1996).

Nevertheless, there is increasing recognition in the child maltreatment field that there are cases and situations in which a single interview does not adequately address concerns about sexual abuse (Faller, Cordisco-Steele, & Nelson-Gardell, 2010; Tishelman, Meyer, Haney, & McLeod, 2010). A number of studies indicate that approximately a fourth to a half of children identified by professionals as possibly sexually abused do not disclose in a single interview (Carnes, Wilson, & Nelson-Gardell, 1999; Hershkowitz et al., 2005; Hershkowitz et al., 2006; Lawson & Chaffin, 1992; London, Bruck, Ceci, & Shuman, 2005; Lyon, 2007). In this article, we describe the views of 1,294 professionals about one strategy to enhance sensitivity: conducting extended assessments with select categories of children for whom sexual abuse concerns cannot be resolved in a single interview.

Since 1985, the National Children's Advocacy Center (NCAC) has been a leader in developing a child-centered, multidisciplinary response to child sexual abuse; the centerpiece of that response has been a single, forensically defensible interview of the child by a skilled interviewer. One of NCAC's findings, however, was that concerns about sexual abuse could not be resolved with a single interview in about a fourth of their cases. Therefore in the 1990s, NCAC undertook a series of pioneering studies to examine the

efficacy of an extended assessment for these children (Carnes, Wilson, & Nelson-Gardell, 1999, 2000; Carnes, Wilson, Nelson-Gardell, & Orgassa, 2001). The first pilot study involved a 12-session assessment, the first session being with the nonoffending caretaker. Initial analysis of 24 cases determined that most of the children who disclosed sexual abuse did so before the ninth session (Carnes et al., 1999). With these findings, the team at NCAC reduced the number of sessions from 12 to eight, again with the first session involving only the nonoffending caretaker. Combining the results from 8 and 12 session interview formats, NCAC examined the results from 41 assessments, using an extensive list of consensually derived criteria.<sup>1</sup> The results of that study were as follows: credible disclosure (suspicion of abuse supported;  $n = 24$ , 47%); credible nondisclosure (no or low index of suspicion remains;  $n = 9$ , 18%); noncredible disclosure (evidence of coaching or other factors decrease or remove suspicion of abuse; false allegation;  $n = 6$ , 12%); unclear (high index of suspicion remains, but no disclosure of abuse or problematic disclosure exists;  $n = 12$ , 23%; Carnes et al., 1999).

Next, NCAC undertook a multisite study that compared a four-session format to an eight-session format. This research was conducted at 20 sites and resulted in 147 usable extended assessments by the end of 2 years. The focus of analysis was on assuring random assignment to the four- versus eight-session conditions, assuring the defensibility of the assignment of the outcome variable through case-by-case review by the researchers, documenting the number of cases resolved by extended assessments,<sup>2</sup> and examining the impact on legal outcomes (Carnes et al., 2001). Random assignment of cases<sup>3</sup> and interrater reliability in outcome decisions were supported by the analysis. When four- and eight-session formats were combined, in 44.5% of these cases, a credible disclosure was obtained, and in 64% of cases, the findings were supported by legal decisions in child protection or criminal courts<sup>4</sup> (Carnes et al., 2001).

Ten years later, Faller, Nelson-Gardell, and colleagues undertook additional analyses of these data (Faller & Nelson-Gardell, 2010; Faller, Grabarek, Nelson-Gardell, & Williams, 2011). Faller and Nelson-Gardell compared outcomes for the four- and eight-session conditions (137 cases from 18 sites, because 10 cases did not clearly fall into either condition<sup>5</sup> or had missing data). Both conditions had equivalent percentages of unclear cases (four session = 41%; eight session = 33%). However, the eight-session condition had a

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<sup>1</sup>The criteria were developed by the researchers at the National Children's Advocacy Center. The researchers drew heavily upon existing literature.

<sup>2</sup>Cases were resolved when categorized as credible disclosure, credible nondisclosure, or noncredible disclosure.

<sup>3</sup>There was not a statistically significant difference in the number of cases in each condition.

<sup>4</sup>This percentage combines credible disclosure and abuse unlikely decisions.

<sup>5</sup>These cases did not have either four or eight sessions.

significantly higher percentage of credible disclosures than the four-session condition (56.6% vs. 29.5%), and the four-session condition had a significantly higher percentage of credible nondisclosures than the eight session (24.6% vs. 9.2%). Arguably, children classified as credible nondisclosure in the four-session condition might have become credible disclosure with more sessions. An examination of cases in the eight-session condition determined that 95% of disclosures occurred before the seventh session, suggesting that six is an appropriate number of sessions for an extended assessment. Faller and Nelson-Gardell also examined predictors of disclosure in these 137 cases. In addition to being in the eight-session condition, older victim age (at the beginning of the assessment), and caretaker support (caretaker believed the child before the beginning of the extended assessment) were positively associated with disclosure. Being a White child (vs. an African American child) approached statistical significance, with children of color less likely to disclose. All but one interviewer was White.

