INQUIRY ON FORENSIC INTERVIEWER ACCOMMODATION OF NON-/PARTIAL DISCLOSURE

BY

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DISSETATION

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ABSTRACT

Children who have experienced trauma, have contact with child protective services, and/or who have experienced sexual abuse could have potentially impairments in their ability to articulate clear details about any sexual abuse they endured. Forensic interviewers who collect information from these children are in unique situations, balancing the need to elicit accurate and sufficient testimony to protect sexually abused children while not suggestively coercing a statement. The purpose of this dissertation is to explore how forensic interviewers use interviewing protocols, training on protocol implementation, and multidisciplinary teams when interviewing non-/partial disclosure in children who are suspected of experiencing sexual abuse.

Thirty-six, face-to-face, semi structured interviews were conducted with forensic interviewers who were employed by Children’s Advocacy Centers across the state of Illinois. Qualitative description data analysis was applied to the 36 transcripts, and field notes and memos were used to triangulate findings. The ecological theory was used to situate micro, mezzo, and macro factors affecting dynamics and decision-making processes in cases of non-/partial disclosure in alleged cases of child sexual abuse.

This study yielded three major findings. First, forensic interviewers were sincere in their attempts to conduct a neutral forensic interview, while advocating for the child; second, role conflict within dual role forensic interviewers potentially resulted in unbiased interviewing techniques; and third, any dynamic, positive or negative, that influenced the forensic interviewer, naturally affected the quality of the interview. This study is instrumental in protecting children from further abuse by providing forensic interviewers with refined insight, as well as improved training and MDT approaches regarding extracting sufficient details to prevent reunification, reabuse, and recidivism.
Dedicated with love to Dr. Janet Carter-Black.

You mentored me, mothered me, and inspired me.
You held my hand and my heart when I was lost.
You walked me through my darkest nights.
It is my privilege to honor you in my light.

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PREFACE

Background

Before diving into the chapters of this dissertation, I would first like to explicitly disclose and examine any biases I might have in this journey of my research. I must admit that the same passion that has drawn me to the topic of non-/partial disclosure in alleged cases of child sexual abuse stem from my own personal, childhood experiences. As someone who had difficulty in articulating a sufficient testimony during my initial contact with the child welfare system, I believe that I, as an author and researcher, bring many insights to the problem, and quite honestly, to even recognizing the issue as a concern that needs to be addressed, regardless of the barriers in methodological research and in practical implementation. However, I am burdened by my own hypothesis about the effectiveness of the child welfare system in handling these types of vulnerabilities, and want to air these concerns before embarking on my research adventure.

My mother and I had both suffered abuse from my father. When I was in junior high school, the Missouri Department of Family Services (DFS) began servicing our family after I disclosed our family abuse to a pastor at a summer church camp. After our family was reunified, we experienced recidivism back into the child welfare system while I was in high school. The first time around when I was a child, my father’s abuse seemed to be an issue of his own compulsion; however, the second time around seemed to be out of cruel revenge for me telling our secret and getting him in trouble. When I was 17, I told my high school counselor of the reabuse, worried about the retraumatization of the child welfare system itself, but also incredibly scared for my own safety. DFS intervened again, but this time I had ample concrete memories and could advocate for myself. In that sense, it was an ironic relief to me that my father had reabused me.
When I was 13, I hadn’t initially confided in my pastor with the intention of making “allegations.” I wasn’t even entirely sure of all the details of the abuse, as it occurred when I was pre-school aged. I told because I was tired of these secrets eating away at me. I needed relief, and I shared without knowing that these secrets would evolve into a child welfare case and change every aspect of my life and my family’s life. So much of my experience with DFS seemed out of my control. I hadn’t wanted to move forth against my father because I wasn’t sure what exactly had happened, just that something had happened, but their involvement turned these personal memories into insufficient evidence. I felt at the time that DFS had made things worse for me. The publicity made me more depressed, the confrontation made me more fearful, and the loss of control made me more anxious. A major obstacle in my case, as well as an incredible source of guilt, was that I had very little memories, and the memories I did have were broken and fragmented.

Initially, I started writing about my journey in a case study research methods class while I was completing my coursework for the PhD program in which I used myself, and the Missouri child welfare system in the mid-90s as the subject of the case study. I wanted to learn more about the circumstances of my family reunification, and the role that my lack of memories and ability to articulate details of the abuse had played in reunifying my family. These experiences inspired my dissertation topic on forensic interviewer deviation from protocol in circumstances of non-/partial disclosure in cases of child sexual abuse. This research is obviously very meaningful to me, as my investment in this study has arisen solely from my own personal contact with the child welfare system.

In order to gain a foundational understanding of my and my family’s circumstances, I interviewed two professionals who I believed could provide me with insight as to why the family
court ruled to reunite our family. I decided upon interviewing my current therapist, the therapist DFS had assigned to me and my guardian ad litem.

**Memory Issues and Believability**

Being believable to the child welfare system had been so important to me. The memory deficits I had experienced as an adolescent recounting the abuse had been a true burden for me. I had felt guilty that I had put my family through the child welfare system, and I felt that it was my fault that I had brought our family to suffering for something I couldn’t even completely remember. The sexual abuse had occurred at such a young age, and as a result, I only had a few concrete memories. I had always believed that DFS had reunited our family because they didn’t believe me, and had, as a result, put me in danger to be re-abused in high school.

My first interview was with my current therapist, who profoundly contributed to my understanding of how common memory deficits are in abused children. He explained that it’s not that children who have experienced trauma can’t form memories, but more that they don’t have access to them. Because our brains and bodies store our trauma experiences in our postures, how we walk, how we act, etc., the question becomes, “Can we access it, and can we then articulate it?” I had interviewed my current therapist prior to starting my dissertation process, and have discovered in my literature review that his viewpoint is well-established in the research on trauma.

**Issues with my Paperwork**

While my review of my documents illuminated several critical discrepancies, one was particularly glaring and the real catalyst for my dissertation topic. My paperwork had noted details that had indicated that I had been sexually abused anywhere from as young as three to as old as nine years old, while another statement read “On or about 1983 through 1985, the
The juvenile’s father had sexual intercourse with the juvenile on more than one occasion.” This would have put me anywhere from age three to five. This was troubling to me because I don’t believe that I had ever alleged that my father had had sexual intercourse with me. The large and ambiguous age range in which the suspected abuse occurred also felt uncertain to me.

I asked my guardian ad litem who had represented me during my first contact with the Missouri Child Welfare System about this and told him that I hadn’t remembered alleging that my father had sexual intercourse with me, and I was unsure as to why my file had indicated that I had. My guardian ad litem had provided me with the insight that a child’s claim of intercourse that contradicted a safe exam with no physical evidence would hurt my credibility. I imagined it was because some helpful caseworker who was trying to advocate for me by putting the worse possible scenario in order to seek the maximum penalty against my father, in spite of my medical exam returning with nothing significant.

My former guardian ad litem described interviewing child victims of sexual abuse as a specialty: “You have to know the right words to say. You have to be very precise and specific about all sorts of things. It’s possible that your reporter in that case thought that’s what you were saying, but maybe that’s not what you were saying.” Child welfare relies heavily on the child’s verbal testimony as evidence, and these seemed to be the primary evidentiary issue in my case. This would later become the spark of my interest in my dissertation topic.

DFS’ Decision to Reunify Our Family

Another interesting development that I learned through reviewing my documents and interviewing several of the professionals who had advocated for me, was that reunification occurred because it was the least invasive path, because my family had met the therapeutic requirements, and because I myself didn’t want to go to foster care. Removing me may have
been more traumatic than reuniting our family, and this seemed to be a strong guiding point in DFS’ decisions.

My biological father had completed the requirements of living separately for a duration of time, received counseling, adhered to the visitation schedule, and not presented any overtly suspicious behavior in the meantime. Though my father completed the conditions for reunification, it seems that all parties acknowledged an issue with his denial. It seemed that, at least according to my review of my records, though the child welfare system couldn’t concretely prove that my father was the perpetrator, they had a strong suspicion that seemed to be built upon both my allegations and his behavior.

I had initially believed that the Missouri Department of Family Services (DFS) was entirely to blame for the re-abuse I experienced by my biological father, but it does seem that DFS did believe me, which was crucial in me gaining peace; however, the fact that I could not form a detailed testimony of the sexual abuse proved to be a significant obstacle that DFS faced in advocating for me. It appears that I was believable enough as DFS mandated that my father move out and receive treatment. Reading through my records increased my understanding of how aware the child welfare system was of the danger I was in.

It had always felt to me that DFS had invaded my privacy, taking something I had never intended to fully give, and then deciding on second thought, that it wasn’t enough, and so they restored our family as it once was, backpedaling. I felt abandoned, taken advantage of, regretful for wasting their time, and scared that my parents had been reprimanded in the process. But DFS had believed me, and this knowledge gave my suffering meaning. It was interesting to me that I hadn’t known that DFS believed me. I looked back at that time as traumatizing, and really
interpreted the reunification as a result of my case slipping through the cracks. I had always felt distant from DFS, unclear of what was happening, responsible for what was happening.

**Reflections About my Biases**

I now believed that DFS had done the best of their ability under the circumstances, erring on the side of caution, which in this case meant preserving the family. I began to see my case from alternative perspectives, multiple realities. My understanding of my case was being revised as I was exposed to the perceptions of others. My reality was fluid. There was peace in that my amended reality had been expanded to include a child welfare system that could stand improvement, but was well-intentioned and did the best that it could under the circumstances. There was resolution and peace that my reality now encompassed the idea that in spite of an incomplete testimony, others were advocating for me.

I am revealing my biases, and am hoping it can allow the reader to forgive me for any personal leanings that are subconsciously expressed in this dissertation. My experiences do resonate with an issue that the literature recognizes as a legitimate issue, and I will try to explore how forensic interviewers as individual professionals attempt to protect children who are non-/partial disclosing who have experienced sexual abuse while adhering to agency expectations, training protocol, and personal experience as a researcher and not a victim, getting one step closer to understanding how the child welfare system can protect children in circumstances similar to mine. The truth as to what exactly occurred in abuse situations is hard for any agency to get at, but it is important to continue momentum in trying to protect children who lack the ability to verbalize their account, whether because of developmental issues, trauma symptoms, or memory deficiencies.
CHAPTER 1: SIGNIFICANCE, STATEMENT OF THE PROBLEM, AND RESEARCH QUESTIONS

Statement of the Problem

It is not uncommon for children of all ages to delay disclosure of criminal activity or victimization (Lyon, 2002; Pipe et al., 2013). Researchers agree that many sexually abused children either fail to disclose or only partially disclose abuse, at least in single-interview situations (Elliott and Briere, 1994; London, Bruck, Wright, & Ceci, 2008; Lyon, 2007; Malloy, Lyon, & Quas, 2007; Pipe et al., 2007). Potential motivations for nondisclosure include fear of being blamed for the abuse (Goodman, et al., 1989), fear of caretaker anger (Hershkowitz, Lanes, & Lamb, 2007; Perona, Bottoms, and Sorenson, 2006) fear of harm to or from the perpetrator (Elliott, 1993; Bottoms, Goodman, Schwartz-Kenny, Sachsenmaier, & Thomas, 1990; Schaeffer et al., 2011), shame and embarrassment (Saywitz, Goodman, Nicholas, & Moan, 1991; Perona, Bottoms, and Sorenson, 2006), cognitive avoidance of emotionally distress, abuse-related memories (Hershkowitz, Lanes, & Lamb, 2007; Briere, 1992), concern regarding not being believed, avoidance in drawing attention to themselves, fear of police involvement (Perona, Bottoms, and Sorenson, 2006), fear of something bad happening if the child told, lack of opportunity to tell, lack of recognition that the abusive behavior was unacceptable (Schaeffer et al., 2011), and fear of burdening their parents (Hershkowitz, Lanes, & Lamb, 2007).

Trauma can interfere with children’s development and memory abilities, which can hinder their ability to articulate a full testimony. Children who experience trauma often have contact with child protection. The child welfare system often requires victims of child sexual abuse to participate in legal proceedings regarding criminal charges and family court matters. Factors related to child protection involvement, such as issues with attachment and trauma symptoms,
make this population more vulnerable to memory and communication issues. Because children who have contact with the child welfare system often do not have the opportunity to form healthy attachments with adult caregivers, they are at higher risk of experiencing cognitive delays, memory recall issues, language delays and communication issues, and difficulty in expressing emotions (Cohen & Youcha, 2004; Melinder, Baugerud, Ovenstad, and Goodman, 2013; Elliott and Briere, 1994; Allen & Oliver, 1982; Erickson & Egeland, 2002; Pynoos & Eth, 1984; Ryan, 1996; Schweizer and Dagleish, 2011; Van der Kolk and Fisler, 1995; Courtois, 1999). There is ample evidence that children who experience chronic trauma demonstrate developmental delays in focus, neuropsychological functioning, learning, learning disabilities, intellectual impairment, deficient language and communication skills, language and memory deficits, have lower IQs, and perform poorly academically in comparison to their nonmaltreated counterparts (De Bellis, Spratt, & Hooper, 2011; De Bellis, Hooper, Woolley, & Shenk, 2010; Dupree & Stephens, 2002; Bremner, Krystal, Charney, & Southwick, 1996; Harden, 2004; Huntington, 2012).

Furthermore, children who are sexually abused have been shown to have the largest impediments in memory recollection and articulation, especially in regards to recounting trauma (APA, 1996; Berliner, 2011; Collin-Vezina, 2011; Cyr, Dion, McDuff, Trotier-Sylvain, 2012; De Bellis et al., 2010; De Bellis, Woolley, and Hooper, 2013; Dubner & Motta, 1999; Noll et al., 2010) in comparison to physical abuse and exposure to other types of trauma (Frounfelker et al., 2013). Children who have experienced sexual abuse often exhibit below-average cognitive functioning (Daignault & Hébert, 2009; Dion & Cyr, 2008; Dion, Cyr, Richard, & McDuff, 2006), which hinders the child’s comprehension of interviewing questions and memory recall of
abuse events (Cyr, Dion, McDuff, Trotier-Sylvain, 2012; Katz, Hershkowitz, Malloy, Lamb, Atabaki, Spindler, 2012; Sayfan et al., 2008).

Because youth in child protection can be more prone to suffering from deficits in communicating and recall, the forensic interviewer’s role in collecting accurate and detailed information from the child is crucial in protecting vulnerable children from further abuse. The forensic interview is crucial because it determines what happens next: child protection, criminal charging, and therapeutic decisions (Perona, Bottoms, Sorenson, 2006). Medical findings can often come back as inconclusive because many types of sexual abuse (i.e. molestation, etc.) leave little to no traces of physical evidence (Berenson et al., 2000; Heger, Ticson, Velasquez, & Bernier, 2002; McCann, Wells, Simon, & Voris, 1990). Even in cases of penetration, physical evidence of child sexual abuse is rare; other forms of “hard” corroborative evidence are found in only a small number of cases (Olafson, 2012). Also, if there is no medical evidence or witnesses, it is that much more valuable (Lawson & Chaffin, 1992), as details of the abuse may be dependent solely upon the child’s investigative interview (Perona, Bottoms, and Sorenson, 2006). Because of the influence the forensic interview has on the protective outcomes of the child, it is critical that the information obtained in the interview is accurate and conducted with skill and integrity (Olafson, 2012; Perona, Bottoms, and Sorenson, 2006).

Protocol adherence has been found to increase the amount of open-ended questioning from the interviewer, which in turn has resulted in eliciting a higher amount and more accurate information from the child victim (Cyr, Dion, McDuff, Trotier-Sylvain, 2012). Best practice recommendations also encourage open-ended questioning for these reasons. However, a minimal, yet growing body of research shows that many forensic interviewers deviate from protocol (Cederborg & Lamb, 2008; Davey & Hill, 1999; Hershkowitz, Lanes, & Lamb, 2007;
Warren, Woodall, Hunt & Perry, 1996) to collect sufficient evidence to protect the child, especially in child sexual abuse forensic interviews (Aldridge, 1992; Davies, Westcott, & Horan, 2000; Freeman & Morris, 1999; Sternberg, Lamb, Hershkowitz, Esplin, & Redlich, 1996; Westcott & Kynan, 2006). Furthermore, training for forensic interviewers can be ineffective in providing initial instruction in best-practice implementation, as well as long-term maintenance through additional, subsequent feedback (Cyr, Dion, McDuff, and Trotier-Sylvan, 2012; Lamb Sternberg, Orbach, Hershkowitz, et al., 2002; Stevenson, Leung, and Cheung, 1992; Warren et al., 1999). Exploring adherence to interviewing protocols in cases of nondisclosure and partial disclosure is crucial in clarifying best practices in protecting sexually abused children through higher content and more accurate testimonies when elicitation is difficult. Addressing multiple aspects of challenges in interviewing children experiencing non-/partial disclosure in cases of suspected sexual abuse, including use of interviewing protocol to inform approaches and strategies of forensic interviewers, understanding how forensic interviewer training impacts decision-making standards, and evaluating the role of the multidisciplinary team in eliciting accurate and plentiful information will make a valuable contribution to the existing literature.

**Description of Key Concepts**

**General Role Expectations of Forensic Interviewers**

Forensic interviewing comprises of navigating through the fine balance of preventing elicitation of false accusations against innocent persons and collecting enough information from the interview to protect the child from further abuse (Perona, Bottoms, and Sorenson, 2006). The 2011 NCA Accreditation Standards define the purpose of the forensic interview as “to obtain a statement from a child, in a developmentally and culturally sensitive, unbiased and fact-finding manner that will support accurate and fair decision making by the involved multidisciplinary
team in the criminal justice and child protection systems” (NCA, 2011, p. 10). The forensic interviewer is specifically trained in reliable forensic interview techniques, child development, question typologies, and the cognitive and emotional impact of trauma, and testify at trial if necessary (Richey-Allen, 2008). In most cases a single, designated specialist employed by the CAC; and in other instances is the CPS investigative caseworks or law enforcement officers (Olafson, 2012).

**Definition of Protocol Adherence**

Cyr, Dion, McDuff, and Trotier-Sylvain (2012) define protocol adherence in their study measuring training effectiveness as interviewers applying all recommended steps in the NICHD protocol interview, including interviewer presentation, clarifying the child’s role and tasks, discussing the four interview ground rules, building rapport, free-recall practice run, with at least six invitations, and a non-suggestive transition to the substantive phase, investigation of one incident, verification of one or more incidents (including other investigations, if relevant), disclosure, and closing.

**Best Practices in Forensic Interviewing**

The general best practice recommendations in forensic interviewing of children consist of three (introduction, discussion, and ending) phases. Interviewing best practices include establishing rules of the interview, building rapport, completing a trial practice run on neutral events to condition the child’s memory to respond to open-ended invitations, relying on open-ended questions for the substantive portion of the interview, and ending with specific close-ended or leading questions for exact details that are still needed (Saywitz & Camparo, 2009). APSAC Guidelines for Sexual Abuse Allegations (2002, 2012) recommend that the evaluator should have specialized training in child development, sexual abuse, and forensic practice, as
well as using allegation blind interviewers, that encourage the forensic interviewers to enter the interview without prior knowledge of the sexual abuse allegations, or to at least approach the interview objectively and nonjudgmentally, if knowledge is previously obtained (Cronch, Viljoen, & Hansen, 2006). Though APSAC allows information gathering before conducting the interview (APSAC, 2002), prior knowledge of the details may increase interviewer bias, lead to use of suggestive and leading questioning techniques (APSAC, 2002; Bruck & Ceci, 1995; Cantlon et al., 1996; Wyatt, 1999), and reduce opportunities for interviewer and child to build rapport due to potential decreased interviewer attentiveness and patience as a result of relying upon preconceptions or expectations of the case (Cantlon et al., 1996).

The interview starts with the introduction of the interviewer by explaining his or her role, followed by outlining the expectations of the interview process (Perona, Bottoms, Sorenson, 2006). Interviewers often establish the child’s competency by assessing the child’s understanding of the difference between a truth and a lie before commencing the portion of the interview focused on abuse questions (APSAC, 2002; Perona, Bottoms, Sorenson, 2006). Interviewers should test children’s understanding of these concepts by asking the child to provide an example (“Tell me a lie about this chair”), and should also ask if the child has ever told a lie, and the repercussions he or she received (Wyatt, 1999). Interviewers are also recommended to obtain a verbal agreement with the child to only divulge the truth throughout the interview (Huffman et al., 1999; Talwar, Lee, Bala, & Lindsay, 2002).

Children who are given motivating instructions, such as “Try your hardest, do your best,” and who are reassured to ask for clarification on questions they don’t understand have better recall and improved interview performance (Myers, Saywitz, & Goodman, 1996). The child
should be told that he or she should feel comfortable in correcting the interviewer when
necessary, and should feel free to take a break at any time (Perona, Bottoms, Sorenson, 2006).

The child should be instructed to answer “I don’t know” or “I don’t understand” if they
are unsure of how to answer the question or uncertain of what the question means. Warren,
Woodall, Hunt, and Perry (1996) compared 42 transcripts of sexual abuse interviews conducted
by one state’s child protective services to recommended practices by expert researchers on
children’s testimony at the time, and found that the majority of interviewers rarely informed
children that “I don’t know,” “I don’t understand,” and “I don’t remember,” were acceptable
answer choices.

Rapport is also established during the introductory phase. Forensic interviewers can use
the initial rapport building stage, which usually consists of asking neutral, non-abuse-related
questions, to not only build trust with the child, but also to determine the child’s language and
memory capabilities, social skills, and cognitive ability based on the child’s verbal and nonverbal
responses to these neutral questions (Downing Alessi & Ballard, 2001; Perona, Bottoms, &
Sorenson, 2006). Interviewers recommend building rapport by attempting to make the child feel
comfortable through being kind, friendly, supportive, and professional. Supportive interviewing,
as opposed to a more intimidating style, has been shown to reduce risk of suggestibility and
suggest that a child-friendly environment can play a large role in developing rapport;
interviewing the child in a well-lit room with cheerfully painted walls, and comfortable furniture;
and having age-appropriate toys, art supplies, pictures, puppets, and dolls, on hand. After
establishing rapport, interviewers should explain expectations and limits on confidentiality.
Discussion of the alleged crime events follows the introductory phase. Interviewing should begin with open-ended or free recall questions, as information derived through free-recall prompts amongst school aged children and adolescents is more likely to be longer, more detailed, and more accurate than that collected using other types of interviewing techniques (Carson et al., 2015; Craig et al., 1999; Dale, Loftus, & Rathbun, 1978; Davies et al., 2000; Lamb & Fauchier, 2001; Dent, 1986; Hutcheson, Baxter, Telfer, & Warden, 1995; Downing Alessi & Ballard, 2001; Lamb & Fauchier, 2001; Orbach & Lamb, 2001; Jones & Pipe, 2002; Orbach & Lamb, 2001; Dent & Stephenson, 1979; Goodman & Aman, 1990; Goodman, Bottoms, Schwarz-Kenny, & Rudy, 1991; Hutcheson et al., 1995; Lamb & Garretson, 2003; Lieb, Berliner, & Toth, 1997; Ornstein, Gordon, & Larus, 1992; Sternberg et al., 1996). Questions that do not mention specific details of the alleged event, and encourage narrative responses that have been shown to be the most accurate method of interviewing (Downing Alessi & Ballard, 2001; Perona, Bottoms, and Sorensen, 2006).

Adhering to category questions (i.e. Who, What, When, Where, or How) help narrow children’s attention on information relevant to the forensic context, and also increase memory performance (Myers, Saywitz, & Goodman, 1996). In comparison to other types of interview utterances, open-ended utterances result in answers four times as long and three times as rich in details (Orbach et al., 2000; Cyr & Lamb, 2009; Lamb et al., 2007, 2008). Interviewers should use a matter-of-fact tone of voice with empathic, neutral praise, such as complimenting the child not for the content of the verbal material they are providing, but for making their best effort in such a difficult situation (Myers, Saywitz, & Goodman, 1996).

Interviewers should ask nonsuggestive, open-ended, general questions, and then move to more focused, short answer, follow-up questions (Myers, Saywitz, & Goodman, 1996). More
specific, close-ended questions should be used, as open-ended or free-recall questions can lead to partial omissions in children’s recollection; however, it should be noted that close-ended prompts should be utilized only after the open-ended questions have been exhausted (Perona, Bottoms, and Sorenson, 2006).

At the conclusion of the interview, the interviewer may want to consult with investigative team members to ensure that all questions have been addressed. In cases when the interviewer cannot access outside sources to corroborate the child’s remarks, the interviewer should note the inconsistency, and use sensitive probing to clarify contradictions (Perona, Bottoms, and Sorenson, 2006). If the child does not, or is reluctant to provide an account of the abuse, the interview should be terminated or rescheduled. The interviewer needs to consult with other professionals on the investigative team about how best to proceed in these situations (Perona, Bottoms, and Sorenson, 2006). Then the interviewer should ask the child if he or she would like to add anything that may have been missed by the interviewer. The interviewer can then move on to reviewing the details of the information given in the interview and confirm their accuracy. To complete the interview, the interviewer should guide the discussion to more neutral topics, thank the child, and then explain the events that follow in the investigation process. Finally, questions should be solicited from the child and answered, and the child should be given the investigator’s contact information for future questions or recollections of memories (Perona, Bottoms, and Sorenson, 2006).

**Background of Children’s Advocacy Centers (CACs)**

The Child Advocacy Center (CAC) model, developed in 1985 in Huntsville, Alabama, relies upon CACs, which provide a wide range of services for children and families, including forensic interviews, medical examination, mental health service, victim support and advocacy,
case review by the multidisciplinary team, and tracking of case progress and outcomes (Murray, 2005; National Children’s Advocacy Center, 2005a; National Children’s Alliance, 2003). CACs typically see cases that involve sexual abuse (73% in 2003), but other forms of abuse, such as physical abuse, neglect, and domestic violence are also addressed (National Children’s Alliance, 2003).

The CAC model is centered around a multi-disciplinary approach, creating a collaborative team of professionals from such various disciplines as law enforcement, mental health, prosecution, medicine, child protection, and victim advocacy (National Children’s Advocacy Center, 2005a,b) to support and empower abused children (Richey-Allen, 2008). The National Children’s Alliance, a national non-profit organization provides accreditation, training, practice standards, and services for Child Advocacy Centers (Murray, 2005). Accredited CACs must meet ten standards developed by the National Children’s Alliance: multidisciplinary team, cultural competency and diversity, forensic interviews, victim support and advocacy, medical evaluation, mental health, case review, case tracking, organizational capacity, and child-focused setting. There are, at a minimum, seven types of professionals that contribute to the CACs: law enforcement, child protection, prosecution, medical health, mental health, victim advocacy, and a dedicated staff member of the CAC. These collaborating bodies are usually employed independently either by a separate agency or as private practitioners. Each job is performed autonomously within their domains, and professionals coordinate and share as needed (Cross et al., 2012).

According to the National Children’s Advocacy Center (2005a,b), communities with CACs are more efficient in their referrals to physicians and mental health services, as well as more efficient in their follow-up procedures. Communities with CACs also have fewer child
interviews (National Children’s Advocacy Center, 2005a,b). Currently, there are over 700 CACs across the United States, with at least one in each state (National Children’s Alliance; http://www.nationalchildrensalliance.org/index.php)

**Multidisciplinary Teams (MDT) at CACs.**

MDTs are a group of multiple professionals who work on the case from start to finish; and aim to reduce stress for the child and family by eliminating redundant interventions, improve communication between agencies, and increase the quality of decision making through coordination of shared information and services. MDTs are not standardized across CACs, and have a wide variety of formations, ranging in the type of professionals who serve on the team, to the number of agencies involved in the collaboration (Cross et al., 2012).

**Forensic Interviewing in CACs**

Forensic interviews at CACs are open-ended and developmentally appropriate (Richey-Allen, 2008). The specialized forensic interviewer employed at a CAC works with a police investigator, and if CPS is involved, an investigating caseworker on a multidisciplinary investigation team that is formed at the first report of the case. Often prosecutors, victim witness advocates, and medical professionals, and sometimes mental health professionals also participate at this entry phase. The multidisciplinary team usually observes the child forensic interview through a one-way mirror or closed circuit television. The information elicited from the child forensic interview is used by law enforcement and child protective agencies, as well as informs the clinical assessment of the child. The investigation team then develops a comprehensive response plan assigning interventions to individual professionals (Cross et al., 2012).

Though state statutes supported the trustworthiness of children’s statements given at CACs (Richey-Allen, 2008), courts in general have remained uncertain in their stance regarding
child statements made during forensic interviews at CACs, due to the agencies’ multiple functions (Richey-Allen, 2008). An article by Alessi and Ballard (2001) suggests that unless all parties maintain neutral discussion about information sharing prior to the fact-finding phase, the risk of suggestive interviewing, whether forensic or clinical, increases with the child victim, as the interviewer may enter dialogue with the child with biases and preexisting beliefs based off of previous meetings with the multidisciplinary team.

**Reduction of Multiple Interviews Using CACs**

Child welfare involved children are interviewed approximately ten times before going to court (Wyatt, 1999). The National Child Traumatic Stress Network surveyed 53 child welfare organizations in 10 states to compile data on how child welfare agencies gather and share trauma-related information, and the quality and degree of child trauma training received by staff. Kletzka and Siegfried (2008) found that stakeholders believed that missing communication amongst agencies could potentially cause children to re-experience traumatic events with each individual interaction that requires a retelling of the abuse. Especially in situations where early interviews are conducted inappropriately, multiple interviews using similar questions can lead to inaccurate reporting and recanting allegations (APSAC, 2002; Bruck & Ceci, 1995; Santtila et al., 2004; Wyatt, 1999). Repeated questioning over time also leads to increasing inaccuracies, even if the interview procedure is unbiased and neutral (Alessi & Ballard, 2001).

Additionally, children may be able to avoid risk of retraumatization if repeated and unnecessary interviews with multiple strangers can be lessened or eliminated. Most experts suggest best interviewing practice as minimizing the number of child interviewers to the least amount possible, as this can decrease potential child trauma induced by repeated interviewing, as well as lessen the probability of suggestive questioning (Wiley, 2009).
Summit (1983) proposed a model that outlined children’s reactions to their abuse (secrecy, helplessness, entrapment and accommodation, delayed, unconvincing disclosure, and retraction) as a result of “secondary trauma in the crisis of discovery.” La Rooy, Lamb, & Pipe (2008) confirmed this, finding potential trauma associated with recounting details of the sexual abuse to multiple strangers.

The children’s advocacy center (CAC) movement was initiated by these concerns, encouraging a single interview given by a skilled forensic interviewer who entirely collects information needed by all professionals involved in the case management and prosecution of the sexual abuse case (National Children’s Advocacy Center, 2005b). In some locations, coordination between law enforcement and social service agencies is not mandated or poor, and in these situations both law enforcement and social service professionals may conduct their own independent interviews. Better organization amongst multidisciplinary teams could potentially result in the implementation of one single coordinated interview, ensuring that interviews are professionally conducted, developmentally appropriate, and that both parties receive enough pertinent information (Wiley, 2009). However, Cross, Jones, Walsh, Simone, & Kolko (2007) evaluated four CACs against four comparison sites and found that CACs do not effectively minimize the number of interviews (CACs had 1.42 interviews on average, comparison sites had an average of 1.29 interviews, p < .05).

Nondisclosure and Partial Disclosure

Background

The statistics of non-disclosure and partial disclosure, especially when employing the NICHD protocol, which is currently the strongest contender in regards to eliciting detailed and accurate information from children in both field and laboratory studies (Cyr et al., 2006; Lamb,
Orbach, et al., 2006; Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Lamb Sternberg, et al., 2006; Orbach et al., 2000; Perona, Bottoms, and Sorenson, 2006; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001) indicate a need for more investigation into the issue. A study by Pipe et al. (2007) showed that 18% of children did not disclose abuse in forensic interviews in spite of a confession from the suspect; and Malloy, Lyon, & Quas (2007) found a 20% recantation rate in dependency court cases even though there was confirming medical evidence of child sexual abuse. Lyon (2007) reviewed forensic and investigative interview studies published between 1965 and 1993 of children diagnosed with gonorrhea, and found that in spite of this corroborative medical evidence, that of 579 children, the average disclosure rate is 43% (n=250). Elliott and Briere’s (1994) study found that children eight to 15 years of age disclosed only partial information until presented with confirming evidence that resulted in more thorough disclosures from the child.

It is generally agreed within the research literature that some victims do not disclose childhood sexual abuse until adulthood, and when children do disclose, it commonly follows a significant delay (Kogan, 2004; Smith et al., 2000). Kogan (2004) studied 263 adolescent women, aged 12 to 17 in a sub-sample of the National Survey of Adolescents (Kilpatrick and Saunders, 1995) and found that 24% told within 24 hours, 19% told within one month, 12% told within one year, 19% delayed telling more than one year, and 26% never told before the survey. Smith et al. (2000) examined a sub-sample of the National Women’s Study (Resnick et al., 1993) of 288 women who had reported a childhood rape and discovered similar results: 18% told within 24 hours, 9% told within one month, 11% told within one year, 47% delayed telling more than one year, and 28% never told before the survey.
In a national Swedish survey of 4339 adolescents, of whom 1962 reported being sexually abused, 59.5% (n=1493) of participants who disclosed and answered questions on this disclosure had not reported the abuse prior to the survey (Priebe and Svedin, 2008). Another Swedish study looked at 122 women who had experienced childhood sexual abuse and found that while 32% disclosed before the age of 18, 68% disclosed during adulthood, with an average delay of 21 years, and a maximum delay at 49 years. The SAVI study done in Ireland found that of the 3118 participants, 47% of respondents who had experienced sexual abuse prior to the age of 17 did not disclose until the survey (McGee et al., 2002). Another Irish study found that of ten adults who had filed formal complaints of childhood sexual abuse, delays ranged from 20 to 50 years (McElvaney, 2002).

**Characteristics of Non-/Partial Disclosure**

Characteristics that are associated with delayed disclosures include gender and age (younger, male victims), victim relationship to the perpetrator (disclosure is more often delayed in cases where the perpetrator is related, a biological parent, or a parent figure) (Arata, 1998; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Kogan, 2004; Sauzier, 1989; Smith et al., 2000), maternal support (Elliott & Brier, 1994; Lawson & Chaffin, 1992; Sirles & Franke, 1989), type of abuse (Arata, 1998; Goodman-Brown et al., 2003; Sauzier, 1989; Smith et al., 2000), and duration and severity of the abuse (Farrell, 1988). Individual characteristics such as language skills, developmental stage, fatigue, recall capacity for central and not peripheral details may also contribute to inconsistent statements by a child during the forensic interview (Perona, Bottoms, and Sorenson, 2006).
General Factors

**Family/caretaker relationship.** Research indicates that closer perpetrator relationships are associated with longer delays and lower disclosure rates (DiPietro et al., 1997; Goodman-Brown et al., 2003; Hershkowitz et al., 2005; Pipe et al., 2007; Sas et al., 1993; Sjöberg & Lindblad, 2002). Goodman-Brown et al. (2003) compared familial versus non-familial cases and found that the former demonstrated longer disclosure delays between onset of abuse and the timing of the police report. Similarly, DiPietro et al. (1997) and Hershkowitz et al. (2005) found lower disclosure rates in cases that indicated a biological parent or parental figure as the suspected perpetrator. Pipe et al. (2007) compared two groups (non-parent and parental figures as perpetrators) and found disclosure rates of 47% in four to five-year-olds, 76% in six to eight-year-olds, and 98% in nine to thirteen-year-olds in the non-parent perpetrator group, as opposed to 38% of four to five-year old, 58% of six to eight-year olds, and 84% of nine to thirteen-year-olds in the parent perpetrator group.

Children who had less supportive parents were more likely to delay disclosure (Hershkowitz, Lanes, & Lamb, 2007). Lawson and Chaffin (1992) found that 63% of children with confirmed STIs between the ages of three and premenarcheal who had supportive caretakers disclosed sexual abuse, as opposed to only 17% of those with nonsupportive caretakers. Research by Elliot and Briere (1994) supports this, revealing a significantly higher percentage of maternal support in disclosing children than with nondisclosing children (77.7% vs 40.4%).

**Direct inquiries.** Prompted questions from caregivers, friends or others in the child’s educational and social environment that allow the child opportunity to disclose have been a key factor in reporting (Jensen et al., 2005; Hershkowitz et al., 2007; McElvaney et al., 2012). Kogan (2004) found that a significant amount of children who disclosed abuse, did so following
question prompts, as opposed to initiation by the child; and McGee et al. (2002) found that participants in their study had not disclosed abuse prior to their survey because they had not been asked.

Preliminary concerns regarding the child’s display of psychological distress can lead to parents’ inquiries, which encourages children to confide about the abuse. Questions do not need to directly confront sexual abuse, and instead can be focused on the young person’s wellbeing, which in itself acts as an external pressure for disclosure (McElvaney, 2008; McElvaney et al., 2012).

**Cultural background.** Cultural background is another feature in non-/delayed disclosure cases. Victims from Hispanic and Asian backgrounds display longer delays in disclosure (Fontes, 1993; Gilligan, & Akhtar, 2006), and victims with Hispanic backgrounds demonstrated longer delays than those from African-American backgrounds (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001). Elliott and Briere (1994) found a higher representation of Hispanic children in their partial disclosure group in a study exploring various factors in disclosure of sexual abuse in children ages eight to 15, which they suspect may reflect a potential language barrier as over half of the Hispanics in their sample had acquired English as a second language.

**Gender.** Research has shown that males are more reluctant to disclose in comparison to females (DeVoe & Faller, 1999; Ghetti, Goodman, Eisen, Qin, & David, 2002; Gries, Goh, & Cavanaugh, 1996; Levesque, 1994; Sas & Cunningham, 1995; Stroud, Martens, & Barker, 2000). Sorsoli, Kia-Keating, and Grossman (2008) found three primary barriers in adult male victims of child sexual abuse: 1) personal struggles the victim must first overcome, 2) relational concerns in regards to others’ reactions to the disclosure, and 3) socio-cultural gender expectations that prevent male victims from feeling comfortable and supported in disclosing
sexual abuse. Males worried that their sexuality would be questioned post-disclosure or that they would be viewed as victims; whereas females were concerned that they would be blamed or not believed (Alaggia, 2005). A five-year review of Israeli cases showed that girls aged three to six years old disclosed or alleged abuse in only 16.7% and boys in only 12.3% of cases against parent perpetrators (Hershkowitz, Horowitz, & Lamb, 2005).

**Chronological age.** Every child is presumed competent to testify regardless of chronological age, as dictated in the Federal Rules of Evidence Rule 601. In cases of uncertainty regarding the child’s ability to articulate, comprehend the duty to report the truth, and understand the consequences of lying, a judge can hold a competency hearing (Perona, Bottoms, and Sorenson, 2006). Though chronological age is the single best predictor of children’s ability to remember and articulate, performance can vary even within children of the same age (Perona, Bottoms, and Sorenson, 2006). Reporting of childhood sexual abuse increases with age (Cantlon, Payne, & Erbaugh, 1996; DiPietro, Runyan, & Fredrickson, 1997; Gries et al., 1996; Keary & Fitzpatrick, 1994; Sjörberg & Lindblad, 2002; Lamb et al., 2003; B. Wood, Orsak, Murphy, & Cross, 1996). Hershkowitz et al. (2005) found in increase in disclosure rates as a function of age: 48% of three to six-year olds, 72% of seven to eleven-year-olds, and 82% of 11 to 14-year-olds. Likewise, Pipe et al. (2007) found that 63% of four to six-year-olds, 76% of six to eight-year-olds, and 85% of nine to thirteen-year-olds disclosed child sexual abuse. These results may be result of: 1) the underdeveloped linguistic and cognitive abilities in young children that prevent them from recognizing abuse or the purpose of the forensic interviews, and 2) the number of unfounded cases that occur in younger child populations due to adult misinterpretation of ambiguous statements made by young children that inadvertently convey sexual relevance (London, Bruck, Wright, & Ceci, 2008).
Cyr et al., (2012) suggests that the child’s age may play a critical role in investigators’ interviewing behavior. Investigators may assume that children ten years or older don’t need the interview preparation that younger children may need, although most children of all ages have none-to-little experience being forensically interviewed. Children age two and three should first be assessed for appropriate cognitive and linguistic skills before being interviewed (Hewitt, 1997). Pipe, Sternberg, Lamb, Orbach, Stewart, & Esplin (2007) found that regardless of the child’s developmental level, the best predictor of a successful prosecution of alleged child abuse is an investigative interview that adheres to “best-practice” guidelines (encouraging the interviewer to use a “free-narrative” account through broad, open-ended questions to maximize the potential for retrieval of accurate information (Powell & Snow, 2007).

**Intellectual disabilities.** Though children and adults with disabilities are more vulnerable to abuse than those without, Lamb et al. (2008) has found that skillful questioning can elicit accurate information to investigators. Courts have difficulty in assessing the credibility of children with intellectual disabilities, defined by Cederborg and Gumpert (2010) as developmental and/or autism spectrum disorders, using the same criteria used on children without such disabilities (Diesen, 2005). Cederborg and Gumpert (2010) interviewed legal representatives in Sweden about their perceptions and procedures in regards to credibility of child victims who possess intellectual disabilities, and found that children in these situations are not effectively and fairly assessed. Because assessing credibility depends so much on the many possibilities in personal interpretation, children with disabilities may be wrongly assessed during legal proceedings (Cederborg and Gumpert, 2010).
Significance of this Research

Children in Child Protection System are Vulnerable

Some children who have contact with the child welfare system may not have the opportunity to form healthy attachments with adult caregivers, and this may create issues in articulating details of the abuse.

Communication Issues. The child’s attachment relationship to a parental figure has a crucial influence not only on the child’s memory, but also his or her ability to communicate. Neural connections in children are developed and strengthened by a “serve-and-return” process (named by the National Scientific Council) that involves the child initiating an interaction through babbling, movements, and facial expressions, and the adult responding with sounds and gestures. This serve-and-return interaction creates and reinforces neural connections in the child’s brain that are critical for future communication and social skills (Huntington, 2012). Neglected children may have impaired communication because of the decreased or problematic parent-child attachments (Erickson & Egeland, 2002). Goodman et al.’s (1994, 1997) studies support this, finding that children who are most securely attached have better recall for stressful medical procedures.

Maltreatment Effects on Articulation

Language delays. A 2001 NSCAW publication found that 13% of both the One-Year Foster Care Sample and the Child Protection Sample scored in the delayed range on a language test. Children who endure prolonged abuse refine their neurological sensitivity to detect and respond to threat. Subsequent experiences are filtered through these altered brain processes, and can affect communication. Maltreated children use fewer emotion-specific language words, and
make fewer references to physiological states and negative affect (Dupree & Stephens, 2002). Interviewers should be sensitive to the child’s developmental level when considering the complexity of language used (Carter, Bottoms, & Levine, 1996; Walker, 1994).

PTSD

Memory Deficits. Those who have experienced acute trauma often present with challenges in remembering important details of the traumatic event, as listed in the DSM-5 as a diagnostic criteria for PTSD (American Psychiatric Association, 2013). Memory deficits are believed to be a result of the hypervigilance associated with PTSD at the initial learning phase, rather than degraded retention of the original memory formation. The negative effect of PTSD on regulating memories is manifested through intrusive thoughts, re-experiencing, absent memories that result in recall difficulties, and impairments in verbal memory performance. Various studies have shown a strong association between PTSD and deficits in verbal memory performance and learning tasks (Carrion et al., 2007). De Bellis et al. (2010) found that poorer visual memory was associated with increased symptoms of PTSD, and theorized that these symptoms may interfere with an individual’s ability to process a traumatic event due to difficulty in focusing on and maintaining a representation of the event.

Childhood amnesia is the phenomenon surrounding the inability to recall significant events from the first years of life (Henderson, 1996). Amnesia and dissociation, both responses to traumatic psychological distress (Courtois, 1999), can be categorized under the arousal (distressing recollections, images, and flashbacks) and numbing (avoiding reminders and failing to recall specific details of the trauma that leads to a general detachment from the traumatic event) symptoms of PTSD (Van der Kolk and Fisler, 1995). Children may also purposefully forget the abuse, as the perpetrator may threaten the child to keep silent, causing the child to
intentionally try to forget, or at the very least, prevent the child from refreshing her memory through repetition of thoughts (Henderson, 1996).

A study by Schweizer and Dalgleish (2011) measured completion of an emotional working capacity (eWMC) task that involved short-term retention of lists of neutral words while simultaneously processing sentences about dysfunctional trauma-related thoughts using a clinical sample (participants with a lifetime history or current diagnosis of PTSD) and a control sample (participants who had been exposed to trauma with no history of PTSD). The goal of the study was to understand how those with PTSD-like diagnoses executed routine, emotionally neutral tasks while concurrently processing intrusive thoughts and feelings. Schweizer and Dalgleish (2011) found that overall, the clinical group performed poorer and had significantly more severe working memory capacity impairments within emotional contexts than the control group.

Trauma in young children often results in physiologic changes at the neurotransmitter and hormone levels that may potentially alter the brain structure. Neuromodulators released during a stressful event have been found to have an enhancing or diminishing role in terms of memories for events (Bremner, Krystal, Charney, & Southwick, 1996). These neurological changes can also impair the child’s ability to focus and learn (Harden, 2004).

**Hippocampus.** The hippocampus is largely involved in the pathophysiology of PTSD. The hippocampus, a medial temporal brain structure in the limbic system, is engaged during encoding and retrieval of memory, especially episodic memories, and is responsible for new learning and memory (Carrion et al., 2007). Bremner, Randall, Scott, Bronen, Seibyl, Southwick, Delaney, McCarthy, Charney, and Innis (1995) assessed the effect of traumatic stress on hippocampal damage by using magnetic resonance imaging (MRI) to quantify hippocampal volume loss, and compared 26 Vietnam veterans with combat-related PTSD to 22 matched
healthy controls. Bremner et al. (1995) found an 8% decrease in MRI-based measurement of right hippocampal volume in PTSD patients, and these declines were associated with deficits in short-term memory. Past research has shown that elevated cortisol levels in PTSD patients may be the etiology of atrophy in the hippocampus. This could potentially be a result of damage to the hippocampal neurons which cause the hippocampus to shrink. This may be a result of high cortisol levels that occurred at the time of the stressor, but persist many years after the initial trauma.