Recent analogue<sup>6</sup> and field<sup>7</sup> research, nevertheless, directly and indirectly supports the utility of extended assessments. These studies demonstrate both that more interviews do not cause “programming” (engendering a false allegation), as long as they do not involve leading and suggestive questions, and that more than a single interview can increase the amount of forensically relevant information children provide.

Goodman and Quas (2008) addressed the seemingly conflicting findings from analogue studies, referencing the much cited “Mousetrap Study” (Ceci, Huffman, Smith, & Loftus, 1994)<sup>8</sup> as illustrative of the negative effect of repeated interviews. They contrast the Mousetrap findings with those from several other analogue studies in which repeated interviews did not negatively affect accuracy. They conclude that it is not repeated interviews, but biased interviewer statements, social pressure from the interviewer, long delays, lack of event salience for the child, young child age, and individual differences that lead to errors, when children are interviewed repeatedly.

Similarly, LaRooy and colleagues undertook a critical review of 50 analogue studies of stressful events, well-child examinations, staged interactive events, staged witnessed events, and viewing film and video (La Rooy, Lamb, & Pipe, 2009). They noted that there are gaps in the research but concluded that children recall more information when interviewed more than once. Accuracy is increased if the first interview is close to the “to-be-remembered” event, and interviews are close together. Thus, analogue studies do not support

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<sup>6</sup> Studies of children involving events and questioning techniques intended to be analogous to sexual abuse.

<sup>7</sup> Studies conducted in collaboration with professionals in the field and, involving interviews with children suspected of having been sexually abused.

<sup>8</sup> In the Mousetrap Study, preschool children were repeatedly (on eight different occasions) instructed to make a picture in their heads about getting a finger caught in mousetrap and then asked leading and suggestive questions about the mousetrap nonevent.

a conclusion that accounts of children who are repeatedly interviewed cannot be trusted. La Rooy and colleagues (2009) also pointed out that in the real world of sexual abuse investigation most children are interviewed more than once.

More to the point are a number of recent field studies. Hershkowitz and Turner (2007) undertook in a pilot with interviews of 40 6–13 year olds, conducted by Israeli Youth Investigators, who follow the National Institute of Child Health and Human Development (NICHD) protocol (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007). The investigators gave the children a half-hour break after completing the 12-phase NICHD protocol and then conducted a second interview, but without the initial phases (i.e., introduction, rules, truth/lie exercise, rapport-building). Analysis indicated that the investigators spoke less and asked more open-ended questions during the second interview. The second interview yielded on average an additional  $\frac{1}{4}$  of the total abuse relevant information, and there was only modest overlap in information (37%) provided in the first and second interviews.

A similar study was undertaken by Hershkowitz and Katz and is described in an article by La Rooy and colleagues (La Rooy, Katz, Malloy, & Lamb, 2010). In this study, there was a 7-min break between the first and second interviews. Children produced additional new details in the second interview, which represented 59% of all the abuse-related information they disclosed.

In the article that describes the Hershkowitz and Katz study, La Rooy and colleagues draw from 100 investigations in which children were interviewed more than once, using the NICHD protocol. They describe four scenarios, illustrating each with a case example, in which more than one interview was warranted. The categories of cases were (a) an adolescent who had forgotten to describe one of several instances of sexual abuse by the same person; (b) a young girl who refused to describe sexual abuse by her teen brother in her first interview, was re-abused by him, and asked for a second interview; (c) a teen girl, one of several victims sexually abused by a stranger, who was interviewed twice with a 10-min break between interviews, the second one yielding a rich and coherent narrative account; and (d) a preschool boy, whose perpetrator groomed him, was interviewed twice with a short break between interviews. The authors note that these illustrative cases reinforce the efficacy of more than a single interview.

Another important field study involved Swedish police interviews of 27 children for whom there was corroborating evidence of sexual abuse (photographs, videos; Leander, 2010). These children were interviewed up to three times. In the first interview, the children demonstrated avoidance of talking about sexual issues and denied sexual abuse 95 times across interviews. Denial and avoidance were positively related to the severity of the sexual abuse. In second and third interviews, the children provided twice as many abuse related pieces of information than in the first. Leander concludes that

children may be highly resistant to reporting sexual abuse and that more than one interview may be needed for children to give complete and informative reports.

Finally, in a study in *Applied Cognitive Psychology*, Orbach, Lamb, La Rooy, and Pipe (2011) documented the reports of a 9-year-old girl who witnessed her sister's night-time abduction. Altogether the girl was interviewed six times. Notes were available from the first interview and audio recordings for the rest of the interviews. Interview 5 involved hypnosis by a physician and Interview 6 was conducted more than four months after the first, when the 9-year-old was able to recall the identity of the voice of the abductor. The researchers noted that the girl's reports were remarkably consistent over time and that each interview elicited additional forensically relevant information. Interviews 5 and 6 led to the identification of the abductor and the rescue of the sister. The sister who was abducted was forensically interviewed after her rescue and her account was quite consistent with her sister's report.

Analogue and field research suggests there is value-added from extended assessments, and that benefits outweigh costs, but publications are not the voice of the field. Missing from the discourse are the voices of child abuse professionals, themselves. To advance knowledge and interest in extended assessments, we developed, delivered online, and undertook analysis of data obtained from an electronic survey of child maltreatment professionals about perceived need for extended assessments and availability of community resources to conduct them.

## METHODS

For the Needs Survey, we provided the following definition of an extended assessment: "An Extended Assessment, Extended Evaluation, or Extended Forensic Evaluation (EFE) is defined as the planned and systematic process of conducting more than 2 interview sessions with the same child for the purposes of gathering information about allegations of child maltreatment."

Researchers created and piloted an online survey using the SurveyGizmo platform (<http://www.surveygizmo.com/>). The project was reviewed by Institutional Review Boards at the Universities of Michigan and Alabama, and the Children's Hospital Boston. Recruitment was via electronic email invitation issued through three national email lists (American Professional Society on the Abuse of Children [APSAC], National Alliance of Children's Advocacy Centers [NACAC], and NCAC). APSAC issued invitations and three reminders to approximately 1,800 listserv recipients, approximately 700 children's advocacy centers (CACs) were invited and reminded by NACAC, and approximately 728 by NCAC. Availability of only approximate list membership numbers, overlap between lists, and anonymity of survey responses precluded calculation of an accurate response rate.



Research team members worked together to identify questions and categories about which inquiry was needed. Categories included (a) whether child maltreatment professionals actually believed a need for extended assessments existed; (b) what case contexts and characteristics might warrant the use of an extended assessment; (c) what resources existed in the respondent's community for conducting extended assessments; (d) what respondents viewed as obstacles, drawbacks and barriers to these assessments; (e) goals of extended assessments; (f) whether the respondent had or was conducting extended assessments, and (g) their training and experience with extended assessments, including information about the written report. Individuals known to the researchers piloted the survey and modifications were made based on their comments. Question types included yes–no questions, lists of options with which respondents could indicate agreement or disagreement, some Likert-type scale response questions, and some open-ended questions to enable respondents to offer responses beyond those proposed by the researchers. Skip logic<sup>9</sup> was used within the survey, when appropriate, to maximize efficiency of survey administration. This report focuses on responses to the closed-ended survey questions.

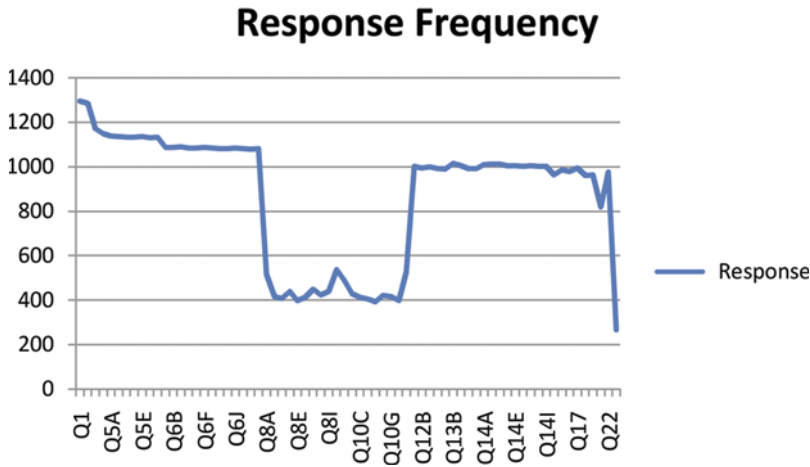
## Participants

Altogether, 1,919 professionals responded to the electronic survey, with 1,294 completing the informed consent screen and providing substantive information to one or more questions, and 932 completing the survey. *Completers* ( $n = 932$ ) were defined as those who persisted through all of the survey screens and pressed the “submit” button on the 17th screen. Partial completers were the 362 respondents who reviewed and indicated agreement with the informed consent information and answered some questions but did not press the “submit” button. The researchers sent a special plea out to partial completers encouraging them to complete the survey. For this article, we report descriptive information on the sample of 1,294, completers, and partial completers. The pattern of response to the questions across the survey showed a gradual decrease and a significant drop-off in responses to questions related to resources for extended assessments (Questions 8–11 of 22). The number of responses to questions increased after the questions related to community resources for extended assessments. (See Figure 1 for a graphic presentation of the response pattern.)