Another possibility for stress-induced reduction of hippocampal volume is sensitivity of hippocampal glucocorticoid receptors to circulating cortisol. This is supported by hippocampal atrophy and cognitive deficits in patients with Cushing’s disease, who experience glucocorticoid mediated toxicity as a result of the abnormal elevations of cortisol. A third possibility is that small hippocampal volume may be present at birth, and provide an increased risk factor for development of PTSD later in life (Bremner, Randall, Scott, Bronen, Seibyl, Southwick, Delaney, McCarthy, Charney, and Innis, 1995). Bremner et al. (1995) also provides a reasonable explanation in favor of the controversial issue of recall of memories of childhood abuse. Because the hippocampus is crucial in integrating or binding together various aspects of a memory at the point of recollection, atrophy and dysfunction of the hippocampus can potentially lead to distortion and fragmentation of memories. Bremner, Randall, Scott, Bronen, Seibyl, Southwick, Delaney, McCarthy, Charney, and Innis (1995) distinguish between the unlikelihood of delayed recall of traumatic events in just any individual exposed to traumatic stress, and rather would occur only in those who developed PTSD with the associated hippocampal atrophy and dysfunction.
Though several studies have shown that hippocampal volume in PTSD groups do not immediately differ from healthy controls (Carrion et al., 2001; Woon & Hedges, 2008), a more recent study by Carrion et al. (2007) found that hippocampal volume took time to change (12 to 18-month interval) in children with a maltreatment history. Carrion et al. (2010) found that healthy children demonstrate reduced activation of the right hippocampus during memory retrieval tasks, as opposed to the PTSD group, which showed reduced left hippocampal activation correlated to the severity of avoidance and emotional numbing symptoms. All of these findings suggest that the memory deficits experienced by children with PTSD may be related to activation deficits in the hippocampus, and that these problems in the hippocampus develop over time and don’t manifest immediately (Carrion, Wong, & Kletter, 2013).

De Bellis, Hooper, Woolley, and Shenk (2010) gave 216 diagnostic interviews, brain imaging, and neuropsychological evaluations to children with maltreatment histories and found that similarly to adult PTSD, pediatric PTSD symptoms are correlated with lower visual memory performance. This poorer visual memory reflects dysfunction within the hippocampus, and is not correlated to reduced volume, as previously speculated. These findings also suggest dysfunction in other areas of the brain, such as the right hemisphere, left parahippocampal area, the left lingual gyrus, and the parietal and prefrontal cortices.

**Prefrontal cortex.** Contrary to the trauma literature’s growing support that memory deficits are a result of the traumatic stress response degrading the hippocampus, Wilson, Hansen, and Li (2011) suggest the possibility that learning (and not memory) suffers during a traumatic event because of attentional and encoding deficits in the prefrontal cortex. This is a viable hypothesis considering that some studies have found that PTSD creates deficits in encoding or working memory, as well as in sustaining attention in continuous performance tasks (Wilson,
Hansen, and Li, 2011). When one relives trauma, the frontal lobe areas of the brain critical for executive functioning deactivate, leaving the person to rely on more primitive functioning consisting of fear and arousal (Van der Kolk and Najavits, 2013). Thus far, studies have primarily focused on neuropsychological assessments measuring global executive functioning in traumatized children and adolescents, which is controlled by the hippocampus. Only recently have neuropsychological studies comprehensively expanded their research to examine all neuropsychological domains in child welfare populations (De Bellis et al., 2010).

**Trauma Symptoms Associated with Sexual Abuse**

Children who are sexually abused are even more vulnerable because of the unique symptoms of trauma. During investigative interviews, children who had experienced alleged sexual abuse appear to be more stressed than those who had suffered from physical abuse (Katz, Hershkowitz, Malloy, Lamb, Atabaki, Spindler, 2012; Sayfan et al., 2008). Sexual abuse has been found to be the only unique predictor of PTSD in comparison to physical abuse and exposure to other types of trauma (Frounfelker et al., 2013). Though brain development can significantly reduce both brain size and IQ in all varieties of severe childhood abuse (Cohen, Perel, DeBellis, Friedman, & Putnam, 2002), child victims of sexual abuse have been shown to have higher rates of posttraumatic stress disorder, dissociative symptoms (Collin-Vezina, 2011), and significant delays in language and memory than child victims of other forms of maltreatment or trauma (Berliner, 2011; De Bellis et al., 2010; De Bellis, Woolley, and Hooper, 2013; Dubner & Motta, 1999; Noll et al., 2010). These negative effects are unique to sexual abuse, as it is usually perpetrated by someone known to the child, or a close relative; and the probability of developing PTSD significantly increases as the victim’s physical closeness to the stressor increases (APA, 1996).
Importance of the Role of the Forensic Interviewer

Avoiding suggestive interviewing. The forensic interviewer must obtain accurate information with skill and integrity to protect vulnerable children from further abuse. The forensic interview occurs while the abuse status is still being determined. At this phase of the investigation, the sexual abuse allegations are suspected and have not been substantiated. The child may be non-/partial disclosing because the trauma of the abuse has affected the child’s ability to articulate or remember, or the child may be non-/partial disclosing because the abuse genuinely did not occur. These factors are why obtaining a true disclosure can be so difficult to obtain. Because collecting disclosed information from the child is crucial to the entire course of the investigation and can have a significant impact on the family, suggestibility may occur because interviewers are concerned with obtaining enough information from the child victim to support and protect the child through a successful investigation (Lyon, 2002). An interview that yields either too little or coerced information can have negative consequences for the family; whether it be breaking up a family, wrongful incarceration for the accused, or leaving the child unprotected to be re-victimized. Loftus (1993) put the incidence of repressed memories of childhood abuse between 18% to 59%.

An epidemic of recovered memories of child sexual abuse elicited through suggestive interviewing surged in the 1980s and 90s. In the 1980s, a series of ritualistic, Satanic abuse allegations in the United States and Europe ignited a media frenzy (Kelley, 1996; Nathan & Snedeker, 1995). Cases such as the McMartin Preschool case (People v. Bucky) and the Michaels case (New Jersey v. Michaels) involving mass allegations of child sexual abuse against preschool staff were found to use a significant amount of leading and suggestive questioning by prosecutors (Garven, Wood, Malpass, & Shaw, 1998; Myers, 1994). The case of Eileen Franklin,
who in 1989, underwent hypnotherapy and recovered repressed memories of her father raping and murdering her childhood best friend (Loftus & Ketcham, 1996), and the case of Holly Ramona (Ramona v. Ramona) who was administered the “truth serum” (sodium amytal) by her psychiatrist from whom she was seeking treatment for bulimia and retrieved repressed memories of childhood sexual abuse (Maran, 2010). The improper interviewing techniques used in investigations and clinical practice lead to an eruption of psychological research on development, memory, and communication, as well as increased legal and practice standards in interviewing (Walker, 2002; Toth & Cicchetti, 2006).

**Future determinations.** As mentioned earlier the forensic interviewer determines what happens next: child protection, criminal charging, and therapeutic decisions.

**Methodological Reasons this Topic is Understudied**

The fact that this is an understudied topic also contributes to the vulnerability of this group. There are several research methodological issues that arise in determining children’s disclosure of sexual abuse allegations and what actually occurs. The first methodological issue is that studies which sample participants from abuse evaluation clinics often overlook the probability of the subjects’ abuse status. The implications of this oversight mean that children who were not abused and as a result, appropriately did not disclose were included in the data and skewed the disclosure/recantation rates among abused children.

A second methodological issue is that children’s abuse status are classified by such criminal offences and evidence criteria as perpetrator convictions, plea bargains or confessions, medical evidence, other physical evidence, and children’s statements (London, Bruck, Wright, & Ceci, 2008). This approach can be misleading in some situations, as the accused may have accepted a plea bargain due to circumstances of stress, financial burden, and uncertain outcomes.
of the impending trial (Ceci & Bruck. 1995). Also, medical examinations are often unreliable. It is rare when genital or anal abnormalities are found, but even if physical symptoms are detected, similar abnormalities can sometimes also be found amongst non-abused children (Berenson et al., 2000). Finally, solely using children’s disclosures as evidence can be problematic in determining with high certainty that abuse actually occurred.

A third methodological issue in reflecting accurate numbers of abuse in regards to disclosure is including cases in which repeated, suggestive interview methods lead to cases where substantiation of the abuse is highly questionable (i.e. satanic ritualistic abuse and unfounded allegations against daycare workers). A fourth methodological issue is that including samples of children undergoing child sexual abuse can include extended forensic interviewers (intended for those who did not disclose abuse in the first, formal interview). Such repeated interviewing can increase the likelihood of false reports. A fifth methodological issue in interpreting sexual abuse disclosure research is that some children (more likely, adolescents) in substantiated samples may have had sexual contact with peers and not with adults, and that these alleged victims may be more intentioned at protecting the sexual partner or protecting him- or her-self from illicit activity (London, Bruck, Wright, & Ceci, 2008).

The sixth and final methodological issue involves recantation. The current research shows that a small minority of children who have experienced abuse recant abuse (London, Bruck, Wright, & Ceci, 2008). Malloy et al. (2007) show that 23% of their sample of mostly Latina girls who were facing or had already undergone foster placement as a result of confirmed abuse or an unsupportive, non-offending parent recanted abuse. Recantation rates are unreliable, as interpretation of these rates could either reflect a false allegation of sexual abuse to a true
denial or could reflect a false denial to a true disclosure (London, Bruck, Wright, & Ceci, 2008). Recantation rates may also not be included in the final statistics of disclosure of abuse.

**The Evolution of My Research Questions**

Reflecting back on my initial research questions, I can’t help but feel pride over my journey on my first major independent research project. Based on my literature review, I had come to the assumption that forensic interviewing protocols were only using open-ended narrative questions to avoid suggestibility, and that forensic interviewers were having to deviate from protocol to accommodate children who were more challenging in terms of disclosure, and my first round of research questions reflect this. The three questions that I identified for my preliminary hearing, prior to data collection were the following:

1. Deviating from Best Practices: Why and how do forensic interviewers who work at Children’s Advocacy Centers (CACs) deviate from best practices (use of an interviewing protocol) in cases of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?

2. Training: How does forensic interviewer training (if any) for professionals regarding use of interview protocols impacts decision-making in situations of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse (if at all)?

3. Consequences: What do the potential professional consequences look like for the forensic interviewer, how does the decision outcomes of the case impact the child/family when the forensic interviewer deviates from the protocol, and how does the failure to collect detailed/accurate/substantial information impact the child/family in circumstances of non-/partial disclosure in alleged sexual abuse cases?
While trying to earn the trust of the necessary gate keepers, the administration team of Children’s Advocacy Centers of Illinois (CACI), I was allowed to attend the weeklong Child First protocol training in October 2017 in Springfield, Illinois. Though the purpose of this training initially in my mind was to impress the Coordinator of Education and Training, I was humbled to learn how little I knew about contemporary forensic interview practices, how much the field of forensic interviewing valued research and evidence-based practice, and how sincere the trainers and incoming forensic interviewers were in protecting children without coercing them in the interview. After the training, I immediately went back to the drawing board and revised my three research questions to be less about deviation, and more about adhering to best practices.

The two major components I learned that influenced the development of my research questions was that the forensic interviewer relied on a multidisciplinary team (MDT), who observes the interview in a separate room; and also that the forensic interviewer is expected to serve as what was termed as an “expert witness” in the Child First training in court at the child’s trial. These are aspects that did not arise in my literature review. Another major perspective that I changed in my three research questions was removing the component of deviating. Immediately, I learned in the training that the protocol was evidence-based, trauma-informed, and very flexible, and that forensic interviewers could use close-ended questions as long as they funneled to and from open-ended questions, and they weren’t introducing new information. Because of this, I ultimately altered my research questions to be more focused on how the forensic interviewer uses the protocol, training, and MDT to accommodate non- and partial disclosure. Because the protocol was so flexible in addition to removing the term, “deviating,” and replacing this with, “accommodating,” I also removed the consequences component, as it appeared that the
consequences mostly came for those forensic interviewers who served as 115-10 hearing witnesses.

My revised questions to reflect what I learned at the training are below:

1. How do best practices (use of an interviewing protocol) informs approaches and strategies of forensic interviewers who are employed by Children’s Advocacy Centers in cases of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?

2. How does the role of multidisciplinary teams impacts decision-making of forensic interviewers who are employed by Children’s Advocacy Centers in situations of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?

3. How does information gathered by forensic interviewers who are employed by Children’s Advocacy Centers affect the quality of testimony as an expert witness in cases of non- or partial disclosure of children who are suspected of experiencing sexual abuse?

My dissertation committee recommended that I conduct a pilot study and after finally gaining access to forensic interviewer participants, I conducted a pilot study using eight forensic interviewer interviews. One of the main pieces of information I learned from these face-to-face interviews that being called in as an expert witness was not something that happened frequently, because not all cases went to trial, and many of those that did, resulted in a plea, thereby avoiding a full trial, and a need for an expert witness. Another important legal component I learned was that in the state of Illinois, forensic interviewers are qualified as 115-10 hearing witnesses and not expert witnesses, which contradicted what I had learned in the training. Because of this newly discovered knowledge, I kept the first two original research questions and replaced my third question that was initially about repercussions of deviating to how forensic interviewers use their MDTs.
1. How do best practices (use of an interviewing protocol) inform approaches and strategies of forensic interviewers who are employed by Children’s Advocacy Centers in cases of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?

2. How does professional forensic interviewer training regarding use of interview protocols impact decision-making in situations of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?

3. How does the role of multidisciplinary teams (MDTs) influence techniques implemented by forensic interviewers in eliciting information who are employed by Children’s Advocacy Centers in situations of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?

**Methodological Approach**

Though grounded theory is the most appropriate methodology to implement, as there is no theoretical framework provided in the present literature, time limitations prohibited the researcher from completing a full, in-depth grounded theory analysis. Instead, qualitative description, which is similar to the first and open-coding phase, was performed. This study initially proposed to interview forensic interviewers that are all employed at CACs within the state of Illinois to develop a theory that explains how forensic interviewers from Children’s Advocacy Centers (CACs) use best practices (use of an interviewing protocol), how professional training impacts decision, and how MDTs influence techniques implemented by forensic interviewers in eliciting information from children who are suspected of experiencing sexual abuse and are non- or partial disclosing. However, as previously explained, full themes weren’t created because grounded theory wasn’t completed in its entirety. The current study used the ecological system to position the research and interview questions.
CHAPTER 2: DESCRIPTION OF CONTEXT, LITERATURE REVIEW, AND THEORETICAL FRAMEWORK

This chapter provides a detailed description of the context and background of the research questions, as well as an exploration of the scholarly literature that outlines the current knowledge base in forensic interviewers’ deviation from protocol in child protection cases of sexual abuse where nondisclosure and partial disclosure are factors. This chapter also explains both the theoretical framework used, as well as the rationale for development.

Description of Context and Background

Models of Disclosure in Child Sexual Abuse Cases

The child abuse accommodation syndrome model was developed by R.C. Summit (1983) and based upon five categories (1. Secrecy, 2. Helplessness, 3. Entrapment and accommodation, 4. Delayed conflicted and unconvincing disclosure, and 5. Retraction) that were derived from clinical accounts in cases where children’s allegations were disbelieved, and the resulting secondary trauma associated with reporting abuse.

Sorensen and Snow (1991) retrospectively examined 116 cases of confirmed sexual abuse that partially confirmed Summit’s proposed stages of disclosure, and identified their own four stage disclosure process: 1. Denial, 2. Disclosure (first tentative, then active disclosure), 3. Recant, and 4. Reaffirm. Sorensen and Snow (1991) found that only 11% initially disclosed without markers of denial or tentativeness, and 75% of their sample initially denied being sexually abused when first questioned. Seventy-eight percent of their sample then tentatively moved to middle ground at first, and then began actively disclosing the abuse. Twenty-two percent of the sample recanted their initial allegations of sexual abuse, and 92% of those who
recanted reaffirmed the original allegations. Recantations do not necessarily indicate that the child is lying, but more so that children are less confident in their perceptions of reality when challenged by adult opposition or indifference (Henderson, 1996).

Bussey and Grimbeek (1995) suggested a four-step disclosure process that uses the tenants of social cognitive theory to distinguish between children’s ability to remember events from their willingness to report those events. The four phases include: 1. Attentional processes (the attention paid to the central and peripheral aspects of the original event), 2. Retention processes (the mental representation of the event in terms of children’s visual or verbal-conceptual coding, depending on the child’s age, as well as the amount of rehearsal of the experienced event), 3. Production processes (the assessment techniques used to establish children’s memory for the events), and 4. Motivational processes, consisting of three sub-processes: 1. Outcome expectations (anticipated punishments or rewards for accurate and truthful disclosures, false allegations, or false denials), 2. Internal evaluative reactions (anticipated embarrassment, self-blame, pride for accurate and truthful disclosures, false allegations, or false denials), and 3. Self-efficacy expectations (beliefs about one’s ability to disclose sexual abuse regardless of disbelief or negative reactions from others regarding the disclosure, and to resist leading questions). Bussey and Grimbeek’s (1995) approach is unique in several ways. First, it gives weight to children’s memory and motivation factors in regards to a child’s choice to report the event; and second, prioritizes assessment and interviewing procedures in obtaining accurate information and reducing suggestive questioning.
Structured Protocols

Narrative Elaboration Technique (NET)

The narrative elaboration technique (NET) is a supplementary pre-interview training that implements use of picture cards that focus on “who, where, what happened, what was said, what was felt,” and avoids more ambiguous questions regarding “when, why, how long, how many times” to cue memory retrieval. The picture cards are used to discuss neutral experiences first, and then using the same picture cards again to address abuse-related questions (Saywitz & Snyder, 1993, 1996). Though laboratory studies show that the implementation of NET is effective in increasing detailed information of the abuse-related event in children with mental disabilities and preschoolers (Campaio, Wagner, & Saywitz, 2001), as well as with children ages eight to nine who have experienced long delays between event and investigation (Brown & Pipe, 2003), Brown and Lamb (2009) suggest that further research is needed in the application of NET through field studies of actual abuse and criminal allegations.

Touch Survey

In the early 1980s, Sandra Hewitt developed the Touch Survey, recommended for children over the age of three, with the purpose of screening for child abuse (Hewitt, 1998). The Touch Survey assesses the various touches the child has experienced using a continuum, ranging from good to neutral to bad; the associated feelings and body locations; and who touched him or her. In children between the ages of four and eight, the interviewer should present an ice breaker exercise that includes reviewing various emotions and its corresponding faces to assess the child’s self-representational skills and attention span, as well as build rapport. This warm-up exercise is not necessary for children over the age of eight (Hewitt, 1998). A study by Hewitt and
Arrowood (1994) showed the Touch Survey to provide fewer but more accurate disclosures, and therefore should be used in conjunction with other empirically supported interviewing methods.

**Cognitive Interview (CI)**

The cognitive interview (CI) is a five-stage, probed recall interview protocol that uses a cognitive reinstatement approach of mnemonics to trigger memory retrieval, and has potential to be appended to standard interviewing procedures, such as the NICHD (Brown & Lamb, 2009). The CI was initially developed for adult witnesses by Fisher and Geiselman (1992), and was later adapted for children (Fisher & Geiselman, 1992; Saywitz, Geiselman, & Bornstein, 1992). The cognitive interview involves four interviewing techniques that prompt remembering by reliving the five senses of the event: 1) mentally reconstructing the event, 2) reporting every detail of the event without giving hierarchical weight based on perceived importance, 3) recalling the event in varying sequences, and 4) describing the event from different perspectives (Fisher & Geiselman, 1992; Olafson, 2012; Saywitz et al., 1992).

Gentle, Milne, Powell, and Sharman (2013) matched 150 children by age, and compared the use of a cognitive interview procedure in enhancing coherent narrative accounts of children with and without intellectual disabilities. In the study, both groups of children observed a videotaped magic show, and then were interviewed the next day using either a cognitive interview or a structured interview (Gentle at al., 2013). Gentle et al. (2013) concluded that the cognitive interview resulted in more correct details, more contextual background details, more logically chronologically ordered sequences, more temporal markers (i.e. sequential signposts), and fewer inconsistencies in both groups of children than the structured interview.
The CI has been shown to successfully increase the amount of reported information with equal accuracy in laboratory studies with adult witnesses. Concerning children, results have been mixed, but are generally positive. Faller, Grabarek, Nelson-Gardell, and Williams (2011) found that not only were forensic interviewers significantly more likely to use the cognitive interview in comparison to other interviewing techniques, such as narrative elaboration, touch education, and hand-drawn anatomical drawings; but were more likely to implement the cognitive interview in cases when older children were involved. Because the essence of the cognitive interview requires context reconstructions; i.e. asking the child to visualize or demonstrate (through drawings or with a dollhouse) the details of the abuse, followed by a verbal account in chronological order of any recollections of the abuse (Saywitz, et al., 1992), it is reasonable to assume that cognitive interviews are used in interviewing older children because they are more likely to possess the skills necessary to execute the requested tasks (Faller, Grabarek, Nelson-Gardell, Williams, 2011).

Though the CI is widely used and accepted, Olafson (2012) recommends that the CI be used cautiously. Imagining events from another party’s perspective is problematic especially in child and adolescent forensic interviewing, as departure from reporting of real events could increase suggestibility. Thus, the CI should be limited to memory recall of greater detail post disclosure and after all free recall has been exhausted (Olafson, 2012).

**Child Sexual Abuse Interview Protocol (CSAIP)**

The Child Sexual Abuse Interview Protocol (CSAIP) consists of four sections (Rapport Building, Free Narrative Account, Questioning, and Closing the Interview) that complement the natural transitions that occur in an interview (Cheung & Boutté-Queen, 2010), and follows the
Principal Steps of the “Step-Wise Interview” (Yuille et al. (1993) and the Memorandum of Good Practice (HMSO, 1992). The stepwise interview (Yuille, Hunter, Joffe, & Zaperniuk, 1993) involves the following interviewing procedure: 1. Rapport building with the child, 2. Two neutral, specific questions, 3. A free-narrative session focusing on the target event, 4. General questions, 5. Specific questions, 6. Closing. The CSAIP contains 100 itemized, flexible, guidelines intended for specific use in child sexual abuse investigations. Each of the four sections of the CSAIP consists of question items aimed to not only facilitate the interviewing process, but also to collect information for assessment leading to further action (i.e. determination of sexual abuse, potential filing of criminal charges) The interview questions in the CSAIP have been shown to accommodate the cognitive ability and age of the child (Cheung and Boutté-Queen, 2010).

**The NICHD Investigative Interview Protocol**

The NICHD was published in 2000, and developed by Yael Orbach and colleagues (Orbach et al., 2000) at the National Institute of Child Health and Human Development (Orbach, Hershkowitz, Lamb, Sternberg, Esplin, & Horowitz, 2000; Sternberg, Lamb, Orbach, Esplin, and Mitchell, 2001). The NICHD investigative protocol, an evidence-based, rigorously evaluated (Lamb et al., 2008) forensic interviewing model is intended to apply professional recommendations to practical field work, and has been found to be equally effective for all ages (Chronch, Viljoen, & Hansen, 2006) in reducing suggestive questioning and increasing the number of details elicited from children. The advantage of the NICHD is that it provides operational guidelines that encourage the interviewer to practice as closely to the recommendations of relevant experts and professionals as possible (Cyr, Dion, McDuff, and
Sylva, 2012) while allowing the interviewer to adapt interview procedures to be sensitive to the child’s developmental level (Cronch, Viljoen, Hansen; 2006).

Studies across multiple countries support the NICHD protocol as the gold standard in forensic interviewing in eliciting more accurate and less suggestible information from children (Perona, Bottoms, and Sorenson, 2006). Lamb, Orbach, Hershkowitz, Esplin, & Horowitz (2007) reviewed independent field studies from four different countries (the U.S., the U.K., Israel, and Canada) (Cyr et al., 2006; Lamb, Orbach, et al., 2006; Lamb Sternberg, et al., 2006; Orbach et al., 2000; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001) and found significant increases in the quality of interviewing information from the alleged victim when forensic interviewers utilized the NICHD Protocol. The Protocol was found to be consistent across the variety of cultural settings amongst these four countries. Though the NICHD is similar to and informed by the Step-Wise and Cognitive Interview (Fisher & Geiselman, 1992), it is more highly scripted to avoid suggestive questioning (Perona, Bottoms, Sorenson, 2006).

The NICHD protocol requires a 5-day training program (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012) that offers interviewers individual feedback and regular group discussions (Cronch, Viljoen, Hansen; 2006). For many months post the initial 5-day training, individualized analysis of transcribed interviews are opened to the trainees (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012).

The NICHD consists of three (introduction, substantive, and closing) phases (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012). During the introduction phase, the interviewer presents herself, defines her role, describes the expectation of the child’s tasks (i.e. tell the truth) (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012; Chronch, Viljoen, Hansen, 2006), encourages the
child to use the phrases “I don’t understand” and “I don’t know” when appropriate (Persona, Bottoms, and Sorenson, 2006), and establishes ground rules (Chronch, Viljoen, & Hansen, 2006; Cyr, Dion, McDuff, and Trotier-Sylvain, 2012). The interviewer also familiarizes the child in responding to open-ended invitations and refocusing probes using neutral experiences (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012). The interviewer then begins building rapport by asking the child to describe one or more recent neutral event, which trains the child to openly respond to question prompts (Cyr, Dion, McDuff, & Trotier-Sylvain, 2012; Persona, Bottoms, and Sorenson, 2006).

The substantive phase consists of open-ended utterances, non-suggestive invitations, and free recall prompts to encourage disclosure (Chronch, Viljoen, & Hansen, 2006; Cyr, Dion, McDuff, and Trotier-Sylvain, 2012) to attempt to identify the target events under investigation (Chronch, Viljoen, & Hansen, 2006; Scher, 2009), inquiring first about the most recent known event for better recall purposes (Perona, Bottoms, & Sorenson, 2006), and then moves to follow-up and cued invitations that reference details previously disclosed by the child, if the child makes an abuse allegation (Cronch, Viljoen, Hansen, 2006; Scher, 2009). The NICHD Protocol was intentionally structured to substantially increase the number of details a child would share in an interview by improving the quantity of more open-ended utterances (i.e. the investigator makes an open-ended request formulated as a statement, question, or imperative that the child recall any information about the incident, such as “Tell me everything that happened,” or “Tell me more about that.”), and decreasing the amount of option-posing (i.e. the interviewer confirms details not previously mentioned by the child and asks for agreement, negation, or selection of an option provided by the interviewer) and suggestive utterances (i.e. the interviewer assumes information that the child has not disclosed or implies an expectation of a specific response, like “He wanted
you to kiss him, didn’t he?”). Heshkowitz, Orbach, Lamb, Sternberg, & Horowitz (2006) found that open-ended questioning techniques in protocol interviews that were prioritized lead to sufficiently higher amounts of facilitators and other supportive comments directed towards the child.

Because the NICHD protocol encourages open-ended inquiries and because these types of free-recall questions have been found to elicit more accurate details, the NICHD protocol is very effective (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012; Cyr & Lamb, 2009; Lamb et al., 2009; Lamb et al., 2007; Lamb et al., 2008). Use of the protocol accounted for interviewers using at least three times more open-ended and approximately half as many option-posing and suggestive prompts in comparison to interviewing without the protocol in comparable scenarios involving children of the same age. Studies show that when interviewing preschoolers, about half of the forensically relevant details and more than 80% of the initial disclosures of sexual abuse were prompted by free-recall questions of the protocol. These results suggest that free-recall should be used, and should be used first, exhausting all possibilities of cued-invitations before introducing direct prompts, as the NICHD protocol does. More direct questions or option-posing questions can be used to verify details that could not be elicited by open-ended inquiries (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012).

Following the free-recall, open-ended questioning phase, the interviewer can ask more directive, abuse-specific, and option-posing questions (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012; Lamb, Orbach, Heshkowitz, Esplin, & Horowitz, 2007) by requesting that the child describe their purpose for being interviewed (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012). This also prevents the introduction of case information by the investigator that is required in option-posing and suggestive questions which could potentially contaminate the child’s report,
particularly when younger children are interviewed (Bjorklund, Bjorklund, Brown, & Cassel, 1998; Ceci & Bruck, 1995; Memon, Wark, Holley, Bull, & Köhnken, 1996).

At the closing phase of the interview, the interviewer discusses disclosure if one was made, the child’s disclosure history, and moves back to a neutral topic (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012; Scher, 2009).

Structure Interview of Symptoms Associated with Sexual Abuse (SASA)

The Structure Interview of Symptoms Associated with Sexual Abuse (SASA) was developed by Robert Wells and colleagues (Wells et al., 1997), and consists of 26 areas of questioning, including such symptoms as nightmares, difficulty concentrating, frequent stomachaches, increased knowledge about sex, aggression, seductive behavior towards others, and bedwetting; all reflecting empirically-based conclusions about the presenting emotional, behavioral, and physical symptoms commonly associated with sexual abuse.

Structured interviews such as the Structured Interview of Symptoms Associated with Sexual Abuse (SASA) and the National Institute of Child Health and Human Development (NICHD) are supported by empirical evidence that implementing a structured approach is effective and improves the quality of the interviews (Cronch et al., 2006).

Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure (RATA – Finding Words)

Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure (RATA) is a semi-structured forensic interviewing protocol that covers procedural aspects, including child development issues and an administration tutorial. RATA was created by Cornerhouse
Interagency Child Abuse Evaluation and Training Center in 1989 (Vieth, 2006) in Minneapolis, Minnesota and is used in tandem with the American Prosecutors Research Institute in the Finding Words five-day, intensive, child abuse forensic interviewing course. The protocol is adaptable to fit the individual needs of each child, and is used in children from 3 to 18 years old (Vieth, 2006). The semi-structured presentation of the protocol allows the interviewer the flexibility to move between five different phases in any order dependent upon the wishes and developmental ability of the child, and type of disclosure the child has made (Scher, 2009). Faller, Grabarek, Nelson-Gardell and Williams’ (2011) research on extended assessments of children suspected of sexual abuse suggests that when trained interviewers are given some flexibility within protocol formats, that they elect to use appropriate techniques that yield a significant level of confirming outcomes, especially in regards to children who are not in an active stage of disclosure.

The protocol routinely introduces anatomical drawings with the function of allowing the child to name body parts prior to the abuse inquiry (Olafson, 2012). Forensic interviewing with anatomically detailed dolls is a controversial interviewing technique, as the research reflects conflicting results as to whether the dolls aid in recall (APSAC, 2002; Boat & Everson, 1996; Britton & O’Keefe, 1990; Carnes, 2000; Melton, Petrila, Pythress, & Slobogin, 1997) or elicit false confessions (Bruck & Ceci, 1995; Ceci & Bruck, 1993; DeLoache, 1995; Santtila, Korkman, & Sandnabba, 2004). Research indicates that, used with caution, anatomical dolls could be useful aids when interviewing school age children; however, it is recommended to avoid anatomical dolls in preschool children, as this age group is primarily at risk for suggestibility and lacks self-representational skills (APSAC, 2002; Carnes, 2000). Though the American Prosecutors Research Institute’s Finding Words manual (Walters, Holmes, Bauer, &
Vieth, 2003) presents guidelines regarding implementation of anatomical dolls; standard versions of the NICHD protocol, as well as most other national trainings do not include use of anatomical dolls as demonstration aids (Olafson, 2012).

Like the CAC model, RATAc endorses a multidisciplinary approach to reduce the repeated interviewing of the child victim. RATAc is a method that is taught, and cannot be learned by reading a manual. Finding Words students who are learning RATAc are required to conduct their own research and conduct practice interviews under rigorous peer and professional review (Scher, 2009).

**Extended Forensic Evaluation**

The extended forensic evaluation, developed by Connie Carnes, formerly of the National Children’s Advocacy Center in Huntsville, Alabama, has three specific purposes: 1) to allow children whose cases include indicators that abuse occurred, and yet do not disclose abuse during the first interview to provide information over time in a non-threatening environment; 2) to clarify the extent of the abuse or any other information not disclosed in the initial interview; 3) to gather information in determining if abuse has occurred and if so, by whom, and to assist in legal and treatment decisions. For the extended forensic evaluation, it is recommended that the interviewer be a graduate level mental health professional with prior experience working with children, training in child sexual abuse and child development, and experience conducting interviews and testifying in court (Carnes, 2000).

Carnes (2000) suggests six sessions for the extended forensic evaluation (one with the non-offending caregiver, and five weekly 50-minute sessions with the child). The five stages of information-gathering in the extended forensic evaluation model includes: 1) Interviewing agencies and people related to the case that can supply background information, without
interviewing the child victim (i.e. law enforcement, child protective services, physicians, and the non-offending caregiver); 2) Begin the interview with the child victim by building rapport, assessing development, and establishing ground rules; 3) conduct social and behavioral assessments and checklists (i.e. Child Behavior Checklist, Trauma Symptom Checklist for Children, Child Sexual Behavior Inventory); 4) Engage abuse-specific questioning, relying on a variety of interviewing techniques depending on necessity (i.e. open-ended questions, the Touch Survey, cognitive interviewing techniques, free-style drawings, nonanatomical dolls, etc.); 5) The interviewer reviews and clarifies the child’s statements, provides the child with safety information, and makes treatment referrals if necessary. Finally, the interviewer consolidates and assesses the gathered information using the Forensic Evaluation Critical Analysis Guide and formulates a written report to the multidisciplinary team (Carnes, 2000, 2005; Carnes et al., 1999).

Faller, Cordisco-Steele, and Nelson-Gardell (2010) reviewed two models for extended assessment: 1) the Forensic Evaluation model developed by the NCAC (Carnes, Wilson, et al., 1999; Carnes et al., 2001), and 2) the Extended Assessment Model developed by the University of Michigan Family Assessment Clinic (FAC) (Faller, 2007; University of Michigan Family Assessment Clinic, 2009) and found that a significant majority of child sexual abuse cases referred for extended assessment had unresolved concerns after receiving a single interview from a CAC, child protection, and/or law enforcement, as a result of children being young (Hewitt, 1999), developmentally or physically challenged (Davies & Faller, 2007), frightened, or culturally different (Fontes, 2000), complicated allegations as a result of conflicting prior findings, multiple forms of maltreatment, divorce/custody disputes (Faller, 2003), or bizarre characteristics (Dalenberg, Hyland, & Cuevas, 2002). Faller et al. (2010) also found that both
models recommend supplementing standardized assessments with a behavior checklist; i.e. the Child Behavior Checklist (Achenbach, 1991), the Child Sexual Behavior Inventory (Friedrich, 1999), and the Trauma Symptom Checklist for Children (TSCC; Briere, 2001) or the Trauma Symptom Checklist for Young Children (Briere, 2005).

The extended forensic evaluation has been found to be effective in clearly determining the credibility of disclosures, though evaluation research on this model is limited (Carnes et al., 1999; Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001). Criticism for the extended forensic evaluation model includes distinguishing between the role of a mental health professional, who uses clinical techniques to encourage children to express any feelings or thoughts related to treatment, regardless of accuracy; versus a forensic interviewer whose main purpose is to collect relevant, factual information (Carnes, 2000; Carnes et al., 1999; Wyatt, 1999).

**Literature Review**

**Best Practices and Deviation in Forensic Interviewing**

**Forensic interviewers do deviate from protocol.** Forensic interviewers generally neglect to adhere to empirically based protocols (Davey & Hill, 1999; Warren, Woodall, Hunt, & Perry, 1996). Past research has demonstrated significant problems in child interviews with age-appropriate language, complex syntax, and interview protocols that were loosely adhered to (Fivush et al., 2002; Fritzley and Lee, 2003; Peterson and Grant, 2001; Peterson et al., 1999). Interviewers generally failed to initiate abuse-related questions with open-ended questions, and frequently introduced new material not previously disclosed by the child without clarifying the sources of this new information (Warren, Woodall, Hunt, & Perry, 1996). Cyr, Dion, McDuff, Trotier-Sylvain (2012) found that protocol adherence led to at least four to six times the amount of open-ended utterances, which resulted in eliciting more information from the child; however,
deviations in using open-ended questions or free-narrative prompts that are recommended in “best-practice” guidelines accounted for less than 25% of elicited information reported by children in field interviews (Orbach, Sternberg, & Lamb, 2000; Sternberg, Lamb, Davies, & Westcott, 2001). Sternberg et al. (2001) reviewed 119 interviews conducted in England and Wales and found that interviewers used leading and suggestive questions in 40% of elicitations from children. Myklebust and Bjorklund (2006) examined 100 police-conducted forensic interviews with children and found ten times the number of closed questions than the recommended open-prompts, regardless of high levels of training, experience, and competency. Hershkowitz et al. (2006) observed taped interviews with children who had disclosed and those who did not (though there was “substantial” reason to believe the abuse had occurred), and found that forensic interviewer approaches more frequently included closed question prompts, offering fewer details and giving more uninformative responses at the start of the interview when interacting with children who were somewhat uncooperative and not very forthcoming.

Inappropriate question practices, such as infrequently using open-ended questions in child sexual abuse forensic interviews have been corroborated by a number of studies (Aldridge, 1992; Davies, Wescott, & Horan, 2000; Freeman & Morris, 1999; Krähenbühl, 2011; Sternberg, Lamb, Hershkowitz, Esplin, & Redlich, 1996; Wescott & Kynan, 2006) denoting a focused-question rate of over 80%, and only 6% of open-ended, free-recall questions (Cyr, Dion, McDuff, & Trotier-Sylvain, 2012). Davies and Wilson (1997) found that interviewers, though capable of generating open-ended questions (i.e. “Tell me everything that happened from beginning to end”), had difficulty using free-narrative prompts throughout the interview, most of which asked specific questions in the early stages of the interview when free-narrative is crucial.
In addition to the United States, countries including Australia, Canada, Finland, Great Britain, Israel, Norway, and Sweden have demonstrated similar trends (Aldridge & Cameron, 1999; Cederborg, Orbah, Sternberg, & Lamb, 2000; Cyr & Lamb, 2009; Faller, 1996; Korkman, Santtila, Westeraker, & Sandnabba, 2008; Lamb et al., 2009; Orbach et al., 2000; Myklebust & Bjorklund, 2010; Sternberg, Lamb, Davies, Westcott, 2001; Thoresen, Kyrr, Melinder, Stridbeck, & Magnussen, 2006).

**Need for guided, structured interviewing techniques in young children.** Forensic interviewers may choose to deviate from protocol as a result of children’s unwillingness to disclose abuse (Hershkowitz, Lanes, & Lamb, 2007) or children’s intellectual disabilities (Cederborg & Lamb, 2008). The issue arises in that though the crux of “best-practice” interviewing rests on encouraging the child to freely narrate the abuse event; the “metamemory” skills involved in the sophisticated memory retrieval strategies required in recalling specific details are still developing in children, which makes it difficult for the child to provide a detailed account of the events in question (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012; Powell et al., 2010; Quas, Goodman, Ghetti, & Redlich, 2000). Younger children typically need more directly focused, descriptive, and structured questions that trigger their memories, as opposed to something more open-ended, such as a free-recall session (Carter et al., 1996; Cyr, Dion, McDuff, and Trotier-Sylvain, 2012; Goodman et al., 1991; Kail, 1990; Steller & Boychuk, 1992); however, these questions, though more close-ended, should be structured such that the child can answer open-endedly (Perona, Bottoms, and Sorenson, 2006). Open-ended questions are not as effective with very young children, and result in shorter, less detailed answers than other types of interviewing techniques (Davies et al., 2000; Hershkowitz et al., 2002; Sternberg et al., 1996). Larsson and Lamb (2009) note that children without history of abuse or trauma
have more accurate free recall abilities. Children tend to omit crucial information surrounding description of sexual acts, the perpetrator and witnesses involved, and the time and location of the abuse (Leander, 2010; Orbach & Lamb, 2007; Sjöberg & Lindblad, 2002).

Cued invitations (“You mentioned that he touched you… tell me more about that”) proved to be a successful approach with younger children, as well as a safer alternative to other forms of questioning (Lamb et al., 2003). In older children, open-ended questions may reduce self-contradictions, as Lamb and Fauchier, (2001) found that every self-contradicting statement was in response to a focused question.

Contrary to what most experts recommend in avoiding suggestive questions especially in young children, who are at the highest risk of suggestibility, Myers (1994) argues that due to the developmental barriers in questioning young children, it is often impossible to not use suggestive questioning as a tactic in order to unlock memories. Myers (1994) explains two reasons for using suggestive questioning techniques. The first is a result of the psychological dynamics of sexual abuse. Because of the taboo nature of sexual abuse, children survivors may feel too threatened or embarrassed to disclose details. The second reason is due to the constraints of normal child development. Young children often need specific, close-ended questions in order to trigger their memories (Myers, 1994).

Deviation and Training

**Best practices methods are taught in training.** Studies of forensic interviewing practices around the world, in countries such as Canada, Finland, Israel, Norway, Scotland, Sweden, United Kingdom, and the United States have all found that forensic interviewing procedures are rarely followed (Lamb et al., 2008; La Rooy et al., 2011), despite significant resources and expenses directed towards training (Carson & La Rooy, 2015). Though “best-practice” methods
are taught through investigative interviewing training programs to all police and child protection workers throughout the United States, Europe, and Australia, there is little long-term, positive impact on the interviewers (Powell, Fisher, & Wright, 2005). Though there is a growing body of research that supports the role of training in minimizing suggestive interviewing, professionals surprisingly don’t receive adequate training in this area (Bruck, Ceci, & Hembrooke, 1998). Powell, Fisher, and Hughes-Scholes (2008) and Wright and Powell (2006) individually asked investigative interviewer trainees to discuss factors in using certain specific questions in a mock interview with a five-year-old child, and found that the most frequent explanation for deviating in interview protocol was the goal of eliciting particular details from the child witness.

Quantitative measurements on factual knowledge. Research has shown that training workshops for forensic interviewers generally improve evaluation scores on factual questions, but that this gained knowledge is rarely applied in ways that improve actual interviewing practices (Walker, 2002). Freeman and Morris (1999) found that a six-hour training course for Child Protective Service investigative interviewers failed to improve key interviewing skills. Warren et al. (1999) also found that a ten-day training program designed to improve investigators’ understanding of memory, suggestibility, and eliciting accurate accounts of events resulted in little significant improvement on interviewers’ questioning abilities. Aldridge and Cameron (1999) reinforced these findings and discovered that a one-week training course for police and social work forensic interviewers with children resulted in no differences in performance after the week-long intensive. Poole’s (2000) evaluation of a two-day interactive training workshop based upon Michigan’s protocol for forensic interviewing of children supports this, as well. Studies by Stevenson, Leung, and Cheung (1992) and Warren et al. (1999) found
that a 10-day training program increased competency on certain interviewing skills, such as empathy, rate of intervention, etc., but not on eliciting unbiased information from the child.

**Effectiveness of post-training supervision.** Cyr, Dion, McDuff, and Trotier-Sylvain (2012) used quantitative measurements in a study from Canada to evaluate the impact of detailed, individual, post-training feedback on the NICHD on two separate groups of police investigators; and found that providing feedback significantly increased the quality of the interviews. Group 1 (n=8) received written feedback on each interview they conducted, and Group 2 (n=11) did not receive any feedback. The child interviewees were between the ages of 3 and 14 years old and were alleged sexual abuse victims. Investigators in the no-feedback group were less likely to fully adhere to the interview protocol, especially in regards to establishing roles and ground rules, and familiarizing the child with tapping their recall memory to respond to open-ended questions. Results showed that 83.5% of the interviews conducted by the feedback group were in compliance with the protocol versus 69% compliance from the no-feedback group. Cyr, Dion, McDuff, and Trotier-Sylvain (2012) noticed a substantial increase in proportions of open-ended invitations in post-versus pre-training interviews (37% versus 24%), as well as the feedback versus no feedback group. They also found that the feedback group made less summary, directive, and option-posing utterances in the comparison to the non-feedback group, although both groups did rely on directive and option-posing utterances, which might suggest that some forensic information cannot be elicited without the use of specific questions (Cyr, Dion, McDuff, and Trotier-Sylvain, 2012).

Poole (2000) found a dramatic shift in interview behaviors (i.e. topic introductions, rapport building, integration of legal competency and ground rule discussions, open-ended prompts, and closings) when attendees followed the Michigan Forensic Interview Protocol format and did
hands-on activities that engaged learning through participation and role-playing while receiving concrete feedback and suggestions. Lamb et al. (1999) found similar promising results after implementing a structured protocol format for a three-day seminar that was followed up with monthly group and individual sessions that provided trainees with feedback (through group meetings via letters, faxes, and telephone calls,) as well as detailed analyses of actual participant transcripts. Intensive interviewing skill exercises (i.e. analysis of verbal/nonverbal communication through videotape; and reviewing written transcripts while noting the number and type of questions used, as well as the resulting answers) have been shown to be the most effective way of reducing the number of closed-ended questions and increasing free-recall invitations (Warren et al; 1999).

Researchers (Lamb, Sternberg, Orbach, Esplin, et al., 2002; Freeman & Morris, 1999; Powell, Fisher, & Hughes-Sholes, 2008; Stevenson et al., 1992; Warren et al., 1999) have found that interviewers asked fewer open-ended questions and actually returned to pre-training functioning after post-training feedback was terminated. Lamb, Sternberg, Orbach, Esplin, and Mitchell (2002) observed a decrease in interviewers’ use of open-ended prompts once supervision and written feedback post-training was interrupted.

**Deviation Despite Training**

A qualitative study by Carson and La Rooy (2015 resulted from free-text responses to questionnaires designed to survey police officers’ impressions of the Scottish Executive (2003) guidelines (an interviewing protocol developed with the same robust evidence base that informed the creation of the widely known, “Gold Standard,” NICHD Protocol (Brainerd and Reyna, 2005; Herman 2009; Lamb et al, 2008)) in interviewing children, to understand why police officers do not adhere to the recommended interview protocol.
Researchers distributed questionnaires to 160 serving police officers in Family / Child Protection Units in all eight Scottish police forces (Central Scotland, Dumfries & Galloway, Fife, Grampian, Lothian & Borders, Northern, Strathclyde, and Tayside), of which 100 (63%) responded, and of these 91 met all the criteria and were included in the analysis. A simplified grounded theory approach was applied, which instead of allowing themes to emerge, categories were influenced by purpose and theories (see Hayes, 1997) concerning deviation of forensic interviewing protocol (Carson & La Rooy., 2015).

Carson and La Rooy (2015) found that departures from or adaptations to the recommended practice were implemented with sincere motivations to help the child form the best testimony possible. Considerations in deviation were taken for child expectations of the interviewing format, the child’s or case’s individual needs or unique scenarios, the child’s cognitive and developmental age, the child’s memory capabilities, the child’s interviewing endurance, child confusion, the nature of the abuse and/or perpetrator, and the child’s motivation and openness; all factors that make it difficult to generalize forensic interviewing methods to a universal procedure (Carson & La Rooy, 2015).