The mean age of survey participants was 46.49; 86.7% of respondents were female; 12.8% reported their highest degree as a doctorate, 53.6% a master's level degree, and 23.9% bachelor's or associate's degree. Occupational data in Table 1 document a multidisciplinary sample.

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<sup>9</sup>Skip logic is a method of automatically bypassing questions not relevant to specific respondents (e.g., if the respondent indicates he/she has no training, questions related to the type of training are skipped).



**FIGURE 1** Item response rate. (Color figure available online.)

All fifty states, the District of Columbia, and three territories were represented among the respondents. Alabama, Texas, Virginia, Tennessee, California, and Georgia accounted for 35% of the total respondents to the question about the state in which they practice, with the remaining 65% coming from other geographic locations. Regionally, respondents from the Northeastern region of the United States (including the District of Columbia) accounted for 15.6% and from the Southeastern region (including Virgin Islands and Puerto Rico) 40.7%. Nineteen percent came from the Midwest, and 13.9% from the Western region (including Guam). The Southwestern region accounted for the remaining 10.8%. (See Table 2 for details.)

The mean years of experience in child maltreatment was 14.64 years. Regarding their training in extended assessments, 37.5% had been trained by

**TABLE 1** Occupations of Respondents

Occupation	Frequency	%*
Child welfare worker	72	7.3%
Forensic interviewer	313	31.5%
Law enforcement officer	82	8.3%
Lawyer	45	4.5%
Social worker	220	22.2%
Psychologist	57	5.7%
Mental health clinician	179	18%
Nurse	31	3.1%
Physician	50	5%
Administrator	198	19.9%
Other	161	16.2%

\*Percentages add to more than 100% as respondents could select more than a single category to indicate their occupations.

**TABLE 2** State/District/Territory Where Respondents Practice

State/district/territory	Frequency	%	State/district/territory	Frequency	%
Alabama	83	8.7	Montana	4	.4
Alaska	8	.8	Nebraska	11	1.1
Arizona	17	1.8	Nevada	5	.5
Arkansas	11	1.1	New Hampshire	12	1.3
California	46	4.8	New Jersey	13	1.4
Colorado	23	2.4	New Mexico	6	.6
Connecticut	12	1.3	New York	35	3.6
Delaware	1	.1	North Carolina	34	3.5
District of Columbia	7	.7	North Dakota	7	.7
Florida	26	2.7	Ohio	27	2.8
Georgia	41	4.3	Oklahoma	13	1.4
Guam	3	.3	Oregon	15	1.6
Hawaii	6	.6	Pennsylvania	23	2.4
Idaho	2	.2	Puerto Rico	3	.3
Illinois	15	1.6	Rhode Island	2	.2
Indiana	13	1.4	South Carolina	29	3
Iowa	9	.9	Tennessee	50	5.2
Kansas	17	1.8	Texas	66	6.9
Kentucky	21	2.2	Utah	4	.4
Louisiana	16	1.7	Vermont	7	.7
Maine	2	.2	Virgin Islands	1	.1
Maryland	15	1.6	Virginia	49	5.1
Massachusetts	19	2.0	Washington	14	1.5
Michigan	36	3.8	West Virginia	16	1.7
Minnesota	11	1.1	Wisconsin	13	1.4
Mississippi	6	.6	Wyoming	2	.2
Missouri	32	3.3	Total	959	100%

the NCAC, 53.4% at a conference workshop, 11.6% in graduate courses, and 78.5% reported reading articles or other literature. Out of 975 respondents who answered the question, 28.7% or 280 said they had actually conducted extended assessments.

## RESULTS

### Perceptions of Need

Twelve hundred and ninety-four respondents answered a question about the perception of need for extended assessments. Of those, 87.9% agreed a need existed (1,138), and 92.1% (1,183 out of 1,287 respondents) reported actually encountering children who could benefit from an extended assessment. Respondents reported they had encountered a mean of 18.9 children in the prior 6 months who could have benefitted from an extended assessment. Of the children/adolescents that respondents served, respondents estimated that 24.22% needed an extended assessment.

## Contexts and Characteristics of Cases Appropriate for Extended Assessments

Respondents were provided with a list of potential contexts and characteristics in which some cases might be appropriate for extended assessments. From among the provided contexts, the top three contexts to which respondents agreed included children involved with child protective services (92.8% agreed), children reported to law enforcement (92.2% agreed), and children involved with CACs (90.4% agreed). (See Table 3 for responses to all contexts.)

The researchers also classified cases that might be appropriate for extended assessments by child or disclosure characteristics. The types of cases that respondents most often agreed needed extended assessments were cases in which children denied abuse despite persuasive evidence to the contrary (92.6% agreed), cases with multiple types of maltreatment (88.9% agreed), cases with preschool age children (84.1% agreed), and cases with children with disabilities (84.1% agreed). (See Table 4 for a complete list of case characteristics with accompanying results.)

## Resources for Extended Assessments

Out of 1,080 people who responded to the question of whether their community had resources (e.g., professional expertise, funding) for conducting extended assessments, 547 (50.6%) respondents agreed that resources existed,

**TABLE 3** Contexts Appropriate for Extended Assessments

Contexts	Yes	No	Not sure
Some children/adolescents reported to Child Protective Services	92.8% ( <i>n</i> = 1,056)	3.3% ( <i>n</i> = 37)	4% ( <i>n</i> = 45)
Some children/adolescents in cases reported to law enforcement	92.2% ( <i>n</i> = 1047)	2.8% ( <i>n</i> = 32)	5% ( <i>n</i> = 57)
Some children/adolescents involved in the domestic relations court (divorce/custody cases)	74.3% ( <i>n</i> = 842)	8.2% ( <i>n</i> = 93)	17.5% ( <i>n</i> = 198)
Some children/adolescents who are possible maltreatment victims in cases involved in criminal court	85.7% ( <i>n</i> = 970)	4.6% ( <i>n</i> = 52)	9.7% ( <i>n</i> = 110)
Some children/adolescents seen in mental health settings because of concerns about child maltreatment	79.4% ( <i>n</i> = 900)	6.5% ( <i>n</i> = 74)	14.1% ( <i>n</i> = 160)
Some children/adolescents seen in medical center programs because of concerns about child maltreatment	77% ( <i>n</i> = 869)	6.9% ( <i>n</i> = 78)	16.1% ( <i>n</i> = 182)
Some children/adolescents seen at Children's Advocacy Centers because of concerns about child maltreatment	90.4% ( <i>n</i> = 1,024)	3.9% ( <i>n</i> = 44)	5.7% ( <i>n</i> = 65)

**TABLE 4** Child/Case Characteristics Appropriate for Extended Assessments

Characteristics	Yes	No	Not sure
Some preschool children	84.1% ( <i>n</i> = 913)	5.9% ( <i>n</i> = 64)	10% ( <i>n</i> = 108)
Some children/adolescents for whom child maltreatment is suspected but who have not made an actual disclosure	78.6% ( <i>n</i> = 853)	8.5% ( <i>n</i> = 92)	12.9% ( <i>n</i> = 140)
Some children/adolescents who deny sexual abuse when there is other persuasive evidence (medical indicators, audio or video evidence, offender confession)	92.6% ( <i>n</i> = 1007)	3.5% ( <i>n</i> = 38)	4% ( <i>n</i> = 43)
Some children/adolescents with developmental (mental, physical, or sensory) disabilities	84.1% ( <i>n</i> = 912)	4.8% ( <i>n</i> = 52)	11.1% ( <i>n</i> = 120)
Some children/adolescents with mental health problems	78.1% ( <i>n</i> = 846)	7% ( <i>n</i> = 76)	14.9% ( <i>n</i> = 161)
Some children/adolescents who present with cultural barriers to communication and/or disclosure	80.6% ( <i>n</i> = 874)	5.1% ( <i>n</i> = 55)	14.4% ( <i>n</i> = 156)
Some children/adolescents who make bizarre maltreatment allegations	77.6% ( <i>n</i> = 841)	6.9% ( <i>n</i> = 75)	15.5% ( <i>n</i> = 168)
Some children/adolescents with extensive child welfare system histories	70.2% ( <i>n</i> = 758)	9.3% ( <i>n</i> = 100)	20.6% ( <i>n</i> = 222)
Some children/adolescents whose reports of maltreatment are inconsistent over time (including recantation)	76.7% ( <i>n</i> = 829)	8.6% ( <i>n</i> = 93)	14.7% ( <i>n</i> = 159)
Some cases where there are multiple types of maltreatment, multiple suspects, and/or multiple instances of maltreatment	88.9% ( <i>n</i> = 963)	4.5% ( <i>n</i> = 49)	6.6% ( <i>n</i> = 71)
Some children/adolescents who appear to have been highly traumatized by maltreatment	83.7% ( <i>n</i> = 905)	7.2% ( <i>n</i> = 78)	9.1% ( <i>n</i> = 98)
Some children/adolescents who exhibit concerning sexualized and/or sexually predatory behaviors	80.1% ( <i>n</i> = 864)	6.8% ( <i>n</i> = 73)	13.2% ( <i>n</i> = 142)