Carson and La Rooy (2015) first hypothesized that non-adherence to the Scottish Executive guidelines was a result of a deficient understanding in appropriate interviewing techniques and that this would be resolved by providing specific scientific training to remediate specific issues in question (Carson and La Rooy., 2015). Though it has been shown that experience has very little effect on interviewer proficiency (Lamb et al., 2008; La Rooy et al., 2011), Carson and La Rooy (2015) found that officers rely on their experiential commonsensical psychology to inform their interviewing practice (i.e. asking more direct questions and skipping rigid, lengthy protocol to avoid any confusion; gauging children’s readiness for certain interview
questions and modifying as necessary; and adapting to the individuality and maturity of the child in asking open-ended, direct, or leading questions) which creates a barrier in following protocol recommendations. Carson and La Rooy (2015) found that though police officers valued interview training as an additional aid, they relied more on their knowledge gained through their on-the-job experience rather than through training, citing that role playing doesn’t increase practice skills with the same learning effectiveness as repeated, actual interviewing.

Carson and La Rooy’s (2015) study is very similar to the proposed study in that it is a qualitative inquiry in forensic interviewing practices of children who have experienced abuse, primarily focusing on deviation and training. However, Carson and La Rooy (2015) focused primarily on examining training versus practical experience, whereas the proposed study concentrates more on the quality of training in regards to adhering to and maintaining best practice standards.

**Gaps in the Literature Review**

**Methodological Gaps**

**Theoretical framework.** The literature review showed a methodological gap in several areas. First, none of the articles showed any use of a theoretical framework to guide their understanding of how best practices informs forensic interviewing approaches and strategies, how professional forensic interviewers use their training to influence decision-making during the interview, and how the role of the MDT influences techniques implemented by the forensic interviewer.

**Lack of qualitative studies in deviation.** A second issue is more qualitative studies need to be done that explore the specific factors in deviation. Cyr, Dion, McDuff, and Trotier-Sylvain (2012) completed a quantitative study that found that all forensic interviewers relied upon more
direct, close-ended questions, regardless of the type of training received, and Krähenbühl (2011) proposed using a case study in future research that would capture how the information taken in the interview (deviation included) is used, and how it protects children.

**Lack of qualitative articles evaluating post-training long-term supervision.** Finally, the current body of literature captures the ineffectiveness of various intensive training programs by merely providing measurements of pre- and post-training performance (Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002a; Lamb et al., 2002; Orbach et al., 2000; Sternberg, Lamb, Esplin, & Baradaran, 1999; Sternberg et al., 1997; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). While current sexual abuse training programs do attempt to reasonably address such protocol issues as suggestibility and accuracy in recalling events in interviewing children, these programs are generally evaluated by measuring the trainee’s knowledge prior to and immediately following the training, which fails to evaluate the impact of the training on the trainee’s application to actual interviews over time, and instead measures short-term retention of factual material (Doris, Mazur, and Thomas, 1995; Powell, 2002). Though it has been demonstrated that ongoing, individualized training feedback is helpful in reducing deviation from forensic interviewing protocol (Cyr, Dion, McDuff, & Trotier-Sylvain, 2012), these long-term effects of ongoing training have yet to be qualitatively measured. These more long-term, types of assessment is often more expensive, complicated, and labor intensive (Doris, Mazur, and Thomas, 1995; Powell, 2002), especially when there are frequent high turnover rates in large-scale police forces (Powell, 2002); making long-term feedback programs rarely executed (Doris, Mazur, and Thomas, 1995).
**Topical Gaps**

**Deviation.** Though some articles explored practical scenarios in which deviation was used, there was not a substantial amount of research located in the literature review on specific cases pertaining to sexual abuse allegations. Krähenbühl’s (2011) study explores deviation and confirms that often the process of deviation involves moving to close-ended questions. Krähenbühl’s study looked at the role of lawyers and intermediaries, two separate roles in the investigation process in the UK, and found that professionals involved in the same child protection mission, that there was a difference in understanding of best practices. The investigative interviews serve different purposes in outcomes for the two different professional functions, which influenced their expectations of best practices.

There were no studies that sufficiently addressed how best practice informs forensic interviewers’ decision to deviate.

**Specifying number of interviews.** In most of the studies reviewed, the exact point in which deviation occurred (whether in the initial interview or extended forensic interview) is not specified, making it difficult to determine at what precise timing of the investigation the forensic interviewer resorted to deviation from protocol. Faller, Grabarek, Nelson-Gardell, and Williams’ (2011) study, for example, is similar to the proposed study in that it is a multi-site CAC study that interviews interviewers on interviewing techniques that yield information related to child sexual abuse. However, this differs from the proposed study, as it measures the efficacy of extended assessments, which are used in resolving concerns of alleged child sexual abuse in which the initial forensic interviews failed to provide sufficient information to make a determination of likelihood of child sexual abuse. One key component to note of the extended assessments is that because they can span to multiple repeated sessions, interviewers have the
option of implementing a variety or combination of approaches with the child (Faller, Grabarek, Nelson-Gardell, and Williams, 2011). The proposed study will focus on the decision making process of forensic interviewers across the entire interviewing process, including the first interview with the assumption that only one, single interview is necessary.

Faller, Grabarek, Nelson-Gardell, and Williams was the only article identified that referred to the period in which the interview took place within the duration of the investigation. Most studies reviewed did not clarify when in the process the interviewer deviated from protocol in terms of the initial or the extended forensic interview, and none explicitly stated that the study spanned the entire interview process.

None of the articles located specifically addressed how training informs the forensic interviewer’s decision to deviate in situations of non-/partial disclosure.

**Use of peer reviews.** The NCA has a standard in which forensic interviewers need to be regularly peer reviewed; however, no articles discussed if peer reviews were done, what they entailed, and whether they were helpful. Also lacking, was any exploration of how peer reviews assist in forensic interviewers decision-making in deviating from protocol to accommodate situations of non-/partial disclosure.

**Consequences.** No articles were found that adequately addressed the professional consequences for the forensic interviewer for deviating, as well as for not collecting sufficient information from the child. On the flipside, there were no studies done that focused on consequences for protection, family reunification, and criminal prosecution, etc. of the perpetrator for the child and family if information from the interview was not collected using best practices, and likewise, if not enough information was collected by the forensic interviewer.
Theoretical Frameworks

A thorough review of the literature showed that no articles used a theoretical framework to conceptualize their research related to this area. This study has used the existing literature to inform a broad, yet primitive understanding of a likely scenario of theoretical influences on the child, forensic interviewer, and their surrounding environment.

Ecological Systems Theory

Ecological systems theory is a conceptual framework that attempts to describe a person’s or people’s relationships to their environments, and the impact of mutual contributions and responses of those involved in the system. The focus of the current study is primarily on the forensic interviewer. The overlapping of the primary and secondary micro levels being studied (the interaction between forensic interviewer and the child) comprise the forensic interview (Figure 2.3).

On a micro level, the inquiry investigates the forensic interviewer’s education and professional training, personal biases and feelings, as well as professional consequences for the interviewer that may affect the interviewer’s decision making in deviation from interview protocol. Outside the micro and mezzo domains of the study’s ecological framework, at the macro level, are more external factors such as the community resources and child welfare agencies outside the CAC, as well as state and federal policies. (See Figure 2). This level of the ecological system aims to answer the first research question: Why and how do forensic interviewers deviate from best practices?

From the mezzo level, the study evaluates the environment of the CAC the forensic interviewer is employed by, and how the professional rules and atmosphere impacts forensic interviewer’s decision making process in deviating from interview protocol. Such factors as
agency policies and written expectations, the agency climate and unwritten expectations, and the agency’s use of interview protocols, as well as any professional consequences for the agency will also factor into the forensic interviewer’s decision making process in deviating from interview protocol. The mezzo level of the ecological system frames the second research question: How does forensic interviewer training impact decision-making situations of non- or partial-disclosure?

The macro level of the ecological framework addresses the third research question: How do MDTs, who come from outside community agencies such as (DCFS, states attorney’s office, and law enforcement) influence techniques implemented by forensic interviewers. Related to this, the macro level explores how the MDT guides the forensic interviewer’s decisions in eliciting information in ways that are defensible at the 115-10 hearings in the State of Illinois. County laws, jurisdictional precedence through local law enforcement regulations, and agency culture makes this a varying approach even within agencies across the same county.

**Relevance to the current study**

**Strengths.** One strength of the ecological system theory is that it provides a broad and flexible understanding of the phenomenon being studied (Rothery, 2008). To create the whole person, Rothery (2008) suggests including several pertinent circumstantial and situational details that set the stage, such as illustrating the person’s needs (i.e. how the forensic interviewer is getting his or her needs met at work); the person’s creativity and choices, meaning the person changes the environment through creative choices and behaviors, and these changes affect the person, in turn; the person’s beliefs (i.e. what values impact the forensic interviewer’s responses to situations?); and strengths/competencies and roles (i.e. what unique strengths/competencies do you bring to your professional role of forensic interviewer?). (See Figure 2.1). The current study
will explore the forensic interviewer’s goodness of fit between person and environment, which will evaluate the person’s likelihood of success in his or her immediate environment (Rothery, 2008) by gaining a deeper understanding of the person’s ecological niche, or the social and physical space occupied (Bronfenbrenner, 2005; Brower & Nurius, 1993; Rothery, 2002). To determine goodness of fit, demands (situations that demand attention or a response) are compared against resources (the emotional, informational, material, and affiliational support on which we rely upon to cope with life’s demands). When balanced between demands and resources is achieved, when the person is able to use his or her strengths and competencies to access and effectively utilize resources to cope with his or her demands, then there is a goodness of fit. If demands are manageable, resources are sufficient, and the person is able to rise to the challenge, then the person will undergo a positive experience. If the demands are too great, and resources are unavailable or inadequate, the person will encounter distress (Rothery, 2008). (See Figure 2.2). This is useful to this study, as there is currently no existing theoretical framework to illustrate the interaction between forensic interviewer and child in cases of non-/partial disclosure. Another strength is that biology is an important element of the ecological system. Because trauma can have such neurobiological origins and physical symptoms, and because these factors are so crucial in non-/partial disclosure in children who have experienced sexual abuse, it is important to have integrated biological aspects that are acknowledged and given space in the theoretical framework.

**Limitations.** Limitations of using the ecological system theory include capturing the absence of a detailed explanation of the problem, as well as only presenting a cross-sectional viewpoint of the environment and interactions (Rothery, 2008). The current study has crucial factors such as therapy, confessions, evidence, etc. that have the potential to make a significant
impact on the relationships in an ecological system. Likewise, these important components have influences on precursors and consequences of the forensic interview that could better be explained using a longitudinal portrayal.

Figure 2.1 The Person (Rothery, 2008)
Figure 2.2 Rothery, 2008

Good fit: Resources exceed demands

Poor fit: Demands outweigh resources

Goodness of fit
Examining our secondary focus at the micro level, and looking at the child who has experienced trauma, there are two theories which may explain the articulation issues that are impediments during the forensic interview.

**Bessel van der Kolk’s Trauma Theory**

Van der Kolk’s trauma theory claims “that trauma interferes with declarative memory (i.e., conscious recall of experience) but does not inhibit implicit, or nondeclarative memory, the memory system that controls conditioned emotional responses, skills and habits, and sensorimotor sensations related to experience” (Van der Kolk, 1994, p. 259); and that though narrative memory is subject to fading, distortion, and change, Van der Kolk claims that traumatic memory is indelible (Van der Kolk and Fisler, 1995, p. 520). Van der Kolk’s trauma theory rests on the premise that a tremendous amount of stress hormones are responsible for the state-dependency of declarative memory. Van der Kolk suggests that stress improves memory up to a certain threshold, but beyond this memory becomes impaired. Because the encoding of memory occurs at such a heightened and distinct emotional, psychobiological state, retrieval of traumatic memories is difficult when in more normalized emotional circumstances (McNally, 2005).

Van der Kolk’s trauma theory can provide one explanation for difficulty in state-dependent memory retrieval in forensic interviewing situations, which can be a more controlled, structured, and quiet environment.

**Emotional-Processing Theory**

Emotional-processing theory provides the framework to explain the onset and maintenance of PTSD, and is grounded in the idea that emotional experiences can continue to affect a person’s avoidance behaviors and trauma-related memories long after the traumatic event. Emotional-processing theory has a functional purpose of aiding the traumatized individual
in mentally and emotionally escaping a perceived threat or danger by reacting to a traumatic memory using the same cognitive, affective, and behavioral responses associated with the initial trauma event; causing the individual fear structure, which has not been appropriately processed, to be essentially stuck in a moment of time, even though this initial experience has long passed (Foa & Kozak, 1986; Foa & Riggs, 1993; Foa et al., 1989; Foa & Jaycox, 1999; Rachman, 1980).

These two theories account for the child’s micro-level perspective of the problem. The child’s family, and his or her relationship to caregivers can also affect the child’s development and therefore, the child’s ability to communicate. Three theories, Attachment Theory, Betrayal Trauma Theory, and Summit’s Child Abuse Accommodation Syndrome Theory exemplify this.

**Attachment Theory**

Attachment theory presupposes that root causes of psychological problems in an individual derive from disruptions or deprivations in the early caregiving relationship, and as a result create distortions or limitations in the person’s representation of self, others, and relationships (Stalker & Hazelton, 2008). It recognizes that infants are pre-wired to attach to caregivers as a protective mechanism for survival, security, and comfort, and that these healthy attachments become a foundation for the child to feel comfortable in their exploration, curiosity, and self-enhancement away from the caregiver (Bowlby 1958, 1988; Grossmann, Grossmann, & Zimmermann, 1999). Infants need love and nurturing from their mothers (or caregivers) in addition to having their basic food and shelter needs met in order to survive and thrive, and proposes that separation and loss of the attention of a mother (or caregiver) can have a profound negative impact on developmental processes of the child (Bowlby, 1973).
When caregivers adequately respond to the child’s attachment behavior (such as clinging to caregiver when frightened, protesting the caregiver’s departure, greeting or following the caregiver after an absence) the child develops emotional security (Stalker & Hazelton, 2008). When the child feels that their caregivers respect and encourage his or her feelings, desires, and intentions, the child recognizes these in him or herself (Stalker & Hazelton, 2008).

Attachment theory explains why children attach to abusive caregivers (Cassidy, 1999; Fonagy, 2001). The quality of attachment can affect a child’s degree of access to or awareness of thoughts, feelings, and memories based on the thoughts, feelings, and experiences that are allowed expressions within the child-caregiver relationship (Slade, 1999). Bowlby’s (1982) attachment theory operates around the concept of “defensive exclusion,” a method of coping with parental separation that involves an affect-regulation process associated with avoidance in memories of traumatic events. This process of “defensive exclusion” can lead to issues in encoding, storage, and/or retrieval of stressful memories related to parental attachment (Melinder, Baugerud, Ovenstad, and Goodman, 2013).

Attachment theory is crucial in the current study, as it supports the issues in trauma and memory development that many children in child protection experience; not only as a result of the abusive relationship from the parent, but also from the separation that is brought about between parent and child by the child protection system in order to prevent the child from further abuse. Attachment theory is well-supported and has growing empirical backing (Holmes, 2001; McMillen, 1992; Paterson & Moran, 1988), and is best suited for children who have been separated from their parents or have experienced maltreatment (Howe, Brandon, Hinings, & Schofield, 1999; McMillen, 1992). Weaknesses with attachment theory include that it “mother
blames,” putting too much emphasis on the mother-child relationship. It also overlooks such external roles as racism, poverty, social class, and other environmental conditions (Birns, 1999).

**Betrayal Trauma Theory**

Betrayal trauma theory proposes that children are at higher risks for amnesia for abuse inflicted by their parents (or caregivers) than abuse inflicted by strangers, featuring the developmental need for child victims to “remain unaware of the abuse, not to reduce suffering, but rather to maintain an attachment with a figure vital to survival, development, and thriving” (Freyd, DePrince, and Zurbriggen, 2001, p. 6).

Emotional-processing theory and betrayal trauma theory can be used to explain the relationship between trauma and avoidance in memories seen in some non-/partial disclosure investigation cases. Betrayal trauma theory also intermingles with attachment theory, as it addresses the significance of the preservation of the parent-child relationship.

**Summit’s Child Sexual Abuse Accommodation Syndrome Theory**

Summit (1983) proposed a theory (Child Sexual Abuse Accommodation Syndrome - CSAAS) that has had a significant impact on child sexual abuse forensic evaluations. Summit specifies that children will often delay disclosure of sexual abuse or fail completely to disclose sexual abuse during childhood, clarifying that they will deny and recant abuse allegations as a result of psychological attributes characteristic of child sexual abuse (shame, embarrassment, sense of responsibility, allegiance to the perpetrator, etc.) (London, Bruck, Wright, & Ceci, 2008). However, this theory demonstrates practical weaknesses in that Summit’s CSAAS was conceived not based on systematic or scientific observations, but primarily on clinical opinions. Summit emphasizes in his cautionary paper published in 1992 that the CSAAS theory “…is a clinical opinion, not a scientific instrument” (p. 156). London, Bruck, Wright, & Ceci (2008)
reviewed the contemporary literature on how children report sexual abuse and found that though children often delay disclosure of abuse, that denial and recantation are not common, at least in valid abuse cases undergoing forensic evaluation.

These three theories encompass the main concerns of the child’s mezzo level connections.
CHAPTER 3: METHODOLOGY

What is Grounded Theory?

Grounded theory is a qualitative research design that allows the researcher to develop a theory, or general explanation, of a process, action, or interaction informed by the perspectives of a large number of sample participants (Strauss & Corbin, 1998). Grounded theory is named so because the theory is “grounded in the data collected, as opposed to being developed conceptually” (Maxwell, 2005). Grounded theory was developed in 1967 in the field of sociology by researchers, Barney Glaser and Anselm Strauss, for the purpose of providing a more appropriate research theory that fit the participants under the study (Cresswell, 2007).

There are two widely recognized approaches to grounded theory: Strauss and Corbin’s (1990, 1998) systematic procedures and Charmaz’s (2005, 2006) constructivist approach. The current study had initially intended to employ Strauss and Corbin’s systematic approach by systematically proposing a theory that explained the process of forensic interviewers’ decision-making in situations of non-disclosure in sexual abuse cases. (Strauss & Corbin, 1990), as this was the best methodological approach for building a theory.

Why is Grounded Theory Appropriate for the Current Study?

The primary aim of grounded theory is to develop a substantive theory with the following specific components: a central phenomenon, causal conditions, strategies, conditions and context, and consequences. Grounded theory requires that the researcher enter the data collection and analysis without the bias of a specific theoretical orientation, so that an objective theory could be developed or generated after the fact (Cresswell, 2007). However, I had integrated the current literature into a general ecological system framework for the purposes of providing a
foundation for a loosely formed hypothesis as to the factors and influences on forensic interviewers in circumstances of non-/partial disclosure in cases of alleged child sexual abuse.

Grounded theory is an appropriate methodological approach to use in this study because it moves a general understanding from individual knowledge to collective knowledge with the purpose of building theories (Stake, 2010). Though the ecological systems theory provided a general framework, I intended to employ grounded theory to furnish insight upon the exact decision making factors regarding deviation and interactions in interview protocol in cases of non-/partial disclosure in situations of alleged child sexual abuse.

As noted in the literature review, there is a disconnect between research and practice. Because of this, qualitative research is the best approach to see what is actually occurring (Cresswell, 2007). Because there is not yet an empirical understanding of what precisely happens in situations of non-/partial disclosure in cases of child sexual abuse during the forensic interview, grounded theory is a thorough instrument for capturing participant viewpoints of experiencing the process and identifying steps in the process (Cresswell, 2007).

By using grounded theory, I had originally attempted to further the current, yet incomplete theoretical framework by adding insight into a more informed ecological framework.

Qualitative Description

Though I had initially intended to use grounded theory methods based on its fit as the best approach in obtaining a rich and detailed picture of the interconnections of the forensic interviewer and her surroundings, I ran up against time and financial constraints in trying to finish my dissertation by the graduation deadline. Because I wanted to include as many voices as possible to represent all pockets of urban and rural counties, and their diversity in settings, practices, and family demographics, I believed it was worth it to sacrifice the in-depth analysis,
in order to capture these variances. I chose to do this especially since collecting data was a one-time event, and I would have time to continue working on a deeper analysis post-defense/graduation. As a result, I decided to analyze my data using a different approach than I had originally planned. Due to time constraints, although grounded theory was my guiding research design, I was only able to analyze my data using qualitative description.

Though qualitative description generally has a more primitive reputation than grounded theory, many researchers actually misuse what they believe to be grounded theory analysis, and instead actually use qualitative description. In prior qualitative research, even under the direction of an experienced, qualitative professor, I have done exactly this… mistakenly used what I have now learned is a qualitative descriptive approach, but actually labeled it, and presented it an academic conference as grounded theory. I actually came across this method after presenting last April my preliminary findings at a child well-being group on campus, headed by a colleague at the Children and Family Research Center (CFRC). As we talked about my timeline to finish, and I detailed my methodology plans, this colleague recommended qualitative description, which I had not heard of prior to our discussion. Based on our discussion, I began to see qualitative description as productive, in that it would serve as an open coding function that could later be deeper analyzed using grounded theory, and would also allow to meet my graduation timeline.

Qualitative descriptive studies provide a comprehensive summary using the exact terms and phrases of the participants, without the deep theoretical and philosophical commitments of a grounded theory style (Sandelowski, 2000). To me, qualitative description is raw, transparent, and reads like a documentary plays out. Analysis is surface level and not profoundly intricate, deeply probative, or extensively ornate (Sandelowski, 2000).
When I stumbled across qualitative description analysis, it seemed like a productive approach for me to finish my dissertation in a timely manner, while also making overall progress towards, and laying the foundational coding categories for future publication of my dissertation into journal articles using grounded theory. Descriptive analysis had a lot of the same properties as the first level of coding in grounded theory, open coding. A researcher first begins data analysis in grounded theory by using open coding, or coding the data for its major categories of information (Cresswell, 2007). Open coding questions include “What are the general categories to emerge in a first review of the data?” and “What is the phenomenon of interest?” (Cresswell, 2007). The researcher identifies several properties, or subcategories of information about the proposed phenomenon when open coding, and uses the resulting data to add texture and dynamics to these initial newly identified properties (Cresswell, 2007).

In a qualitative descriptive study, basic descriptions of general phenomena are given (Sandelowski, 2000). Sandelowski (2000) uses the terms “plain” and “considerably less sexy” when describing the method, but also displays data in an unfiltered, unprocessed, and concrete format that allows the reader to receive the genuine context of the participants without the biased lens of the researcher. Though the data is presented in everyday, unadorned language, this does not reduce the impact and meanings of the participants, nor the validity of their feelings and experiences, nor does it minimize the power to answer important questions relevant to practitioners and policy makers (Sandelowski, 2000).

For this dissertation analysis, I relied heavily on my written transcripts to lift direct quotes from the participants in an effort to capture the true nature of their stories. At times, as I would free-write, memories of quotes would flood into my creative space, and I would search frantically to include the perfect quote for the perfect place in my narrative description. As I
interviewed each of my 36 participants, I carried their stories with me. I put down anchors when
the information shared was especially meaningful or surprising, which occurred frequently. I
used the constant comparative method, and refined my questions as my understanding grew
based on the stories I was told. I built upon our experiences (mine in partnership with my
participants’), and immersed myself in their narratives. Immediately following every interview, I
recorded extensive field notes documenting my observations, my triggers, and reflecting on
potential thematic connections at a nearby local coffee shop or restaurant. This additional
deliberate, prompt, and contemplative process allowed the narratives to become even more
strongly solidified in my understanding of the larger phenomenon.

Sampling and Participants

Grounded theory sampling typically is focused towards multiple individuals who have
responded to an action or participated in a process about a central phenomenon (Cresswell,
2007). The current study examined forensic interviewers who work at CACs within the state of
Illinois. Forensic interviewers from different demographics (variances in education, training,
county laws, rural/urban areas, agencies, etc.) who work at CACs were interviewed (see
Appendix K).

This study used purposeful/theoretical and convenience sampling. Purposeful/theoretical
sampling was evidenced through selection of participants based on what best informed the
researcher in developing the themes. Participants were chosen from different backgrounds,
geographic locations and size of the community within the structure of the CACs within the state
of Illinois (Cresswell, 2007). Purposeful/theoretical sampling allowed the study to capture
diverse variations (Cresswell, 2007), as opposed to only the typical or average subset of the
range (Maxwell, 2005) while also identifying common patterns (Cresswell, 2007).
Purposeful/theoretical sampling involves first defining the most relevant dimensions of variation in the population, meaning deciding in advanced what criteria you would like to use to differentiate sites or participants. For this study, these included looking at various agencies in urban vs. rural areas, protocol users vs. non-protocol users, and adequate training vs. insufficient quality of training), and then selecting individuals or settings that represent the most salient variations of these dimensions (Cresswell, 2007, Maxwell, 2005). By contacting all Illinois CACs, this research endeavored to embody these variations. Convenience sampling is demonstrated in this study through solicitation of voluntary responses from those that felt comfortable participating.

Though Charmaz (2006) recommended the number of interviews to be with 20 to 30 people to develop a well-saturated theory, the current study included all participants interested in the study between October 2017 and April 2018. This ended up being 36 total participants, which exceeded my target range. Because I had the opportunity to include the largest CAC in Illinois, which housed all components of the multidisciplinary team, had a bilingual forensic interviewer, and saw some of the worse cases of abuse and neglect in the entire state, I wanted to capture these voices even though it was beyond my goal sampling size. The lead forensic interviewer, in her busyness, had not been able to return the email that I had sent her months ago, earlier in my data collection, until I was almost done wrapping up interviewing my last participants. Because of my goal to implement purposeful/theoretical sampling, I felt that I needed to include this particular CAC, in spite of meeting my quota for my sample size. This lead forensic interviewer and I had been in contact since I first put my call out in October. We then lost contact and then finally scheduled a time to interview six months later.
Development of Interview Questions

The interview in this study used a semi-structured outline of open-ended questions. Appendix C shows a list of the initially proposed interview questions that served as guideposts to the sequencing and format of the verbal inquiries. Because my research questions changed, invariably my interview questions were adapted to my new aims. I first present the development of my initial interview questions, and then follow up with my pilot study questions, and finally my revised questions that I used for the remainder of the study.

Depending on the response of the interviewee, the researcher quickly used questions verbatim, adapted, or ignored questions accordingly to accommodate the narrative of the participant. The interview will last approximately 1 ½ to 2 hours, and will be a one-time, face-to-face, audio-recorded interview. Face-to-face interviewing is necessary to accommodate the discussion of sensitive issues, such as details of the trauma of sexual abuse, going against agency policy to deviate from interview protocol, etc. Face-to-face is more personable and allows the researcher to read body language and non-verbal cues, which can later be described and elaborated upon in the field notes.

Both grounded theory methodology and the micro, mezzo, and macro aspects of the ecological systems theory influenced the development of interview questions in this study.

Interview questions developed in a grounded theory inquiry should at first broadly focus on understanding how individuals experience the process and identifying the steps in the process. Questions like these include asking, “What was the process? How did it unfold?” (Cresswell, 2007). Questions such as “How does your organization generally handle forensic interviews with children who have experienced sexual abuse and are non-/partial disclosing?,” “How are you trained to handle the first interview in regards to non-/partial disclosure in cases of alleged sexual...
abuse?,” and “What is Illinois state’s court requirements for admitting details obtained from the forensic interview into evidence (i.e. can you deviate from interview protocol, and still use the child’s answers as evidence)?” are examples of how this study’s interview questions utilized process questions in grounded theory.

Interview questions should then move to a more detailed inquiry. Questions should explore the core phenomenon, searching for what is central to the process (Cresswell, 2007). Core phenomenon inquiries are reflected in this study with interview questions like, “Regarding all interviews that you do (including first formal and extended forensic interviews) in situations of non- or partial disclosure, what is helpful about using an interview protocol?,” “How, if at all, do you feel the need to deviate from interview protocols as a result of insufficient training in regards to accommodate non-/partial disclosing children?,” and “How do you believe best practice accommodates children who are non-/partial disclosing?”

Interview questions should also seek causal conditions, answering what influenced or caused the proposed phenomenon to occur (Cresswell, 2007). Examples of this study’s examination into causal conditions are demonstrated through interview questions like, “What guides your decision in determining how little evidence is insufficient so as to create a need for a forensic extended interview (i.e. Training? Personal biases? Agency rules?),” “What professional training have you received in using the interviewing protocols your agency requires you to use?,” and “How do Illinois state’s laws affect your understanding of best practice in forensic interviewing?”

Grounded theory interview questions, should explore what strategies are employed during the process (Cresswell, 2007). Strategy questions used in this study include “How did
deviating from the protocol help you to get the information you needed that the protocol could not supply?” and “How are specific ways that you have deviated from the interview protocol?”

Finally, grounded theory interview questions should address the consequences, or what effect occurred (Cresswell, 2007). These are covered in this study’s interview with questions like, “Do you receive any professional negative consequences for not collecting detailed/accurate/substantial information when interviewing children who have experienced alleged sexual abuse?,” “Do you know the outcomes of the cases you interview?,” and “Does the child being interviewed or the family of the child have any negative consequences or outcomes if the forensic interviewer deviates from the interview protocol?”

The interview questions also encompass the micro, mezzo, and macro level concepts from the ecological systems theory. This study uses the ecological systems theory to inform development of research and interview questions with the forensic interviewer at the primary center, and the child being interviewed as the secondary.

At the micro level for the forensic interviewer, questions like “What is your educational background?,” “What kind of ongoing trainings have you received to update you on new practices or refresh your memory?,” and “Have you ever deviated from using an interview protocol to accommodate non-/partial disclosing children?”

At the micro and mezzo (family) level for the child, the secondary focus, are questions such as, “Does the child being interviewed or the family of the child have any negative consequences or outcomes if the forensic interviewer does not collect detailed/accurate/substantial information?,” “Does the child being interviewed or the family of the child have any negative consequences or outcomes if the forensic interviewer deviates from
the interview protocol?,” and “What are some of the negative consequences or outcomes the child or family may receive?”

At the mezzo level for the forensic interviewer, or the CAC as an agency and organization, the study included interview questions such as “How does your organization generally handle forensic interviews with children who have experienced sexual abuse and are non/partial disclosing?,” “Is it required by your agency/organization to use a specific protocol during the first formal interview with the child?,” and “Does your agency require you to perform extended forensic interviews if there is not sufficient information gathered in the first formal interview with the child?”

Questions such as, “How do Illinois state’s laws affect your understanding of best practice in forensic interviewing?,” “What is Illinois state’s court requirements for admitting details obtained from the forensic interview into evidence (i.e. can you deviate from interview protocol, and still use the child’s answers as evidence)?,” and “What is your county’s court requirements for admitting details obtained from the forensic interview into evidence (i.e. can you deviate from interview protocol, and still use the child’s answers as evidence)?” are the macro level questions this study addresses.

For my pilot study, I wanted to take a big step back from what I had learned from my literature review, and really focus my pilot study using very open and exploratory questions in the spirit of grounded theory.

I kept my initial micro-level questions that inquired about the background experience and education of the participant. My process question was, “How do you use the MDTs in cases of non-partial disclosure in cases of alleged sexual abuse?” My core phenomenon questions were “What informs your decision-making process when interviewing non-/partially disclosing
children in alleged cases of sexual abuse?,” and “Is there anything else you think is important for me to know for my study?” Causal conditions were represented by the question, “What are some reasons you believe that children do not, or only partially disclose child sexual abuse?” “How do you use the interviewing protocol in cases of non/partial disclosure in cases of alleged sexual abuse?” served as my strategy question. And my consequence question was “What are your concerns as an expert witness testifying in court when you are interviewing children who are non-/partially disclosing in alleged cases of sexual abuse?”

My micro level questions were my background questions, as well as “Approximately how often do you see children whom you suspect have been sexually abused, but do not or only partially disclose in the forensic interview?” and “What interview protocols do you use?” Mezzo questions included “‘How do you use the interviewing protocol in situations of non-/partial disclosure in alleged cases of sexual abuse,” and “What are some reasons you believe that children do not, or only partially disclose child sexual abuse?” Macro level questions included “How do you use the MDTs in cases of non-/partial disclosure in cases of alleged sexual abuse?” and “What are your concerns as an expert witness testifying in court when you are interviewing children who are non-/partially disclosing in alleged cases of sexual abuse?” “The question, “What informs your decision-making process when interviewing non-/partially disclosing children in alleged cases of sexual abuse?” was a question that I expected mezzo level and macro level answers to.

I used the information I collected during my pilot study to inform my final round of questions that I used for the remainder of the study. My process question remained the same, “How do you use the MDTs in cases of non-/partial disclosure in cases of non-/partial disclosure in cases of alleged sexual abuse?” Core phenomenon questions became “How do you use the
interviewing protocol in situations of non-/partial disclosure in alleged cases of sexual abuse?” and “How does your training influence your ability to navigate non-/partial disclosure in alleged cases of sexual abuse?” I added a causal question: “How does your practice wisdom guide your decision making when interviewing a child who has been suspected of sexual abuse and was non-/partially disclosing?” After learning more about extended/multiple interviews, I changed the strategy question to, “Do you ever use extended/multiple interviews? How and when do you use them?” And my consequences question became, “Can you tell me about the hardest case you’ve encountered in an interview with a child who was suspected of sexual abuse and was non-/partial disclosing?”

As far as micro levels, my practice wisdom question was added. Mezzo questions involved the extended/multiple interviews and training influence, and macro levels involved the question about the MDTs. The consequences question, I expected for all micro, mezzo, and macro levels to be explored.

**My experiences with gatekeeping**

A gatekeeper, also called a key informant or a key participant is a member of the targeted study group, who serves as the initial contact for the researcher to begin data collection, and will introduce the researcher and facilitate relationships within the community (Cresswell, 2007, Maxwell, 2005). Because gatekeepers can be understandably protective of their cultural group, Cresswell (2007) advises researchers who are “strangers” to the group system to approach gatekeepers slowly to gain approval. Gatekeepers are at liberty to negotiate with the researcher to ensure that their marginalized community is not taken advantage of (Maxwell, 2005).

Gatekeeping was a surprisingly difficult experience for me. I was mistaken into thinking that accessing forensic interviewers would be a relatively easy endeavor for me because I was
planning to interview non-vulnerable professional adults, as opposed to children in the child welfare system. However, once I got my IRB approved, I found myself unsure of how to reach out to the Children’s Advocacy Centers in the state of Illinois (CACI), and who to contact. I worried that the Children’s Advocacy Centers would be defensive and view researchers as threatening. I had emailed my local Children’s Advocacy Center in Champaign and received a curt, but polite email declining participation in my study. I also emailed a former colleague who had connections one of the CACs in southern Illinois, who was also reluctant to pass the word on about my study.

I quickly learned that finding my gate keeper would be more time consuming than I had anticipated, mainly because people are justifiably busy, and my dissertation would be a reasonably low priority for others. I decided instead to rely on two of my committee members, Dr. Ted Cross and Dr. Betsy Goulet who had worked with Children’s Advocacy Center in the past. Dr. Goulet had an in with the Executive Director of Children’s Advocacy Centers at the time. Dr. Goulet introduced us via email, and I quickly emailed her back eager to set up an appointment for a 30-minute face-to-face meeting at her convenience. I showed her my research questions, my IRB approval letter, and I explained to her how I came to be interested in forensic interviewing of children, sharing my own experiences in the child welfare system to prove my sincerity and dedication. She seemed open to my research, pending a letter of support from Dr. Cross, and forwarded my email address to the Coordinator of Education and Training. The Coordinator of Education and Training allowed me to attend the bi-annual Child First forensic interviewer protocol training that happened to be occurring the very next week following my meeting with the Executive Director of CACI.
Though I initially worried that this might be wasting precious time, factoring in that the training lasted a week long, and was out of town, I found this step to be one of the most helpful in breaking into the forensic interviewing circle, as it allowed me to become one of them. I sat with them in the trainings, role-played with them, and asked questions alongside them when I was confused. After the training, the Coordinator of Education and Training emailed all the Executive Directors from all the CACs in the state of Illinois, which officially started my successful and consistent recruitment patterns.

**Procedures for Data Collection**

**Recruitment**

Emails with an attached advertising flier (see Appendix H/I/J) were sent to all heads and directors of CACs across the state of Illinois. The body of the email included general information about the research study, including opportunity for remuneration. As mentioned in my gatekeeping section, the Coordinator of Education and Training of CACI forwarded my recruitment email (Appendix H/I/J) to all the CAC executive directors in the state of Illinois. A handful of times I left my flier (Appendix G) with the forensic interviewer participant for them to distribute to other forensic interviewers in their agency or to circulate at their next peer review meeting, but to my knowledge this recruitment method was not effective. All participants identified themselves as respondents to the larger email circulation from the Coordinator of Education and Training.

Following the initial email contact from the participant an email or phone dialogue was exchanged to schedule an interview and answer any questions. Consent was be obtained at the start of the interview.
Informed Consent

Voluntary consent was obtained by the researcher from the adult professional interviewer at the beginning of the interview at the location of the interview (i.e. Children’s Advocacy Center, coffee shop, restaurant, etc.).

The consent was written in English and was obtained by the researcher using the English language. Because of the role of a forensic interviewer in using the English language to conduct professional dialogues required for employment, it’s reasonable to believe that the prospective participant has sufficient mastery of the English language to understand the consent process and what is required for the interview.

During the face-to-face meeting, I reviewed the consent form with the participant, verified credentials for the inclusion criteria, and obtained a signature to proceed. (See Appendix Interview

Following this, I then moved into the interview, and asked the participants questions about their educational and training backgrounds, the agency that they work for, their practice and feelings regarding using the protocol to accommodate non- and partial disclosure, and negative consequences and outcomes for the forensic interviewer and family. The interviews took place at Children’s Advocacy Centers, coffee shops, libraries, and restaurants; venues that offer the safety of a public area with the privacy of overhead noise and more private seating within the state of Illinois. The interview locations were decided before the meeting took place. At the conclusion of the interview, the researcher asked for verbal permission to contact them in the future, during the data analysis phase, for member checking opportunities and clarification on any discrepancies (no remuneration for this involvement).
Field Notes

Following the interview, the researcher privately recorded on a Word document, memories of important details from the interaction. These field notes (Appendix C) described important happenings, non-verbal cues, as well as recorded the researchers own actions, questions, and reflections (Gibbs, 2007).

Remuneration

Remuneration was an online $20 Amazon gift card as a token of appreciation for the participant’s time, and would not be considered coercive to an established working professional. Following the interview, the researcher verified the participant’s email address to ensure online delivery. The gift card was emailed as soon as possible following the interview and no later than one week.

Coercion and Conflicts of Interest

Because I, the researcher, was outside of the Children’s Advocacy Centers, coercion was reduced as there was no expectation or pressure from the agency to participate in the study.

No cognitively impaired subjects, fetuses, neonates, or children participated in the study.

Validity and Reliability

Discussions and Input from Others

I used interrater reviews using undergraduate students from the University of Illinois at Urbana-Champaign who helped with the study to verify the emergence of coding themes.

Thick Description

I took field notes immediately following each face-to-face interview. These notes (which reflected upon the observation of non-verbal cues, the personal biases and feelings of the
researcher, and concrete details about the environment) were used to triangulate interpretations made from the interview as well as theories that emerged from the open coding.

**Data Sources and Protection of Data**

All email correspondence pre-and post-interview with potential subjects was stored electronically in the researcher’s password protected University of Illinois at Urbana-Champaign student email account. Notes were taken on a pad of paper during any phone conversations the researcher had with the potential subject for purposes of remembering such details as meeting times and locations, relevant professional information necessary for the interview, and any information pertinent to arriving to the meeting (i.e. directions, parking spots, building codes, etc.). These were then destroyed after the important details were stored in a password protected online calendar on my password protected phone to ensure I arrived promptly and safely at the pre-agreed location. The agency’s and participant’s identities were protected.

Email correspondence with potential subjects was stored in a folder within the researcher’s password protected University of Illinois at Urbana-Champaign student email account.

Data was collected using the researcher’s personal audio tape recorder for the entirety of the interview. Hand-written notes were taken by the researcher to help with focus and maintenance of ideas during the interview. These paper documents were destroyed immediately after field notes were composed.

The mp3 files recorded from the researcher’s personal audio tape recorder were stored in the researcher’s private password protected Dropbox account, and deleted from the physical tape recorder.
Immediately following the interview, I typed salient memories of the interview onto a
field notes Microsoft Word template previously created by the researcher and stored
electronically on the researcher’s personal password protected Dropbox account. The field notes
were accessed and written using the researcher’s password protected personal laptop. I used a
wireless connection at a public coffee shop or restaurant located at or nearby the interview
location. Field notes were stored electronically on the researcher’s password protected Dropbox
account.

With the exception of the field notes, which were accessed at a convenient wireless
location immediately following the interview, all dissertation work will be done on a secured,
password protected wireless network.

During data analysis, University of Illinois at Urbana-Champaign students assisted in
transcribing the audio taped interviews and coding for emerging themes.

Transcriptions and coding documents were stored in the researcher’s password protected
Dropbox account, and were accessed using a password protected computer on a password
protected wireless connection or a secured ground connection.

I was the sole person collecting data, and I granted access to any University of Illinois at
Urbana-Champaign student who worked directly with this specific dissertation project to the
alphanumeric labeled interview recordings to transcribe. Student assistants were recruited
through campus opportunities, such as the James Scholars Program, the Summer Undergraduate
Research Program, the Office of Undergraduate Research, Independent Study Courses, and
URAP @ UI, etc.

All electronic documents (Word documents, PDF files, etc.) and MP3 files containing
information about the participant were labeled with an alphanumeric code and stored in a
password protected Dropbox account. A key linking the person with the alphanumeric code, and subsequently the code with the chosen pseudonym were stored as a Word document in a separate Dropbox folder that was accessible to only the researcher and not the entire research team.

The researcher protected the privacy interests of the subjects by changing the names of the participants to a pseudonym, as well as the names of the agencies the participant worked for. All descriptions of the participant, the participant’s educational background, specific cases, and any significant identifiers of the participant were altered so that they were not recognizable.

Data Analysis

Memoing

Memoing, a process which aids in theory emergence, is done throughout the open, axial, and selective coding process in which the researcher sketches developing ideas contributing to the evolving theory (Cresswell, 2007). Memos are notes to the research or to the research team about coding the data that allow the researcher to theorize and comment as an analytical framework is developed. When using grounded theory, memos should be kept separate from primary documents (interview transcripts, field notes, collected documents, etc.), so that the researcher can remain “grounded” in the data (Gibbs, 2007). Memos should give you clarification and direction during the coding process (Gibbs, 2007). In this study, memos were used by the researcher and 12 undergraduate students to corroborate perceptions of emerging themes, offer counter or alternative hypothesis, and challenge the quality of the data (Gibbs, 2007). Theoretical/Analytical notes were taken to examine hunches, hypotheses, connections, alternative interpretations, critiques of what the researcher was doing/thinking/seeing (Gibbs, 2007), as well as to document on-going questions, musings, and speculations about the data and emerging theory (Cresswell, 2007. Personal/Self-Reflective notes were utilized to process
personal feelings about the research (Gibbs, 2007) and participants’ narratives (Cresswell, 2007), concerns, and joys (Gibbs, 2007).
CHAPTER 4: MICRO LEVEL THEMES

Micro Themes

Micro themes surrounded the forensic interviewer, her perceptions, how she interpreted and used the protocol, and what she brings to the interview as a human being and her genuine self. I think that because the scope of the forensic interviewer is focused on interfacing with the child rather than evaluating more systematic issues with the agency and larger community, the micro themes are perhaps the biggest chunk of the data analysis because so much of the forensic interviewers’ perceptions of non-/partial disclosure came mostly from their interactions with the child.

Definition and Frequency of Non-/Partial Disclosure

Being a newer researcher I admittedly made one mistake, which was not beginning each interview by asking the forensic interviewer what his or her definition of non- and partial disclosure was. I assumed that that their understanding of non-disclosure would mean that no disclosure was made when sexual abuse was suspected. I also supposed that partial disclosure meant to the forensic interviewer that the child disclosed details of the abuse but not enough to confidently proceed with legal charges. As it turned out, forensic interviewers had varying parameters for each category which in turn affected their perceived rates of non-/partial disclosure experienced. Some of these individualized definitions emerged in the description of the rates of non-/partial disclosure, which alerted me to the different understanding of the terms. At other times, I honestly was so engrossed in my conversation with the forensic interviewer that I would forget to ask for that clarification or distinction of the definition of terms.

Farhannah, who was one of my first interviews, considered a non-disclosure nothing and a disclosure anything. A partial disclosure was considered minimizing or having crucial
information left out. What I didn’t clarify and am assuming Farhannah implied that a non-disclosure includes refusal or inability to disclose and the abuse actually not occurring.

Farhannah says:

Nondisclosure is when the child did not disclose in the interview. But we consider a disclosure anything. It doesn’t just mean that that child is disclosing what they thought was gonna happen and that type of abuse. If we have a kid that comes in for a sex abuse allegation and discloses physical abuse by someone. That’s a disclosure. I mean, the child disclosed something happening to them. They didn’t disclose that allegation that came in, they disclosed physical abuse, which we would call into the hotline. A no-disclosure would be, “Nope. Nope. Nope. Nothing ever happened. No. No one’s ever touched me. No one’s ever showed me anything.” “What happens when you get in trouble?” “I get a timeout,” those types of things.

The partial disclosures, it’s hard to say because you don’t know if you have a full or not. You definitely come out sometimes and think there was more to that. We think the child may have been minimizing what happened, so it’s often hard to answer for that.

The widely varying definition of partial disclosure, and the resulting perception of frequency was interesting. There were forensic interviewers who qualified most interviews as partial disclosure interviews because though they may have gotten plenty of information in the interview, they believed there was always more to the story, and that they weren’t getting every detail of the entire story, though they got enough details to suffice continuation of the investigation.

Farhannah describes:
A partial disclosure is a very high possibility. A lot of it depends on if it’s a one-time incident. I think there’s a better chance of a child telling you more, than if it’s a multiple-time incident because there’s only so much children may encode and remember themselves. There sometimes are kids that are embarrassed, and are okay with sharing a certain piece of it, depending on the initial person they told and their reaction that can impact it, so it’s hard to say how often, but I would say once in a while at least we get a child that at some point they disclosed, and then they don’t disclose in the interview.

Makaila discusses her assumption that most disclosures are partial disclosures due to the disclosure process:

We don't know if they’re partially disclosing. In those cases they are giving maybe some information, and we don't necessarily know if it’s a partial or a full disclosure. But I would say, just because of what I know about the disclosure process and the dynamics of abuse, I would say that it's a pretty high percentage that are probably a partial disclosure just because there probably is more to the story that either they’re just still tentative to talk about… maybe they don't recall it in the moment, maybe they don't recall it all because it’s stuff that happened when they were way younger and it's not really a concrete memory that they can articulate at this point in the interview process. I mean, we don't have a way to gauge, or really assess that, but I would say anecdotally, yes. I mean there’s some kids that they will start talking about an incident and they will kind of stop, and still be processing it, and I'd imagine that some of that probably is attributed to trauma, especially our kids that have been long-term, ongoing, chronic abuse.