307 (28.4%) said resources did not exist, and 226 (20.9%) reported they were unsure. If resources existed in their communities, respondents were asked to indicate their perception of the relationship of availability to perceived need. From among 537 respondents who answered this question, 237 (44.2%) believed the availability was less than the need, 187 (34.9%) believed the availability was equal to the need, and 67 (12.5%) individuals believed the availability exceeded the need.

When asked to rate the importance of access to extended assessments in their communities while considering competition for scarce resources, 11 out of 527 (2.1%) respondents said it wasn't important, 65 (12.3%) reported it was somewhat important, and 451 (85.6%) thought access to extended assessments was important or very important. The top three sources of extended assessments include CACs, multidisciplinary teams (which are often embedded in other agencies) and private practitioners. (See Table 5 for details.) Approximately three-quarters of respondents reporting on sources of payment for extended assessments listed absorption by the provider, with other sources listed much less frequently. (See Table 6 for details.)

### Obstacles, Barriers, Drawbacks

The most reported obstacle or barrier to the use of extended assessments was lack of funding, with lack of training following closely behind. (See Table 7.) Concerns about programming or contamination of the child's account led the list of drawbacks/problems related to extended assessments, followed by lack of availability of trained professionals. (See Table 8.)

### Goals of Extended Assessments

Ten possible goals for extended assessments were listed and rated on a Likert-type scale with 0 as not important and 4 as crucially important. Very little variability was observed on mean scores for 10 goals, however gathering additional relevant forensic information and child protection had the highest ratings, both with a mean score of 2.87. (See Table 9 for a full report of mean scores for all 10 goals.)

**TABLE 5** Sources of Extended Assessments

Sources of extended assessments	Yes	No	Don't know
Children's advocacy centers	87.8% ( <i>n</i> = 453)	9.9% ( <i>n</i> = 51)	2.3% ( <i>n</i> = 12)
Specialized public child welfare staff/program	27.2% ( <i>n</i> = 113)	53.7% ( <i>n</i> = 223)	19% ( <i>n</i> = 79)
University-based program	13.2% ( <i>n</i> = 54)	69.9% ( <i>n</i> = 285)	16.9% ( <i>n</i> = 69)
Mental health agency	42% ( <i>n</i> = 184)	42.9% ( <i>n</i> = 188)	15.1% ( <i>n</i> = 66)
Voluntary child welfare agency	9% ( <i>n</i> = 36)	69.1% ( <i>n</i> = 275)	21.9% ( <i>n</i> = 87)
Court-related program	21.3% ( <i>n</i> = 88)	61% ( <i>n</i> = 252)	17.7% ( <i>n</i> = 73)
A multidisciplinary team	64.2% ( <i>n</i> = 289)	27.8% ( <i>n</i> = 125)	8% ( <i>n</i> = 36)
A medical center child protection team	32.9% ( <i>n</i> = 139)	51.1% ( <i>n</i> = 216)	16.1% ( <i>n</i> = 68)
Private practitioners	43.7% ( <i>n</i> = 192)	39.2% ( <i>n</i> = 172)	17.1 ( <i>n</i> = 75)

**TABLE 6** Funding Sources for Extended Assessments

Sources of payment	Yes	No	Don't know
Cost absorbed by provider	76.4% ( <i>n</i> = 375)	11.5% ( <i>n</i> = 56)	12.2% ( <i>n</i> = 60)
Child welfare agency	37.9% ( <i>n</i> = 164)	38.8% ( <i>n</i> = 167)	23.3% ( <i>n</i> = 100)
Medicaid	30.8% ( <i>n</i> = 127)	46% ( <i>n</i> = 190)	23.2% ( <i>n</i> = 96)
Private health insurance	24.4% ( <i>n</i> = 99)	47.8% ( <i>n</i> = 194)	27.8% ( <i>n</i> = 113)
Court	16.1% ( <i>n</i> = 63)	57.4% ( <i>n</i> = 225)	26.5% ( <i>n</i> = 104)
Crime victims fund	32.9% ( <i>n</i> = 139)	39.8% ( <i>n</i> = 168)	27.3% ( <i>n</i> = 115)
Grant funding	39% ( <i>n</i> = 162)	34.9% ( <i>n</i> = 145)	26% ( <i>n</i> = 108)
Private pay	23.3% ( <i>n</i> = 93)	50.6% ( <i>n</i> = 202)	26.1% ( <i>n</i> = 104)

**TABLE 7** Barriers or Obstacles to Extended Assessments

Obstacles or barriers	Yes	No	Don't know
Lack of funding	70.4% ( <i>n</i> = 705)	15.7% ( <i>n</i> = 157)	14% ( <i>n</i> = 140)
Lack of training availability	58.9% ( <i>n</i> = 585)	28.4% ( <i>n</i> = 282)	12.8% ( <i>n</i> = 127)
Community professionals lack training	66.9% ( <i>n</i> = 668)	20.9% ( <i>n</i> = 209)	12.2% ( <i>n</i> = 122)
Key professionals do not support extended assessments	35.6% ( <i>n</i> = 353)	30.6% ( <i>n</i> = 304)	33.8% ( <i>n</i> = 335)

**TABLE 8** Drawbacks or Problems with Extended Assessments

Drawbacks or Problems	Yes	No	Don't know
Very costly use of resources	48.1% ( <i>n</i> = 476)	34.8% ( <i>n</i> = 344)	17.1% ( <i>n</i> = 169)
Concerns about programming or contamination	56.7% ( <i>n</i> = 575)	27.4% ( <i>n</i> = 278)	16% ( <i>n</i> = 162)
Increases difficulty of proving case in court	30.2% ( <i>n</i> = 303)	39.1% ( <i>n</i> = 393)	30.7% ( <i>n</i> = 308)
Trained professionals not available	52.5% ( <i>n</i> = 520)	36.1% ( <i>n</i> = 358)	11.4% ( <i>n</i> = 113)
Inability to ensure child safety while assessment underway	30.6% ( <i>n</i> = 303)	45.7% ( <i>n</i> = 452)	23.7% ( <i>n</i> = 235)

**TABLE 9** Goals of Extended Assessments

Goal	Mean importance rating <sup>a</sup>
To facilitate maltreatment disclosures	2.83
To assess risk factors relevant to maltreatment, other than child disclosure	2.86
To facilitate alleged offender prosecution	2.51
To gather additional forensically relevant information	2.87
To assess the general mental health of the child, including possible trauma	2.81
To assess child risk factors (e.g. developmental, medical, psychosocial, & cultural) unrelated to maltreatment, that might impact the child's well being	2.58
To assess the child, family, and ecological/cultural strengths/protective factors	2.35
To make clinical recommendations related to the child or his/her family's needs	2.55
To provide information about the best interests of the child to the court in domestic disputes	2.37
To provide information to the child protection agency about how to protect a child	2.87

<sup>a</sup>0 = not important, 1 = slightly important, 2 = important, 3 = very important, 4 = crucially important.

## DISCUSSION

The results of the Needs Survey demonstrate a strong interest among seasoned child abuse professionals in extended assessments for children identified as possible victims of sexual abuse, but for whom concerns cannot be resolved in a single interview. Close to 2,000 respondents opened the survey and 1,294 completed or partially completed it. The average professional who responded was a mid-life, well-experienced professional who had worked with abused children for much of her/his career. The vast majority of respondents indicated the need for extended assessments, which is consistent with earlier research, including that undertaken by the NCAC (Carnes et al., 1999, 2001). Respondents indicated approximately one-fourth of the children they encountered in their work would benefit from extended assessments. Although the majority of respondents endorsed all of the contexts listed as possible sources of referral, not surprisingly, the contexts with the highest percentage of endorsements were protection of children and prosecution of perpetrators. Children who presented as denying in the face of other evidence or with some other characteristic that challenged ease of communication were most commonly identified as the ones needing extended assessment.

An unanticipated and positive finding, in light of current cutbacks in child welfare resources, was the relative availability of resources for conducting extended assessments. Half of those responding to this area of inquiry indicated resources were available in their communities. The most commonly cited resource for extended assessments was CACs. This is not unexpected given that the NCAC has been a primary provider with the longest history of training in this skill area (Carnes, et al., 2001; NCAC, 2011). Strikingly, most respondents regarded extended assessments as a high priority, even when considering competition for scarce resources. Finally, a modest number of respondents, about one-fourth, were actually conducting extended assessments or had done so in the past.