Brian says:
What do you mean by partially? Assuming they don’t tell you everything? That happens a lot... Most of the time when I interview, I’m not getting the entire story. I’m getting just a partial disclosure. Some of the time when I interview, I get a non-disclosure.

Yolanda describes her experience with non-disclosure, and notes that most children disclose due to the nature of the child welfare system process:

It’s a lot less than what you would expect. Very rarely do we have someone come in that doesn’t disclose. And I think the premise of it is, we know prior to making that interview that there’s either been a disclosure to some other family member, teacher, counselor. And also we know that there’s been some sort of like sexualized behavior or something that has led someone to be concerned enough to bring the child. So, I would say of those fifty interviews I’ve done, only three times, a child hasn’t disclosed. In the non-disclosures that I’ve had, it’s been, one kid didn’t remember, the other kid, there was no disclosure because the other kid didn’t disclose, and the third one was at risk, meaning maybe there wasn’t abuse because it was a sibling.

**Reasons for Non-/Partial Disclosure**

**Age of the Child**

I went into data collection hypothesizing that the age of the child would be the largest factor in non-/partial disclosure, and that the younger the child, the more likely the child would be to not disclose or only partially disclose due to their developmental understanding and ability to articulate. Forensic interviewers had varying experiences in regards to which ages were more easy or difficult to work with and elicit information from.
Younger Children.

*Spontaneous Disclosure.* Farhnahnn mentions that especially in young children, depending on the situation, partial disclosure is indeliberate and unintentional:

There are cases where the kid just isn’t talking to me today. But I can’t always say that’s because they’re actively thinking, “I’m not gonna tell her.” I think that happens sometimes. I also think sometimes they just don’t remember. I think there’s a little bit of both. It depends on the age of the child, the situation.

Farhnahnn elaborates that children are more likely to make spontaneous disclosures to someone they trust because they don’t understand the gravity of their allegations; and that once they’re brought in, they become more reluctant to disclose:

I think with younger kids, you see more of kids disclosing at some point, and then not disclosing in the interview. That happens more with younger kids, like three and four years old, where they apparently made an outcry to someone, but then when they’re in the interview, you just can’t get them there, where they’re remembering or thinking about it or engaging.

There can be so many reasons that the child, a young three-year-old or four-year-old, doesn’t get there. It might not trigger their memory. It might not have been something that they didn’t like. They might not think of it when you say that. Usually, it’s just memory capacity, and what’s in their field of memory at the time.

*Childhood Amnesia / Delayed Disclosure.* Admittedly, in many interviews, I asked specifically about childhood amnesia and delayed disclosure because of my own experiences. I made sure not to share my own personal journey during the interview, because I didn’t want to influence any of the participant’s answers. Perhaps I asked
because I’m biased, and I wanted validation that my experience wasn’t an anomaly, and to “normalize” what happened to me, but I also think that this phenomenon is why I picked my research interest and questions, and fuels my drive to research non-/partial disclosure, but later because I didn’t have the opportunity.

Farhannah brings up her observations:

Particularly with the kids when it happened when they were very young, their memory of the event is sometimes limited, and that is outside the child’s capacity. If I am fourteen, and I’m trying to remember something that happened at four or five, they might be able to tell you very limitedly who, where, what, but the specific “Tell me everything about it,” in sequential detail may be difficult.

Uma says:

The children will say, “I have spent so many years trying to get this out of my mind, it's hard to bring it back.” And they’ll say, you know, “I have the dreams,” and now that I'm experiencing things. And it's usually the adolescents who are now trying to experience intimacy on a healthy level with their peers. And you can see it. It's happened to them when they were younger. And it stopped because the abuser only likes young children. And the children have buried it for so long. And they've realized it's just not going to go away. So they'll disclose. And now, between the time they disclose and the time they come in here, so much has come up even in the disclosure, because now they're thinking about it openly again, they're discussing it openly, it’s out in the air. They've thrown this out there, and now, a lot of the terrible experiences will come back. And they'll even, if we ask details, “Did it ever happen more than once in that room?” “I know it did,” they'll
say, “But I can't remember really clear because, I remember this one is really bad, and I've been trying to forget it for five years.”

It’s delayed disclosure, which most are a delayed to some extent, a good majority are delayed. That’s a been a battle I've had for so long, just getting in discussions with people, with peers, and other interviews. And people who aren’t interviewers who know children a little bit more on a psychological level than I do because that’s what they do every day. It’s wondering how much you bring up, how much you want to drag out, how much you want to make them remember? I mean, their brain is telling them, “Don't remember.” That it’s protecting them. It's just natural. You want to forget trauma so you can survive.

Deirdre says:

Especially for younger children if it happened prior to the age of like language development, it can be hard to recall it when you need to. Studies show that if it occurred before they were able to tell about it, they’re probably not going to tell about it later.

*Lack of Understanding That They’re Being Abused.* Farhannah also tells of children who don’t disclose simply because they don’t know that the abuse they’ve experienced isn’t normal:

I would say they don’t know that they were supposed to tell as far as the initial disclosure because they didn’t know something was wrong. They thought that’s normal. That happens to them in their everyday life, and they don’t realize it doesn’t happen to other kids, so they don’t tell initially.

*Understanding the Consequences.*

*Younger Children.* Farhannah explains her experiences:
Barriers can happen after they do make their initial disclosure, like if they’re hiding certain things, and just not wanting to disclose. They’re worried about the offender. They don’t want the offender to get in trouble. You’ll have kids that’ll sometimes be like, “Oh I wasn’t supposed to say that,” and they’ll actually catch themselves and cover their mouth. Actually, that just happened to me today. And sometimes there are those outside barriers, like they’re being told not to tell, or they’re trying to protect somebody. So many of the offenders are family members that the kids do love in some way or the other, and so they can be afraid of getting people in trouble.

Vithya says:
A lot of times, I find that the kids don’t say stuff because they're scared they're going to get taken out of that house, or their parents are going to get in trouble.

Yolanda describes the confusion in children, and the conflict they may feel in trying to protect a family member perpetrator:

Partial disclosure… regardless of if the child knows it’s not their fault, they don’t know it’s not their fault. And so, the other part of that is they believe that person might love them, especially when it’s family related. A lot of these cases it’s family related, and they know that outside of those bad happenings, there’s a lot of love. And so they love that person and they don’t want to get them in trouble.

The interesting realization for me was that this further reinforced in my interview with Elizabeth, who discussed seeing non-/partial disclosure more frequently in younger children. My initial assumption in approaching my dissertation was that younger children would be more likely to demonstrate difficulties in disclosure due to a young child’s limited understanding of sexual wrongdoing of the perpetrator, the child’s minimal verbal ability, and their attachment to
and dependence on the offending caregiver. However, what I found was congruent with the idea of control, or lack thereof, regarding the consequences of their disclosure.

Elizabeth says:

All ages can exhibit non-/partial disclosure, but I would say it’s more so maybe in the younger kids because they probably don’t quite understand the process. They really don’t believe that Mom and Dad aren’t listening and can’t hear. I think the older kids probably understand a little bit more where the alleged offender is at, where the parents are at, and have an idea of the process. For me, a lot of times I hear the younger kids, and I have to continue to reassure them that Mom and Dad can’t hear us, or that I’m not going to tell the offender or other little kids. So maybe between the ages of four and seven is that age for me that I see where we get lots of non-/partial disclosures.

Uma says something similar:

And then they have this fear that now Mom’s going to know that “I was sodomized.” Everything is so scary, and when they see that reaction from their parent they're going to put a cap on it. So, if you reassure them that the parent’s not watching, because they're not, they're not listening. Like, a crack under the door makes them upset, you know? “Oh my gosh, there's a crack under the door. Can they hear me?” And I reassure them, “No. They're on the other side of the office; they can’t hear, they’re talking to our advocates.”

Vanessa, who declined to be audio-recorded, summed up what many forensic interviewers have said perfectly.

This can be demonstrated when disclosures snowball into something out of control, as the child disclosing may not be aware of the larger process of the child welfare and legal systems, and then may become reluctant once they realize the gravity of the situation.
Farhannah says:

Sometimes children don’t talk because things blew up into something bigger than they ever anticipated it would. “I told my best friend, who then told the school social worker, who then called DCFS, and then police got involved, and now my brother and my dad’s out of the house…” and they just want it to go away. They want it to go back to how it was before. If I tell you, then what’s going to happen from there? They’re scared of the unknown of what will happen. It’s uncomfortable to talk about. Maybe someone’s told them not to talk.

Ursula describes:

I think that just in general, the most important thing to remember or keep in mind is that for non-disclosure, or even partial disclosure these families have a lot going on. Children are very well aware of what their economic status is, of what the struggle is going to be, who’s going to be impacted, how much burden they could be bringing on to a family in their disclosure. I think oftentimes these little children are so aware of their surroundings that they know how everyone else could be affected. And I think sometimes it’s securing that peace for them and saying, you know, “Your job is to be a kid. Your job is not to worry about who’s going to buy the groceries. How’s rent going to get paid?”

**Teenagers/Adolescents.** Teenagers/adolescents seemed to have had non- and partial disclosures because they were more likely to be in statutory rape situations involving a paramour, who they believed they were in a relationship with. Though my initial hypothesis was that the younger children would have the most difficulty in disclosure due to development and communication barriers, I found that a significant amount of forensic interviewers believe that adolescents are the more prevalent group in terms of non-/partial disclosure.
In my interview with David, who had prior extensive work in conducting forensic interviews with older adults with disabilities, he shed some light on the gravity of consequences for the perpetrator that may hinder disclosure for an older child or adolescent, who has a more developed understanding of the legal system.

I used to be a forensic interviewer in adult protective services for seniors with disabilities before I began interviewing children. With adults, a lot of times, they would disclose, but wouldn’t want anything done about it. That’s the difference: Adults can choose. The first thing we did with adults was give them a lengthy explanation within the first five minutes on consent and confidentiality. Though it’s very difficult for them to disclose, they disclose readily. This is different than children, who are not necessarily their own guardian.

Virginia describes her most challenging interviews as one that falls under this category of protecting the offender:

Early in my career, about 15 years ago, I had a 12 year old who was 28 weeks pregnant. And her mom had noticed one day that her ankles were swollen. And so Mom takes her to the hospital, and discovers she’s 28 weeks pregnant. In the ER, and again, this is before SANE nurses, this is before CAC’s had really taken ahold in a lot of areas. And this girl, so of course they notice a huge stomach, at 28 weeks, you’re showing. And you know, they run tests and she’s 28 weeks pregnant.

“Well, how did you get pregnant?” There happened to be a 19-year-old cousin living in the home and she was having sex with him. So she outcried at the hospital. “Yeah, I was having sex with my cousin.” The cousin was home at the time, and for whatever reason, the police were called to the hospital, and they get Mom and the girl… they go back by
the house to get something, the girl needed something. At that point they come home and the rest of the detectives are walking the 19-year-old cousin out of the house in handcuffs because they’ve arrested him and put him in the squad car. Well, the girl sees this and realizes the connection, that what she just said at the hospital got her 19-year-old cousin arrested and he’s going to jail.

So, the girl comes to the CAC after that, and nice as could be, not combative, willing to talk, respectful, super, super nice kid. So we bring her back and we’re talking and again, answering my questions, maintaining eye contact, just nice kid, not withholding. And so, “Do you know why you’re here today?” “Yes. I was just at the hospital and I’m pregnant.” “Do you know how far along you are?” “Yes, 28 weeks.” I said “Tell me about getting pregnant, and how that happened.” And she said, “I was having sex with one of the boys in my class.” And I’m like, “Tell me what you mean by sex.” And, dead on. And I said, “When did this happen?” You know, because maybe she was having sex with two people, I don’t… And she said “It was this date. I had sex with him one time and it was on this date.” “Like 28 weeks ago?” ”No, it was 52 weeks prior.” “Did you ever have sex with him after that?” ”No. Never. One time. We were here…blah blah blah.” So I keep going. “Have you ever had sex with anyone else?” ”No, never.” And so it got to the point where we got out a calendar, and we laid every month out. I said “What is today’s date?” And we put an X there. And I said “So tell me how far along are you.” She said, “28 weeks,” and I said “If you’re 28 weeks pregnant, when would you have gotten pregnant?” And so she counted back the weeks and she marked that. And I said “When did you have sex with this boy?” And so she, again, was like exact same date. So I was like, “Let’s mark that on
the calendar.” So we marked it on the calendar. I said okay so between the last time you had sex with this boy and today, how many weeks is that?” And so she counted 52. And I said “So, how many weeks pregnant are you?” She said 28. “So the last time you had sex was 52 weeks ago?” “Yes.” “Can you explain that to me? Tell me how that happened.” “Well, like I don’t know.” She was like, “Maybe when we had sex,” because she said that they didn’t use a condom or anything. She said, “Maybe when we had sex, the stuff just kind of stayed up there in me and I became pregnant later.” And it got to the point where this interview was about two hours, so we’re taking breaks, I’m talking to the team and it finally got to the point where we’re like, “Maybe it was the boy,” the 12-year-old that she did have sex with, and maybe she’s confused on the date. So we end the interview. I mean, we cannot, she’s not changing her story.

So they leave and the detectives have been talking to the 19-year-old boy and he gives a full confession. “Yes I was having sex with my cousin. It happened here, here, and here, it was unprotected,” all kinds of things, full on.

The girl went on to deliver and again, she had not had medical care during this and when 12-year-olds get pregnant and have kids, it’s very dangerous. So during delivery she had a seizure…, and the baby did end up dying. They took DNA from the baby and it was the cousin’s, and that child never confessed. Never, ever.

Vanessa, who declined to be audio recorded:

I believe a main factor for non-/partial disclosure is who the offender is. In younger children, they are often afraid that “the parent will be taken away, “or that “the family will be broken up.” When the children are older, they tend to be more concerned due to a
romantic relationship with an older suspect. They don’t want their paramour to “get in trouble,” and they “don’t want the relationship to end.”

Brian shares his experiences:

I keep going back to the research given to me in my training that says a child falsely discloses less than 4% of the time. And I realize that it’s research based, and I would not disagree with that. I think as the child as the victim gets older, it increases a little more. And I say that based on my experience. And I think you would have the same thing with the DCFS workers I work with.

David’s perceptions seemed to be reinforced by Patty’s take on reluctant disclosure with teenagers. Patty tells of a situation she encountered when a teenager believed to be in control of the outcomes of her outcry. This unwittingly lead to disclosures in this particular teenager, who truly believed that she had input into the legal consequences of the perpetrator.

Patty describes:

I think it was a girl who thought her boyfriend loved her. She was also under aged, so yes, there was consent, but because of her age, it’s not really consent because you have to be old enough to know the reasons why you shouldn’t. I thinks she was 15, and he was, like, 22. She did disclose, but she thought that all she had to do is say that “I am not pressing charges,” and that everything was fine. She didn’t realize that Mom was the one that was going to pursue the charges.

Deirdre says:

I would say that probably the biggest reason children don’t disclose is because they’re afraid. They may be afraid that they’re in trouble, or they’re afraid for the consequences that are going to happen after they tell if the abuser is someone in the home. And this is
probably the most common, but the abuser might be stepdad or mom’s boyfriend. He may be the primary breadwinner of the family. So, if they tell, they know that either they’re going to have to leave the home, or Mom lost the person that she loves. And they lost the person that pays the bills, no more cable, you know... And there are really some terrible consequences if that happens. Especially your older kids. They know that. They know what’s going to happen if they disclose this kind of information. So often I think they do it to protect the non-offending caregiver.

Prior Experience with DCFS. Vanessa, who did not want to be audio recorded, mentioned the idea of consequences of negative prior DCFS involvement:

It depends on the relationship that child has with the offender, as well as the outcome of the previous case. If nothing was done to protect the child in a previous case (i.e. a child discloses to a social worker, the social worker calls DCFS, and nothing happens) the child may not disclose because they perceive the process to have wrecked their family without making them any safer.

Deirdre says:

I think prior DCFS involvement is probably a factor in whether a child will share or not share. I’d say it would depend on the situation. For a child who has had prior DCFS involvement and it’s positive, I think they might be more likely to tell. If there’s been prior DCFS involvement the kids are taken away, put in foster care, and then they go back. Or they’re taken away again and it doesn’t end up being a positive experience, I don’t think they would tell.

Trauma/Avoidance

Deirdre describes:
I do think there are probably cases where kids are so traumatized. And they often will say
things like, “I just blocked it out. At the time it was happening I just went to another
place and I blocked it out. I tried so hard to forget about it.” So, I do think that trauma can
affect and also when they try to purposely forget about it, and don’t think about it.

**Being Coached / Threatened**

Brian shares the toughest interview he’s ever conducted, which involved children who he
strongly believed had been coached:

I did one actually for the state police a few years back and that was just a mess because
the father was a police officer was a police officer in another jurisdiction. The mother,
her sister, was a state police officer, a trooper. And she had a couple of kids. So I’ve got
Victim making some very outlandish claims. So the mother brings them in. Of course it’s
difficult, especially when because it’s the police. And that doesn’t make it difficult for me
because if they did it, they did it. I did not know the suspect on a professional level at all.
In fact, we had probably met, nothing more than a “Hey,” you know, “How’re you
doing?” There was so much bad information thrown out in that case, and that was
probably my most frustrating one. One, because it wasn’t my case and two because there
were hurt feelings. I was the one doing it, but I was ordered. Three, because the victim’s
statement just didn’t make sense. And the frustrating part of that is that you don’t know if
that’s just the child’s development or if she’s been coached up. It seemed like it was a
combination. She was just coming up with some stuff. And the cousins to the supposed
victim came in and gave statements. And I interviewed them. And that was one where I
just felt bad all the way around. It was a bad situation. And number two, it was very
apparent that these kids were being directed to say certain things. And, I’ll never forget
the one, because I’ve got state police, I’ve got DCFS back there watching, and it just got
to the point where I felt bad because I was really making this kid look terrible. He
couldn’t tell the truth to save his life. I mean every question I asked you could almost see
him making up the answer. And he just ended up digging himself such a hole. He would
answer and that would end up creating a couple more questions, and he just kept digging
and digging and digging and the victim was really the same way.

Uma says:
Many times children are not disclosing because they’ve been talked to extensively by a
parent, or they're afraid of the offender, the offender has told them that they're going to be
in trouble, and they'll never be able to go to the dentist, or they'll never going to even be
able to buy clothes anymore. Let's just say that there's definite avenues that I know that
have worked.

Deirdre explains her experiences and concerns with coaching:
In my experience I get suspicious of when you get a child that will say just a few
statements about an abuse scenario, but they can’t answer simple questions… They’ll go,
“He touched me here, and it was two weeks ago,” but they can’t answer some of the
easiest questions, “What was going on before it happened, what was going on after?” you
know, the questions about “How did it make you feel?” “I don’t know, don’t remember.”
Now it doesn’t mean they’re lying, but to me it’s a little bit of a red flag. We need to
explore some other things here. So then I’m to ask them if they are scared to tell some of
this stuff, did someone tell them not to tell some of this stuff? I’ve even come out and
asked, “Do you really not remember, or do you just not want to talk about it?”
Unfortunately in custody cases there are a lot of times where the parent coaches the child to lie against the other parent. I had this one little girl, and with her nothing ever made sense. There were probably three or four different people touching her. They’d be touching her with different items. It was almost like people were coaching her to say something, but she just couldn’t remember what she was supposed to say.

This girl was so little, and during one of the interviews, grandma took her to the bathroom. When she came back, there was a whole different story. So-and-so actually touched her in the vagina. After that, we didn’t let her go to the bathroom with anybody other than an investigator. She’d be like, “I need to go ask grandma that, I need to go ask grandma that.” We know she’s lying but the bad thing is, she was so young. We were afraid that they were going to convince her that she had been abused with all this talk all this time. She’s actually going to believe she was. She’s going to grow up believing that somebody has been touching her when we don’t think they had.

Ursula says:

I feel that oftentimes it’s parents with custody problems that we see non- and partial disclosure.

**At-Risk, But Likely Not Abused**

One possibility that didn’t occur to me until later in my dissertation process was the at-risk interviews, where there is an indication of suspected abuse (a sibling that was abused, etc.) that yielded no disclosure because there was likely no abuse.

Yolanda encountered this:

I can only think of one other kid that I’ve interviewed that didn’t disclose. In that situation, it was the belief that because the sibling was abused that potentially the other
child was abused, too. It was a physical abuse case. The child, he had given just a real quick disclosure earlier in the day to the DCFS worker that he was a witness to his sister being hit multiple times. During his disclosure, he had even acted out what he had seen. And as soon as the DCFS workers heard that, they stopped what they were doing, and then we bring them to the Children Advocacy Center. So it was more of a “Hey, we have this child show up. They have bruises. So now we’re going to go check on the sibling and make sure the sibling doesn’t have bruises.” The child who had bruises: nonverbal. The child who didn’t have bruises was verbal. So then we go check to make sure that child’s okay. The older one. They’re verbal. They disclose what they see. So then we stop what we’re doing in the field, take them to the center. And so then, it was hard because prior to them coming to the center, we sent them to the Children’s Resource Center, a pediatric hospital in a nearby town, which is part of the medical component of our MDT. They specialize in pediatric sex and physical abuse. So we took them there to make sure they were okay medically and physically, and then we did the interview. And I think that was hard because the child was one: tired, it was a long day; and two: I think that it was maybe the way that I asked the questions.

Valentine says:

In some situations, we might have other kids to interview that are witnesses or multiple siblings to see if something had happened, but sometimes it’ll just be brief or as simple as going through the questions. And if they’re saying, “No, no, no,” like, it is what it is for right now. It depends on if something took place or not.
Cognitive and Developmental Delays

The literature gives ample and justifiable concern to interviewing children with cognitive and developmental delays.

Yolanda shares about her experiences in dealing with non-verbal children who she suspected didn’t understand the questions being asked of her:

Yesterday I did a forensic interview of a seven-year-old, and I think that with that child specifically, there may be some delays. So, there’s outward sexualized behavior which concerned people in her life, who then called and inquired about us doing a forensic interview. And it’s tough because that child didn’t disclose verbally to anyone. It’s just a behavior. So, when we did the interview yesterday, I don’t know that the child understands the questions based on the delay, moreso than not wanting to.

Diversity Factors

Culture. I felt lucky that I was able to capture in my findings participants that were able to reflect on cultural and linguistic barriers in disclosure. Most of what I learned pertained to the Latino community.

Farhannah tells about her experiences in differences that race/ethnic culture played in disclosure styles:

“It stays in the family,” “We’re not supposed to talk about it,” “This is something we’ve already dealt with in the family,” “Outside people don’t need to know about this,” is more prevalent I think, sometimes in the Hispanic culture. I don’t even know the right way to say this… Middle Eastern families, too, I think is the best way… And Asian families… They keep it in the family. I think Caucasian families and the Americanized
families are the ones that you would see more so that pursue it straight through the
criminal justice system, and are very involved, and want something to happen.

Vithya, a bilingual forensic interviewer, tells me of a similar family dynamic in the
Latino children she interviews:

“A lot of times I see in Latino families that the shame in family, like “People are going to
find out, and I don’t want problems with this family, for them to start harassing me.” Or,
“Then my family will know what happened to my daughter.” When Latino families do
report, it’s very shocking because that means the mom is fed up, and calling the police,
and that’s good.”

Vithya furthers that she sees ethnic barriers in disclosure even amongst those that share
the same Spanish language:

There are different dialects, their cultures are different, their beliefs are different, and
there are different family dynamics that come with the different Latino ethnicities. You’ll
have a Mexican family who the husband is the head of household, and what happens
there goes strictly by him.

Vithya also mentioned her understanding of traditional Latino culture, and how this
hindered disclosure:

I have a case coming up this week. The kid, who is 13, made an outcry to his mom about
his dad abusing him since he was five. And she observed some depressive behavior in the
child, and some sort of complete mood change. She called the police immediately. I don’t
see this as much in my Latino interviews.

Some of the girls lately, due to the Latino culture, they’ll feel like the parents are going to
think it’s their fault because they were being friendly, or you shouldn’t have been around
him like that. One of the last interviews I had here was a young lady who didn’t want to
tell because she felt like her dad was going to think it was her fault. In traditional Latino
culture, a young lady you shouldn’t be conducting yourself in a certain way. Doing
anything… It's your fault you know. I think its something that all of us, as young Latin
woman who grew up… at some point you’re taught that it's your fault. You weren’t
supposed to be doing that or you shouldn’t have been at the party.

Vithya’s description of the dynamics she saw in Latino children lead me to ask her about
how these children come into contact with the CAC if the abuse is more likely to be kept within
the confines of the family.

Vithya said:

Latino children usually come in for forensic interview after the child tells the school, and
the school ends up calling the mom. Because the schools are mandated reporters, that gets
the ball rolling and DCFS gets involved that way. And there’s sometimes where the mom
will call the police, but a lot of times the child will usually outcry at school, and it’s the
school, they report it. This happens more so than in comparison to White families.

Language Barrier. Vithya also gives great details on how her experience as a bilingual
forensic interviewer lead her to believe that language barriers could be an obstacle to disclosure
had there not been a bilingual interview like herself available:

Vithya said:

I do feel like I get better information speaking in Spanish to Spanish speakers. They’ll tell
you more, they’re able to feel more comfortable, they feel like they can relate. They just
look at me, and just start asking questions. And then I’ll go back to the officer or
detective that I’m helping, and say, “They told me this, this, and this.” Or the detective
will be like, “She says she doesn’t know where her boyfriend lives or where he’s at anymore.” And I’m like, “Impossible. She has to know.” And I’ll go back and talk. “Do you have other kids with him? How is he giving you money? When was the last time you talked to him? Do you know where his aunt lives? Do you know where his friend lives? Do you know where his job is?” “Well, here's the number she gave me. This is his uncle he sometimes lives there.” I’ll get more information sometimes.

**Undocumented Immigrant Status.** I had assumed coming into data collection that interviewing a bilingual forensic interviewer would give me great insight into language and culture barriers in disclosure. What I, as a privileged, US citizen, hadn’t even thought to consider the idea of undocumented immigrant status and this role in disclosure. I was shocked to hear Vithya talk about her observations of the correlation between non-/partial disclosure and the fear of deportation of a caregiver, and that this was even a factor in non-/partial disclosure.

Vithya, a bilingual forensic interviewer, says:

I think Latino families are less likely to go to the police when they have problems because of fear of deportation, the immigration thing and the whole non-citizenship thing. It’s big… humungous. They don’t think they’ll be protected because they’re not US citizens, or they think that you know someone’s going to get deported and they need that money. “If he leaves to Mexico, who's going to work?”

Vithya shares her own family story of being a daughter of an undocumented immigrant and how she understood this barrier in non-/partial disclosure in the Spanish speaking interviews she conducted.

The issue here sometimes is that you’ll get Latino families that won’t come forward or talk to the police because of the citizenship thing. They worry that’s going to send them
right away back, or we did something wrong. We’re already here illegally. That's is something that I understand. I’m half Puerto Rican and half Guatemalan. My mother was Guatemalan, and wasn’t a citizen when she first got here, so I understand that fear of “We're not supposed to be here.” Puerto Ricans, though, they're citizens so they don’t have that fear. So, there’s differences with those. You’ll get those challenges. “You can’t say anything your dad is going to be sent back to Mexico.” And then the child well be like, “I don't want to go back, but I also don’t want to lose my dad. He’s the head of household.”

**Socioeconomic Status.** Socioeconomic status, which may also play into race/ethnicity dynamics, was also a reason for non-/partial disclosure.

Vithya recounts her experiences in barriers to disclosure in interviewing Latino children that come with a lack of education and resulting poverty:

Sometimes I feel like the Latino culture lacks education. Because they lack that education I feel like, “I want to educate you on how it is in this in the United Sates. You can't do that here. Maybe an American family, White, Caucasian, whatever… they have education. These people are Immigrants. They don’t know what the policies are, what they can and can’t do. Maybe in Mexico or Guatemala it’s okay to beat your child with a belt, but “You don’t understand. You can’t do that here.” So I feel that because we speak the same language, I can make you understand how it is here.” Because some of these families don’t have education.

“When they say, “I don’t work, and he works, and what am I supposed to do?” And, “He pays for everything, and I have four kids.” And to educate them, like, “Listen you either have to pick your children or you pick this man, because you’re going to lose your
children, because DCFS is not going to play with you, and you need to follow these guidelines. And so, if there’s a bunch of drinking in the home, because maybe it’s a cultural thing, you need to understand that you can’t have him and his friends drinking in front of your children. There's a fine line where it starts becoming like child endangerment, and you’re putting your children in a dangerous position.”

Vithya also discusses how it frustrates her when children are taught by their parents to fend for themselves because the parent can’t physically be present due to work obligations and because of distrust of the police:

I find that within the Latino population, you’ll get the situation where the mom’s like, I didn’t know what was going on. I had to work two jobs, so I left the kid home with him or his brother or something like that. or you know because the poverty level, and the jobs are so low…

Or you’ll really find… this really upsets me and I find this more common where the child will disclose to the mom what is going on in the home. When you work two jobs, and the mom, because they don’t want to get the police involved, they’ll feel like they’ll get in trouble, or something bad is gonna come out, they just take it upon themselves. “When I leave just make sure you lock yourself in your room.” What does that do? Nothing, you know. “If he does it again let me know or keep your phone on you at all times and call me right away.” Things like that, and you come and ask a Latina, “Well, what were you thinking?”

As a social work researcher, I had expected that low socioeconomic status would negatively impact rates of disclosure due to lack of education, poverty issues, and geographical and transportation barriers. However, Farhannah’s experiences with wealthier families was
something that I had not considered until I began my data collection. I have to now admit that even given my commitment to understanding teaching and diversity that I had positively stereotyped wealthier families of being more supportive of victim child, perhaps because I believed them to have more education, better access to community resources, and more positive familial and friend relationships. Farhannah enlightened me.

Farhannah describes:

With families that have the very high socioeconomic status, particularly if it was a family member, they’d want the [problems] to go away. The Ford and Kennedy Families. They are a very, very high, lots of money families, that if it was somehow a child-on-child or sibling-on-sibling, they didn’t want to move forward. They wanted it to go away. “Don’t talk. This is going to follow your brother for the rest of his life. Child abuse happens across socioeconomic status, but I just would see that pressure. High SES families would be very, very cautious. They’d be the first ones to have lawyers before they called the police, and those type of things.

Indications of Non-/Partial Disclosure

As soon as I started the interviewing process, one of my first questions was how the forensic interviewer identified children that they believed were reluctant to tell. Understanding how the forensic interviewer recognized situations in which may require them to modify their standard approaches was important to me in gaining insight into when they used different interviewing techniques and why they chose to use them.

Body Language

Elizabeth described actual visible body cues that suggested to her that the child was avoiding discussion of the abuse scenario:
Sometimes they are just not wanting to talk about certain subjects, and their demeanor changes when you hit a certain topic. Maybe they maintain eye contact up until then. This boy disclosed, but any time I would talk about somebody who wasn’t in question, he was very bubbly, and would answer me. But whenever I would bring up the person that we were concerned about, he would look down. At points, he would start crying. He would say it was because of the lights. He was burying his head in the chair. It was very, very obvious to us that he didn’t want to talk about that individual.

**Verbal Redirection**

Elizabeth also mentioned the child deliberately shifting topics to evade abuse topics: A lot of times we see that they will change the subject when we start to talk about body parts, and that can mean that either they just aren’t comfortable talking about body parts and inappropriate touches. Or it could mean that they are just not wanting to talk about that subject. Their demeanor changes when you hit a certain topic. Maybe they maintain eye contact up until then.

**Removal From or Avoidance of Interviewing Room**

Elizabeth tells of knowing that a child is avoiding a disclosure when the child wants to leave the interviewing room:

A lot of times you will see younger kids want to go back to their parents when I start to touch on the topic of concern.

**Examples of Non-/Partial Disclosure**

**Delayed Disclosure**

Brian shares a story of delayed disclosure:
I interviewed a, God, I think she was 49? She wasn’t from around here. And they arrested a guy for messing with, like, eight young girls. During his confession- he’d been doing it forever, I mean, and one girl he mentioned was, like, a great niece, or something like that, and she was 49 years old and living here, and they wanted to see if they could get me to get a statement. So I call her up and introduce myself, tell her what’s going on. She agreed to come in and we sat back here, and she told me the whole story. She told me what had happened to her when she was 8, 9 years old and flat out told me she hadn’t told anybody. Never disclosed until they called. This was the first time she was telling anyone in law enforcement this story, but now that he was arrested…

Uma says:

The children will say, “I have spent so many years trying to get this out of my mind, it's hard to bring it back.” And they'll say, you know, “I have the dreams,” and now that I'm experiencing things. And it's usually the adolescents who are now trying to experience intimacy on a healthy level with their peers. And you can see it. It’s happened to them when they were younger. And it stopped because the abuser only likes young children. And the children have buried it for so long. And they've realized it's just not going to go away. So they'll disclose. And now, between the time they disclose and the time they come in here, so much has come up even in the disclosure, because now they're thinking about it openly again, they’re discussing it openly, it’s out in the air. They've thrown this out there, and now, a lot of the terrible experiences will come back. And they'll even, if we ask details, “Did it ever happen more than once in that room?” “I know it did,” they'll say, “But I can't remember really clear because, I remember this one is really bad, and I've been trying to forget it for five years.”
It’s delayed disclosure, which most are a delayed to some extent, a good majority are delayed. That’s a been a battle I've had for so long, just getting in discussions with people, with peers, and other interviews. And people who aren’t interviewers who know children a little bit more on a psychological level than I do because that’s what they do every day. It’s wondering how much you bring up, how much you want to drag out, how much you want to make them remember? I mean, their brain is telling them, “Don't remember.” That it’s protecting them. It's just natural. You want to forget trauma so you can survive.

Ursula describes:

I've had kids who have been asked, “How come this is just coming out now?” “Well, Mom used to work two jobs. I couldn't tell her. She was always tired, and I didn't want to make her mad if she was coming home tired.”

**Approaches to Non-/Partial Disclosure**

**Cognitive and Developmental Delays**

Farhannah further elaborates on the difficulty a child may have in understanding the question, and then answering in a way that is most productive for the MDT.

If you ask a question, they may not understand the question, or may answer in a way that indicates they didn’t understand what you were asking. Separating events can sometimes be different if there’s multiple events. The way we as a team want to hear it is step by step by step because that’s what’s ideal for a prosecution.

Gail talks about the effectiveness of Tom Lyon’s Ten-Step method:

Tom Lyon’s Ten-Step says, "Try birthday first, and then try any of the other things."

"You told me you play basketball. Tell me about your very last basketball game from
beginning to end. How did it go?” “You told me you have a best friend, and you go to her house and she goes to your house. Tell me about the very last time that you guys hung out. Where were you? Tell me everything that happened, from beginning to end,” So, you find something for them to narrate about that has nothing to do with why they’re there. And I don’t what it is, it really makes their delivery of abuse scenario so much more detailed. So much more detailed. I don’t know why.

Farhannah discusses how sequential questions can be difficult for children with delays, which may be an argument for Tom Lyon’s Ten-Step protocol, which trains the child to use sequential thinking right out the gate in the rapport phase, though she doesn’t specifically mention Tom Lyon’s Ten-Step approach.

I had a partial disclosure today. There was an incident of a child witnessing another person pull a gun on someone. This child was delayed, and they know and can see in their head exactly what happened. But the ability to tell it in a sequential way is very difficult for them. They’re able to pick out and point out the parts that they can. They can talk all about the gun, and they can talk all about what someone said, and then talk about where they were, but what happened first, second, third, fourth, fifth, then what happened, can be very difficult. They understand what happened, but the ability to communicate in the way we want to hear it. And I say they, but it depends on child per child.

Deirdre says likewise, but like Farhannah, doesn’t specifically attribute it to the Tom Lyon’s Ten-Step approach:

The first thing I’m going to do while I build rapport is I want to try and have a narrative practice because those are so helpful. I remember back before, when we didn’t do those,
and then learning how to do them, and starting to do them, and it’s amazing if you have
kids tell you a story at the very beginning. I often use their school day as an example. I’m
like, “Did you go to school yesterday?” “Yes” “Tell me about your day from when you
got there until when you got home. I want to know everything that happened.” And then
they tell it in order so then maybe later we’ll talk about an event they like: a birthday
party or a game or something like, “Tell me about the last game you played in, like from
the beginning to the end.” So that way when you get to the abuse scenario, they know in
their brain how you want it.

Reducing Embarrassment

Interestingly, I found that forensic interviewers encountered the most embarrassment in
situations of male-to-male assault and intimacy.

Farhannah tells about a tough interview she did feeling out the barriers of the interview,
realizing that the child felt humiliated, and her tactics in building trust and rapport to reduce
embarrassment.

I had about a forty-minute standoff with a teenage boy that had met up with an alleged
offender, a man online. And so his barrier was questioning his sexuality. He was
embarrassed about it. They were talking about sexual things online. And then they agreed
to meet up at a park. And he came in, and I was getting the one- and two-word answers
during that rapport. And as soon as I asked him why he was there, he just pulled his hood
up over his head, sat down, and would not talk. I did the whole thing with, “I know things
can be really hard to talk about. I talk to people about this stuff all the time.” He sits
there. We just sit in silence for a little bit. I say, “It’s really important that we talk about
this.” Sits in silence. “Are you worried about something?” Sits in silence. “You’re not in
trouble. I’m not here to judge you for anything. I talk to people.” Sits in silence. After about half an hour of trying the barriers, which is a pretty long push. I just kid of let him sit. We just did a lot fitting there. I checked with the detective because there was one other question that needed to be asked. He said, “Try this.” I said, “Okay, I’ll try this, but then I’m going to call it.” We sat down, and I asked him something, and the kid just sat up and goes, “I just don’t want to have to keep talking about this.” And I said, “That’s the reason you’re here. Is so you don’t have to talk about this again. This is the time when you can talk about it.” He gave me a full disclosure after that. So, that was the barrier. In his mind he’s like, “I’m so tired of telling people about this.” Because his mom had asked him. He had to talk to his counselor about it. Then, his dad was asking him about it. And he was humiliated. And so, it was this, “Alright, if this is really the only time I have to talk about it, I’m going to tell you everything so I never have to talk about it again.”

Which we obviously can’t ever promise that, but…

Vithya talks about her experiences with embarrassment:

Last Monday I had a very challenging interview. I think he was thirteen or fourteen, eighth grade, but was nine when he said it happened. He had alleged that he was sexually assaulted by another juvenile at the school. And it was penetration, was what he was alleging. I felt like he was like embarrassed. It took me a very long time. I would ask him a question, and he would just nothing. It was like dead silence, and I’m exercising these pauses to give him time, and he's just staring at me, quiet. And I'm like, “Do you know why we're here?” “Yeah, because some abuse.” “Tell me about that”. And then dead silence, silence enough until it was awkward. My gut told me that he was very embarrassed to tell me. And now he's feeling like, “I'm sitting here with this woman and
I'm scared to tell her, or I'm embarrassed to tell her that, someone put their penis in my butt. It's hard to say that. It took us a while to get. We had long pauses, took a couple of breaks. And then it's like baby stepping it the whole way until we finally got it.

I used the drawings. We talked about privates and went that route. Maybe he can’t just tell me so lets just go with the drawings. It opened him up more because then when he said yes, he circled the buttocks of the child on the drawing. I didn’t know what happened with that case but that one was a little different because the sexual assault between male on male is not that common all the time.

And another story Vithya shared:

I had another 16-year-old boy, and he was alleging that a 22-year-old friend… there was a little question at some point if it was friend or boyfriend… I’m not sure… had performed oral sex on him and he didn’t like it. This kid was different than the last 13-year-old because this one you could tell that he was embarrassed to say that he had a relationship. I know the police officer had said they were in a romantic relationship at some point. When I asked him that question he said no to me because he was I take it as embarrassed. It’s hard.

I did not use drawings this time because he was 16 and he was okay with telling me what this individual did this to him and that he didn’t like it. He just didn’t want it. He was more secretive about the relationship, and if it was consensual he did tell me, “He liked me, but I didn’t like him like that.”

When I see a boy being assaulted by another man or boy I worry that they have the issue of, “Did I do something wrong?” Or maybe, “I feel bad because he may have thought I wanted it.” And they’re teenagers. They get embarrassed to talk about certain things.
Fear of Getting in Trouble

Farhannah talks about how fear of getting in trouble can be a barrier, and how she resolves the issue:

Letting them know they’re not in trouble because that can also be something if they were threatened by an offender. “You’re not in trouble. It’s okay to talk here about anything.”

Uma says:

Reassurance that you're there. And my biggest line is the truth. I would never lie to a child. My biggest line during the interview is, “We're here to help everybody.” And a child will be confused. “Are they angry at me?” Kids automatically blame themselves for everything! So, if they hear that if the mom’s mad, or the mom's yelling, or now mom is completely different, or now mom says she's crying all night, that's one of my biggest barriers. The children are worried about fully disclosing because they're afraid of the non-offending caretaker.

Deirdre describes how she reassures children:

You just do the best you can to make sure that child knows they’re in a safe place, that they can talk about things that may be hard to talk about, or things that they’ve been told not to talk about. I don’t ever push a kid. If they don’t want to talk, they don’t have to. Sometimes kids will stand and go, “Do I have to tell you?” “No, you don’t. I’m here to help you if you want to tell me, but if you don’t want to, you don’t have to.” I learned a long time ago, like a rule of thumb, if a kid asks to leave three times you let them go. So, if they go, “I want to go back to my mom,” The first time I’ll go, “They’re fine. We’ll go back in a little bit.” If they want to go again, I’ll be like, “We’re almost done,” and if they
ask again, we’ll go. Because if we have a kid on video that’s telling you they want to leave, you have to respect that, address it.

**Lack of Understanding that They’re Being Abused**

Earlier, Farhannah spoke of how a reason that children don’t disclose is because they don’t realize that the abuse they experiences was wrong. Deirdre talks about how she approaches children who don’t understand why they’re at the CAC, or that they were even abused:

We transition into the abuse scenario from rapport by asking, “Do you know why you’re here today?” You can usually tell right off the bat who doesn’t want to tell you, but there are still certainly circumstances where they don’t know a thing. They didn’t even know they were coming. So for those cases when you transition you do it a little bit different. You go, “I talk to kids every day to make sure they’re safe, to make sure they are okay.” And kind of ease into it like, “Tell me about home. Do you feel safe at home? Are there ever times where you don’t feel safe in your home?” Then I make it to school or a different environment all together. And then I’ll talk about places where it’s not okay to touch.

**Moving to a Neutral Topic**

Vanessa, who declined to be audio recorded, describes her toughest interview and how she used neutrality to elicit the valuable information she needed:

I once interviewed a teenager, a 16-year-old female, who was caught in a car with a 20-year-old male. The 16-year-old female refused to disclose information because she didn’t want her boyfriend to get in trouble. I was able to get some information from the child by moving to a neutral topic. By moving to a neutral topic, I was able to get information that the 16-year-old wasn’t living with her family, and living with her aunt, and that the 16-
year-old’s father had hurt her siblings, gotten arrested, and now this 16-year-old didn’t trust the legal child welfare process, and was less likely to disclose.

Deirdre says:

If they are talking, and now they are having trouble, they’ve kind of shut down… Okay, let’s go do some rapport building, let’s talk about something else, get your mind off of it for a little bit, or let’s go talk about your family, and then come back to it. They may just need a break.

**Individuality of Children**

A main part of the difficulty in non-/partial disclosure is the individuality in children. So prescribing specific ways to approach common problems in non-/partial disclosure can be a general guide; however, it may not be an absolute and all-encompassing solution due to the individuality of children. Children are each unique in their own right, and are affected by the individual abuse scenarios they experienced, cultures they are members of, etc.

Yolanda says:

I don’t know when doing a study if you can account for all the variables. Because every child is different. Every experience is different. Every background for that child is different. I mean, we have kids that come from foster care, who are now being abused by their foster parent. We have kids in a happily married home. We have kids that are victims of, now there’s a paramour that’s new to the family. I mean, anything that you can think of, we get that. And I don’t know that you can account for all those variables. So, I think that’s one of the things that experience has taught me, is it might look similar, but it’s never ever the same.

Farhannah furthers this by describing:
Children with delays… I’m actually training one of our new forensic interviewers, and my best way to describe to her how to prepare for child delays is there is no way to prepare because every child is different. You can see two children of the same age that have Down syndrome, and both of them will have different delays in different areas. One may have a processing delay, so when you ask them the question, it could take them a minute to think about the question and formulate their response. Another child may have difficulty with speech and communicating what they’re trying to say, but they’re understanding your questions. They can have difficulty with being able to sequence things.

**Listening**

Yolanda talks about the importance of listening in a forensic interview:

If you listen, you know what I mean? If all you want to do is talk, you’re never going to hear it. So, I try to listen as much as I can, now I’m not perfect at it, but (laughs softly), but I think that that helps if you’re willing to listen. I was a field training officer once, so I teach the ones that just got hired. Sometimes I will literally have them put their hand over their mouth, because all they want to do was get “just the facts ma’am.” You know what I mean? Shut up and listen and then you’ll hear the answers.

**Asking the Right Question**

Though I wondered if this might be a suggestive way of interviewing, Yolanda discusses her technique of asking the same question in multiple ways. My only concern was that repeated questioning, even if termed differently each time, would be leading.

Yolanda describes:
One of my favorite questions that I always ask them while we were training was, if they said, “Well, she didn’t tell me, or he didn’t tell me?” “Did they not tell you or did you not ask the right question?” And I think that’s the thing is being able to- I think, over the years of being in law enforcement- this is my fourteenth year, my thirteenth year here. I think over the years I’ve learned to change the same question multiple times to figure out every angle. So that way you are asking the right question.

**Capturing Why They Won’t Disclose**

Brian tells me about the importance of asking children why they won’t talk, and capturing that on video:

A lot of it depends on the situation, the age of the child, what the reasoning is. If they aren’t denying something happened, they’re just saying they don’t want to talk to you about it, I typically ask them, “Why don’t you want to talk about this?” Get that on video, too. Because if they’re being threatened… But you want to, you know, you want to be able to justify what you did. So if they refuse… you know there’s obviously different reasons for a non-disclosure.

**Using the Child First Protocol**

In the state of Illinois, forensic interviewers are trained on the Child First protocol, which focuses on using open-ended questions to elicit accurate and non-suggestible statements from the child.

**Truth/Lie Assessments**

The forensic interviewer seemed to be given a lot of creative flexibility in using the Child First protocol, either by their own individual preferences, or by the mandates of the state’s attorney or jurisdiction policies. The truth/lie test, which is administered differently, if at all,
across counties is an example of this, even though every forensic interviewer who I asked about the truth/lie test did not believe in the effectiveness of the procedure.

Farhannah mentions:

We’re pushed to ask truth or lie by our states attorney’s office with all children, even when they’re three and they don’t understand what that means. And then they have to practice it, and then they get it wrong. We’re bound by what our prosecutors want and will accept in cases.

In my interview with Farhannah, it seems that the truth/lie assessment can even hinder the credibility of the child due to the limitations of their developmental or chronological age. These counterproductive portions of the protocol, though understandably lenient to fit within the needs of each individual county law should be re-examined in order to allow the forensic interviewer, and even the MDT, some discretion in protecting the child based on their ability to understand the consequences of the truth/lie assessment.

Valentine talks about her evolution in the instruction she’s received regarding the administration of the truth/lie assessment:

Like the truth-lie, in the beginning we go over that. I remember talking to my boss and other interviewers, and just figuring out exactly how to address that in the beginning. I don’t know if it’s in the Child First training, but not every CAC does it, but for X County the State’s attorneys always want us to. I had a case where there was something about her response. I don’t remember if she said she didn’t know the difference, or it was something like that; however, I don’t remember if it was confusing on the way I worded it or whatever, but we changed the way that we do that.
I used to ask if they knew what the difference between the truth and a lie, and then I would usually, like with the younger ones, I would be like, “Okay if I said that you and I are in this room right now, is that a truth or a lie?” And like if I said that there’s a dog in the room right now, is that a truth or a lie? But that was an issue because it’s like you’re introducing imaginary things. They didn’t want us doing it anymore. So now we say, “Tell me what it means to you to tell the truth.” And then, “Do you agree to tell the truth?” No matter what their answer is or how old they are, I usually clarify, “We’re going to talk about things that actually happened. Nothing made up, nothing pretend.

As Virginia states about her role as a fact finder and not a “human polygraph”:

The truth and lie test comes and goes in interviews. When I first started, it was a required part of our interview here in X County. You always had to do the truth and lie test, so I would say, “There is a dog under this table… is that a truth or a lie? You are sitting in the chair... Is that a truth or a lie? So, you can agree to tell me the truth while you are talking to me, and if you don’t know something, or you can’t remember, that’s something you can tell me, too. But then we completely removed the truth/lie test because the argument was that we are not human polygraphs. How do we really know if a kid is telling the truth or lie, so we took it out. Now the last few years they wanted it back in, so now I ask, “Can you tell me what it means to you to tell the truth? Can you tell me what it means to you to tell a lie?” I am there to ask the questions. It is not my job to say, “Oh, you answered that correctly or you didn’t answer that right.” That is the policies’ job, DCFS’ job, the States attorney’s job. The defense attorney might suggest, “The kid told you that to tell the truth was blah blah blah blah... Is that your perspective? Is that your understanding of the truth?” I didn’t ask the kid what my understanding was, I asked
what their version of the truth was, so we’re not going to talk about that anymore because that’s not the question I asked.

Victor, a detective and forensic interviewer, supported this:

Our job as forensic interviewers is to really ask the questions. Whether the kid is believable or anything else, that's up to the detective to figure that out. My job is to make sure the kid understands the questions that I’m asking.

Another interviewer, Gail, noted that she relies on Tom Lyon’s research supporting the child to promise to tell the truth, though she had her own reservations about even this approach:

And especially young children and how they respond in a format that’s true and sustainable to get them to talk to you. So asking a child, “Is it okay for you to tell me what happened?” or “Do you agree to tell the truth?” None of these worked with kids. But if you ask a child, “Do you promise to tell the truth?” That works with children. I had to get used to asking a child to promise me anything, because offenders promise. They ask the children to promise not to tell. I didn’t want to have to do that. But Tom Lyon’s research showed that children have more likelihood of telling you the truth when they’ve promised to tell you the truth, so I have to trust what Lyon’s is telling us based on research with children.

Danielle summed up the frustration I heard from many forensic interviewers over the burden of the truth/lie procedure:

It was [my supervisor] that told me one time: just because you get out of them that they know what the difference is between truth and a lie doesn't mean they're not going to lie, or that they're going to tell the truth. So, it really doesn't make a lot of sense to me. If you
just reiterate honesty, I guess, it's good enough. That's still not going to guarantee anything, but…

Deirdre says:

We don’t do truth-lie testing. It’s always been our agency’s policy to not do that. We leave that up to the judge to determine if the child goes to court. We always do a more of a promise or an agreement to tell the truth. I just personally use, “When we’re here, we’ll only talk about things that really happened that are the truth.” Or just ask them to tell the truth and be honest, and ask them to agree and if they can do that.

**Rapport**

Rapport was the most significant factor in disclosure according to my sample of forensic interviewers; however, it could impact the trajectory of the interview very positively or very negatively.

**Positive Impact of Rapport.** Elizabeth gives an example of her process by reflecting on her use of toggling back and forth from the abuse content to the rapport phase of the Child First protocol:

Sometimes I feel like maybe we just haven’t built enough rapport, so I’ll back off of the subject completely, and I’ll go back to the things that I noticed they were happy to talk about. A lot of times, if we feel like they are not going to disclose I just want to show that pattern throughout the interview that when they are happy, they are willing to talk. They give great details when we are talking about all “these subjects,” but when we go to “these subjects” they completely shut down. That way they can come back out of it. Sometimes that’s just as important.

Uma says:
I think that bringing yourself back to rapport is always a safe haven for a difficult interview. It's not drilling and it's not interrogating them because sometimes interviewers who aren't as seasoned will tend to get frustrated. But I believe that if you bring them back to rapport, and you bring them back to a comfort zone. And you reassure them that they're not in trouble. Reassure them that you're there to help them. It does tend to help in the end to get them to that comfort level, to that trust level in order for them to help. In order for them to tell their experience in a truthful way.

Brian shares about how he uses rapport to gauge what barriers may present in the interview and how he will approach these. It seems to me that he is also saying that rapport is the most crucial aspect in interviewing a child, even more so than the diagrams. The flexibility that has come about in the Child First protocol allows Brian to use what he needs when he needs it, and the fact that he discusses how it gives him the freedom to use his expertise to really get what he needs, and the fact that that seems to be the rapport phase for him, is really interesting.

Brian says:

The nice thing about that is, and you know, and anymore they're not really pushing the diagrams like they used to. When we first started, they pounded that this is researched-based, and gotta try to hit all the steps, you know, the RATAc, the rapport, anatomy. And you were always trying to focus on hitting everything, and now they’ve loosened it up to where you just don’t have to. We go right into, you know, “Do you know why you're here?” We do a little bit of chit chat to get the rapport going, and you're gauging where that kid is, how he's going to communicate, and how well he communicates, development, all in this special conversation. And you go into, “Why are you here?” And if they are able to describe body parts, and doing that interview.
**Negative Impact of Rapport.** For one, rapport seemed to be very individual depending on the developmental or chronological age of the child.

Farhannah talks at length about how much she finds the flexibility of the Child First protocol effective, with the exception of the rapport portion, could be more accommodating in terms of the varying developmental issues. Farhannah usually shortens rapport significantly for younger children on her own because of attention span:

I think the times that you deviate from the protocol are more so in the rapport stages and doing your rules. You have a three-year-old you’re not gonna- and I don’t even want to say it’s the protocol. It’s just your standard way of doing it. I have almost like my little script that I spew out in the beginning. “This is my name, my role, this is what we do. What’s your name? Tell me about your birthday.” Try to get a narrative from the birthday. And then you ask about school. Things they like about school and don’t like. Then who they live with, then their friends. Well, if you have a three-year-old, I’m not going through all that because they’re going to be done talking by the time I get to the rules. So, I may say, “Hi! What’s your name? How old are you? How many fingers is that? Show me how many fingers that is. Oh, okay! It’s that many fingers. Well, I want to see what colors you know in this room.” Just something to engage the child, but skip all that.

Though rapport seemed to be the most significant key in eliciting a disclosure, it could also completely ruin an interview in the beginning phases for children who may be triggered, making it impossible to progress any further with the questioning.

Natalia told me:
There was one that went catastrophically wrong. I made a language choice that definitely triggered that child; I had asked them what they liked to do for fun. And as soon as I said the word, “fun,” the child screamed, “I can’t tell you about the fun in the room.” This indicated to me that perhaps the offender in the case used the concept of playing a game and having fun. The language that you choose can be triggering to a child because you can ask kids, “What games do you play?” Well, if the offender said, “We’re going to play the game tonight…” The child ended up hiding behind a chair. Then the kid started screaming, “Open the damn door, and let me out,” so we let him leave.

**Interviewing Aids**

**Body Charts / Anatomical Drawings.** The forensic interviewers used the body charts / anatomical drawings in a variety of ways. Forensic interviewers are trained to ask about all the parts of the body, not just the private parts, meaning you start with the head/hair, and work down to the toes/feet, so as not to be leading. Some used them in the beginning of the interview as almost a game, a way to break the ice, and to identify parts of the body, and any nicknames associated with these parts, that would be discussed in the interview. Other forensic interviewers used them after a disclosure was made for clarification purposes, and to ask further detail, and in those cases could inquire just about the private body parts in question.

Farhannah explains:

Anatomical drawings I do use, and I use them on a regular basis for clarification purposes. So even if the kid says, “My private part,” and points down there, I will. Per best practice, it shouldn’t be used to elicit more disclosure. I think it can help us talk about the body and label the body, and that’s the way I use it. Where I see it facilitating further disclosure would be, for example, with teenagers, where they tell you all about
how Uncle would rape them and put his penis in her vagina, and this happened many times. “Did he ever do anything different?” would be a question you would ask. “No, it was the same way every time.” Then you pull out the anatomical drawings. “So you said the penis and vagina. Do you have any other private parts on your body?” “Oh yeah, the boobs and the butt.” “Has anybody ever touched you on your boobs?” “Yeah, he would grab my boobs.” So, they don’t think of those parts, so it triggers more memories. That’s where you see it facilitating additional disclosure, but I don’t say, “Did he ever touch you on this part, tell me what he did,” it’s just, “Where are your body parts?” Let’s identify all of the body parts, and then talk in general about touches on them. That is where I would see additional facilitation with those, and I like the body drawings a lot. I think that they help.

Brian seconds this, though he uses the body charts infrequently. When he does use them, he uses them similarly to Farhannah.

Brian says:

I don't even break out the diagram. We don't use the dolls anymore hardly. I've got them if I feel I need them. A lot of times, you will go through all the main body parts, and then, if you're doing the touch, you hope it will trigger something. “Is there any place on here?” You just go right in, and if they're not disclosing, "Has anyone touched you in these areas?" “Have you ever gotten a touch where you're not supposed to get a touched?”

In cases where children are more ambiguous about labeling private parts, the body charts can be helpful in providing evidence for court.

Natalia explains her use of the body charts:
There are sometimes you can’t always ask kids, “Well, what is that body part used for?”
And sometimes kids give you really strange answers to that. So sometimes with the
younger kids, if they are disclosing, but they can’t name it, I’ll ask them to circle what
body part they’re talking about on the diagram so that way at least if it goes to court later,
they have a piece of paper where they circled this.

Hellen describes the game component, but also the dynamic of embarrassment for
children in the disclosure process.

I use it more as- not necessarily a game, but I want to know how many body parts you
know. We’ll just go through, and if they know, they know; and if they don’t, they don’t.
If there has been a disclosure of sexual abuse with somebody from the opposite sex, it’s
easier for them to point to it, if they don’t necessarily want to know the body parts.
There’s some kids who come in, and they’ll be able to name every body part except the
three private ones. It’s like they’re kind of embarrassed, or unsure, for whatever reason.
That’s the way I read it. They’re either embarrassed, or they know they’re not supposed
to talk about that part, so they just don’t.

To my surprise, I learned from Natalia that embarrassment happened for not just children,
but also for teenagers. Since it’s been so long since I, myself, was a teenager, I think I
overlooked how these sexual matters can be embarrassing for the developmental level of that age
group.

I absolutely have used body charts with all ages before, mainly to clarify what they’re
talking about, not as much to have them label body parts, but I think teenagers tend to be
a lot more embarrassed than younger kids do. You may still use it if they’re not
comfortable using words, or if they’re exclusively using words like “down there.”
**Easel.** The easel, which was not always used by every forensic interviewer, proved actually to be an effective tool in disclosure.

Aaron described using the easel as an instrument in rapport building, and a way to offer comfort to the child under what could potentially be a very high stress situation:

It depends on the age, if the kid is between the ages of four and six, and they don’t want to come to the back room, usually I will grab some markers. I think, “Look, we can just color back here,” and if you give them something, I kind of occupy their time, or occupy their focus. Usually, you can get some conversations started with them while they’re drawing. While they are in there talking, you can start with them and ask pretty easy questions; like, name, age, things like that. It just gives them a way to relax a little bit, and that’s the biggest thing. It’s just about getting them to be calm while they’re back there.

Gail describes:

I have had children who were reluctant, that didn’t want to say what happened. I’ll ask them, “Would you like to write it up here?” Just a few months ago, I had a six-year-old, that couldn’t tell me what happened with her alleged offender. And so I said, “Well, would you write it up here for me if you don’t want to say it?” And so she wrote “S-I-X.” And, I said, “Okay, and so, six?” And she said no, and she said it.

Gail also describes a disclosure situation with a three-year-old with understandably limited verbal ability.

Years ago, I interviewed this little three-year-old boy with obviously little verbal skills, whose alleged offender was Bio Dad. The boy had supposedly seen the father with an erect penis. The only thing I could get the boy to say was that he was in the room, Dad
was in the room, nobody else was in the room. Dad was on the couch, he was playing
with his toys, and then he saw the monster. And I said, “You saw the monster?” And he
said, “Yeah.” And I said, “Well, what’d the monster look like?” And he couldn’t explain
what the monster looked like. And so I said, “Well, can you draw the monster?” So, then
he looked at my markers, and I had multiple colored markers at the time, and he said,
“Well, none of these colors are right, but all I need is this one. This one’s close.” And so
then he drew a phallic symbol. And he took a blue marker, and drew a bunch of blue at
the bottom. And then he took the black marker, and put it at the very top of the phallic
symbol. And then, I said, ‘So that’s the monster?’ And he said, “Yeah.” And he said,
“And white stuff came out of this.” And I said, “What’s the blue?” And he said, “That’s
my daddy’s pants.”

Gail also describes the use of the easel in clarifying details, as well as allowing the child
to remove herself from the trauma by using the easel, enough so as to make disclosure a more
comfortable process.

The reason I like graphing out rooms with kids, especially latency age kids, like kids 7 to
11, is because they’re such detail-oriented kids. When they’re shutting down on me, I can
get closer to knowing what happened if they can tell me what the room looked like that
something happened in, where everything was, and whoever else may have been in there,
we’re closer, and yet, it’s still not talking about what happened. This also allows the child
to remove himself or herself. It puts you in a world where you’re just drawing on an
easel, and not here in this room being interviewed about your abuse.

Aaron describes using writing as a way to go from no-disclosure to full-disclosure:
I had a writing case. The interview lasted an hour and 20 minutes. The girl was nine. That’s a long time. Now, most forensic interviewers are going to tell you that’s way too long. My average forensic interview lasts 25 to 30 minutes. So, when you see it, it looks bad, and I agree, it does look terrible when you see the number of how long we’re in there. But when you read the case, and you see the interview, it’s not that bad. This girl, when I came out to get her, she was already crying in the waiting room. So, I knew this was going to need a little more time in the rapport building phase. I tried to get her back to baseline and calm, so that part took forever. We eventually got to a point where we were having conversations, and we’re talking narrative. She was not giving the best narrative if someone were to watch and explain what a narrative is, but she gave me narrative. She’s doing better. She calmed down a little bit.

So, I asked, “Why are you here today?” And she gave me enough of a disclosure to know something bad happened. “Something bad happened. This person did something to me.” I got that much. And then she broke down. She couldn’t come back. There, we spent probably ten minutes in total in just silence, allowing her to just cry, to wipe her tears away, to hold onto her stuffed animal. But I didn’t ask anything. We just let her work through it.

That’s when we talked about writing, and we started to talk about would it be helpful for her to just write it? And she was like, “Yeah, I could write it. I’ll write it.” So, I asked, “Do you want me to sit in here with you while you write, or is it something you want me to give you time to write?” She said, “I would like you to give me time.” And I said, “Okay, but whatever you write, we will probably have to talk about it.” That way she knew, “If I’m going to write this, I know I’m talking about it.” I thought that was a way
to give her an out. If she does not want to talk about it, don’t write it. So I left the room, came in here. We watched her write, so I knew when she was done. When she’s done, I go back in there.

After she wrote it, it was like a gateway to talking. All those walls came down, and the floodgates opened. We talked for another half hour. She wrote one statement that was very general, about two body parts. And she talked about where the location was. The second part was she told me something that happened to her. I had her read them back to me. I couldn’t tell what she had written. Plus, to get justice you need to confirm that you’re reading it right, so I knew exactly who she was talking about. And then we talked. We went right into it. Then, because she used the word, “private,” we were able to bring out the body charts to confirm the body parts.

Now, it actually just went to court and got plead out. So, it ended up being a really big case.

**Anatomical Dolls.** Most of the forensic interviewers interviewed didn’t feel confident in using anatomical dolls, or even felt that using anatomical dolls was effective.

Farhannah explains her hesitance in using anatomical dolls due to their credibility in court:

I hate dolls. I have personally never used them. I don’t want to say I would never in the future, given the right circumstance, the right situation, for a child that really struggled. But they’re very hard to defend if you don’t do them appropriately. You need the child to first tell you everything, and then you bring out the dolls. But if you’re struggling with a child who can’t tell you, then you can’t- It’s just that anything you do you have to be able to defend. Otherwise why are you doing it?
Valentine adds insight into how they can also be distracting and confusing:

We used to use anatomical dolls when I first started here, but I’m really glad that we don’t anymore (Laughs). There were some issues with the dolls and the court like with suggestibility. And honestly, when we do the body charts they can give as much information and be a lot less awkward than the dolls. Sometimes the dolls… you’re obviously usually not using them with teenagers… it’s like younger kids and then it can go in different directions, too, where it’s a distraction, or it’s confusing to them.

Deirdre agreed that the dolls could be distracting:

Sometimes you get out the dolls and kids want to play with them, or they get super obsessed with the body parts but I say, “This doll’s kind of like my body chart. It has all the same parts that real people do.” And I say, “We don’t play with them. We use these just to show things that have happened.” But sometimes kids will just immediately be like, “Oh! I just want to play with the ding dong on the boy.” And then we have to put them away.

But Deirdre also found them to be useful at times, too:

We do use anatomical dolls in our interviews. I don’t use them a lot because I do feel like defense attorneys are gonna tell everybody they’re leading. You can’t use them in a non-disclosure. You can only use your dolls once there is a disclosure of some type of abuse. It could be physical, or it could be sexual, but you have to have some type of disclosure. And the child also has to be at an age where they’re capable of using them. They have to demonstrate the representational shift.

So, if I had a young child, I’d probably use the body chart first. Because if we’re talking about parts, and a kid’s pointing to their own body, they’re not gonna be able use the
dolls. It’s the best way to find out if they can do that. They use to teach us back in the old Finding Words method with the younger kids, and I still do it today. I start off and just draw their face. “I’m gonna draw your face, can you help me with that?” I’m like, “Where do your eyes go?” And if they point on their face, and they’re like, “Right here,” like, “Can you show me on the paper where they go?” And they can’t, they would never be capable of using the dolls. Because they don’t understand the representational shift. I sometimes think that using anatomical dolls can help. If you have a child that just can’t use their words to describe what happened, or they’re telling you something that’s not making sense. They’re words are just not matching what they’re saying. And so, in those cases the dolls can come in very handy. If you’re talking to a female victim, I’d start with the female doll and say, “This doll is you, can you show me exactly how your clothes were when this happened?” And then “This doll is the so-and-so-suspect. Show me how their clothes were when it happened.” And then “Can you show me how it happened?” I think anatomical dolls can be a useful tool, but again I don’t use them very often. I use them for clarification after a child’s told me something. And again, normally I would talk with the team first and see what they think.

**Funnel Technique.** The funnel technique is an hour glass interviewing technique that starts with broad, open-ended questions, moves through to more narrow, close-ended questions, and then funnels back out to broad, open-ended questions. Child First training instructs that forensic interviewers start with open invitation, narrative questions, then move to cued recall (i.e. You said earlier that this happened, tell me about that.), then to option-posing (i.e. Did it happen here, there, or somewhere else?), then to yes-no questions, then finally to suggestive, forced questions (i.e. Was it this or that?), and if the forensic interviewer needs to go to the narrowest
point with a child, to immediately funnel back out to open invitation questions. Generally speaking, most forensic interviewers believed that the funnel technique that Child First endorses is very effective in eliciting non-suggestive information.

Farhannah liked that she could use the funnel technique flexibility to fit individual scenarios:

One of my favorite parts of the Child First training is the funnel. When you start, your first question is, “Tell me,” but everything after that you step down a level; questions about who, what, where, when, how… or option posing. So, you go up, down, up, down, up, down, the funnel to try to get details. “Tell me all about this.” If they don’t tell you as...
much detail, you ask a follow-up. “Tell me all about this.” Ask a follow-up. I like the flexibility in the protocol.

Yolanda describes funnelling back out in accordance with best practice:

We have a whole thick protocol, but our biggest thing that we always use, again is what’s in the best interest of the child. So, making sure that our interviews are open-ended, that if we come to a narrow point, that we open it back up.

Farhannah really clarified what I began to realize as I began attending the trainings and collecting data, which was that because the Child First protocol was so flexible, forensic interviewers really didn’t feel like they were deviating. I think this revelation was really pinnacle. Based on the literature, I had created my research questions based on my limited and erroneous understanding that forensic interview training and the protocol was trauma uninformed, developmentally inappropriate, and generally unequipped to accommodate non- and partial disclosure. Farhannah says:

I don’t think you necessarily deviate. I think you just go from up here to down here faster. But if you have a child that’s delayed and can’t give you a narrative, and they can answer “yes” and “no” questions, you’re going to stop asking, “Tell me,” because they’re not going to be able to tell you anything. You are going to have to ask “yes” and “no” questions. But so you’re not deviating. You’re just going more narrow.

I remember my heart almost sinking, as I realized at the first training I observed, that the actual interview protocol wasn’t at all rigid, as I had thought it was. It instead, was open-ended and followed a reasonable progression of question asking, moving to a more narrower and narrower focus as the child disclosed more information. Farhannah’s description of her use of the
protocol really captured my first understandings of how my research questions, and my underlying understanding of current forensic interviewing protocol needed to change.

“Tell me about that.” “Tell me about that” is the first step in the abuse scenario questioning and most broad format. The premise is that the forensic interviewer encourages the child to continue disclosing in a neutral valence without subtly praising or affirming the child to the point of potential suggestibility.

**Positive.** Elizabeth delves deeper into how she uses the Child First protocol approach, “Tell me about that,” when she encounters non-/partial disclosure:

Sometimes I’ll just talk to them about the thing that I am noticing. If they start to cry, I’ll say, “I notice that you have tears. Tell me about the tears.” Sometimes if they continue, I’ll say, “I notice that every time I bring up either this person or this topic there is a reason for it. How come?”

**Negative.** The Child First protocol requires forensic interviewers to use the phrase “Tell me about that” to elicit information from the child about the alleged abuse scenario in a non-suggestive way. While this arguably is a very feasible and non-coercive tactic in interviewing, many forensic interviewers had problems with this wording.

Faith talks about how broad “Tell me about that” is in that it is so general that the child doesn’t know what the forensic interviewer is refereeing to.

But sometimes when you say, “Tell me all about that,” they’re looking at you like, “What do you want to know?” Because “Tell me about that” is very general.

One of the main components of the initial premise of my idea for the dissertation was the dilemma that young children, and children with developmental delays would likely need more structure and guidance in their questioning, which could be perceived as leading. Child First
allows you to funnel into more specific questioning, but only after the child has made a broader disclosure, to protect the interview from being labeled suggestive. However, while this may be a legally sound approach, it may not be as realistic and effective in getting good details about the abuse scenario, especially in children who are younger or are developmentally delayed. Colleen further explains that the vagueness of the phrase often makes it hard to interview children who are developmentally delayed, and just young children, in general.

You can’t be leading, but I definitely think you waste some time using the “Tell me about that” approach. And I think some of the questions can be too abstract for the children for their age. And especially if you’re interviewing a kid with a disability or on the spectrum, those questions are too abstract for them. So, it’s when do you make that call that you can get more direct, and if this goes to court, are you going to be able to defend that you got that direct?

Farhannah provides her take on integrating the at risks portion of the protocol to supplement her interviewing style when phrase, “Tell me about that” is too broad for a child who doesn’t yet understand what topics the interview is targeting.

I think the protocol steps are designed for a child that knows why they’re there and are disclosing, because it’s first transition to the topic of concern and then explore further details, but if the child doesn’t know the topic of concern, it’s like where do we go? That’s when you have to start doing your at risks, where you talk about any parts on your body that someone’s not supposed to touch or that are private. Then you ask, “Has anyone ever…?” You go into those types of situations where you’re kind of just exploring in general. I can’t even say that those specific steps are anything that comes from the protocol.
Valentine says:

It is hard when the kids don’t know why they’re coming here.

Farhannah later elaborates:

The one area that I hate about Child First, that I don’t have another solution for really, is when you have a three- or four-year-old that has made some kind of disclosure of abuse, and they don’t get there. They don’t know why they’re there. You try the whole, “Well, tell me things you like, and don’t like to do with that person.” They don’t get there. Then you have your body chart, but that body chart is where you start to get leading because you’re asking them to go through the different parts. Most kids that are three aren’t going to say, “Oh, these are my three private parts.” Perfect! Then, you have to go to, “Let’s talk about all the parts of the body. What’s this part? The hair?” And then it just becomes like a yes or not type, shooting down the line. I just really struggle with those ones, with the three- and four-year-olds.

Colleen gives the example:

For example, if I’m looking for the babysitter’s house. “So, tell me who watches you if Mom and Dad are gone or at work or something? They say, “Oh, no one watches us.” I know they’ve got babysitters, what do I do? “Do you ever go to anybody’s house, or do you ever visit anybody?” And sometimes they don’t even get to that point. So, once I’ve exhausted all of my avenues that I’m trying to take from the roundabout way, I’ll just go to inappropriate touches or what happens when they get in trouble, physical abuse scenarios. And if they don’t disclose because the questions were too abstract, I have to move on.
The “Tell me about that” approach may also be time consuming, because the forensic interviewer has to indirectly lead the child to disclose information confirming what the forensic interviewer already knows through the report or the MDT pre-meeting. This to me made me wonder if this has hints of being suggestible, just in a more disguised and time-consuming approach.

Farhannah discusses her approach in using “Tell me about that:”

Let’s say I know that the child was shown child pornography on the computer, but I can’t ask that. So, I have to go, “Well, tell me what kind of stuff do you do for fun.” “Okay.” “Well, do you ever go on any types of the phone, the computer, anything like that?” “Well, what do you do on the computer?” “Do you have anything else?” “Oh, you have a tablet?” “Oh, okay.” “Tell me about your tablet.” “Who else at home uses that tablet?” “Do you ever watch anything on your tablet?” “Tell me about what you watch.” So, you have to just find your right way to get to that point.

Colleen also explained to me her frustration in dealing with children who use the vagueness of the ambiguity of “Tell me about that” to avoid the topic of concern:

I knew this kiddo had talked to someone at their school. Someone came in and did a presentation about inappropriate touches in the bathing suit area. After this presentation she went and disclosed to this individual and was crying, and was very upset. This one seemed like a very emotional and genuine disclosure. And it was a spontaneous disclosure, too.

So then this person immediately hotlines this, and the person from DCFS comes that day. And when I kept asking her, “Well, tell me about Friday. Tell me about school,” she does not go there at all with seeing these people. School’s all peaches and cream. Nothing ever
happened on Friday. “Well, tell me about people that you talked to. Did you talk to any adults that day?” Nope. Didn’t talk to any adults. “No one came to school to talk to me.” “It’s my understanding that someone did come to talk to you.” “Oh somebody did come and talk to me, but it was just about school.”

So then I had to keep going around… “Tell me about assemblies you had.” Well, after literally 20 minutes, we figure out it was not a full on assembly. It was just someone came to the class. So, I’m going around and around, and I think she was old enough to know what I was looking for. She was avoiding.

**Screening for Pornography.** Though some of the forensic interviewers stated that the training and protocol lacked specific details in how to conduct pornography screens, some received direction from their MDTs.

Farhannah says:

Our state’s attorney’s office always wants us to ask about exposure to pornography.

When we ask questions about: “Has anyone ever touched you any place on your body?” “Do you ever have to touch anybody?” “Anybody ever show you any private parts?” We also ask: “Has anyone ever taken any pictures of videos of you without clothes on?” “Anybody ever show you and pictures or videos of someone without clothes on?”

**Gut Instinct / Practice Wisdom**

One of the questions I asked was about the forensic interviewer’s perception of their gut instinct or practice wisdom. My hypothesis was that forensic interviewers might have a sixth sense outside use of the protocol that guided them to respond to the barriers of non-/partial disclosure. I also wanted to explore how forensic interviewers trusted whether a child was truly not abused, or if there was more to the story and the child just could not or was choosing not to
disclose. In other words, how did the forensic interviewer know to keep asking if there was a non-disclosure, and if this was the case, how did the forensic interviewer know what to ask and how to navigate the interview questioning? Many times forensic interviewers really didn’t know how to answer this question, and so I would provide more detail, instructing them to give an example of a time they had a hunch about something, and then ended up being right, without knowing how they knew to approach it the way they decided to. This must have been too abstract, or maybe it never happened to the forensic interviewer, because many times they needed more structure, which I provided. I then gave examples of practice wisdom, or personal experiences as a parent, or prior professional experience. So what I was looking for was forensic interviewers to respond with, “I didn’t know why I believed the child, I just did, and I ended up being right.” Or, “I didn’t know why I felt the need to ask the child, but I did, and I ended up being right.”

Valentine, a therapist and a forensic interviewer for the same agency, talks about how her gut instinct during an interview was later confirmed when she engaged in prolong therapy with the children says:

There’s one time I really felt like I used my gut instinct that stands out the most. It was a few years ago because I did the interviews for two girls. They had said that their stepdad was sexually abusing one of them, but the other one had seen it, and also felt very uncomfortable by some of his behavior. They had outcried to the school counselor, and then in the interview they both said that something almost happened. They had eluded to it, but then wouldn’t say anymore, then kind of went back on it during the interview, and they both did. And I felt like also that the mom had influenced them.
Well, so I started seeing them for therapy and it was kind of obvious that the mom was prompting them or telling them not to say anything. Just, it was very obvious, and it was hard to work with them, but one of them finally said something more about this, and so then they did another interview, someone else did the interview for them.

Yolanda describes how she used the chronological and cognitive development of her own son to gauge the understanding of the child she was interviewing.

I’m a parent, too, and my son is six. So, I know that when I ask a bad question and they give me, like, an off-the-wall answer... It makes sense to me because I understand the context, but maybe they don’t. So, the child really drives the interview process.

Sometimes I think that being a parent almost helps me in this position to understand the developmental stages, but sometimes I don’t because, my child reads a lot so his vocabulary’s a lot bigger. So I compare, and that’s not fair, because it’s not like everyone is up to that. A lot of them are very to the point or very literal. So, you have to try to get down to their level. I find myself in interviews all the time saying, “Thank you for correcting me. That was a really bad question.” Because I realize that they don’t understand. And so, then I have to be able to change my question to what they do understand.

**Practice Wisdom**

I felt that most forensic interviewers answered the gut instinct question with a statement more on practice wisdom. Many forensic interviewers described experience as more important in leading their decision-making in the interview than even the protocol.

Farhannah says:
I think that it is more of a gut type thing in the interview when you think there might be more. I think as you start interviewing more, you have a better judge for whether or not there’s something more. I think that’s just training through the course of experience doing forensic interviews.

Yolanda supports this describing:

I think in talking to everyone, I mean, every interaction that you have with anyone in your life gives you experiences, right? And they help build on now your professional experiences. I don’t know if it’s so much wisdom, or gut feeling, I think it’s just you’ve seen it so many times. It leads you down that path of, “Hey, I think you’re telling me a partial truth. Let’s hear the whole truth.” I definitely think that occurs.

Farhannah further explains:

It’s practice wisdom. How people respond to things, what steps they take may look different. And then you learn as you go. That’s the best way to learn is by interviewing. It’s not to say that your first interviews are bad, you just learn. You kind out like, “These are my basics.” And then when the child says something and throws something at you like, “Well, I don’t know.” Your sitting there going, “I don’t know what to do either.” But as you grow and experience it more, you have five other responses to encourage additional discussion. I think practice experience is more important than training.

When I talked to Brian, he gave an example of a non-disclosure case, where he believed that abuse had occurred, but there was no solid disclosure to verify his suspicions. What I think is interesting is that he seems to use other sources to corroborate his hunch of the abuse, such as the repeated complaints to DCFS that he’s aware of, the fact that the oldest girl had a baby, and information from the grandparents and the mother’s brother. In my opinion, I don’t believe he’s
using his gut, but instead relying on evidence outside of the disclosure to confirm his suspicions, not his gut.

Brian says:

I’ve got one that’s more like a trafficking-type situation. Well, by definition. I’ve got a mother… and DCFS has had repeated complaints. The first time I interviewed these girls, the oldest had just turned 16 and just had a baby. Then I had I want to say a 13-14 and 11-12. There were a couple of younger sibling boys that were in the house. Mom and Current Paramour… Lot of drinking and drugs going on at the time. People flopping in the house. That was the complaint. Mom was whoring her daughter out, and allowing, ALLOWING them to have sex with older men in the house. That was one complaint, there was another where they thought she was whoring them out.

So, we interviewed the girls, who all three said absolutely nothing. And there was some pretty convincing statements. The oldest one for sure. I mean, obviously she had a baby, so she was sexually active. She refused to name the father because the father—she was 16, he was 19-20. The other 2 of course denied.

We’ve got grandparents saying the sky’s the limit to what’s going on in that house. At the end of the day, they removed the kids for a while, but we could never get the kids to talk about anything. And it was a repeated thing. In fact, just last year we interviewed them again. We actually had Mom’s Brother. Of course, he was not considered a credible witness; however, he flat out said that he tried to take care of the two boys because the mom just kind of let them fend for themselves. The girls could do whatever they wanted. The oldest one… they’d be all sitting around drinking, and she’d zip out the back door,
jump in a car, and come back in with 30 bucks. But it was one of those situations where these girls were so tight with their mom, that they would not give you anything.

**Bilingual Forensic Interviewers**

**Different Terms Amongst Latino Cultures**

Vithya, a bilingual forensic interviewer, explains cultural barriers that she finds in eliciting disclosure from Spanish speaking children:

I encounter a lot of bilingual children, and interview in a second language. I’m fluent in Spanish and so sometimes you will have to interview a child in Spanish. That’s challenging, too, because even though we are all Hispanic, there’s different entities: Puerto Rican, Mexican, Guatemalan... They may use different words for different things, so you have to remember that my language or my word for a private part may be different than what Mexicans call it. I’m knowledgeable on the different culture within our Hispanic race, so I understand when they certainly call something in a different name. I know what it means.

Lisa, another bilingual forensic interviewer, furthers this saying:

I've interviewed people from Honduran, El Salvador, and we're speaking Spanish, but we're saying different words, and then not we're not understanding each other. So, I've had that happen to me. They call “shirt” something else, and then we're all trying to figure out what the other is saying even though we’re both speaking Spanish. But they're called completely different things.

Crystal talks about difficulties within the Spanish language of using slang and formal terms for private parts:
As a bilingual forensic interviewer, I sometimes need to clarify. Even in Spanish, children can call private parts different names. Like for example, in the Spanish interview I did last Friday, the child called her vagina the correct term in Spanish, but she was also interchangeably using it with “banocha,” which is a slang term for vagina. So, she was using these two words. And so when I did clarify, I said, “Okay, so you were using the word, banocha,’ and earlier you said ‘vagina.’ Are you referring to the same body part? Or is it something different?” And so she kind of laughed, and said it's the same thing.

Crystal also talks about how the Child First protocol doesn’t translate the same best practice standards into Spanish:

There are certain things that obviously don't translate directly, or can be really difficult to translate in the moment. For example, if we're trying to figure out some physical abuse, we would ask, “Tell me what happens when you get in trouble at home,” or “What happens at home when you get in trouble?” That does not translate directly in Spanish. It's going to sound weird. I mean, it's going to sound completely off. In Spanish it sounds like, “What happens at home when you think your mom or parent doesn't like her, or your parent doesn't like?” or “What happens at home when you do something that your parents or guardian told you not to do?” Something to that effect.

Crystal gives another example, this time more related to the natural cultural expectation of speaking in a narrative form when Child First directs the forensic interviewer to option pose:

The other linguistic barriers I would find are some of the questions are just so vague, or they're so abstract. And so with the Spanish speaking culture, we speak in a very narrative form. We speak in, almost in a story-like form. So, we're going to give you a lot of information. You asked me one question, and I'm going to go around and give you a
lot of information when we're speaking in Spanish. And so, what's difficult with that is that sometimes when you're trying to use some of the questions, like, whether you're using yes/no questions, or you're option posing is really odd in Spanish. So, if I say to a child, “Did that happen at your home, his home, or somewhere else?” So, in Spanish it sounds kind of weird because I would say, “When this happened, did it happen in your home, his home, or somewhere else?” But in Spanish it just sounds kind of weird. In Spanish, it just sounds really off. So, I find that the interview in Spanish is a lot longer. And it’s just… I cringe watching it back because it just sounds weird. It just sounds very off, and it's not as smooth as it is when you're speaking in English. Trust me.

Lisa shares:

Like, “Tell me about that.” There is really no exact translation for that. So then I have to make it as… like, it translates to in the Spanish language, kind of like, “Let's have a conversation about it,” because there is no, “Tell me about that.” Also, we follow up with, “How come?” There is often no translation for, “How come that happened to you?” So how I was translating until very recently is just saying like, “Why?” So culturally in America or English that kind of sounds blaming, but in Hispanic culture, it's not blaming, it's just curiosity. And here in English it’s blaming.

Lisa’s statement alarms me, as the phrase, “Tell me about that,” is the crux of the open-ended, narrative technique that is very heavily used throughout the course of a Child First protocol interview.

By far the best point I felt that was argued in favor of providing bilingual forensic interviewers to Spanish speaking children was what Crystal says about the language used during the abuse:
The protocol asks that we always try to interview a child in their first language, and so obviously, we're going to give them an option. So, what I do with the child that I know is bilingual, I will say, “I know your family speaks Spanish. I speak Spanish, as well. Is there a language that you would prefer to speak with me today.” And a lot of times they're going to say English, because historically you want to be Americanized. You want to speak English. You want to speak the language that everyone else is speaking. But I always say, “We can speak in English today, but if there's anything that you would rather say in Spanish, or that you don't know how to say it in English, then I want you to say it to me in Spanish.”

What I find coming from a Spanish speaking household, is that when I'm home, I speak Spanish with my parents and with my grandma. And so, if you're going to ask me what happened at home with my grandma, my memory's in Spanish. That happened in Spanish. So now, I'm having to translate it to you in English, and it's going to be different, and there's going to be missing pieces. So, what I like to do is, say the perpetrator speaks Spanish, and I say, “So, what did he say?” And then they tell me, and I say, “Did he say it in Spanish or in English?” “He said it in Spanish.” “I want you to tell me in Spanish what he said,” because I want the opportunity to be able to interpret it on my own, because oftentimes my interpretation’s going to be different than the child's interpretation.

Crystal gives a specific example of when she has seen this:

The language issues that I’ve seen related to non- and partial disclosure that I have encountered, not that I've done the interview that maybe my other two interviewers, who do their interviews only in English and do not speak Spanish, have done that I later
watched and transcribed. What I find is that sometimes because of that language barrier, that there may have been a question that could have been asked that wasn't asked, but because of not knowing, maybe the cues that the child’s giving off, maybe tapping into some of those words the child is using, and maybe trying to get more information from there.

So, I have found that oftentimes a child will say, “Nope, I speak English, I'm going to do it in English.” And so, we had a situation where my supervisor did the interview, and then I spoke with the family to just double team it. And the child, she was 16.

Later I watched the interview, and I was typing up the summary, and I noticed that there were some things that the child was translating herself in her head and talking to the interviewer. And so I felt at that point that maybe had I done the interview where I speak Spanish, even though the child could speak English very well, that I could have said, “Okay, so how did he say it? What did he say? Tell me in Spanish.” Or, “Can you explain that to me in Spanish?” And maybe we would have gotten more information. But those are learned opportunities for us.

During my time in the PhD program here at the University of Illinois, I was privileged enough to co-teach our department’s diversity class in our department. I give a lecture in this course on the n-word and the historical, current, and social implications of the term. In my lecture, I facilitate a classroom discussion on the use of the n-word as a form of separation not only as a way for black people to distinguish themselves from white people, but also within community divisions (i.e. using the term “negro” to refer to a “sellout”). This informed my inquiry, in addition to Vithya’s openness in discussing race/ethnicity not only in the context of
her work, but also personal offerings of her own experiences. I felt comfortable asking Vithya about her thoughts or experiences with selling-out or code switching.

Vithya shares how she accommodates this:

Being a Latina myself both helps and hurts my interviews. It helps because I can relate. I can talk and communicate because the language barrier is challenging for non-Spanish speaking forensic interviewers, police, and detectives. They can’t communicate to them exactly what’s going on, or they don’t feel comfortable right away. So, when you have someone of your own culture telling you what’s going on, then it becomes a challenge.
I have found the opposite to, where it comes across as me judging. “You're not doing the right thing.” Now I have to tell you, “This is not right, and this is where you’re lacking.” And then it becomes, “Oh, you think you’re better.” Like I turned my back on the culture, when in reality that’s not how it is. But the truth is the truth. “You have messed up. What you're doing is not right.” When you have to go that route, you’re going to find that challenging. They’ll be like, “And this is why our people don’t help us out. You were supposed to help us. How can you not help us?” And “Good luck to you.” A lot of stuff like that where they feel like, “You’re one of us. We need help.” “This is my help. I’m telling you that you’re doing this wrong, and this is where this is going to get you in trouble.”
I had one lady who had a 17-year-old daughter, who her boyfriend kicked in the door. And they called it a home invasion. She was home alone because her mother works nights, and the 17-year-old’s got some hoodlum boyfriend, and he kicks in the door that night. Mom comes home and then I find from the landlord lady that you know this isn’t one issue. He’s always damaging their property, and they don’t have money, and they’re
not even paying the rent. Catholic charity is paying the rent. And then the mom’s telling me she’s not going to school because they can’t control her. So when I said, “Hey listen, you got an ongoing problem going here.” That’s when she flipped on me. And said, “Who are you? You’re supposed to help. Look at her she’s not even helping.”

**Intersection of Race/Class /Language**

Most all of the forensic interviewers that participated in the study had a bachelor’s degree level of education or higher, which, assuming that this socioeconomic privilege is an indication of some societal advantages in neighborhoods, family situations, financial circumstances, etc. that were childhood factors in obtaining a respectable position, such as a forensic interviewer, emerged as issues in our interviews.

Gail speaks nonchalantly of realizing that the children she interviews don’t celebrate much for birthdays, and correlates this to a unique state practice, as her childhood friends in her home state all celebrated birthdays. It seems that she is so entrenched in her own beliefs about birthdays being an absolute tradition in all families, regardless of socioeconomic status, that she attributes a lack of celebration to a difference in state cultures, versus an emotional or financial ability to support a special birthday festivity, a dynamic that can be frequently found in families serviced by the CACs.

And what worked with young children from Tom Lyon’s Ten-Step Protocol research was talking about what they did on their last birthday. And if you can’t get them to talk about what they did on their last birthday, then try, “Well, tell me what you did from the time you woke up this morning until you came here?” Which I have to go back to a lot with kids because I have to tell you, a lot of these kids don’t do anything special on their birthday. If they get to pick dinner that’s a big deal. Now, I don’t know if it’s different in
[my home state] where they still try to make a big deal. I mean, I grew up there, and I never had friends that didn’t do anything on their birthday. But I don’t know if that’s a [my home state] thing, or what, because here, there’s so many children I talk to that do nothing special on their birthday.

Gail also refers to her protocol training, in which she describes being encouraged to ask children, “Tell me what you like to do,” during the rapport phase of the Child First protocol, and her realization that this avenue of rapport building can be insensitive to the reality of abusive family dynamics, and the substantive emotional and financial situations these children are facing.

One of the things the protocol says you can offer is “Tell me what you like to do.” I tell you, I had trouble with that because the kids who had repeated sexual abuse, had gotten to a place in their life where they didn’t like doing anything. They didn’t want to do anything. They just wanted to be in their rooms, they didn’t want to do anything. I had trouble getting to know these kids with that question. Now, I do ask it, but it’s not my initial question. Now, my initial question is “So, tell me about” and then their name. Whatever they’ve told me their name is, and they’ve spelled it out for me, that’s my introduction piece.

**Extended Interview Situations**

Many forensic interviewers expressed a great need for training on extended interviewing, as the demand repeatedly presented itself.

**Chronic and Traumatic Abuse**

Prolonged and repeated trauma when the abuser was a loved one seemed to be an indication of the need for an extended interview.

Virginia notes:
The extent of abuse can merit an extended interview. Kids can have conflicting emotions: “I love that person, but acknowledge that what this person is doing to me is bad. I want them to quit, but I don’t want something bad to happen to them. I don’t understand why they are doing this to me.

Related to severity of trauma and resulting need for an extending interview, all sex trafficking cases that came into the Illinois CACs immediately utilized some formal or informal version of extended interviewing.

Virginia says:

You’ll see a need for extended interviewing a lot with kids who are trafficked into prostitution because there is such a culture of fear. They are fearful that if they tell us what is going on with them, then there is a lot of fear of what the person who was doing this to them may do to them.

Farhannah elaborates by sharing her understanding of how the extended forensic interviewing process can aid with non-/partial disclosure by:

A lot of it depends on if it's a one-time incident. I think there's a better chance of a child telling you more in an extended forensic interview if it's a multiple-time incident because there's only so much children may encode and remember themselves. But yes, I think extended forensic interviews are great, and I think it's definitely beneficial, particularly with children with delays.

Valentine shares her opinion of similar parameters for an extended interview:

When there’s multiple allegations, and when there’s sometimes cases that have been a long, extended period of time that abuse occurred and it’s not just sexual, it’s maybe sexual in many different ways, plus physical and sometimes it’s a lot for the kid
obviously, to talk about and process and it can be very confusing and overwhelming to get it all in one interview. So, I think that during those cases it would be helpful to have an extended interview and somehow break it down.