Nevertheless, the respondents to the survey identified barriers and obstacles. They indicated that primary obstacles to the use of extended assessments were lack of funding, lack of trained professionals, and insufficient training. Given that the majority of respondents conveyed that the costs of extended assessments were often absorbed by the provider, thus limiting their availability, it is important to identify resources for service provision. These assessments are sometimes undertaken by private practitioners, making a reliance on a pro bono model for this important, yet expensive, service extremely burdensome and arguably unrealistic. Because lack of availability of trained professionals was identified by half of respondents as a drawback, resources for training and supervision also need to be found. Concerns about programming or contamination were also identified as a drawback by approximately half of the respondents to this area of inquiry.



Thus, the struggle to balance sensitivity (identifying true victims of sexual abuse) and specificity (assuring no nonabused children are mistakenly categorized as abused), an ongoing concern in the sexual abuse field, is a theme that is reflected in the responses of the professionals to the needs survey. Nevertheless, as described earlier in this article, an accumulating body of research (Goodman & Quas, 2008; Hershkowitz & Terner, 2007; La Rooy et al. 2009; 2010; Orbach et al., forthcoming) demonstrates that extended assessments can increase sensitivity without sacrificing specificity. Perhaps a wider dissemination of existing findings aimed at key professionals who determine community policies and practices and additional research on extended assessment and issues of sensitivity and specificity would increase knowledge about and confidence in the use of extended assessments.

### Limitations

Several limitations need to be acknowledged and addressed by subsequent research. Online surveys generally present challenges related to sampling and access. In the case of this study, the drawback to the online method had to do with sampling. This study relied on a convenience sample, limiting the ability to generalize its findings. However, the sample was also purposively chosen in anticipation respondents would possess expertise in the area on which the study focused. In addition, we cannot ascertain whether there was any systematic bias represented in those who chose to complete the survey, those who abandoned after beginning, and those who chose not to attempt the survey at all. It is possible that respondents were motivated to complete the survey because of prior interest in the topic, whereas noncompleters and nonresponders considered the topic to be of lesser consequence or relevance. In addition, although we piloted the survey, consistent with standards of research practice, with experienced forensic interview professionals, the survey instrument was only pilot tested prior this first use of it as a data collection instrument.

### Future Research and Practice Directions

As noted in the Methods section, the survey provided a general definition to orient respondents. However, an important next step is to systematically identify models that have been developed and/or are currently in use. A number of models are emerging (Everson & Sandoval, 2011; Faller, 2007; Patterson & Pipe, 2009; NCAC, 2011; Tishelman et al., 2010). There are models that focus primarily on the child and models that include several child sessions but also involve the whole family. More specifically, dimensions on which models may differ are (a) source of referral; (b) characteristics of children considered appropriate for extended assessments; (c) qualifications of professionals who conduct extended assessments; (d) role of the child's caretaker in the extended

assessment; (e) role of the alleged offender, if any; (f) sources of information accessed; (g) context in which the extended assessment occurs; (h) number of interviews; (i) techniques employed by the interviewer; (j) methods of documentation; and (k) types of report the extended assessment generates. In addition, there is a need to determine the sequencing of techniques employed in child interview sessions in different models and the relative effectiveness of models once they have been defined. This is a daunting research agenda.

Finally, we noted at the beginning of the article that one presumed advantage of a single interview is that it will be less traumatic to the child. This presumption, however, needs to be empirically tested. It may be that extended assessments are less traumatic because they slow the pace of inquiry and can resolve uncertain cases in which sexual abuse has been alleged.

### SUMMARY

This study suggests that the child welfare community considers extended assessment as a viable option for some children and a strategy that can maximize both specificity and sensitivity of investigations. Moreover, experienced professionals identified many contexts in which the option of extended assessments would be useful and a range of child characteristics that might suggest the need for an extended assessment. In addition, half of respondents reported community resources to conduct extended assessments. Only about one-fourth of respondents, however, had experience conducting extended assessments. Respondents also identified drawbacks and barriers. These included cost, lack of trained professionals, but also concerns about programming when there are multiple interviews.

Seeking sensitivity aims to accurately identify true victims of sexual abuse, thus avoiding false negatives and assuring that no abused children are mistakenly categorized as not abused (Everson & Sandoval, 2011). Seeking specificity aims to assure no nonabused children are mistakenly categorized as abused, thus avoiding false positives and identifying true nonvictims of sexual abuse (e.g., Connell, 2009; Herman, 2009). Responses by 1,294 professionals to this needs survey suggest that these experienced child maltreatment professionals equally value sensitivity and specificity.

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