**Young Children and Fear of the Interviewing Room**

A need for extended interviewing emerged when the child showed normal fear and avoidance in separating from their caregiver to be interviewed by a stranger about horrifying incidences of abuse.

Farhannah says:

Try to reassure the child. You’re someone that child has known for a total of maybe ten minutes by the time you get there. Some of those barriers you don’t have the capacity to resolve. I had a child I interviewed that was very, very, very afraid of the interviewer. There was nothing I could have said in that interview that would have changed it. I tried, “There are people here to make sure that you feel protected and feel safe,” and the child said they never felt safe. There’s only so much you can do, and it’s also not our job to push kids’ to say it.

Farhannah gave another example of a child with whom she had to stop an interview because the child was unable to continue:

We had a girl, pre-teen, who actually vomited in the interview because she just couldn't go forward anymore, and we stopped that interview, of course.

Ursula describes a particularly challenging experience with a child who was fearful of entering the interviewing room:

I had one girl that didn't even make it into the room, just because she was very afraid to come in the room. “What would my mom say?” But for that one I recommended to Mom
to bring her to group therapy, and maybe just help her get familiar with the place, and then eventually we could set her up for an interview. Just because at the time the child was on the ground crying already, and I'm not going to cause more distress just because we want an interview. If she's not ready she's not ready.

Several forensic interviewers speculated on ages which might benefit from an extended interview, and both really believed that extended interviewing could help with fear and anticipation of the forensic interview.

Valentine says:
A few months ago I interviewed a child who was maybe like 5 or 6, like a young one and I always feel like the younger kids are harder anyways to interview, but she took a very long time to warm up and she was not like comfortable talking. But I think that she could get to that place like where, maybe if she came back again she would feel a little bit more comfortable to open up.

Virginia describes:
A little guy who say is three-, or four-years-old who is separating from Mom or his caregiver is not quite normal. And then you’re asking them to go with a stranger. Sometimes bringing them just to meet you, just to see the place, and then coming back later helps.

Aaron furthered this by saying:
I think extended forensic interviews are very beneficial, especially for younger kids. It’s tough. I just feel if you can build that rapport with a four-year-old… I think an extended interview would be more beneficial for ages four to six.

Aaron also offered a reasonable solution:
I just feel like anytime you get a four- to five-year-old, especially if they don't want to come to the back room… I think extended interviews could be big. If I could just put them in a different room that we use here for therapy for little kids… it’s just got toys in it. Because if we can put a camera in that room, and record me and this kid just playing back here, and it eliminates the interview settings.

**Multiple Interviews**

Forensic interviewers tended to view extended interviews as something pre-planned, and as a regular forensic interview, just divided up over the course of several days or weeks. Multiple interviews was more likely to be classified as an attempt to get a “one and done” interview, but non-disclosure became a barrier, or new information was discovered.

Farhannah describes a situation in which they unsuccessfully tried to do use a multiple interview technique with a reluctant child:

As far as children that are very traumatized, I can think of a little girl that we’ve tried to interview three times now. She comes in, she’s very engaging, five or six years old. Sweet little girl. Wants to talk. Talks all about rapport, home and school, and things she likes to do for fun, and as soon as you go to why they’re here, completely shuts down, and starts crying and can’t get a word out. She was dry heaving, she was crying so much.

Though the attempt yielded no substantial abuse material, these examples do show how a forensic interviewer has used multiple interviewing in these situations.

Farhannah furthers:

We rarely bring back kids for another interview though. It’s rare. That tends to be if there is something additional that’s been discovered.
Vanessa, who declined to be audio-recorded, supports the idea of multiple interviews, saying:

Sometimes kids are re-interviewed if they disclose more information once the abuse has ended. When kids feel safe, they disclose. Children may also be re-interviewed if later siblings are involved in a suspected abuse case.

Kelly says:

The formal, extended forensic interview is a process of several interviews where you just basically are taking the steps of Child First, and breaking them into different ones. The extended forensic interviewing protocol is really geared for children who have diagnosed depression, psychological issues, ADHD, someone who was just discharged from the hospital, or maybe some suspected long years of abuse. So, extended forensic interviewing is different from multiple sessions. Multiple sessions are informal. We’ve moved away from the one and done; you can't ever try to talk to this kid again. But if you have a child who is in tentative disclosure, or if you have a really long interview, or maybe another perpetrator comes up. A lot of times you don’t realize that a kid is hesitant to disclose until you're almost through. And you’ve tried everything in your bag of tricks. And you realize there might be something there, but they're not ready.

And so we try to help them; we refer to counseling, and maybe you do it a couple of months later. We've seen it more if we have one kid disclose, the sibling says, "Nope, nope, nothing. Nope, nope, nope." Sibling leaves. We get a call, maybe, a week later saying, "I thought about it some more" because one sibling came forward, and that one had no intention of ever coming forward. But then they start to sit with that idea… And that’s how the informalness of multiple sessions comes in to play. And then we bring
them back in and we don’t necessarily go through a full interview, we just kind of start off with “Tell me about coming back in here with me.” And they’ll explain to me, "I had this week to think about it; if my sister can do it, then I can do it.

With extended interviewing, you plan for it, before this child comes in and you start the process, knowing that there's probably going to be some significant blocks keeping from that child from disclosing. So, you have a kid, with maybe ADHD, or someone who's just released from the hospital. Or, like, a seven-year-old, who's like, “Come in and see the place. Just come in to meet me. All we're doing is we're going to talk about what you'd like to know.” And then the next time they come in, talk, just some more rapport, like maybe you need to drag a rapport out. Most times we don’t find out that what we're looking at is multiple session, until we’re already in that interview. But, we're going to still do a closure and a little bit of safety chat, and then let them go.

In all honesty, my opinion is formalized extended interview training came out of, a couple years ago it was really ingrained in interviewers in the whole CAC movement that you don’t talk to children over and over again. You don’t do multiple interviews. So this was their answer of let’s come up with an actual protocol. Now people are more and more comfortable with explaining and defending why there was a team decision to do a multiple session. It just explains where the Child Abuse Accommodation Syndrome comes from. That it’s a process. I think we’ve actually gotten more comfortable, as state’s attorneys and prosecutors have gotten more comfortable with being able to defend those decisions in court.

**Therapy**

In these situations, therapy can be a mechanism in disclosure.
Brian describes a situation where the extended interview format, plus therapy, seemed to increase disclosure in a case he was working on:

A 7-year-old comes downstairs one morning, and says, “Uncle Justin touched my bad spot.” We interviewed her. She did not disclose anything. We went and got the uncle because we already had Mom and Grandma’s statement, what the 7-year-old told them was happening. Uncle gives a full admission. We arrest him. A few months later, after she went to counseling for a few months, she comes back and gives a partial disclosure; he was rubbing on her, he would give her his phone with Angry Birds on it, and she would play, and he would be down there messing with her.

Farhannah says:

It’s kind of hard to say because it depends on what the barrier is in the interview. If the trauma itself, if the fear… Those are things that can be processed in counseling. If a child gets to the point where they feel like, “Okay, I am ready to tell what happened,” then we can move forward. It’s not necessarily the goal of counseling: is to get kids to then talk in the interview, but it may be something that helps them get to a place that they are able to talk.

Farhannah also describes:

If we have a kid that we know that there’s something that happened, but they just don’t want to talk about it, they can go to counseling and start to work through the trauma if that is the barrier. That doesn’t necessarily mean that is the barrier, it could also be that they’re not at a point where they’re ready to talk about it. But we’d rather meet that need for the child before other things are explored.
Gender of Forensic Interviewer

I believed that the gender of the forensic interviewer would have to play a role in
disclosure rates given that most perpetrators are male, and most sexual abuse victims are female.

Brian says:

I would say there are times where I do believe being a male forensic interviewer it is a barrier. Now fortunately for us, we have a couple female detectives that have been trained that I can use. I typically have DCFS involved in most of my stuff, and they have trained investigators. I’ve always, and I guess I'm overly critical, I always feel where I’ve backed off and rescheduled, and had a female do the interview, in fact, and I would say probably at least half if not more of those that I couldn’t finish, or didn’t whether I felt that they were uncomfortable with me, or they just didn’t disclose, and we knew that there was something that happened. I would say probably half or a little better than that were equally uncomfortable with a female, which is surprising to me. They look at me, and I'm a 53-year-old guy, and having an 8-year-old girl tell you what grandpa has been doing... But I honestly don’t think it's been a barrier, significantly, I mean it can be. There's all kinds of barriers, but that particular is honestly relatively low.

David, who was 58, addressed how the opposite gender interviewing might actually lead to more disclosure, as well as being more approachable because he was older.

David says:

I have a theory on the whole gender thing. I believe in older adults, a male would disclose to a female case worker more than they would a male caseworker, because males don’t tell each other their problems. But a male might tell a woman more. I'm not trying to be stereotypical here. Everyone's different. I would say that I, as a male, would sometimes
do better with a female because I'm not just being nosy, I'm an authority person, and I'm there to get things better. Someone my age, I'm fifty-eight, I'm kind of like the grandpa, or the older guy that’s cool, and they can talk to because I'm going to set that up that way.

Victor talks about his initial reception with his own MDT as a male interviewer and how, similar to Brian, that gender had, in his perception, not been an issue in disclosure in his interviews:

I was the first forensic interviewer to be brought on, so some of the first things were some of the gender questions. “What if there’s a female victim? I don't think she's going to talk to a male.” And then Virginia, our executive director would be like, “No, it doesn't matter who the interviewer is. No, you will not request who the interviewer is.” She's like, “He's working, this is his, and that's the way it's going to be. Because she's set the rule and was, pretty much like, “He is our interviewer on this certain day. You happened to be here on that day. Then he is who's going to be talking with these people.”

I had apprehensions because of my gender. I mean, I get it, I appreciate it. And I think, “Can I do it?” Absolutely, but when someone goes through trauma like that, am I the right person to be asking those questions? So that was a thought of mine.

So, in the beginning there was some resistance, and now nobody really requests anymore unless it's something extremely excruciating where the child physically tells us, “I am not speaking with you because you're a man,” and then we will switch. But in the beginning, even with people that I knew, I met some resistance, only because it's new to them, but everyone's used to it right now. There's no issues, there was never any problems with any of the cases. Virginia’s always backed me up.
As a male interviewer, it’s been extremely rare cases where I had trouble gender wise. I’m obviously the only male interviewer here, but not in other CAC’s across the state. In the nation there’s a lot of male interviewers. I have not met resistance as far as kids coming here and not willing to talk. …Maybe a little apprehensive, but once we get the rapport out of the way… I mean, I’m no different.

Aaron discusses how he reassures them that they’re not going to make him feel uncomfortable with anything they’re going to say:

Me being male, it's a little different, too. For older girls, sometimes they have a tough time. It's kind of awkward. So, I try to explain to them this is what I do. There’s some times I'll explain to them, “At no point today are you going to make me feel uncomfortable. I understand there are things that you're going to say that might make you feel uncomfortable.”

The Influence of Children’s Advocacy Center Setting on Disclosure

Physical Settings

What I found fascinating was the varying interior and exterior settings of the 18 Children’s Advocacy Centers that I visited across rural and urban areas. In the most densely populated and urban county in the state, X County, I was shocked at the almost completely opposite settings in spite of serving under the same jurisdiction laws and regulations.

The first CAC I visited in this county was the most house-like, and by this I mean that a number of CACs appeared to have a house style, but were not at all at risk for being confused as a residential house. This CAC in X County, I literally drove by several times thinking it was a home. The CAC appeared to be a large house in a residential neighborhood. When I first pulled up to the house, it was impossible to tell if it was the CAC, as there was no sign. I assumed it
was the CAC since there was a large driveway with many cars double parked, and a handicapped access ramp in the front. Also, the house looked like an upper middle class residential house in a sea of lower class houses. Once I got out of the car and walked closer to the CAC, I saw that the letters “CAC” were embedded in the spokes of the fence.

It wasn’t clear whether to knock (ring a doorbell) or enter. I figured that this CAC would be like the others I visited, where if the front door was locked, it meant that it was the main access door; if it was unlocked it would take you to a hallway where you would then find a locked door and have to be buzzed in. I mistakenly proceeded to walk in, and surprised everyone. The family advocate who greeted me, after recovering from being startled told me that people usually ring the doorbell, and so I apologized. I had silently wondered why, if they wanted me to use the doorbell, why they didn’t just lock the door to indicate that they preferred the doorbell. Also, I wondered about the security issue this created, as all the other CACs I visited had a locked door with someone interfacing with any of the visitors.

The house also was not laid out so that a family was greeted by a secretary. The first room that I entered appeared to be a living room / waiting room area. This would be fine if the family used the doorbell, but if the family just walked in, then they would have to actively search to find the back room where the secretary’s office was.

The house was clearly being repaired. I had actually been scheduled to interview this CAC two weeks before, but the January sub-zero temperatures caused a pipe to burst and to flood the first floor and basement so we had to reschedule. I could see that staff were cleaning up from the leak even a week out. There were no toys, books, anything kid friendly at all in the living room / waiting room area, but I wasn’t sure if that was due to the state of the downstairs due to needing to be repaired from the flood.
While I was there (waiting between interviews, waiting while one interviewer completed an interview, and waiting while I waited for the cops to come after I backed into the car on the street – so embarrassing), I heard multiple times children ask a staff person, “Is this your house? Do you live here?” And the staff person would say, “No, it’s just a house so you feel more comfortable.”

I wondered about this, and though I believed there were good intentions in using an actual house as the design for the CAC, it was admittedly confusing for all visitors, not just myself. I also wondered, not only considering the confusion of it all, but would a house make a child feel more comfortable? What if the child was abused in a home setting, which is very likely given the research. This might not be the best setup for a child in that situation. I think the format of a house was confusing for the child, who expected to receive advocacy services at a more official looking building, rather than a house, which may have not been viewed as a credible agency or safe based upon the location of previous abuse.

Virginia, the executive director, said it had happened plenty of times before. I was glad that first of all, I had backed into a staff person’s car, and not a client’s; but I wondered if client’s had ever backed into someone since it’s very easy to do.

During my interview with Virginia, she proudly described the conception and design of the house, and I admittedly felt bad for being so critical.

Virginia says:

The model for all the CACs is a house. The true CAC model… because the first CAC was in Alabama in 87, and the model was a home, so to look like a house. Why? Because it lessens the barrier. To walk into a police department or a hospital or an office building, to a child, that’s intimidating. I’m already nervous and if I walk into a police department,
my demeanor changes, my mood changes, my heart rate changes, there’s some anxiety there, whereas to walk into a house, it’s not threatening, it’s not scary; so, you’ve already overcome a potential barrier.

This CAC, was drastically different than my experience visiting another CAC in X County, this one was humongous and occupied almost an entire city block. The exterior looked to be a very large, modern, government building, and the interior reminded me very much of the O’Hare airport, one as an Illinois resident that I frequent regularly. There were floor to ceiling windows, and muted sunlight filtered throughout the entire building, even on the cloudy and rainy day that I interviewed there. There were multiple levels that were visible and open. One could easily from the first floor, peer up and see what was happening on the third floor. This CAC served so many children and families, that it housed all the MDT and therapeutic services. Instead of the DA, the police, and DCFS having to independently drive from their respective location to the CAC for each interview, all the services, including the district attorney and a medical unit were co-located together in one building. Also, because the center had so many disciplines housed in one place, and also because they had the physical capacity, this CAC held numerous state-wide trainings, one that I actually attended just to see what it was like.

Here’s what the executive director of this CAC said about the benefits of having everyone they needed under one roof.

Laura says:

I think one of the things that's really unique about our CAC is that we’re co-housed: so law enforcement, DCFS, our children and family services, the X County state's attorney's office, and there is a medical clinic here headed by pediatricians from S hospital. So we are all under one roof, which there are other centers in the country that have this model,
but not very many. Because we're all here, it lends itself to a quicker flow I assume, from
the point of contact with the families through getting the forensic interview conducted
and finished as well as the medical exams, and all of that.
I don't know that it helps with disclosure per se, but I think it makes it really a lot easier
on the families going through the process. The purpose of the children's advocacy center
model is that the family only comes to one place where the child can tell their story to
one person, rather than all these random people. I wonder if you're not cohoused, if
families are still being called to a lot of different offices. I don't know that impacts
disclosure, per se, but I can imagine it would impact the family's experience of essentially
having to go to different offices, which could become a strain.
Elizabeth talks about the problems that are caused by having a shared wall between the
interviewing room and the MDT room:

Sometimes I'll be in there and I'll hear a side conversation from the MDT because the
interview room is literally just on the other side of the wall, and I’ll be like, “Are you
kidding me?” And they’ll be having a side conversation and they’ll laugh while I'm in the
middle of interviewing a kid and that kid thinks that they’re laughing at them. Even if it’s
just friendly talk, we’ll be talking about something serious, and they can hear mumbles.
I mean I get it, they don’t want to sit there and listen to 10 minutes of rapport-building,
but sometimes I feel like they get so engaged in their conversations that they don't realize
when we switch. So now we're talking about the abuse they're still in there talking about
their weekend. That's a setup flaw here, where maybe other centers have it, but maybe the
interviewers aren’t aware that they have this issue because you the MDT room is farther
away.
Snacks and Incentives

At almost every CAC that I visited, I was offered a snack and water/juice. I always politely declined, and sometimes had to insist that I didn’t need a snack or drink. I was just grateful for the interview, and I initially wondered if they were just concerned for me after my long commute to get to them, but I soon learned that it was an equal incentive mindset that had been engrained in the CAC visiting culture.

Farhannah explained:

That’s a big thing, is you have to be very careful that you’re never using language to bribe a child. So, things like snacks and stuffed animals can actually, some CAC’s are very much like, “No. You can’t do that because that can be construed as a reward for disclosure or a bribe to talk.” But we give them to every child that comes to this CAC. We don’t as interviewers, the advocates do. And they just say, “Every kid that comes here gets to take something home.” So, kids that were interviewed, kids that weren’t interviewed, the cousin that just happened to be there in the day. Everyone gets to take one home. So, when we interview four-hundred kids a year, and then they all bring siblings and cousins, they go really fast. Unfortunately, because we’re a part of the hospital, we can’t take used, donated toys. They have to be new. We have restrictions. And then the snacks thing is another thing you always have to be careful of. So, everybody has to be offered a snack. Instead of just the child being interviewed. Everybody. Parents. Sometimes parents are the ones that take the most. (Laughs). That’s why with those we have to be very careful, and just make sure that we’re very clear with the language. “If you go interview, then you can pick out a stuffed animal”.
Nope. Can’t say that. It’s “Everybody gets one,” whether you say something, whether you don’t.
CHAPTER 5: MEZZO LEVEL THEMES

The mezzo level themes concern how the forensic interviewer was trained, how the forensic interviewer was supported by the agency, and how the individual agency operations and culture affected the forensic interviewer. Overall, the mezzo themes lead to the realization that anything that impacts the forensic interviewer, impacts the forensic interview, positively or negatively.

One aspect that did concern me was that my main gatekeeper was the Coordinator of Education and Training for CACI. She had generously forwarded my flier, endorsed the validity of the study, and encouraged forensic interviewers to contact me and participate, which was probably the only feasible way to get the large sample size that I did. However, I was concerned that my introduction from the coordinator would dampen the candid responses from forensic interviewers on what really needed to be changed with training and agency mentorship. I want to trust that the rapport I built, along with our shared mission of protecting children allowed for honest dialogue about what could be improved in regards to the training and protocol. Because of this, I feel that though much of the analysis represents direct perspectives of the forensic interviewer, a large portion is devoted to my interpretation of the problems that even the forensic interviewer may not have even been aware of. I use the exact words of the participants, but added my own inferences as part of the analysis.

Extended Forensic Interview Training

Agency Constraints

Though many of the forensic interviews showed interest in extended forensic interview training, many of them had not been trained on the protocol due to financial constraints of the agency they worked for.
Farhannah says:

I don't have specific training. I know what they are, the concept of extended. I would have loved to go on the training. The forensic interviewing trainings are very, very expensive. It's almost a thousand dollars for the training, and we don't really have a training budget here unfortunately.

For staff members that is one unfortunate thing, is just the training for this and to continue training, um, at least at the advanced levels, like doing a full extended forensic interviewing training, it’s often costly.

**FI Unaware of Extended Forensic Interview**

Yolanda wasn’t even sure what I was referring to when I mentioned the extended forensic interview, but described having used the concept in prior interviewing situations:

So, let me make sure that I’m understanding, uh, what extended interview means to you. So, you’re talking like the child starts to disclose, they maybe tell you of multiple occasions, and you decide, “Hey, as a team we need to take a break and maybe bring the kid back?” I think, um, I’ve only been a part of two times in my three years of actually doing forensic interviews, um, where we’ve done an extend- what you would term an extended interview.

Brian also was unsure of what I meant when I used the term, “Extended Forensic Interview,” and assumed understandably that it was more than just bringing the child back to be interviewed, but receiving therapy in between these two interviewing sessions.

Brian says:

We don’t do extended interview very often, like where we send them to therapy, and then re-interview them.
Brian also says:

I think it can be helpful when kids see therapists, and then are reinterviewed, but I’ve done it very infrequently. I mean it is more of a hot seat for a therapist from a defense attorney because… what did you talk about?

This statement by Brian makes me think that he doesn’t fully understand trauma-informed services, as well as the process of disclosure, and how extended forensic interviewing can reliably help children to work through their trauma to make more thorough and accurate statements.

**Detective Investigation vs. Standard Protocol**

One of the most interesting observations I noted was the dual roles that detectives played as forensic interviewers. When I first started my data collection, I couldn’t even fathom that this issue would unfold. I had a very limited understanding of who actually qualified as a forensic interviewer, and the conflict of interest that comes with these overlapping roles, along with their vastly different training backgrounds quickly emerged.

Once I realized that detectives could double as a forensic interviewers for the CAC, I immediately had concerns, admittedly stemming from constant consummation of a wide variety of media on wrongful convictions. Specifically, the Reid/Wicklander-Zulawski technique has already been found to be questionable due to coerciveness, suggestiveness, and aggressive tactics that have elicited false confessions.

To be perfectly honest, detectives seemed harder for me to interview. Overall, they just seemed like a different breed of interviewers. They seemed to have a martial presence, although all of them were friendly and approachable enough to conduct a reasonably reliable interview. One of the detectives I interviewed, Brian, was the only participant in the entire study to demand
a copy of the IRB. He seemed suspicious and defensive, and honestly like he was trying to come across as threatening and intimidating.

**Brian:** So you’re not going to use my real name? **Emily:** No. **Brian:** Okay. **Emily:** The only person that is going to know your real name is me. **Brian:** Okay. **Emily:** I actually, um, for the students that work for me, I have, uh, a code for you, um, and they just know the code. **Brian:** Okay. **Emily:** Um, they don’t even know the location of the CAC, so, um, nothing will be tied back to you, or to any of the children or families that you’re working with. (Brian signs consent). **Emily:** Today is… **Brian:** 29th? **Emily:** Sounds perfect. (Laughs quietly). Okay. Thank you. **Brian:** Can I get a copy of that? **Emily:** Can I- Do you want me to scan it, and I’ll, um, sign it, and I’ll email it to you? **Brian:** You can do that **Emily:** Let me make a note to do that. Um, email… I will get that to you by Friday. Okay, um, so this IRB actually has some of my old, um, research questions. **Brian:** Okay.

When I first met Brian, he came to get me from the waiting room. Honestly, I found him to be rude, condescending, and felt that he was treating me like I was a criminal suspect. He lead me to his office for the interview and directed me to sit down, as if it wasn’t natural instinct to sit in the only empty chair across someone’s desk. After I sat down, he continued to stand, and grilled me about my credentials. I told him that I was a PhD Candidate at the University of Illinois at Urbana-Champaign at the School of Social Work. Interestingly though, I could feel the power shift once I asked him my first question, which was about his educational background.

**Emily:** So, what is your educational background? **Brian:** I have a Bachelors, um…in law enforcement. I’ve got, uh, a little bit of, um, now edu- education; e- essentially, it's a bachelor's. Plus the training that I've gotten on the job. I went to PTI. So, I did my police
training, you know, when I was 35; and, I got hired, and, uh, and I went to police training, which was, I believe, for me, it was 10 weeks.

Brian essentially claims that a 10-week training is equivalent to a four-year-bachelor’s degree, which I wasn’t sure was to save face after being so aggressive and hostile towards me. I decided to leave all the non-words, and to not clean up to show how fidgety and reluctant I perceived him to be to give the reader a glimpse of the tentativeness, and the shift in our conversational dynamic. From here, Brian seemed to aim-to-please, really eager to answer my questions, so much so that I worried about the social desirability bias.

Victor, another detective / forensic interviewer talks about the differences he noted in his police work versus his forensic interviewing approach, and his adjustment from one to the other:

In police work you’re interrogating someone, it’s more rapid fire, yes-no questions, because you’re putting pressure on them to confess to something that may or may not have happened. In contrast, with forensic interviewing, you use more open-ended questions, you have to be more patient, you can’t fire away because you’re looking to hear the child’s experience about what had happened. So there is a difference and it was hard in the beginning to do that, but over time you have to learn how to turn it on and off.

Vithya says something similar:

I think the difference between interviewing as a forensic interviewer and interviewing as a detective, and I had found this very challenging, is when you are conducting interrogations for a detective, you're driving in to get the confession, and you’re kind of like nailing the questions that you can. You're almost trying to get that guy or woman in a corner that you can attack them on. “This is a lie, no that’s a lie.”
With children, you can't use that technique, because now when you go to court, you badgered this child, you know, you lead them. So that’s different, and that transition was very challenging in the beginning because I had to work five days a week doing detective interviews, and then you come here and it's a different protocol here. So, you have to learn. It comes with experience and time, you know, open-ended questions and not-leading questions, long pauses, where the child may take a little longer to answer, or rephrasing. “Do you understand?” things like that. You have to kind of slow it down. Vanessa, who declined to be audio-recorded, told me about the differences between her police interview style and her Child First trauma-informed protocol that she was more recently trained on as a forensic interviewer.

Vanessa says:

As a forensic interviewer and former detective, I received my Child First training in 2015. During my training as a police officer and detective, I had been trained on the Reid interview and interrogation technique. Many times I would start my interview reading Miranda rights to the suspect I was interviewing. I define an interrogation as the questioning of the suspect, and an interview as questioning the victim.

Vanessa further elaborates:

I have to put effort into keeping focused on the narrative of the child when I interview as a forensic interviewer. I don’t want this to turn into an interrogation, something I feel more familiar with from my detective days.

Yolanda describes:
As law enforcement, being able to take off our cap of doing a suspect interview and then transition to child, at first was a little bit like, “Okay, I can’t do that.” but what I found personally was I wanted so hard to follow the curriculum that I was very mindful.

I am very mindful not to overlap the Child First and Reid technique. As a forensic interviewer, I was trained that my “purpose was not to harm the child.” This was the same expectation as when I was in law enforcement, however I wasn’t given the tools from the police department to facilitate this as effectively. Also, back when I was a police officer, we were never trained on building rapport. At a crime scene, we started interviewing right away.

Allie also speaks about her difficulty in adjusting from detective to forensic interviewer, and how her unfamiliarity with the Child First protocol hindered her ability to access and apply it comfortably.

Allie says:

I think part of the reason for my 50% non-/partial disclosure rate is because I had so much time in law enforcement. I think my approach is still geared that way versus what the forensic interviewing structure is. And so, honestly, I’ve been sort of nervous in trying to remember the Child First protocol structure as I build rapport to create a narrative, listen to the child, ask follow up questions.

Vanessa, who declined to be audio recorded, was the only detective to talk about using the MDT as a forensic interviewer, which was not available to her as a detective:

Being a forensic interviewer is different from detective interrogations in that there is no MDT to consult with when I’m interrogating a suspect.
Virginia, an executive director, talks about her preference for hiring detectives as forensic interviewers, as opposed to social workers, which is typically what I saw in most CACs.

Virginia says:

In this field. I think that when you are dealing with a multi-disciplinary team, that is not an easy field. And when you are dealing with police who have their own sub-culture, states attorneys who have their own sub-culture, DCFS who have their own sub-culture, and you try to bring these professionals to the table. Social workers (or non-detectives), many times are not always leaders. They aren’t always people that can have the ability to bring those people together because I think as a whole, and this is just a whole other side, but social workers have kind of pigeonholed themselves into a group of sub-professionals.

I will tell you I mean I am a social worker but I would be a train wreck, I would be a horrible social worker. And although we have great education and we go to great schools and we have, some brilliant minds out there, I don't think we view ourselves as deserving professionals and that kind of thing, and so often times that kind of meek, submissive personality within this field does not serve you well. Why I went into social work is really probably the poorest choice I’ve ever made. It’s not my thing. I don't have that personality. I am a much bigger personality, kind of that bossy-take-charge-kind-of-thing. I am not meek and I am not laid back. So, yes the field of social work and I do not agree too much, even though I am not law enforcement.

I think I’ve been more groomed in investigations and more follow their model and have a tighter relationship with them, as opposed to that of social workers. I think the connections I’ve made, the people who have taken me under their wing and groomed me
and brought me up in the field have always been in investigations. I think this CAC is so rooted within the investigative field and they see us as one of theirs and kind of a part of that family.

Admittedly, this was hard for me to listen to, but I knew that this was Virginia’s perception, and I did my best to honor and respect that truth. Inside, I no doubt began to feel biased against this participant, in defense of my own love and commitment to the field of social work. I’ve seen many great social work leaders, and I think with many fields, a wide range of personalities and experiences can be effective in their own, genuine right. My brother-in-law tells my husband and me that he was too outgoing to be an engineer, and instead dropped out of his engineering program in college to major in business, where apparently, all the extroverts go to major. Privately, my husband, who’s an engineer, told me that he knows plenty of outgoing, successful engineers, who were also very disciplined and able to make it through the rigorous academic demands. As an almost three-time alum at a top engineering university, I can say with absolutely certainty that there are a wide range of personalities that come through our school’s engineering program, all who bring different strengths to the table.

I think one trigger I have about the assumption that a group of people is “meek and submissive,” come from me being an Asian female, and much of the negative treatment I suspect came from the response of shock I receive when I’m assertive or defend myself against bullying or mistreatment. I feel that this, in part, is why my husband’s friend assumed I was meek without knowing about my long history of protecting myself, advocating for myself, and defending myself. It’s also disappointing to me that in these three scenarios, Virginia, my husband’s friend, and the candidate for the dean position were all social workers, and as social workers, I think one
of our biggest premises is that there is a wide variety of personalities, stories, and trajectories for members of a larger shared group. It’s upsetting.

What I find so interesting is that two people, in my personal experience, have expressed that they believe that social workers should fit a mold of being confrontational and aggressive, and from my interpretation, felt like they were confusing advocacy, assertiveness, and community building with being intimidating, abrasive, and attacking. It was shocking to me that Virginia perceived social workers to be meek and submissive, given that I’ve twice been assumed to not make the social work cut because I’m too quiet and reflective. It’s clear that Virginia was privy to police detectives as forensic interviewers, and likely explains why she recruited four part-time detectives as forensic interviewers. What intrigued me more so was that her reasoning for her detective preference didn’t stem from their focus on evidence, for example, or their prior training in different interviewing techniques, or anything logical of this nature. Instead, she argued that social workers couldn’t make good leaders, which just isn’t true. I assume, giving her the benefit of the doubt, that perhaps she believes that because the social work forensic interviewer may be more open-minded to being a neutral party in regards to their role in the MDT, or may be more naturally inclined to believe that a child would not lie about being sexually abused, she is confusing this empathy and professionalism, really, with being meek and submissive.

Virginia’s statement against the effectiveness of social work trained forensic interviewers could also be a result of how she perceives that the MDT perceives the social work forensic interviewers.

Virginia says:
Here’s the problem with MDTs. I have 36 jurisdictions under me. I have 36 police departments and X County Police, Sheriff’s Police, FBI, Homeland, they can all be with us. So, a huge variety of people. I think for interviewers, one of the issues is that we’ve gotten to a point where the new people coming in do not understand the culture. And they kind of walk in with an attitude and this isn’t everybody, but there’s the potential there for the newer, younger people coming in to walk in like “I have letters behind my name, all this education, and you’re going to listen.” But you don’t have any street credit and with investigations, you have to earn your way up. It is still a rank and file system, and if you haven’t earned it and earned the respect, they’re going to dismiss you faster than anybody, so you have to, and that’s where I say personality wise, you will see… I mean, you know, I don’t play. I’m at a point in my career where I don’t have to because the detectives I started with…some are now retired, some are now chiefs, command staff…and now with new guys coming in, they know that I know what I’m doing and have had far more cases than they probably will ever have in their career. So when I tell you something, there has a different weight to it than someone else who they’re just going to dismiss.

Uma says:

And people have known me for a really long time, and, my experience. But when I was young, and you’re working with so many different types of agencies, and all of them have their own agenda that they have to fulfill. I think that takes respect. It takes a long time to gain law enforcement’s respect your opinion. Prosecution is the same way. When I was 22, and I said, “You know what? I think you guys should maybe definitely bring in the cousin, or the boyfriend?” They would have looked at me like I was insane. And they
maybe would have done it in the end, but it wouldn’t have came from my decision. Now when I come in after doing this for so long and knowing them so well, you sit down, and now they look at you for what you think, and just your opinion I believe means so much more at this point.

**Child First Training Improving Detective Investigation Interviews**

Yolanda explains to me the difference between the two interviewing styles (police interrogation and Child First), and noted that it made her a better interviewer:

> With the police interview, there are experts in interviewing and interrogations for police. The two techniques used by law enforcement throughout the country are the Reid Interview Technique and the Wicklander-Zulawski Technique. One is more of an accusatory style; one is more of an option style. For instance if you stole something, with the Reid Technique you would say thing like, “Emily, the investigation clearly shows that you did it. It’s not that you didn’t do it. I know you did it. I want to know why.” Whereas the Wicklander-Zulawski interview interrogation style is, “Listen, Emily. I can understand why someone would steal. Sometimes people are just down on their luck. I don’t think this is something you do all the time. I think it was spur of the moment. I mean, you’re not a person that steals every single day, are you? You’re the person that stole this one time.” And no matter how you answer that it gives them out. They choose the lesser of the evils typically.

But Child First is not anything like that because the child leads the interview, and you direct it based on the answers. Whereas in detective interviews, they teach you to lead the interview, and I find the holes in their story, and then that’s what I ask about.
And I think having Child First training has dramatically changed the way I do suspect interviews because I’ve shifted from finding holes, per se, and using a married interview technique. I’m going to find the holes and exploit those, but more so I want more facts about it. Instead of, “I stole that TV…” “Well, tell me why you stole the TV?” Where before I maybe wouldn’t have asked about the why. I just get the statement, “Yeah, I did it.” Not only does it look better as it goes down the road to the states attorney’s office, but if you go before a jury, or in front of a judge it shows: here’s the motivation behind it. Why did they do it? What were they going to do with the TV. I think it helps having this Child First training. It’s definitely made me a more well-rounded interviewer.

Yolanda furthers this by giving an example of starting with the three rules that are typically given at the introduction of a Child First interview, and an understanding that offenders are likely also victims:

I don’t know if I’m unique or it’s just my personality, but I try to handle interviewing a juvenile criminal suspect almost the same as interviewing a potential victim of abuse, really. I explained to the juvenile offender that the most important thing is that I tell them the same things. I tell someone who may be a victim, “I’m going to ask you some questions. If there’s a question you don’t know the answer to I don’t want you to make it up. If I ask you a question or I repeat it back and I get it wrong I want you to correct it. You have permission to correct me. I want you to know that when we talk in here the only thing I want to do is talk about the truth. Everybody makes mistakes, but it’s what you do after those mistakes that define you.” And I kind of lay it out that way. If there are times where the juvenile offender, I know that they’re lying, I’ll tell them, “Hey I’m not calling you a liar, but I don’t think that’s a hundred percent the truth. So why don’t you
tell me about what is the truth.” And that’s how I try to approach juvenile perpetrators, because lot of times in my experience these offenders, maybe there is something that’s going on with them and they can also get help. You know what I mean? They’ve been abused.

Valerie discusses not only the differences in her detective vs. forensic interviewing styles, but how Child First has helped with her detective interviewing approaches:

Because it’s different in the questioning you use. So, when I’m in the other aspect of my profession, as officer, I’m more firm, and it’s all about me getting the information I need for the investigation. As a forensic interviewer, I’m soft, so the child is in control. It’s not about me at all seeking anything accept to help the child.

I have a shift in mentality because while I have always been biased towards juveniles, from the beginning. So, when I have a juvenile case, I’m always looking, thinking, “How can I help this juvenile through whatever they’re doing criminally?” So, when I’m forensic interviewing, I use some skills that I use in Child-First to talk to my accused juveniles, and I am able to get more info being soft. They intertwine so I am able to use the skills.

It even helps with my adult suspects. People are people, and they want to be treated like that even if they were accused of doing something wrong. They want to be looked at like a person, treated like a person, respected as a person. So, when you give it to them that way, they’re more willing to talk to you because now they feel equal, and they don’t feel like you’re judging them.

Vicky says:
As a police detective and a forensic interviewer, I feel like I interview differently than just a forensic interviewer. As a detective, I will interview victims and witnesses first, and then ultimately work up to the offender. I do find myself employing the concepts of the Child First protocol even as a police detective, the open-ended questions, the rapport, getting people to expand on what they said. I bring it back in as a key to the investigation. Vithya talks about how Child First has helped her to be a better listener during her detective interviews.

Vithya says:

I think Child First helps me in being a detective, too. Listening is a very good thing that I think we, detectives, have a hard time listening. You want to do the talking the whole time. That has taught me in my other interview, as a detective. “Let me listen more. I may be missing something.”

Detective Training Improving Forensic Interviews

Not surprisingly, it worked the other way, as well, where detective training informed better delivery of the forensic interviews.

Vicky also says:

It goes the other way, too. Being a police detective has drastically informed my forensic interviewing. My experience with being a police detective, I know what questions to ask to satisfy the element of the statute of the crime, in order to get that case charged. Evidentiary yield, I know how to get that. So for example, I know to ask certain questions in a sexual investigation to upgrade charges. Penetration… like, I’ll say, “Did it hurt?” If they say yes, it’s going to confirm pain. I’ll say, “Did anything change,” and they’ll say, “Yes, he was breathing heavy,” so that signifies sexual gratification. If I was
not a police detective, I may not know how to navigate and get those details. I think my experience as a police detective makes it so I am more likely to get their case prosecuted. My law enforcement knowledge is very helpful.

Vanessa, who declined to be audio-recorded, talks about how she believes that her detective training makes her a more effective interviewer because of her ability to focus on seeking evidence.

Vanessa says:

I feel like I’m very adept at separating my police training from my forensic interviewing training. As a current forensic interviewer, I view myself as a neutral party, who is there just to collect information from the child. But I really do feel like my police training separates me from other forensic interviewers, who have trained as social workers, for example, because I know how to get evidence from the child.

Vithya agrees about her knowledge of eliciting evidentiary details as an insight and skill that came from her years as a detective that help her get better forensic interviews.

Vithya says:

I absolutely feel like that my knowledge as a detective allows me to ask questions that might satisfy the states attorney better than a social worker (non-detective) might because I know what kind of evidence is needed. There's certain things that the states attorney office is looking for when it comes to charging purposes, so you need to know, for example, how many occasions, what is over or under the clothes, is it digital penetration? It’s important to understand jurisdiction. You're going to need to know that because they live in Shady Oaks Village, but before they used to live in DeTempo. So that actual situation happened in DeTempo, not in Shady Oaks Village. So those types of things that
I know that the detective will need, like where it happened, what happened, who was there, who did you tell first person, was there threats, were you able to leave, things like that I know that they need.

Social work forensic interviewers come more from a kind of therapeutic, mental health type, and that’s great, but there’s certain things needed later, down the line, to possibly get this in court and get this man or woman charged properly.

Vithya talks about how her detective training gives her insight into body language as a forensic interviewer.

Vithya says:

I think having both trainings help. You can pick and choose from both, and it helps each other. Being a detective already helps me for body language and just physical signs that we see as adults. If I put my hands up, that means something from what I've been taught, that you're defensive, things like that. So, going into that with children, they're different. You can tell when they're going to be ready to talk. I guess that I take from both.

**Different Approaches / Different Outcomes**

In my conversation with Vithya, she brought up a point about the different procedures between detective and forensic interviews, that made me think about why the interview training and protocols might be so different.

Vithya says:

As detectives, we don’t interview children. That’s what the advocacy center is for. So, if there's a child who has been alleged to have been physically or sexually abused, we, as detectives, don’t talk to that kid. In the state of Illinois, the law is that with juvenile suspects, you cannot talk to that child without a parent or guardian present, anyone over
eighteen who is going to represent this juvenile. That kid may not talk to you because their parent is there, the child may not feel comfortable talking in certain situations. If that parent gives permission, “Can I talk to your child without you being present?” If they say it's okay, then you're golden. You can talk to the child for the alleged crime. You also have to notify the public defender’s office before you even talk to them. And then that person has to be present. There's times when you may want to talk to the juvenile, and the parent is there. You're following all the guidelines pertaining to juvenile law, and the mom goes, “No, I don’t want you to talk to my kid.”

It’s interesting to me that in an interview at a Children’s Advocacy Center, the victim of the alleged sexual abuse is not interviewed with a representing adult or attorney, since the victim isn’t the suspect. I came into this aspect of the dissertation believing that all juveniles/minors, suspects or victim, should be interviewed in the same way; however, what Vithya says seems to be the heart of the reasons for the differences in interviewing approaches. It seems that because of the differences in the goals, legal consequences, and trial outcomes of interviewing juvenile/minor victims vs. juvenile/minor suspects, that the vastly different approaches in treatment and interviewing of the child is justified according to the law and culture of the child welfare and juvenile justice system.

Vithya furthers:

Personally, I like to reassure the child that you're not in trouble. This is a safe room, things like that, so that the child at least can get comfortable. I learned this from Child First. I don’t believe as a detective that they ever have to remind you this is a safe room. They know this is not a safe room.
I still don’t 100% agree with these differences in interview dynamics, as child suspects can be easily coerced into making a false statement for the same reasons that child victims can, and can be child victims themselves.

This information from Vithya also contradicts what Brian, who I talk about in the “Detective as Forensic Interviewer: Ownership of the Entire Case” in the next section “Human/Reality/Biases vs. Neutrality/Ideal/Training,” says about interviewing everyone, including the child victim, involved in the case. These inconsistencies, especially in regards to some of the other problems I saw with my interview with Brian, concern me.

**Barriers in Using a Detective as a Forensic Interviewer**

One issue that I really felt would be an issue is the obstacle of a police officer, and all the potential negative perceptions, especially in the target clientele population, that come with the law enforcement role as an interviewer.

Brian describes how one nondisclosure was due to the mentality of not trusting the police:

Just last week, I had one child that has bruising all here, a couple scratches here, a couple scratches here… His mother had kind of lost it. The child took a French fry from his one year old sibling; Mom saw him and asked about it, he lied about it. She snapped, and he took off running. She chased him down and was just slapping on him. Well, he comes to school, he’s got bruises all over his face. As soon as we started talking to him, asked him about what he had told the teacher, "Mom hit me a lot." He tell us, "I don't know, I don’t remember, I don’t remember, I don’t remember." Dad had brought the kids to school. At 5 and then his sister was 6 or 7… We talked to her, and she did the same thing... They realized they don't want to get their mom in trouble. And actually, I think it might have
been the father that made the statement that he doesn’t talk to the police. At 5 years old, you’ve allowed your child not to talk to the police. You're actually telling the police your 5-year-old won't talk to the police. Well, in a 5-year-old’s mind, that would make him not want to talk to the police, and actually we saw that because that’s where we were.

Valerie, who was actually a detective, talks about a similar experience in her forensic interviewer role:

One time I was interviewing a juvenile, and he was autistic. And so he said, “I hate the police. I don’t want to talk to the police.” And he told me everything that happened. He said, “Wow, you made me feel really comfortable, because I would never talk to the police. But you? I don’t mind speaking to you.”

Brian and I also talked about how he introduces himself to the child, and whether this of in itself was a potential barrier to disclosure. I think this is an example that I saw throughout this interview, but also with several other forensic interviewers of potential social desirability bias. I also think that it’s hard for forensic interviewers to actually remember what they do every step of a typical and even atypical interview.

**Emily:** So do you introduce yourself as a detective? **Brian:** Typically, yeah. **Emily:** I wonder if that’s a unique barrier to being a detective… like, perhaps it closes people off?

**Brian:** It- now that you say that. I- I don't know that I always do that. **Emily:** Really?

**Brian:** Um, I sometimes, I just won't sometimes use my- now I will say in my interview. When I start my interview back there, uh, you know, because we have to walk- I typically I will go out and introduce myself and, in the lobby, and I may or may not say "I'm Detective Jackson … you know, I’m Mr. Brian, and when I get back there I typically say... and now that I say that I don’t know if I always say I’m a detective.
Brian discusses his usual attire that he wears during an interview so as to mitigate barriers that come with his identity as a police detective:

Typically I wear a nice shirt and slacks. I'm kind of old school. I'm into the polos and the khaki pants. I don’t wear a suit and tie unless we go to court, and if I happen to be interviewing in my business men’s suit and tie, a lot of times I won't take of my gun and handcuffs just because they can't see it anyways. Now if I'm in my khakis and my polo, then yeah, I take everything off. I would say 80 to 85% of the time, I wear a suit and tie. The rest of the time, I wear a polo.

**Reality vs. Ideal**

One thing that really concerned me, as a former clinician and a current qualitative interviewer was the idea that the forensic interviewer would be able to, if following the protocol correctly give an unbiased interview. The forensic interviewer is a human who lives in a culture that generally assumes responsibility for protecting children that may be a victim or parent herself. I know I am influenced by my own social work training, explicitly laying out biases. But I think acknowledgement of human biases would be more productive in conducting an unbiased interview.

**Dual Role Conflicts**

As Yolanda describes, forensic interviewers could have dual roles:

Forensic interviewers… they can be DCFS, they can be law enforcement, they can be family advocates, they can be just forensic interviewers.

This seemed to be a conflict of interest to me, as the different roles allowed forensic interviewers to meet different aspects of the case, motivations in prosecution, and influenced by different training philosophies.
Valentine talks about her conflicts in her role as both the forensic interviewer and the agency’s therapist:

My role is forensic interviewer, but also I’m the therapist here. And now that we have more part time forensic interviewers, I’ve kind of stepped away from that because I’m primarily doing therapy, but once in a while if the scheduling allows for it then I’ll do an interview and I participate in the forensic interview peer review. When we do a forensic interview of a child, who says more afterwards, like outcries again or gives more information to someone, and we have to do a second interview, the person that did the first one has to do the second one. I was seeing someone who I had interviewed, and there was multiple kids, so I had interviewed them and then I was seeing them for therapy for awhile. But then two of them said more in therapy so then it was like okay, well I can’t do the second interview because now I’ve been their therapist for months, so they had to get someone else to do those. I can do interviews with kids then see them for therapy, but I couldn't see someone for therapy before they have an interview done here.

Deborah, who is a family advocate and a backup forensic interviewer describes two situations in which she felt role conflict:

My main role here is a child and family advocate, and I’m a backup forensic interviewer. When I interview children that live in the same county in which I serve as a family advocate, I try to interview ones that are at-risks or witnesses. So I try not to interview victims. However, I just interviewed a family that came in as at-risks, but turned out to be victims. I don't want to be the forensic interviewer, and then be calling them as a family advocate because when that goes to court, that’s just something we try to avoid.

Deborah gives a second example:
Once, I was subpoenaed for another case very similar. I interviewed the family as risks, and they turned out to be victims. I got subpoenaed to testify against the perpetrator at the trial, but I had been advocating just a ridiculous amount for that family, there were clothes, provided lots of food, transportation... So, I had met Dad in court, and then all of a sudden I had a subpoena that I had to testify against his son. So that was going to be a massive issue that we needed to work out. We collaborated on how to talk to Dad to make sure he knew that I was still there for him and the family. But, I had to get on the stand.

**Detective as Forensic Interviewer: Ownership of the Entire Case**

One thing that really bothered me as I learned more about the training and did the interviews was that the training assumed that the forensic interviewer who also had detective training could be trained to do an unbiased interview. Not only were they trained on a much more leading protocol, but they were used to being in charge of the entire case, interviewing everyone involved (suspect and victim, included).

Brian is a great example of this. He describes feeling ownership of his cases, and how, as a detective he interviews everyone involved in the case:

Since it’s my case- If I’m doing the interview, typically it’s my case. If another detective is doing the interview it’s typically his case. So we did it all as far as the interviewing. I would interview the child (taps table for emphasis), I would interview the suspect (taps table for emphasis), I would interview any event witnesses and that may or may not be with DCFS involvement.
When I pressed Brian about knowledge of information not disclosed by the child, and even perhaps coming from the perpetrator, he made a great argument that made a lot of sense to me:

If you have information going into the interview, you have right and responsibility to explore that information. If you have a parent, your outcry witness, telling you something, you need to explore that especially if the child denies everything. Then you have to shift your questioning. For me as a detective, that’s the difference between a social worker (non-detective) interviewer and your detective interviewer, and I think that we do think differently. I want to know why their story’s different. If they told their outcry parent one thing, and they tell me something completely different, what’s going on? And that’s where all your family dynamics come into play, all the pressures, that you don’t know what that child’s going through. “Holy smokes, my family is going to implode all because I told.”

Brian was so persuasive that it made me wonder if detectives made better forensic interviewers than non-detectives because they felt ownership in the case, because they saw the abuse in a fuller context, and because there was almost a continuity of care through one consistent person problem solving throughout the entire duration of the case.

Another example of, what I see as a positive aspect of advocacy for a child who has experienced abuse, is Brian’s skepticism of any of the information he does receive. He seems to at least view the case neutrally in that regard; collecting all the facts, and then trusting those facts to move him in any given direction. Brian’s holistic approach of fact gathering, in addition to his tentative decision making until he is sure, feels like a level of rigor that is missing from non-detective forensic interviews.
Brian says:

I go whichever way the investigation tells me. Just because the doctor says it’s abuse doesn’t mean I’m done. I mean, that’s just one part of the puzzle. You’re following the information that’s given to you.

Brian gives an example of this:

I had a parent that had 3 children, 6, 4, and a baby. I don’t remember what the baby had, but the baby had a lot of health issues. They ended up in foster care, and while the 6 and the 4 year old were with their maternal grandmother, Maternal Grandmother was saying that all kinds of shit was happening sexually. The girl said the mom’s boyfriend was a registered sex offender, which he was, and that all this stuff was happening in the house. So we interview, and we don’t get any disclosure from either the 6 year old and the 4 year old. That was one where I ended up stepping out and sticking the DCFS investigator in… Female… But she did not disclose anything to her either. So because of those statements and the grandma pushing we put them into counseling.

Six months later we sit down with the counselor and they’re drawing all kinds of pictures and giving statements on stuff that was going on. So, we bring them back in for an interview, and get very, very little. We tracked down his mom, and the girl that she said was her sister but was not a sister and the boyfriend living in this house. I tracked down the roommate, who they all just threw a wrench into this thing. We couldn’t substantiate anything the kids said.

The kids were drawing sexual-type pictures, they were telling us the 3 of them were having sex together, and all this stuff, and that the guy would walk around the house naked, and make them look at his thing. And Mom and the roommate, neither one, they
were like, “That never happened.” The children were talking about smoking, that they made the 2 kids smoke. The mom was just like, “We could never smoke in the house.” They had a home health nurse come in because of the baby. And they’re like, “Go find her. We never smoked in the house. I don’t know why they’re saying this stuff”. And then, of course, they’re like “My mom is never, she’s always had a problem with how I’ve lived my life, and this is her putting this shit in this kid’s head.”

Another component of rigor is the fact that because detectives have a more holistic understanding of the case, they may actually be less likely to ask leading questions because they do have contact with everyone involved in the case. Though one hindrance it seems in having a detective interviewer is that detectives typically do not have courses or a deeper understanding in child development, this idea of fact gathering from all participants could potentially be positive in conducting a non-leading forensic interview. A non-detective forensic interviewer who is housed and employed completely by a Children’s Advocacy Center interviews only children. Being staffed with an agency even titled Children’s Advocacy Center may make the non-detective forensic interviewer partial to siding with the child, maybe even subconsciously so that they’re expectations of their advocacy behavior for the child are inline even with the agency name and mission.

Brian says:

I definitely worry about re-abuse when I have non-disclosure. There are so many factors to take into consideration. The fact that there may be other kids in the house, there’s other kids in the neighborhood, depending on the situation, who may be targeted. You’ve got to weigh all that stuff. You also have to weigh in, once you make that accusation or arrest, you’ve just labeled that guy or girl. Once you’re arrested or investigated for a sex crime,
if that information gets out to the public that you were even thought of as a suspect… you know, that has… I have progressed though… I am cognizant of all of that because I don’t want to lock anyone up that’s innocent. That’s as much of a concern for me as sending a child back to be re-abused?

While I am positive that no forensic interviewer I interviewed would want to see a wrongful conviction, or any injustice related to this for the perpetrator, there seemed to be a significantly different sentiment with non-detective interviewers that I encountered, who seemed more protective and invested in the child, rather than giving any concern to the perpetrator.

Allie also talks about the holistic process as a detective, even using the words, “cradle to grave,” which I thought captured it perfectly.

Allie says:

The detective has to take it basically from the beginning. They go and talk to whoever made the report: parent, teacher, whatever… They try to talk to the child. They look at the environment. They then try to talk to the perpetrator. They try to get all the evidence together. They then write a report. And so it's a cradle to grave thinking. Interviewing children as a detective was a part of a holistic investigation to be done by the detective. With forensic interviewing of children in CACs it's, “I don't know much information about anybody else.” I don't even talk to the family. It's very clear to me that it's not a beginning to end investigation. We don't do investigations. We interview children. That's very, very clear.

Uma’s statement makes me believe that other counties agree with my perspective, and believe that it is a conflict of interest:
Some counties, like Y, their law enforcement is trained, and they only have law enforcement assigned to the advocacy center and they do their investigation from beginning to end, including the forensic interview. They do it all themselves. Our county has not agreed with that. Our county believes that a completely unbiased individual outside of the case entirely should do the interview, and this is the only thing that we're responsible for. We take the first, hopefully, and the most detailed interview of the child, and that way my decision on whether or not they're telling the truth is based solely on just what the child has told me.

Deirdre gives a good explanation of why not having contact with the family as a forensic interviewer is a good idea:

Being a neutral interviewer, you try to minimize your contact with the family before and after. It’s not like your building rapport with the family before and after. I don’t like to have contact with the family, because what if the parents go, “I forgot to tell you this,” and then it’s my word against everyone else’s. Now if the parents came and told the advocate, “I forgot to tell Brooke something,” then we’ll go back and get that on video, and I’m not the one facilitating that. We’ve got another person, the advocate, that says, “This is what happened.” Because if God forbid they did do that and I come out and go, “Guess what they told me after we left?” No.

I think this neutrality protects the forensic interviewer from being accused of being suggestive, or unethical, and it makes the child look more believable and credible. I also think it takes the forensic interviewer out of the decision making role, and having the responsibility to filter through each statement from each person, and determine which trails to follow.
Uma gives an example that really affirms to me the human component in delivering the protocol. Uma talks about how her burnout affected her interviewing effectiveness, even though she was following the protocol perfectly.

But I wanted to get back to burn out. I brought an interview that I did not like to peer review. I hated the interview. At that point I felt burnt out. I was doing 400 interviews a year. It was just myself and I had nobody to bounce ideas off of. I had a non-supportive director at the time. It was just a really bad point in my career here. But, I remember bringing the interview forward because I hated it, and I was so mad at myself for doing it like that. I interviewed a teenage girl, and she just kind of has bad attitude about the whole thing, and she doesn’t want to get her friend in trouble, and this is probably, like, my 16th interview for the week, and I'm just over it and I could feel it, and I just didn't care. I hit my protocol like I'm supposed to. I didn't lead. I didn't do anything wrong. But I interrogated that girl. And I did it all while following my protocol and doing what I was supposed to do. I was questioning her. My attitude sucked. I was more interviewing like a cop.

**Detective as Forensic Interviewer: Conflict of Interest**

However, though the detective approach seems thorough, and in some ways unbiased Brian then describes how this conflicts with his natural instincts to be more interrogative as a police detective:

I’m problem solving and strategizing. I’m not a neutral instrument collecting information. But going back to the change in philosophy’s of course, in Child First, is do no harm and the child’s first. So, if they don’t disclose, we don’t push like we used to. We simply back off because we don’t want to do more damage. And I’ll tell you for a detective? For the
police? That’s hard to do because we want to lock the bad guy up. We want to win the case.

I think this is interesting because one of the five program goals that I came upon within the first couple pages of the Child First Training Manual was to “understand what it means to act as a ‘neutral’ professional while obtaining information from the child during a forensic interview.”

Brian gave me two examples that I believed fit this conflict of interest category. The first involved uncommon practices, and the second example really concerned me as shoddy and unethical.

Brian’s first example:

Scenario is Mom’s kind of getting back on her feet, living with her dad. She has a 5-year-old daughter. The mom’s dad is, what we learned through the investigation was kind of a sexual freak. The mom goes to work, comes home for lunch, and goes into the bathroom, and the five-year-old daughter comes in, and says, "Grandpa wants me to do this thing, and I don’t wanna do it, but he made me pinky swear." So Mom was like, "We don’t keep secrets, so I don’t really care if he made you pinky swore. What’s he want you to do?" “He wants me to touch his thing and count to 100, and I don’t really want to do it, but he made me pinky swear.” Mom ends up leaving work early, grabs a few things, and she and her cousin go to the police station, file a police report.

So, I interviewed the five-year-old girl, and she's not disclosing. She's not giving me anything. We’re talking about touches that are okay and touches that are not okay. She's not going for any touches that are not okay. And I told the mom when I talked to her. She laid out a lot of freaky stuff dad had done in the past; and I’m like, “Well, here's the
deal.” Mom was not saying anything happened either. She’s like "I don't know." Now, I know I've got Mom's story, and I tell the child, “That’s not exactly what your mom told me,” and then I went back in to, “You’re not in any trouble you're not going to be in any trouble, but it's important we only tell the truth like we agreed in the beginning of the interview.” And, she says, “Well he wants me to do this thing.” And when she said that she does this. (Makes up and down gesture with hand). And then you just slowly whittle, and follow up, and go back, and he was having her jack him off. And he told her that he wanted her to make it melt. She had to count to 100, and she didn’t like counting to 100. So, now, that’s what she disclosed. She disclosed, and several times he would give her a bath. It would happen in the blue room, a spare room; all the walls were blue. We went down there and took pictures. But he would give her a bath, and take her out and put her on the bed, drop his pants and have her go to work.

Now, she did not disclose him touching her. It was all her touching him, trying to make his thing melt. The first thing he admitted to was describing giving her an orgasm. He would lay her on the bed; he would rub her until what he was describing was a female having an orgasm. She would tense up and shake and he would rub her, and then tell him to stop. And sometimes he would be upset because she would not want to touch him. She never disclosed that.

I found two things particularly notable with Brian’s synopsis of one of his cases. The first is that non-detectives do not share with the parents what the child disclosed. They are very brief in general, since this is an active and open case. Later in the interview, when I ask him about whether 115-10 hearings and being grilled on the stand by a defense attorney influenced how he conducted interviews.
Brian says:

But you just try different angles. I mean, a lot of times you’re asking the same or similar questions in different ways… starting broad, narrowing down. You know the five year old that I told you about with the grandfather who made her pinky swear? I had to challenge the defense on the fact that I had talked to her mom and that was not what she told me. Now the defense had turned that around in the 115-10 to she wasn’t telling you what you wanted to hear. It didn’t get thrown out though. I said, “No.” It’s not what I want to hear. I was still of the opinion that this could go either way. Either he simply asked her to do something or she actually did it. That’s how the interview went.

This statement gives me some insight on why non-detective forensic interviewers do not interview everyone involved to protect the integrity of the case. This would be a non-issue if a non-detective had run the forensic interview.

The second aspect that I found interesting was that Brian would not have known his interview with the child was a partial interview, had he not interviewed everyone involved, including the suspect.

Brian then gives his second example, which I believe reflects the crux of the conflict of interest that detectives experience:

Patrol gets called to the school. They don’t want to let these 2 kids go home. You’ve got 2 mothers, one has 2 daughters, the other one has a son and a daughter, These 2 daughters were reporting that they don’t want to go home because they don’t like the boyfriend (the son), because he hits them all the time. The school nurse told the police that she said that he touches her.
Now, we don’t want our patrol guys doing a forensic interview right down there at the school. They call me and ask what to do because “We know we’re not supposed to talk to them.” Well, you’ve got the one who has almost like a little rug burn. The nurse called it a cut, the DCFS and patrol looked at it and thought it was more of a scratch. And she says that the boyfriend threw her across the room. They bring the other girl in, and started talking to her. She says, “Yeah, he hits me all the time.” She doesn’t say where and why, and yet he hits me all the time, “Yeah and he touches me. We don’t like being there.”

The mom says they don’t like living there. So DCFS gets down there and of course the mom is not cooperative at all. So the DCFS trained interviewer takes them at school real quick, individually, one-on-one, you know, “Tell me what’s going on.” “He pushed me, and he’s mean.” “Anything else happen? Give any other touches that aren’t okay with you?” “No, he’s mean and he hits me.” The other one doesn’t say anything about being touched. She did not say “Sexually touched” or anything to the nurse. DCFS puts a safety plan in.

I call the mom and the mom’s like “Look, I’m working 2 jobs. The mom whom they’re staying with is a friend of mine. I know she’s not abiding by the safety plan because I know he’s there.” She says “I don’t want to lose my kids so I’ve got my kids staying with a friend.” I said, “Well here’s the deal.” I explain the whole interview process, come to the CAC, how we do things, based on what’s reported.

But we let the mom make the call. I said, “Well, here’s the deal. If you want me to interview the children to see if there’s anything we need to be dealing with in this house.” She’s like “Honestly, detective, I don’t think there’s anything to this. I’m going to go
back. We’re going to move.” But DCFS never interviewed the boy. She said, you know, “Monty’s great.”

There are several issues that I see as a conflict of interest in this example. The first is that not only does Brian talks to the mom, which would never happen in a standard forensic interview, but he allows the mom to decide instead of putting it through DCFS and the courts. Brian says that the mom was uncooperative with DCFS. Additionally, there’s a potential motivation for the mother, who doesn’t want to lose her children, to deny or minimize the abuse happening at her friend’s house because she admits that they’re not following the safety plan. There’s been an allegation of child abuse, there’s no formal interview done at the CAC, and he lets the mom, who is uncooperative and has a vested interest in protecting her own agenda, decide. Brian also says that DCFS never interviews Monty, which may have been a result of their assumption and trust that Brian was handling or had handled the issue.

Valentine talks about how she doesn’t interface with the family:

After the interview, it depends on the detective, too, but most of the time I would say we, end up bringing the parent or guardian back, and the detective will just update them about where they’re going to go from here, and if DCFS is involved, then that’s usually a time when they’ll talk to the parents a little bit about going forward.

**Forensic Interviewer Interviewing Multiple Victims in the Same Case**

Like the issue with the detectives interviewing multiple stakeholders, I noticed that in a lot of circumstances, a forensic interviewer would interview multiple victims of the same offender. Though from a financial and time constraint perspective, this made sense to do it this way, I worried that knowledge from other children would inform the direction of the interview, and the questions the interviewer might mine for.
Aaron describes:

It ended up being, like four separate interviews. Interviewed her, and then her sibling. I interviewed her cousin, and then her friend who lived across the street, who all had been perped on by the same perp.

Uma says:

But I remember that there were triplet sisters, and each one of them I interviewed separately.

When I asked the district attorney who presented at the second Child First training I attended in May 2018, how it is that detectives can interview every person involved in the case without becoming biased, he explained that anyone who truly follows the protocol can do an unbiased interview regardless of what they know.

**Parenting**

Though the district attorney insisted that personal biases would not taint the interview process if they adhere to the protocol, there seems to be an issue here that really struck me as I began to interview, and that was that the forensic interviewers who were diligently following the protocol were also, naturally, human beings; some who had children of their own, many who experienced some level of burnout, and all who wanted to sincerely protect the child from further abuse and ensure a carriage of justice for the perpetrator.

Yolanda, who described earlier as a parent, says something powerful, sincere, and yet completely affirming that these forensic interviewers, at least, do not feel neutrally about the children they interview. Though regardless of their beliefs, the protocol training and adherence to the protocol should ideally make the questioning process of the forensic interviewer neutral,
despite their desire to advocate for the child, I question whether a forensic interviewer, as a parent and human being, is truly capable of being unbiased.

Yolanda says:

We don’t like the credit, but our success stories are won when the child comes through therapy or has some sort of resolution.

Elizabeth adds:

It has probably helped me with younger kids like that’s always been my struggle, even now I have a 4-year-old but younger kids for some odd reason seem to be my struggle or my weakness. I prefer the teenagers, but being a mother… just being able to understand the thinking of younger kids helps. But I would say it's probably more the opposite that working as a forensic interviewer is has affected my parenting. I am absolutely cautious now that I know what’s out there. My 4-year-old daughter knows every body part and places that are safe and not safe.

**Burnout**

One argument against the notion that just following the protocol will ensure an unbiased interview, was the very human element of job burnout. During my data collection, as I heard the frustration, fatigue, and administrative constraints of each of my participants, I began to understand that whatever affects the forensic interviewer affects the forensic interview.

Farhannah spoke to me about training new interviewers to never let the struggle of burnout takeover your desire to take shortcuts.

I think you can get burned out pretty easy from interviewing. Oh, it’s another case. Is this going to be a long one? I’m exhausted. That’s the type of frustration I get with it. And I always tell my two interviewers here that I’ve trained, “Be on the lookout for that,
because that’s when you cut corners.” You know like, “Oh, this kid probably, they’re in here for physical abuse they probably weren’t sexually abused, so I’m not going to screen them for that.” You don’t know.

There was a little girl that had come in here awhile ago, and she disclosed a version of physical abuse. She ended up being killed by someone that she had lived with. And so, though she did disclose in the interview, that kid came in for something else, and no one ever asked them about being abused and then they were killed. Why was that child not asked about what happened? And when anyone asks why we do the screening for everything. That’s the reason.

Uma talks about how being reminded of your mission as a forensic interviewer is a rejuvenating way to cope with burnout. Contrary to the idea of self-care and vacationing, Uma brings it back to rekindling your motivation to protect these children. My favorite line: “Our burnout isn’t time, our burnout is information.”

I did a terrible interview because I was burned out. I went to a small one day training to get back into what we do it for, the protocol, the reasons we ask these questions, the different age levels. You need to remember what you're doing it for.

We don’t have time to take a vacation. A vacation’s not going to do any good. I'm going to come back to the same old stuff. We’re going to come back to the same awfulness of what we do. So a vacation’s not going to do anything. Our burnout isn’t time, our burnout is information.

**How Agencies Prevent Burnout, and Support Forensic Interviewers.** Yolanda talks about the importance of relying on more veteran forensic interviewers and employees, not only as a support system, but also as a knowledgeable resource for feedback.
I think the burnout question is fairly simple. We have a really core group of people that have been doing this for so long. I mean, like, Mae Whitman and Mikey Burnash, they teach Child First and they’ve been part of the staff for many years. They were on the ground when this originally started and became a practice. And so them understanding the steps and kind of making sure that we’re always talking about things.

**Clinical vs. Non-Clinical - Pros**

Some forensic interviewers were former clinicians who believed that their clinical background seemed to serve forensic interviewers well in some senses.

Cathy describes being able to take a more child-lead approach because of her therapeutic background:

I was a very child-centered therapist, so I think that having the child lead is something that we really try to do in forensic interviewing. I think my ability to be present, and my ability to be silent, just to be able to allow that to happen, and not feel like I have to be in control and lead the whole interview. So, I think that helps. I’ve had to put away things like, “Well, how did you feel about that?” Those therapeutic kinds of things.

Gail furthers that her clinical understanding actually helped to improve her disclosure rate:

I have a really good disclosure rate, and I think it’s because of my clinical background. If a child is telling me, “I don’t know” or “I don’t remember” in my clinical practice, those were defense mechanisms for “I’m not ready.” I would check with them and say, “Is it really that you don’t know or don’t remember? Or is it that you don’t want to talk about it today?” And so they’d be honest with me. I’ve got to go there. I’ve got to try to figure out how to get them to talk about what they do remember, and what they do know.”
Clinical vs. Non-Clinical - Cons

Cathy talked to me about how she had to adjust from play therapist to forensic interviewer, and her realization that toys not facilitate more disclosure and that, in fact, rapport and discussion, all talking components guided by the forensic interview protocol, were actually more effective. Not only that, but Cathy notes that using play techniques that involved toys could be used against her as leading or suggestible if she ever had to testify.

I think at the beginning I had much more stuff in the room than I used to, because I was a play therapist, so I had toys and stuff to facilitate discussions. And so after about a year or two, I stopped doing all of that. My room is pretty basic. Happy, our dog is in there, but there aren’t any toys, and there aren’t any stuffed animals, and any of that. And we used to have stuffed animals in the room, but I really narrowed it, really cut it back. We have an easel that they can draw on, but that’s it.

As far as amount of disclosure from the child, I think it was pretty good either way. What I learned is that it’s much more about the relationship with the child, talking it out and getting the real content, rather than relying on the tools.

I think that the easel is nice because it can be a distraction for the child, and the child can draw while they talk, and stuff like that. But it would never be something that would impact court. So, “Well, you had this toy,” and “You had this stuff,” and they can really use that. So, it was just a way of not helping defense attorneys.

Valentine says:

I have to be careful as a forensic interviewer because it’s not a therapy session and I can’t ask about feelings. Sometimes I’ll ask how they feel about people and the situation in the interviews, but I just think that we have to be careful about making sure it doesn’t turn
into a therapy session. Because sometimes you’ll ask them how they feel about something, or maybe they’ll just start talking. The teenagers once in awhile will just go from alleged abuse to venting about everything else, and it’s like, you gotta reign it back in.

**Agency Training / Mentorship**

Many of the forensic interviewers had unique experiences regarding the mentorship they received before and after attending their weeklong interview protocol training, and I was pleased that I was able to interview both experienced and newer forensic interviewers of different levels.

Farhannah emphasized the importance of training her newer forensic interviewers, and the responsibility she feels to train them well for the safety of the children that are served by the agency:

Our interviewers have to train onsite for at least a month or two before I’ll let them interview. They do multiple role plays, and they watch interviews. Once they’re interviewing, they get observed, and get feedback directly on the interviews. It’s very hard to be an interviewer at some times. Particularly when you’re starting out. The interview is still learning how to explore details.

I don’t ever want to have a bad interview come out, because there’s so much that rides on it. We had a new interviewer starting out where the child didn’t get to the incident in the interview. The child witnessed violence, and the interviewers couldn’t get there, and it was something that was a pretty extreme event. She didn’t know where to go, or how to potentially try and get the child there. She didn’t have a strategy to try and elicit different information.
Yolanda gives her perspective as a newer interviewer, and how she relies on veteran forensic interviewers for guidance:

I definitely think we’re very lucky in M County, because we have people that have been there since the beginning. Mae’s done thousands of interviews. If you have a problem, she’s probably seen it before, and she can direct you. So it’s nice as someone who has not as much experience as she does, to have her watching. And it’s a guide.

Vithya, a former detective, talks about how her agency mentorship guided her in the transition from detective to forensic interviewer:

I’ll go to senior FIs who can give me feedback, and tell me what I could have done better. I’ve always been very open. The advice I’ve been given has been regarding my interviewing style related to also being a detective. Make sure you allow time for listening. So, I’ve been taking note on that to just do more listening. Slowing down the questions. Detectives you’re so used to one question after the next one, but I’m working on letting the child answer the question. Wait and then go and ask the other questions.

**Training for Bilingual Forensic Interviewing**

I was very interested in what the handful of bilingual forensic interviewers had to share about the minimal and lack of training support they received as bilingual forensic interviewers.

Lisa says in frustration about how she receives in-house guidance from her agency, and relies on her supervisor to help with translation of the protocol:

There is no training for Spanish speaking forensic interviewers. My training consisted of my supervisor, who happened to be Spanish speaking. So learning from her, and just looking up for ways to translate things, since the Child First Protocol doesn’t translate well at all.
Lisa continues:

I think as far as training bilingual forensic interviewers goes, there should be two or three maybe observations of other bilingual forensic interviews. Maybe even have a separate training for those who are bilingual. You could have it be either part of the main training, or maybe a part two training for those that are bi-lingual, because I definitely think that this is totally needed.

Lisa talks about her grassroots peer review that started at her agency of bilingual forensic interviewers supporting each other:

Being a bilingual forensic interviewer is unique, especially in that the community that is Spanish speaking is very close with one another. I just found that here at this center, we have a Spanish peer review, which I’m so excited about. I guess I just want to bounce back ideas. I haven’t met with them, yet. I one, small internal Spanish peer review that was just me and the other two Spanish speaking interviewers, where they got to observe my Spanish one. I’ve never had that before. I loved it, and we tossed ideas. I think that our community is small, so we’re very connected and kind of bounce back ideas, and I’ll get to meet the rest of them tomorrow via video conference, and it’s exciting.

Crystal speaks of how she was aware of a bilingual forensic interviewer training offered by the National Children’s Advocacy Center, but how she hasn’t yet had the opportunity to attend.

Crystal says:

I have not attended a training in Spanish. At the NCAC, they do have a training course for Spanish speaking interviewers. I really wanted to attend that. That's on my to do list, my little bucket list. So, I've only done my training in English, and obviously, my LCSW
and my MSW, any training I’ve had, it's always been in English. So then, it's really up to me to translate everything myself, and then talk to the child.

**Pre-Protocol Era**

Of the 36 participants I interviewed, a small amount had been at the agency long enough and could also recall a time prior to use of the protocol.

Brian, who was a detective at the time, discusses how he relied on his predecessor and mentor to train him in interviewing techniques before the Child First Protocol was actually developed as a standard guide:

I had a great trainer. I partnered up as soon as I hit the detective bureau with a guy by the name of Scott Maroon, who was actually the CAC detective at the time. We hit it off personally, became friends, and he was a fantastic detective. He had been a cop for a long time. I learned how to interview from him; I learned how to do just a good investigation. When he went back to patrol, I took this spot here. I've been very fortunate, too, because the DCFS investigators that I worked with had a lot of experience. They had been around a while; they were really good at what they did.

But you’re focus was don’t ask leading questions. What little bit I had prior to the Child First training, as far as interviewing kids, you try not to ask leading questions.

Brian gives a more clear definition distinguishing between pre-protocol era and Child First protocol:

But I will say interviewing victims back then was a lot different than half of the training, as well. Interviewing a victim, when I first started… we’d typically do it anywhere, even at the police department. We didn't always record them. We would record with more than one person in the room; it would be me and a DCFS investigator.
Denise adds:

Oh my God, we sucked prior to the protocol. Nobody knew what they were doing. Law enforcement would go in like law enforcement, like they were suspects. DCFS, whose job is to work with children, were never trained on how to talk to kids. So we would go in, and do the best we can. We knew what the allegations were, or what the allegations supposedly were, and we would try if… it was like an instinct to me that you can’t put it out there. I would never go into a kid. Even then, I knew that would be wrong to say, “This is what I heard. Tell me about it.” But you’d do the best that you could. Some people did better than others. Law enforcement was terrible and they knew it. And they hated doing them. DCFS did not like doing them. CACs were more open to doing them. At that time, I think the main responsibility of CACs were to coordinate, not to interview. And then we realized our people need to be trained in this.

I started in 1995, and in 2000 I went to my first training, Finding Words. I learned that I need to get a timeline. Having a flexible protocol to follow, to have some steps that you could take, and knowing exactly the right questions to ask a child, how to ask them, what words to avoid… there was so much. And then we started using RATAc. It was like, “Oh my God, we’re getting so much information in such a shorter amount of time.” We used to say things like, “Why did he do that?” or “Why did you do that?” and it sounds very blaming. Now we ask, “How come he said that?”

Just the way to ask the question, and just to repeat the child because what you think they’ve said isn’t always right. And kids are great at telling that that’s not right, and you give them permission right upfront. You say, “I’m going to repeat what you said to me. If I get anything wrong, you tell me.” Just little things you don’t always think about. It was
like having a map to follow. It was just like, “Wait a minute. If I get stuck here, it’s okay to go back. Or maybe I don’t have to do that step, I can skip that and come back to it if I need it.” I came back feeling a lot more confident. What we did when we got back was we started using it immediately. We didn’t sit around and talk about it, we didn’t sit around and try to tweak it, we started using it immediately.

Brian recounts a similar approach in his pre-protocol days:

I guess one of the biggest changes is we’re the police. We want to lock up the bad guy. We were coming out of there with a story. We were doing everything we could to be calm and pleasant and not ask leading questions, but we were coming out with a story. I mean, we exerted all efforts to get the story from the victim. And due to my own inexperience, we pushed when things didn’t add up, and you know. Now, prior to my CAC, when you would get things that didn't add up, I could go back, and I didn't handle those the same as I do now. We don’t push anymore. And I shouldn't say that the focus changed. It's not so much that it changed because it's always about the child. But, like I said before, we were coming out with a story. We were gonna get the story, as best we could. I don’t believe I got things that were not true, but, I believe that we pushed harder than we would have. I don’t know that we got more information. The word I'm thinking of here, and I keep coming back to push; I mean we would push harder. We would keep going back and asking, all the while trying to avoid leading questions. Our interviews would take longer, and we repeated questions. Now, we rephrase to get more details.

Allie, a long-time detective who interviewed children prior to Children’s Advocacy Centers and the Child First protocol in the 1980s, gives a description of her approaches pre-protocol era.
Allie says:

As a detective, you start out broad and work your way inward toward where the evidence is, and who might have been present. You need to do a lot of interviews of a lot of people, some of whom might be children, but mostly it's been adults. And then you work your way toward identifying a suspect if it's not immediately known. In a child abuse case, you talk to the child, and you start out broad, but you as a police officer, you're a lot more direct a lot quicker. In our detective trainings, there wasn't quite as much focus on interviewing a child versus how to interview an adult.

As a detective, my focus was more along the lines of evidentiary, like if you see this kind of bruise, versus how best to interview. So I came away as I think a lot of police officers did, with interviewing children pretty much the same way that I would on any other kind of case, but the evidence that I'm looking for is different, and the scene might be different. Whether it was a stolen bicycle or somebody who can physically or sexually hurt them, I just tried to establish a rapport, but it was a little bit different because my role was clearly a police officer. Clearly I was a detective trying to put a case together. And while I might not tell kids specifically that I’m a detective, I tried to help them understand that in order for me to be a good police officer, and to be helpful to them, and to try to take whatever action was necessary so they wouldn't get hurt again, that I needed for them to talk to me.

Brian also incorporates his understanding of how the 115-10 hearing (discussed further in macro level themes) changed interviewing protocol expectations:

A lot of that changed because of the law, the 115-10 hearings. We record everything now. We didn’t always record back then, so your report was the only thing that they had to go
on. And when you would go through a 115-10 hearing, they were asking you on the stand, “What did you ask?” And that's when your reports came in. I'm terrible at note taking. Early on I bought a little voice recorder, and I record almost everything I do: victim, witness, suspect... So, because of the 115-10, now everything is recorded. So there is absolutely no question what so ever what I asked and what the answer was. Before, when you didn’t have the child recorded, you had to as best as you could remember your exact wording of the question and what their answer was.

Peer Review

Peer review was something that I wasn’t aware of going into my data collection. I hadn’t read of it in my literature review. I was pleasantly surprised to see that CACI had structured their peer reviews so that they meet regularly, present the video of their most problematic interview, and offer each other feedback and encouragement, under the supervision of the statewide training and education coordinator. During this time, the forensic interviewers discuss as a group the research article they were assigned to read for the meeting.

Yolanda describes her experiences with peer review, and what she says seems to show how open the forensic interviewers are to feedback:

And we do peer reviews. Like this last Friday, I’ll bring a disc of an interview I did, and I’ll bring them to my other forensic interviewers and I’ll say, “Tell me what I could’ve done better and make me better.” And so they give suggestions in a way that makes all of us better. So, it’s a very cool process.

Brian talks about how even just reviewing his interviews in preparation for peer review gives him insight into how he can improve. The self-reflection of just watching his own personal interviews seems to be very helpful for him:
Because like I said earlier I’ve never had a 100% great feeling about any interview I’ve ever done. I’ve had this happen- where I’m reviewing the interview, and I either see how they reacted either verbally or non-verbally and there will be something I wish I had followed up on. Or they’ll say something, they’ll answer my question, but there’ll be something in there because I was thinking of the next question. I didn’t catch something that I wish I would’ve explored.

Deirdre also thought peer review was very helpful:

Peer-reviews are the most helpful without a doubt. It is super helpful to watch other people interview. After this many years, I am stuck in a rut I do my same thing every single day. And so, when I watch other people, it’s like, “How come I never thought about that, I love that.”

Views on Research

Positive

I was very surprised at how open the forensic interviewers were to research. I wondered if perhaps it was because they knew I was a researcher, or because the statewide training and education coordinator had been the one to send out my information to her forensic interviewers across the state of Illinois, but in any case, the following is what I collected.

Yolanda says a bit tentatively, perhaps because she’s unfamiliar of how research is dispersed, and what she’s allowed to access:

Will we get, um, kind of like, a synopsis of what your research has shown? Because I’m curious. I’d be curious to see…

Brian’s subtle comment about his faith in the protocol as a result of the research backing it, shows that he finds research reliable and respects it:
That whole protocol, the original RATAC protocol was developed—it’s research based. They had done the research, and this is what is best for the child.

Deirdre talks about her reliance upon research to influence best practices in using her body charts:

Over time, I’ve totally changed how I use the body charts. When I started interviewing ten or so years ago, actually I went to my first training in 2005 and that was Finding Words, and at the time the structure automatically included the use of the drawings. So, you just whipped them out. And for every child you did a boy and a girl, and you went through all the body parts and you named them. Then you talked about places that were okay to touch, and places that were not okay. And so you just automatically did that. And over time, defense attorneys try to claim that those are leading even when you do them in as non-leading of a way as possible, but it’s still something they would pick on. And so, over time, and research, and best practices, have moved to less use of the body charts. So, it’s more of a tool for clarification. So instead of just jumping right into the body charts, now we talk to kids more.

Negative

Yolanda also goes on to say that she feels that the research that she’s been exposed to isn’t at all reflective or relatable:

I’d like to read an article that actually applies to what we do, you know? I appreciate you capturing our hard work, and discussing it. I mean we’re all busy. I have 11 cases right now I need to be actively working. But the important thing is, like you said, so when we do our peer reviews, they give us literature that we have to read. And I read those studies,
and I’m like, “This is this is someone who just reads and thinks about it in a sterile environment, versus what you actually do.”

**Forensic Interviewer Misunderstandings / Application of the Training**

Brian describes his detective training and how it differs from the Child First protocol:
There’s not a lot of difference between the Reid Technique and Child First interviewing. And quite honestly, I couldn’t even tell you the specific classes that I had. The interviewing training that I had prior to this was more focused on suspects, the Reid technique. I’ve been through Reid, like back in the 90’s, when I was working retail security. I went through what was a two-day class, and it was essentially the Reid technique. It was a different company out of Chicago; it was called Wicklander and Zulawski, and they were like an offshoot competitor to Reid and Associates. So, I had that when I was working retail security. And then I used that for shoplifters, but more specifically, on internal theft. With victims, you’re a little more laid back. You’re a little more compassionate, I guess.

In my interview with Brian, he really captured some misunderstandings that I had seen from other forensic interviewers, as well, but my conversation with him really highlighted some of the problems I saw.

A conversation we had about this number that Brian gets from training that 4% of young children make false allegations seems to demonstrate that not only does Brian rely heavily on the statistic that he is given in training, and takes this number very seriously, but also that he seems to have an unclear understanding of the parameters of false allegations.

**Brian:** We were coming out of there with a story. We were doing everything we could to be calm and pleasant and not ask leading questions, but we were coming out with a story.
I mean, we exerted all efforts to get the story from the victim. And due to my own
inexperience, we pushed when things didn’t add up, and you know.

What I’ve learned, and you might have learned this when you went through the training.
They will tell you that the false reports are, like, I think, I wanna say 4% was the last…
and that goes up as the age goes up. So, like your… your 6-year-old, um, the probability
of him reporting, of him making a false disclosure is- is very minute, and as they get
older, that- that percentage increases; however… that’s not always been my experience.
Now, prior to my CAC, when you would get things that didn't add up, I could go back,
and I didn't handle those the same as I do now. We don’t push anymore. And I shouldn't
say that the focus changed. It's not so much that it changed because it's always about the
child. But, like I said before, we were coming out with a story.

Emily: You mentioned that you learned in your training that the younger the children are,
the less suggestible that they were; but that hadn't been- BB1: No, no, no. Not less
suggestible. The probability of them giving a false statement… Emily: Okay, so the
younger they were, the probability of them giving a statement was less… BB1: Yes.

Emily: But, that’s not what you saw. Can you tell me more about what, like, you saw?
BB1: Well, in- in and the... the younger ones you know, you- you get the- the very young
and that’s, uh, that’s.... And, that stat, I would say, it's probably pretty close. Um, I
think... I think they're… because child...children are suggestible, you know, you... I
mean, if you don’t do an interview incorrectly, you can- you can manipulate a child. Um, I
think, and I think there's a number' of factors to that, too. You know family dynamics,
how children are raised, um, siblings... You- you know things that are going on inside
the home, um, what they hear, what they're exposed to. Emily: I was going to ask you
that. If you thought the younger they were the more believable they were because of the sexual terminology they used. **BB1:** As the police, and going into these homes, when you see that repeatedly that these children- there's no supervision. Our society has so much sexualized behavior. You can't even sell a Hardee’s hamburger without having a large breasted woman sitting on the hood of a car eating it.

It feels a bit unsettling for me is that Brian never really goes on to explain how exactly this 4% is reflected in his experiences in forensic interviewing, and he doesn’t address what exactly it is that he is seeing in his interviews. It felt to me almost as if he was evading answering the question, because he hadn’t really familiarized himself with how he was going to productively use the 4% statistic that he had learned in training. Admittedly, it irritates me when people correct me, especially if they don’t further justify their position… perhaps that something I should work on in my own therapy, but I know it is a common phenomenon amongst others, as well. I’m still unclear with his statement, “What I’ve learned, and you might have learned this when you went through the training. They will tell you that the false reports are, like, I think, I wanna say 4% was the last… and that goes up as the age goes up. So, like your... your 6-year-old, um, the probability of him reporting, of him making a false disclosure is- is very minute, and as they get older, that- that percentage increases; however... that’s not always been my experience,” and what trends he sees exactly in his interviewing. He’s correcting me on the suggestibility part, but then he seems confused, even backs up my question of suggestibility which he had corrected me on, and even uses the term “suggestible.”

Brian goes onto say later on in the interview:

The victim I was interviewing would contradict herself. “I was asleep when this happened.” Okay, you just told me you were asleep and yet you told me you saw….
There were things where supposedly she saw this domestic between Mom and Dad, and Dad hit Mom in the head with a hammer. I mean, and that was clearly made up. But she was just sure that that’s what happened. And then it’s like you were asleep, how did you wake- you know? The frustrating part is, “Are they purposefully making this stuff up, or is this a version of what they actually saw?” And it goes back to that figure at the very beginning. You know, they say that a child discloses less than 4% of the time, which means 96% or more of the time it’s factual.

Based on our conversation, I had the feeling that Brian hadn’t really had a chance to really process the application of what he learned in training to how he uses the information to navigate his decisions. Now, I can honestly say that I have never done a forensic interview. Even in the two trainings that I was so graciously allowed to observe, I just watched critically, without the context of having to think quickly, deal with confrontation and uncertainty, and engage with the emotion and empathy that come with interviewing a real live child. Given this lack of experience, I only have my own presumptions about my own actions to compare this situation to. I feel that if I were given a statistic of 4% of false allegations, I wouldn’t use that figure to guide my interviewing, mainly because, as a forensic interviewer, I would be tasked just to get the best information I could, not to necessarily judge the quality of the information I am collecting. Also, as the reader can refer back to the age and nondisclosure section of the dissertation, not all forensic interviewers would agree with this 4% statement that Brian is claiming was made in his training. I also think that the 4% was given as evidence at how infrequently children give unreliable statements, and not so much for the forensic interviewer to self-identify children who are given false statements, and attributing that to the 4% statistic.
Given this, I can see that not only is there some glimpses within my interviews of forensic interviewer misconceptions, but it reminds me that these interviews I am conducting during my data collection are fallible, in that they are originating from human perceptions taken from a spontaneous conversation which can lead to inconsistent responses.

Another example I encountered in my interview with Brian, which made me question how some forensic interviewers interpreted and applied training.

Brian says:

All I know is that there is absolutely no rhyme or reason to how, when, or why these kids choose to disclose. I mean there just isn’t. You have some that will tell right after, minutes after it happens. I’ve got a couple right now that are years old. Some people get to a point where they just can’t live with it.

The interesting thing to me is that a significant portion of the Child First training that I attended, at least, was dedicated to explaining theories, research, and personal interviewer experiences in disclosure. I also wonder if the fact that Brian has what he calls “essentially a Bachelors in law enforcement,” which is a 10-week police training, gives any education on trauma-informed services, and child and human development, which would at least help to give Brian some insight into why children make non-/partial disclosures.
CHAPTER 6: MACRO LEVEL THEMES

The macro themes entirely comprised of the multidisciplinary team (MDT), as the team members represented different interests from the larger community. The typical MDT that observes the interview consisted of a person from law enforcement, the state’s attorney (or assistant state’s attorney), and a staff person from child welfare (DCFS, usually). Because each was an expert in their own fields, and had their own agenda for the forensic interview, the dynamic input of the MDT had a great effect on how the forensic interview made decisions in conducting the interview. The larger MDT includes the family advocate, therapists, medical personnel, etc. These may influence the forensic interviewer, but not in the immediate interview.

Yolanda describes her MDT:

We’re a part of the team. We have a protocol in M County that basically says, “In order for this multidisciplinary team to function we’re gonna have people from DCFS, people from law enforcement, advocates like social workers… We also have two state’s attorneys. We have a therapy, or a companion dog at our facility. And then we have therapy at our facility. And we have two therapists. So, we all make a team and every Thursday we meet for about an hour and a half, hour and forty-five minutes, however long it takes us to discuss our cases, get ideas of where we’re going. Our therapists report back what they can report back to us like how the child is progressing. We also do family therapy, too. So, the non-offending caregiver also gets therapy, and they learn to cope, deal, come to terms with, whatever term you want to use, up to a certain point and then they outsource them to a different therapist that can take care of them long-term. So, I think that whole group of people helping each other out, explaining things, being able to be sounding boards work for us.
Brian describes his district’s MDT and protocol a little differently:

Our MDT consists of police, DCFS, prosecution, medical, counseling, and then our advocate here. So, Dotty, is our case coordinator, so she is our first contact when a family comes in. So while I interact with the parents, she interacts with the kids. She assesses needs and then she tries to coordinate services if they need any. They changed the protocol. Now, they say that serious physical abuse, serious sex abuse… so, head trauma, if we get a head trauma, any death, we try to MDT within 24-48 hours. We get together. Now, like on this 12 year old we did not only because it was medical. Only because there was no hint of neglect, abuse, or anything, so we didn’t do that. We typically do not MDT with minor accusation, offenses, cases, etc., unless a member wants to discuss something, if a case isn’t going the way they think it should or if they want to bring the team together so every body has all of the information.

Brian also says that his MDT is relatively consistent:

Our MDT changes depending on who is working and when the case happens. The DCFS investigators change because DCFS investigators assigned just work CAC cases. Our prosecutor is always the same, our medical is always the same, and our counselors are always the same. We have a girl that does specifically sexual abuse, and we have one that deals specifically with physical abuse at the ABC Center for the Prevention of Abuse.

Brian also describes a unique set up where the prosecutor does not watch the interviews:

Brian: Here in this particular CAC, we typically don’t have a prosecutor watching. Usually it’s me and DCFS. Now our whole multidisciplinary team, we usually have medical and prosecution and all that when we come together to discuss a case. But watching a case, typically when I do my interviews it’s just me and the DCFS. Emily: Is
that unique to you because you’re a detective? BB1: It’s unique to the CAC because that’s just kind of the way we’re set up.

**Biases**

Because the forensic interviewer interfaces with the MDT prior to the forensic interview, and because the MDT has additional information which they may bring with them to the interview that could potential bias the interview, I put pre-meeting biases in the macro section.

**Pre-Meeting**

There was a wide array of preferences when it came to the amount of information a forensic interviewer wanted to receive. Some interviewers wanted minimal to as much information as they could get about the case before entering the forensic interview.

Farhannah mentions that she was required to read the report prior to the interview, and that prior knowledge to the interview was helpful in guiding her questioning strategies; however, she did bring up something that I wondered about in that can having details of the abuse allegations and family situations create a leading interview.

Farhannah says:

I prefer to have minimal detail before going into a forensic interview. I have to read the report, because I have to testify that I’ve read the report. I think that having a certain amount of information helps you because it can trigger you to explore areas that you wouldn’t necessarily think to explore, especially if a child doesn’t introduce it. If you know that happened, you can ask some questions to get what you need, although you may have to ask some prompting questions to get to that event. So, it can help you get to details that you may not have known. Whether that can be argued as being leading or not, as long as the child is telling you everything about that, it’s okay.
Deirdre talks about how she uses the report:

I feel like reading the report helps, but I’m not going to necessarily let it direct the interview, because a lot of times the reports can be wrong.

Brian prefers the opposite:

I think that having more information going into the interview helps with non- and partial disclosure. The more information I have going in, the more information I can get out.

Kelly discusses how the MDT Pre-Meeting can help her know at what developmental and cognitive level the child is, as well as nicknames for key players involved in the allegations.

The family advocate brings in really good background information from the family to the MDT pre-meetings. Our family advocate will meet briefly with the parents beforehand, and so if there’s even anything the parents have said about their family background pertinent to the interview, the family advocate will tell me this in our MDT pre-meeting. She’ll ask the parents, “Give me some style of your child’s communication.” I mean, we get a lot of parents that say, “Yes my three-year-old’s very verbal.” To you, they’re very verbal; they are not verbal with me. The family advocate will also let us know if there are any learning disabilities, or similar barriers that I need to be aware of in terms of their communication styles. Another example of how our family advocate helps us with disclosure is if the child calls “Grandpa,” “Papa,” at least I know that if we start talking about “Papa”, then that’s the person that we’re talking about.

Valentine supports this:

I meet with the MDT before the interview so they can give me a brief synopsis of what’s going on, and what the allegations were. Sometimes it’s helpful just to clarify names. The parents once in a while will update the detective beforehand, and be like, “Just so you
know they call my dad, Papa, and my husband’s dad’s name is John.” or something. And so if I’m going in there, and I know that it was by the grandfather, and they keep talking about John, or something like this. It’s nice to know that before, because otherwise there’s been times where it gets confusing with names and all that. There’s certain things that I will double check and ask beforehand.

Deirdre believes similarly:

I like to know information in my pre-meeting with the MDT. I like to read the DCFS report, I’m not going to lie. One of the biggest things that can be a barrier in an interview, especially with younger kids, is if they’ve got a lot of people in their family or there’s a lot of people. Sometimes kids… I can’t understand what they’re saying. And so, if I’ve read the report, I’m familiar with who’s in their family, because I don’t want to spend ten minutes trying to figure out a name of a sibling. So, if I can get names of family members, or even teachers, if a school is involved or something, that to me is a big help.

And I like to just have a general idea of what’s going on.

Some forensic interviewers did not want a lot of information prior to the interview because they believed it could potentially lead to a biased interview. To me, this showed that these forensic interviewers are human and can be biased.

**MDT Members**

Some forensic interviewers expressed disappointment and frustration at some of the MDT members they worked with, mainly the detectives.

Farhannah describes her experiences with the detectives that she’s worked with:

A lot of our investigators come in knowing the background, having contact with families previously. It’s a custody-type situation where they aren’t even believing the case before
they even start. There’s sometimes other pieces like, “This kid is trouble in town, she’s probably just making this up.” But the role of their preconceptions, whether there was a disclosure or whether or not the case moved forward because almost always those cases don’t go anywhere when there is already a bias brought in.

Uma says:

It’s usually with prosecution, and it’s usually when it comes to believing teenagers when they look really like they’re consensually participating. DCFS, law enforcement, during the brief pre-meeting with everybody else. They form their own opinion. You can see it in a report. So if they think that the child was maybe in trouble for the day because they did something wrong, they’re like “Well they probably just threw that out there, and made it up.” Sometimes the team is just, “There's no way it happened,” and there's always definitely a possibility that it happened.

Deirdre says:

I have absolutely had an MDT member who’s seen the child before, and is biased against the child. This area is very rural, and so the investigators know most of the people that live there, and so they’ve usually dealt with these families before, and so they might have a bias.

Farhannah describes:

It’s a custody type situation where they aren’t even believing the case before they even start.
MDT Conflict

Resisting Pressure for Suggestive Questioning

Farhannah discusses her boundary with the MDTs in insisting that she not push a child to disclose:

We do it within the child’s capacity, and we’re supposed to be looking at it as a child first and trauma first. And so if that child is not at a point to where they’re ready to talk about what happened, then as much as our investigators might not like that, then that’s where the child is at. But there’s nothing you can do. If the child isn’t ready to talk to you, you can’t for the kid. You can try everything you can with the barriers, but I don’t want to push a child.

Makaila is a little more explicit in the pressure she feels in pushing children to disclose, even if it meant she had to involve her executive director:

I’ve had them make me push more than I was comfortable with, so we have had some disagreements. I usually try to balance it out. I have had to get our directors involved in some of those conversations to back up my play a little bit, because they were trying to push me to do way more than what I wanted to do.

Farhannah proposes that most of the time their disagreements revolve around introducing new information.

Sometimes they’ll clash. If [an MDT member] wants a question asked that we don’t think we can get there without being leading. We try our best to do that. A lot of times it’s around introducing information.

Farhannah furthers:
It’s not that I want to discredit DCFS, but they tend to accept more things that happen, and they’re not as concerned with the leading or non-leading. They focus more on disclosure or non-disclosure. And that is sometimes interesting because you are having to collect details that another [MDT member] doesn’t want. And they’re like, “Why are you asking these questions?” “Because it is not just about your case. It is about other cases.” So, sometimes that becomes a balance, and we very rarely have the same team on every case. I’d say it’s more like the MDT has conflict with each other because they have different agendas.

Makaila talks about how a detective, who was unhappy with putting up boundaries in pushing a child, actually went into the interview room and took over the interview:

I have actually had law enforcement team members, when they didn’t feel like that I was pushing enough, and I checked in with the MDT, and they go in to the interview room, and take over the interview. I have actually had that happen before.

Farhannah describes her frustration with detectives conducting their own interviews so they can do it their way, and using that as a motivation to try her best to work with the MDT:

An investigator shouldn’t go back and interview the child, but they could. It’s happened before. If they feel they didn’t get the information, they may bring the child in at a separate time, and then that interview tends to not be child-sensitive, trauma informed, or sensitive to the needs of the child, and sometimes that causes problems. We try and to our best to get what’s needed in the moment. The best way I could describe it is: roll my eyes. Like, really? They could have called us if they needed something, because we will do a second interview if sometimes there’s additional information that’s gathered through
the course of the investigation. Discovery of something that happened, or even the
discovery of text messages, photos. We can have the kid come back.
That’s why we try our best to get the information that the investigators are looking for.
Because we don’t want them to then go and interview the child again if they didn’t feel
like they got what they needed from the interview.

**Desire to Punish the Perpetrator**

The MDT seemed to commonly experience conflict in their discussions regarding
individual understandings of what protection of and justice for the child looked like. Yolanda
gives a great description of how often times the best interest of the child is the motivation for the
conflict:

I think when you have 11 different personalities on the team, there’s gonna be conflict. I
think a lot of the times we can work through that conflict by conversation. The most
conflict that I can remember is a charging decision. So, I don’t want to throw our state’s
attorney under the bus, but when they made a decision, there were multiple people on the
team that were like, “We don’t think that’s enough. You should ask for more. You should
go for more, as far as sentencing goes.” It was a situation where this man had multiple
victims. We knew it. We could prove there were 3 victims for sure, there were other
reports that had come in from another state, and the follow up on those cases maybe fell
through the cracks, or nobody wanted to cooperate in those other states, and we said “We
think X amount of years is way too little.” And so there’s that conflict. And eventually
what we do is we have to go with the expert in that field. Our state’s attorney said,
“Listen, I know I can only get 6 years, because this judge, and this and that, and so, I
don’t wanna risk it.” So in that case, it was a plea deal, so we thought that he should ask
for more from the person. And so, again, best interest of the child. We wanted more as a team, but our state’s attorney was like, “I know for sure I can get this. I know I can get 4 years. And I know it’s not enough. It’s never gonna be enough, but then the 3 children, who had been abused, do not have to testify.” And so, when you put it in that perspective, of putting them through a trial, take the 4 years. But, it was heated for a while, because we knew the- the damage that he had done.

Brian expresses some of the same MDT conflict dynamics:

Our MDT gets along. There are times where we respectfully agree, but I honestly can’t really remember anything that was a major disagreement. There’s times where DCFS thinks the police needs to do X, Y, and Z. Sometimes though, DCFS may think someone needs to be arrested, and we disagree on whether we have enough evidence to arrest that person. They may get upset because maybe this person was arrested, but the person wasn’t charged. You know, there’s some times where we can’t make the case, and it’s like, you know what? It’s incumbent on the DCFS to make sure they’re solid so they can take that kid and get the perpetrator out of there.

Part of this may be because the MDT is a representative of different agencies with different goals, for example, DCFS and the police department, who are not required to communicate with each other unless they have a case that overlaps both child welfare and criminal legal domains, which can cause conflict during an interview.

Vanessa, who declined to be audio recorded, says:

DCFS gets the case, and all DCFS cases are not investigated by the police if a criminal investigation is not necessary. Not everything that gets called into DCFS is criminal. In this scenario, DCFS will just investigate the case. Police officers often don’t know if the
family has had prior DCFS contact because DCFS may have done their own investigation
that didn’t require police involvement.

Tension amongst the MDT can be created if DCFS has done their own separate
investigation before or concurrently of the police department, who does their own
investigation, and there are concerns or disagreements about the direction of the
investigation, or how the investigation has been handled.

**Detective Hostility**

Makaila talks about her experiences with law enforcement taking over:

I have actually had law enforcement team members, that didn’t feel like that I was
pushing enough, and I’ve come in to the MDT to break, and check in. They go in and
take over the interview. They have just gone into the interview room, and taken over the
interview.

Faith describes an insensitivity on the part of detectives, and seeing the interview as only
an interaction to collect information, and not at all concerned about trauma-sensitive approaches
and respect for the child’s well-being:

The other day, a detective I work really well with… I was interviewing a girl who had
witnessed her mom getting pistol whipped. She was bleeding everywhere, needed twenty
stitches. And she had two black eyes; her one eye was almost out of the socket. And the
child heard all of this. The mom came into the room, and she’s grabbing the kids to get
out of the house. Now this isn’t the first time this child has actually witnessed trauma. So
she’s in the interview room, she’s reliving the trauma, she’s being very narrative, she’s
doing a really good job. She was young, and I would say we were probably 40 minutes
into the interview, and all of the sudden I heard knocking on the door. The detective was
knocking. First of all, it startled the child because she’s in this fight or flight mode. This has never happened, so I’m thinking, “Oh God forbid, did the recorder stop?” I’m thinking it had to be something big. “Did someone have, God forbid, a heart attack in there? It had to be big to get interrupted because I was probably a few minutes away from breaking anyway. The girl I was interviewing asked, “What happened? What was that?” I said, “Oh, Honey, remember I told you that people walk through?” I said, “I’m certain someone just opened the fridge, it’s nothing. You know what? I’m going to take a quick break. Well she was so scared, she asked, “Are you going to shut out the lights?” I said, “No, no, no, no.” I literally had to leave the door open and she had to see a part of me. And she stood in the hall. It was really sad. And the detective said, “We got what we need. Let’s just go.”

**Phone Distractions**

Because the forensic interviewer relies so heavily on the guided expertise of the MDT, it was very understandable that the forensic interviewer would feel frustrated, disappointed, and irritated when they broke during the interview with the child, only to find the MDT playing on their phones. Farhannah describes why she believes members of the MDT are so easily distracted by their phones:

> It is so hard thinking of it in the context of nondisclosure. I think particularly in our area, the interviewer is seen as the expert in talking to the kids. And then the team is just like, “Well, you’re the interviewer, you know what to do.” And it’s good and it’s bad because they often time are on their phones when they’re back there.

Lisa says:
I’ve gone back to the MDT at break, and the MDT members have been playing on their phones, and they’ll be like, “Can you ask that?” And I’ll be like, “I already answered that question.” They’re like, “What did the child say? I didn’t hear.” “Well, this is what they said. That's always not good because I rely on them to ask follow-up questions or clarification questions.

As a bilingual forensic interviewer, I started out being a family advocate, and so I used to have to do a lot of interpreting from Spanish to English behind the mirror, and a lot of times they’ll be on the phone like, “Oh we don't care about the building rapport phase.” They only put their phone down when there’s information they need.

Elizabeth had a similar experience:

The MDT playing on their phones is an issue, and sometimes when I’ll come in and take my break, and I’ll be like, “This is what I asked, and this is what I said.” But we’re getting a lot better at that, and they receive me well because I will just point blank say, “I asked them this, and they said that.” I put it back on them and let them know they weren't listening.

**Detectives as Forensic Interviewers**

I was curious about how detectives felt about acting as a forensic interviewer, but interacting with the detective on the MDT. All of them said they respected the detective, and though it might be hard because they might disagree with the detective’s guidance and decisions, they knew the most effective position they could be in, as well as in serving the best interest of the child was to stay in their lane as a forensic interviewer.

Victor talks about how his role as a detective helps him in his relationships with the detective on the MDT:
I would never step on a detective's case. I’m a forensic interviewer, that's not my job. My job in a forensic interviewer is just to ask the questions to the kid. I know most of the detectives because networking. They know me by first name because they’ve known me from other task forces or whatnot. I would say I know well over half of the detectives here. You know, 60, 70 percent of the investigators that come through here, I've either seen before, or I've worked with them on something. With anything where you develop a relationship, they know what to expect from you.

Vithya shares about her adjustment in working with detectives as a forensic interviewer who was also a detective:

It’s hard to take off my detective hat when I’m working with an MDT and just wear my forensic interviewer hat. It’s difficult because when you're role is the forensic interviewer, you're not the detective in the case. I may handle a case different than the detective that’s working the case, but I'm not the detective, so I can't really... that’s not my role. My role is to be the interviewer, so I may have challenges where I don’t like where he or she’s going about working this case, as a detective, I wouldn’t do that, or I would go a different route. So that’s challenging that I don’t step on your toes. That’s not my job. The detectives are going to do what they're going to do, and do my part as an interviewer, that’s it. But when I first started, I would suggest things, and then I had a couple challenges with detectives and I go, “You know what, I'm just going to stay in my lane.” And then I just had to exercise a little more self-control and say that’s not my job. I'm not the detective. And so I found it better when these detectives may or may not know that I am a detective outside of this.
Vanessa, who refused to be audio recorded, said that her role as a forensic interviewer who was a former detective never caused conflict in her ability to work with the MDT:

I get along well with my MDT. I’ve never felt role conflicts as someone who was a former detective with current detectives serving on the MDT. As a former police officer, I came into the role of forensic interviewer knowing a lot about MDTs, although I work in a different capacity now (forensic interviewer instead of detective). I haven’t had any conflicts as a former detective, and haven’t had any detective serve on my current MDTs that I previously used to supervise.

Valerie, a forensic interviewer and detective, discusses her difficulty in focusing on her role as a forensic interviewer:

I do feel like as a CAC detective and a CAC forensic interviewer working with the MDT, it’s challenging to separate my roles. As a forensic interviewer, I talk to the child. And I hear the detectives talking amongst themselves, and sometimes they don’t have a whole lot of experience with what they’re investigating, and they have questions. But I can’t ask them as a detective. I want to! It is so hard, but I remain in my room because you don’t ever want to cross roles. It’s difficult, but I stay in my lane.

Vicky brings it back to her training as a forensic interviewer to remain neutral in that role:

We don’t have MDT conflict. I am very committed to staying in my role as a forensic interviewer. I want to allow the detective to be the detective because I'm not that today. I am the forensic interviewer, so I want to remain in my role as a forensic interviewer. I know when I cross the forensic interviewer threshold that I'm going to remain neutral.

My role is to be neutral and conduct an unbiased interview.
Bilingual Forensic Interviewers

There was a handful of forensic interviewers that I interviewed who also served as bilingual forensic interviewers. It seems that for the most part, the MDT made it work with bilingual interviews; however, with everything, there was always room for improvement.

Vithya explains her MDT process as a bilingual forensic interviewer:

The challenge also comes in where you have a child who speaks Spanish and English and so the options given. We can talk in English or Spanish, and then they want to talk in Spanish, and the multidisciplinary team doesn’t speak Spanish. I don’t know who interprets for them because its different. Now I’m talking in Spanish, and it’s not a challenge with me because I’m fluent in it, so I know how to talk about it. I can’t tell you how many cases I’ve had with Hispanic families, so it’s challenging because I have to go back and interpret later for them. I think it’s beneficial to have someone who can translate back there at all bilingual interviews. Sometimes, if they know in advance that the child speaks Spanish, the detective may bring someone with him. In some districts, they actually have an advocate who speaks Spanish there, and she’ll do the interpretation in the multidisciplinary room. But then sometimes there’s not, and then I’ll go back there and I’ll explain to them. But that’s kind of challenging, since I’m doing the interview and I’m going back and forth. I can’t really spend too much time here because I’ve got this kid waiting, but I try. Typically though, what happens is they’ll send an advocate or DCFS with the officer.

Crystal, a bilingual forensic interviewer, had similar experiences:

With an MDT, Spanish speaking interviews can be tricky. We can do two things. If there is an interpreter available, then we have done it to where the interpreter sits in the back
with the MDT, and they're translating as I'm doing the interview. There's a case that I just did actually last Friday where we did not have anyone else here. It was just me and the child, and the child did not speak any English. So, what I did was, there was no one else that spoke Spanish. The MDT still observed the interview, so what I did was I made it a point to take two breaks, instead of just the one typical break. And I would go back and summarize, “This is what I've got so far. Is there anything else that you guys need me to ask?” Or, “This is where I'm at so far. I'm going to go back, and I'm going to try to get more information, and then I'll take another break, and we'll there's any missing pieces to it.” And I found that that worked really well, it’s just, the interview was pretty long. I mean, it was about an hour long at that point, so…

Vithya also describes her role as an educator on cultural issues to the MDT:
Sometimes I try to educate the MTD on cultural issues, although not often. If I find something that I think would help them understand a tradition I’ll provide a little knowledge if I can. If I feel like it well… it differs from family to family, but these people actually follow that tradition. I don’t always unless I feel like it's going to be something beneficial to the investigation. If it’s not something too much, then I won't say too much.

Crystal describes some of the role conflict that she feels having to act as both the case manager and the forensic interviewer when a Spanish-only-speaking family comes to the CAC for services:

When we have a Spanish speaking family, I will contact them, and meet with the parent of the child. I have to act as the forensic interviewer and the case manager in that case. I don’t think it’s a conflict of interest, no, not necessarily. I think that with the family, with
the Latino culture, I find that seeing someone that speaks their language, that looks like
them, is just so comforting. And I find that parents are more willing to be open, honest,
and just really give me a lot of rich information that can be useful to the investigation, or
to be useful to the to the detectives, or to whomever. And so, I tried really hard to say,
“Okay. I'm interviewing the child. This is my position here. But then when I’m talking to
the family. What other resources can I find for the family, and is there anything else I can
be of help with? And so I can really be that contact between the family, the liaison
between the family and whomever else who is working on the case.
So far, this has not come up as a problem, yet. The cases that I worked as a bilingual
interviewer on have not gone to court, yet. Or maybe are now going to court at this point.
Do I worry? I haven't really thought too much into it honestly. I'm sure that it could be
used against me. But in this area there are not a lot of Spanish speaking providers. And
so, I find that we have not really tapped into that community, yet. We have not reached
out to that community, so I find that if I were to come up in court, I would say, “Well,
there really aren’t resources. So we're going to use what we have to help the child in
need.” And so, our main goal is that we are here for the child, and we are going to try to
do the best we can for the child's sake. And so if that’s me, and I'm the only one available
that speaks the language then I will do it.

Laws Affecting Non-/Partial Disclosure

The Importance of Child Disclosure in a Forensic Interview

Laws may push forensic interviewers and MDTs to get a disclosure during an interview.
Yolanda was haunted by one of her experiences, showing that she was invested in the child’s
welfare.
Yolanda recounts:

I had a crazy, non-disclosure case one time where, and it sits with me every day. Ex-spouse came in and said, “My husband told me this, that he had done to his child from another relationship, and I just kinda sat on it, but now I just can’t live with it anymore, I wanna tell someone.” So then, we wanted to interview that child, but that child was so young when it happened that when they came to the center, they didn’t remember it. So there was no disclosure there. I think the abuse happened when the child was, like, 2, and the child was now 9 or 8 or something like that. Well, we decided, “Let’s talk to the offender and see what they have to say.” So I get what we would term a full confession from him, and then there’s nothing we could do in the legal system with it, because you have to have a victim be able to confront them. So, we made the arrest because we had probable cause, and then when it came to prosecution, that person couldn’t be prosecuted. And so that was very troublesome. So, my whole point of that story is when we don’t have a disclosure from the child, if there’s no other witness or there’s no other corroboration that we can find to say “yes this happened,” sometimes there’s nothing more that we can do with that offender. We can talk to them, but it might not lead to prosecution. Most of my other non-disclosure cases, there’s been a witness, there’s been a sibling…, you know? There’s always some other way to corroborate it. Like I said, he admitted to everything. The legal system is… the reason that that law exists is because people have confessed falsely before, and so it protects them from that. But in this case, he had told that person and then he told me, and there’s nothing more we could do.

Deirdre explains how they work to get additional information through re-interviews due to the importance of the charges:
I actually did have young teenage girls come in and disclose a moderate amount of abuse. And then they arrest the suspect, and the suspect confesses all kinds of stuff. Then they want another interview because this would affect the charges. Like, if the victim comes in and only says that the suspect touched them on their chest and the suspect confesses to full penetration, you have a whole different class of criminal charges. But if the victim is only going to say that one thing happened and not the other, you can’t likely charge them. Even if the perpetrator admits it. Because if it goes to court, if you don’t have the victim to come testify and say that that happened, it’s hard to prosecute.

In one instance, I interviewed a girl 3 times here and it was all with the same suspect, who was her father. And each time it got reported, it was a pretty credible report. One time, there was an STD. One time the little brother saw it, and then the last time I think somebody walked in. The first two times, the STD and the time the brother saw through a crack in the door, she denied anything absolutely. And I told her, “If you ever want to come back and talk you can.” And then the third time she came in and I want to say the step mom came in and saw the two of them in bed. She came back in and that time she disclosed some stuff but not everything. They arrested him, got him down to the sheriff’s department, and he confessed years of abuse of multiple acts, and we did get her back in and gently said, “They talked to him and we think there might have been more, so we want to kind of check with you.” That’s such a sensitive type of interview because you know they don’t want to talk; they just want to tell you enough.

**Rape Shield Laws**

One thing that was unclear to me was what the exact policy on rape shield laws were.

Some forensic interviewers said they would try to accommodate the MDTs requests by asking it
in a non-suggestive way, but what confused me was how asking it in a different way was that
different from asking something that was off-limits period.

Farhannah says:
The one hard line that I’ll draw, that I will never ever ask in an interview is, “Is she
sexually active?” that we never will ask, and out team sometimes asks that question. If it
is completely unrelated to this offender, I’ll tell them, “There’s rape shield laws. This
isn’t something that can be introduced.” You introduce that on the interview, that opens it
up where the defense can then introduce that into the courtroom.

Deirdre says:
We’ve learned in training that you don’t ask the child about their prior sexual activity.
The law enforcement officer on our MDT was almost trying to force me to do it, and I
wasn’t going to do it. He swore up and down that the state’s attorney, who wasn’t there,
would want it. And in that case, I ultimately ended up asking. I remember thinking it was
not relevant to the interview, or that it was not helpful to the victim. If it was something
that I felt like was going to help the victim or the case or getting to the truth of
everything, then I would have been more likely to ask it. I did compromise and say,
“How can we reword this and fit it in, and get the information you need without blatantly
asking the victim about prior sexual activity?”

Other forensic interviewers used Deirdre’s same approach, often compromising with the
MDT in basically asking about prior sexual activity, but in not such direct terms. To me, it made
me wonder if it was still violating rape shield laws, because the information about prior sexual
activity was still essentially being asked of the child.
Productive Problem Solving

Though MDT’s had their fair share of conflict and disagreements, there were many ways in which they worked well together when there was a difficult interview, a non-/partial disclosure, or ethical/legal issues that they had to address. Often times, forensic interviewers felt that they had a positive and productive team, and benefitted from having an expert from each domain as a key player.

Farhannah talks about her ability to be assertive with the team, and trusts their suggestions in how to deal with a non-/partial disclosure:

I’m usually pretty frank with the team with what I think. “I don’t think we’re able to get there. She’s not remembering.” Or “She’s just not ready to talk to me about this. Let’s get her in counseling and see if she can work through it that way, and then if she makes a disclosure there, we’ll bring her back in for an interview.”

Farhannah elaborates about how they work together to find the information needed for the investigation while relying on the training and expertise of the forensic interviewer:

[The MDT members] will have suggestions on cases. “Well, can you ask her this?” “Can you ask her that?” And we’ll come up with a way to get that question answered in a way that is non-leading.

Farhannah also speaks of her role of using her training to educate the MDT on children that are developmentally delayed as the expert in forensic interviewing.

A developmentally delayed child may tell you a little bit about what happened this day and then start talking about what happened this day and then that day, and you don’t necessarily get all the details that you would with a child that doesn’t have those same developmental disabilities, so part of it is educating the team on their ability to process
questions, and accepting that, and meeting the child where they’re at, not pushing them past what they’re able to do.

Farhannah furthers:

Speech impediments that impact your ability to understand. Often times, the MDT will say about children with delays, “Oh, well they function at the age of a three, five, six-year-old.” But that seventeen-year-old who functions at the age of a five- or six-year-old does not function like a five- or six-year-old. That’s where their developmental and learning capacity is, but that doesn’t necessarily mean you treat them like a five- or six-year-old, because there are still barriers that will be there that wouldn’t necessarily be there with a five- to ten-year-old, who is at the same normal developmental age level.

If Farhannah needs to push, she consults her MDT for their opinion in potentially presenting a leading question that may be defensible in court given the circumstances:

So with our investigators, I’ll go as far as I think I can go, and run out of prompts to the child to remember, and then I will always check in with my team if I think I’m going to be pushing a little further, or if what I’m thinking to ask next could potentially be construed as leading, I will explain that to them, and say, “What are your thoughts on that?” I could say, “I heard that you went to the police station with your mom when she got hurt, tell me all about that,” or “I heard your mom went to the police station,” or “I heard you told your counselor about something that happened to you,” but I will typically check in with them on whether or not that’s leading.

Yolanda shares how she uses the MDT to guide her in finding corroborating details for the confrontation of the perpetrator:
But if there’s a partial disclosure, we decide as a team “Okay, what do we think our next step will be?” So let’s say we believe that there was penetration, and they only disclose fondling of sex organs. Then what we would do is come together as a team and decide, “Do we have enough to move forward to then confront the perpetrator? Is there anything else more that we can corroborate before we go to the perpetrator?” You know, the description of the room it happened in, things like that. Anything else that we can corroborate before we go to the perpetrator and confront them about it, so that way we have more leverage, so to speak.

From my interview with Yolanda, there was a moment that I believed that she misunderstood the interview protocol. She says:

So I kinda had hit an impasse. So we always take a break in the middle of our interview. I walked out and said, “Okay team, tell me, what else can we do?” And they’re like, “You have to go more direct, he’s already disclosed, so go more direct with him, and then open it back up”. I was like, “Okay,” so I went back in and that’s what I did. I went more direct. And I said, “Did you tell someone that you saw this?” “Yes” “Tell me about that.” And it was like the floodgates opened, and the disclosure came. But I tried to follow the protocol and it didn’t work. And I just think he was so tired. It had been a long day, up early and then everything else.

What I found interesting was that the MDT seemed to help Yolanda stick to the protocol, which allows you to funnel, once more specific details based on the details the child has already disclosed. The funnel technique requires you to open back up with more open-ended questions, but in this case, the MDT is instructing Yolanda correctly on how the protocol works. What’s
interesting is Yolanda believes that the protocol didn’t work, when what she actually did was follow the protocol to get a more full disclosure.

Farhannah shares the reasons for her efforts in working with the MDT as ultimately for the safety of the child:

There’s lots of cases that go through our county. And so, if the State’s Attorney doesn’t feel it’s a very, very, very, very, solid case, they won’t move forward with it. And one of the reasons it won’t be a solid case is they feel they didn’t get the information in the interviews. So, I don’t ever want to be a reason a case didn’t go forward. If the child’s going to be asked this question, let me find a way to ask it as best as possible.

Yolanda elaborates:

Talking about the multidisciplinary team, that would be a team decision. We always, as you learned in the training, we always do what’s in the best interest of the child. So, the driving forces of prosecution… it’s how do we help this kid get through this traumatic experience and that’s the driving force.

**Extended Interviewing**

Virginia talks about how she relies on the MDT to make decisions regarding forensic interviewing:

Sometimes just coming here is so difficult. To sit down and in one hour and spill every single horrific thing that happened to you for ten years twice a week… There is so much to remember, how do you get it all out? How is that possible? So now, even our protocol allows for extended interviews. The MDT can say, “This kid might benefit from an extended interview,” or “We’ve been talking to this child for two hours, and we’re at
incident 100, and there are 500 more to go. Is it really in this child’s best interest to keep going? Or let’s give them a break. Let’s bring them back tomorrow and continue on.”

Yolanda further describes how she relies on her MDT:

And so, what’s kind of cool is we have a safety net. So the child can still go to counseling and maybe through counseling work, and later get a disclosure. And if that occurs, they go to counseling, they disclose during counseling then we can bring that child back in for a forensic interview, and have them talk if we want. But that’s a team decision.

Yolanda goes on to actually describe the process her MDT went through, in which the therapist worked with the MDT to facilitate an extended interview.

Yolanda says:

It was a small disclosure at the beginning. Then they worked the therapy. And through therapy there was more. We would come together as a team. And we would say, “Okay, here’s the scenario.” We’d ask our therapist, “Do you think this child could do another interview? Would it be beneficial?” And if the therapist said, “Yes, I think that they want to tell their story now. I think that it would be helpful. I think there’s no harm in doing it.” But then our therapist would go and talk to the child and say, “Hey, remember you did this interview before? We’d like to do that again. Tell me what your thoughts are. How do you feel about that?” So, that’s how our team does it. I know other teams do it different ways, and I don’t think there is a problem as long as you’re doing it. And again, the driving force is for the child and it’s not for trying to get somebody prosecuted.

And then Yolanda explains how successful the extended forensic interview can be in assisting with the prosecution:
Sometimes we, the decision as a team, is, “Alright, they only disclosed this much, let’s give it some time. Let’s let them go to therapy. If they go to therapy, maybe we’ll get more from that. And if so, then we can go after their perpetrators. It’s all individualized depending on their disclosure.

With non-disclosure, I don’t know that over time if the child does counseling, if maybe it won’t come out, sometimes it just isn’t clicking (snaps fingers) for them to understand.

We offer counseling. The DCFS worker and I, we still have some other plans. We will follow up with now, the non-offending caregiver. We’ll talk to that person about going to counseling, some steps we can have moving forward, and then we’ll continue with the investigation to see if there’s anything that we can find that corroborates any of the sexualized behavior that the person called out about, and see if we can work it backwards. If we can then we might be able to do something else.

Virginia shares:

There are cases where the police, when they first go out to take a call, where they say “This kid is in really bad shape,” or “This may be a really big hurdle for us.” DCFS could be the same way. “We were out at the home or wherever the child was staying and we have some concerns.” Even when the child comes here you see, “This child is having a really difficult time. This child is not coming back with me.” So, then the team maybe knows that it may benefit us to bring the kid back again, not even to bring him back to the interview room this time, let’s just introduce ourselves, show him around, that kind of thing.

Virginia gives another example:
You can also have the kids where they start to cry and not talking, and it’s really hard for them, and they’re struggling to tell the story. A lot of issues. So we may say, “Let’s not start and bring them back.” It’s really what’s in the best interest of the child.

**The 115-10 Hearing**

The 725 ILCS 5/115-10 statute, under the Illinois Code of Criminal Procedure, creates an exclusion to the hearsay exclusion in prosecution of a sexual or physical act against a child, who is under the age of 13 at the time of the offense. The ILCS 115-10 statute allows victims’ out-of-court statements describing any act, matter, or detail regarding any aspect that is an element of an offense involving perpetrating upon or against a child to be allowed in court. The court must determine the 115-10 hearsay testimony to be reliable (Lindt, 2006; Baroni and Smith, n.d.;)

Valentine described her 115-10 Hearing process:

I went to the hearings, basically to allow the DVD, like the recorded interview to go into evidence. They have to have us speak to the DVD in order for it to be admissible into the court process. The court process still confuses me a lot because we’re not going constantly, and it’s just something you have to learn as you go, but you can’t just sit in and watch..

**The 115-10 Hearing and It’s Influence on Forensic Interviewer Behavior and Decision Making**

One hypothesis I had was that being cross-examined by the defense attorney on the stand would function as its own feedback to the forensic interviewer in how to correct behavior and decision making in an interview.

Yolanda, however, though she’s never been a 115-10 hearing witness didn’t think this would be an issue, although she’s coming from a very general rationale.
Yolanda says:

I’ve never been an expert witness as far as Child First type stuff, or interviews like that. But I don’t think it would affect my interviewing. It wouldn’t matter. We continue to do the same thing we do. We’d follow the protocol because it’s proven to work.

Valentine describes her grueling experiences as a 115-10 hearing witness, and how she wanted to review her old transcript to prepare her for an upcoming hearing:

It depends, too, on the defense attorney because one time I went and I think I was there on the stand for over an hour, and she was really hard on me. And another time it was like five minutes, and they asked simple, basic stuff, so I don’t know. The one defense attorney who had me up there for a while, and I’ve heard similar things from other people who have been on the stand when she was questioning them, she’s very tough on not only forensic interviewers, like that’s like her specialty, you know? I think some of it was definitely trying to discredit the interview. She asked opinion questions and I didn’t answer the opinion questions because that’s not my job. She asked questions that were trying to point out that my interview could be interpreted as leading. It was kind of overwhelming, and then towards the end, they almost get in your head, and so I’m second guessing myself about things. I seriously left and went to my car and cried afterwards. It’s been like a year now, but I do want to see if I could look at the transcript from back then, so that next time I have a case coming out, I could learn from that. That would be helpful for the future.

Uma says:

I think it’s fun getting ripped to shreds by a defense attorney. They try to discredit me. This one time this defense attorney sat in front of the TV. I remember, and as we were
watching the video recording at the time, he would stop, and write down these questions while we were sitting there. Like they try to get you nervous. I don't really have a nervous bone in my body. The defense attorney says, “Isn't it true, Mrs. Uma, that that was a leading question?” I’m like, “No, it wasn’t. It was a compound question, a multiple choice question.” And then he was like, “How was that a multiple choice question?” So I gave him an example of a compound question.

Regardless of how vicious the defense attorney is, I have not changed the way I do future interviews. No, absolutely not. They’ve never found anything in my interviews that have discredited me.

Deirdre does try to change her interviewing approach once she is grilled on the stand: Any time the defense attorney ask me a question that I feel like I’m not having a good answer to, or I did something wrong, I try to take that, and I try to correct it in future interviews. Recently I testified at a 115-10 hearing, and the defense attorney is probably the best defense attorney in town. He’s the one that everybody’s like, “Oh my god, I don’t want to go to court with him.” And he did make a comment, but this is something I did learn in training, that you repeat the child’s words and you also have to frame things. For example, if your victim’s talking about grandpa touching their private parts, like kids will very often tell you that and then they’ll skip on to the next subject or they’ll change the subject. So, if I want more questions about that I usually frame it, “Tell me exactly where you were when grandpa touched your private.” And then, often they will continue to try and change the subject, which you can’t blame them a bit. And so, I’ve repeated the whole “Tell me more about him touching your private;” several times, and this particular attorney said, “Your honor, she has said like 20 times that he touched her private.” And
so, I thought about that. I haven’t necessarily changed what I do, as I still think you have to make sure you’re talking about the same time frame - the same incident. But might do things a little differently if I find myself in that particular situation again.

You can’t just get to he touched my private. I want to know about every detail. And I’m going to keep going back to this until I feel like I get what I need. And she just kept saying, “And then he did the stuff. And then he did the stuff.” So I just kept going back to, “Tell me about the stuff. Tell me about the stuff.” And then I get a little more, “He touched me here,” and so I go, “What do you call that part?” And get that established. I’ll say, “Tell me more about when he touched your...,” whatever word they use. I do repeat those statements very frequently. And so, after that I thought, “What can I do differently?” I can go back more to, “Tell me more about what happened in that room.” And I thought, “This is what they teach you in training to do, so I don’t feel like I’m doing anything wrong, but if you’re going to use it against me, I’m gonna try and find a way to fix it.”

**Low Incidence of 115-10 Hearings**

Another issue in trying to get to the heart of as to how the forensic interviewer used 115-10 experiences was that forensic interviewers had taken the stand significantly less than I expected them to.

Brian says:

I have never had a 115-10 hearing thrown out, and surprisingly, I haven't done as many as you would think compared to the number of cases. Looking back, I have not had a lot of 115-10s. I mean, my total career I don’t know, uh, 25, 30…

Valentine shares the amount of 115-10s she’s been called to testify at:
I’ve been to court a few times. It takes so long to go through the court process where sometimes we get called, and then they reschedule it so many times. I had that happen where it was ongoing for a year; we finally got a date. I’ve probably been to court maybe like five times, and I think I’ve only actually testified, maybe four times.

**Safety vs. Protocol Adherence**

One of the reasons I was so impressed with forensic interviewers was how much they truly advocated for children even if it meant they suffered on the witness stand. Most all the forensic interviewers complained of how difficult it was to be on the witness stand during the ILCS 115-10 hearing, but all forensic interviewers said they would do it if it meant protecting the child.

Makaila says:

I always want to be able to try to defend what I do in an interview. But I do also have that balance of what’s in the child’s best interest, too. The best interest of the child can include being a little more direct and leading in order to help keep them a little more safe if it was really big concerns. And if for some reason it would get charged and go to trial, I would just have to try to explain why I did that. My role is to keep the child’s best interest in mind. We put the child first. That’s the point of the child coming here. So sometimes safety triumphs defending it in court.

Valentine describes:

I think in some situations I have deviated, I guess you could say. I have been more direct with them, like used close-ended questions. And some situations, after talking to the detective and state’s attorney, we’ll decide that it’s okay to ask some things that are more
direct after I’ve tried everything else, and they’re not saying anything, but it’s a matter of safety and that we need to figure out what happened.

Because we need this information for DCFS to put a safety plan in place, or like if it’s a juvenile defender, to get them help, but it’s not going to totally like ruin the investigation, because the investigation part wasn’t the most important, it’s the child safety.

Deirdre affirms this:

But there’s times that I have just come out and said, “Do you know someone by…,” and use the suspect’s name. And that’s pretty leading, too. But again, that’s sort of our last resort and that’s a team decision. Like, what’s more important at this point? Being a little more leading in the interview or letting this child leaving today when we know something is going on?

115-10 Hearing vs. Expert Witness

One thing that became more clear to me as I progressed through these interviews was the difference between the forensic interviewer’s role as a 115-10 hearing witness, versus their role as an expert witness.

Farhannah explains:

We don’t qualify as an expert here. In order to testify in court as an expert, you have to be called as an expert witness. We’re not called as an expert witness here in C County. We’re called through an ILCS 115-10 hearing in Illinois. It’s an exception to hearsay where we testify what the child told us, but we’re not qualified as a witness. You have to have credentials and all of that. So, they go through your background experience similar to what you would do as an expert, but they don’t actually qualify you as an expert.

You’re more testifying to what you were told, and your reasoning, and that what you’re
doing is not leading. You’re not necessarily providing and educating the court about the dynamics of child abuse. They’re just telling them what happened in the interview.

It depends on the jurisdiction if any of them are considered an expert witness. I know there’s some in Illinois that they do qualify their interviewers as experts because then they may ask them, “Tell us about the dynamics of abuse.” “Given this child’s presentation… x, y, and z...” Whereas we don’t give opinions. We’re neutral. I like it that way, too. I would prefer not to be qualified as an expert particularly as the one that’s doing the interview. Because then you’re asked about your opinion, and I would prefer to be a neutral person. It’s not up to me to determine whether or not the abuse occurred. I’m just here for the child to tell me what they can tell me.

I’ve been subpoenaed about twenty times. I’ve never testified though because the offender will usually plead out. I’ve had one where the offender fled. As soon as the offender’s attorney gets the actual videotape of the child making the full disclosure, they advise the plea bargain, verses having the judge watch the tape and it going forward.

Brian describes his experience with and understanding of the 115-10 hearing:

The 115-10 determines the admissibility, the voluntariness of the child's statement.

They're typically done in conjunction with what they call a motion to suppress hearing because that’s essentially what they're trying to do. The defense attorney is trying to get that child's statement thrown out. The prosecution is trying to get that forensic interview in, as well as get the video of it in. In Illinois, the child has to take the stand. Doesn’t matter 3, 5, 10… they have to take the stand. You want that video because, in the event the child changed, you know, gets scared and freezes up, changes their story, whatever, you want that video in. The 115-10 Hearing is about determining whether I coerced this
kid into talking, or saying something. That's the only thing they're ruling on: did you do
an improper interview?

These happen right before trial. I mean, you get a guy that's just not taking a plea deal.
They will not do a 115-10 hearing until the very last minute, and that’s usually like
within- if it's not the same day the trial starts; it will be that week, and a lot of is
determined by whether a suspect will take a plea deal. Because the defense attorney
knows they can't get that thrown out. When a jury sees that child's statement, it’s over.

Valentine says:

Our executive director, Virginia, has been doing 115-10 hearings for a long time, and so
she’s been to court a lot. I think now she’s at the point where she’s considered like an
expert witness or something.

Though I didn’t have the foresight during the interview to ask about her understanding of
the difference between a 115-10 hearing and an expert witness, Valentine’s explanation leads
me to believe that an expert witness is someone who is an experienced veteran in 115-10
interviews, although my common knowledge makes me believe that it’s anyone who is an expert
in a subject regardless of their testifying experience.

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she’s been to court a lot. I think now she’s at the point where she’s considered like an
expert witness or something.

Deirdre describes:

A 115-10 witness is you’re basically just testifying, and they don’t need to qualify as an
expert witness. A 115-10 witness is admissibility for the video to be allowed as evidence
at the trial. And so basically when you testify at a 115-10 hearing, you’re testifying to your education, your credentials, your employment, how long you’ve been there, how many interviews you’ve done, how many times you’ve testified in court. And then they basically lay the foundation for the video. We did this video on this date, of this person. And then they can play it in court for the judge. And then the judge makes a determination if they’re going to allow it in as evidence. So, if you have an interview done according to your protocol that doesn’t have a lot of leading questions then they’ll allow it in as evidence. Now if you have a bad interview… it would probably have to be really bad, they don’t have to allow it.

One time, they did call me in to testify as an expert witness to the sexual abuse accommodation syndrome, and that was a whole different situation than the 115-10 hearing because I wasn’t testifying to my interview with my victim. They just wanted me to basically testify to this article on the sexual abuse accommodation syndrome. Part of the problem is it’s not a syndrome. It’s not a disorder. It’s a process for how kids disclose. And I had no expertise on this article whatsoever. All I did was read the article and came and testified. They asked me to explain to the jury, so I did that. But in the beginning, they wanted to have me qualified as an expert witness, and the judge said no, which he should have because I was not in any shape or form an expert on this article. And I wasn’t allowed to testify towards my trainings, the number of interviews, just this article and how children experience sexual abuse. So, the judge determined that I was qualified to testify against this, but I’m not an expert. So, then we proceeded. So, then I just explained to the judge what I knew about child abuse and the accommodation syndrome. I think the judge worded it like “Deemed her qualified to testify to this subject
but not an expert.” And then the defense really ripped me apart. Which he probably should have because here I’ve read the article, I read some follow up articles to it, and that’s it. That’s the exception of my knowledge. I probably shouldn’t have been called in the first place to be honest.

Normally if they ask for an opinion the other attorney will object, because it’s my understanding that you have to be an expert to say that opinion. But they will ask me if I find the victim to be credible, which is still sort of in a way asking your opinion. And normally what I say is, “Their interview was consistent with other children who have been abused. And there wasn’t anything to make me believe they were not credible.” Um, so I try to kind of…

I cried leaving the court room that one time after the attorney pretty much said how stupid I was. I basically read two articles and that’s all I did, but I was made to do that, and I felt setup. I thought I might quit working here after that experience. It was bad.

**Practice Wisdom in 115-10 Hearings**

It seemed that forensic interviewers with more experience seemed less concerned with being grilled and discredited by the defense attorney during the 115-10 hearing because they felt more confident, and as a result protected, in their reputation and perception of expertise stemming from being in the field for a longer duration.

Farhannah explains:

I’m kind of just set in my ways when I interview. So, I don’t think about it too much now. I know what I’m doing and how I will justify what I’m doing. At least my standard structure. If I have to deviate I have to think about that. And being in an interview, you have three hundred things going on in your brain at the same time. So, you have to do it
quick. But it’s more so to me the way that you order and phrase questions or introducing new information that can be called into question for being potentially leading.

Uma says:

That’s another thing. The defense attorney talked about my education, they talked about my experiences, stuff like that. Being experienced. A lot of times now with 115-10s, the judge will take it into the chambers. And if they’re like, “Well, who did the interview?” and it's like “Uma did it.” So, I really believe that with experience, comes credibility. Four weeks ago, I'm like, “Why haven’t I testified.” She's like, “Oh, we just bring the DVD. The judge watches it, and then just says it's fine.”

The Power of Knowing Case Outcomes

Yolanda describes how knowing case outcomes can help in regards to knowing what specific services are available for the child during follow up visits:

Making sure that we have the services that are available for that child through the process. Let’s say someone was to be arrested and prosecuted, that sticks with that child and that family all the way through that process. That’s one of the big things, we did a team training, it would’ve been a year ago in August, where that was one of the things that came up in our team was that, “Hey guys, just because you’re finished…we still have to touch base with these kids and we still need updates.” So, we’ve done a lot better, I think, of making sure we keep our advocates up-to-date on anything new. Even if that means the person bonded out, if that means the person has moved. I mean, anything…anything at all we always update. And I don’t know if this is important, but this is what happens.
Multiple Disclosures / Jurisdictions

Farhannah describes what happens when they have multiple disclosures of abuse in one interview:

Someone should be asking this child about other abuse. Some will argue it’s DCFS’s job to ask those questions. They don’t always go in depth about those questions, and they do a quick at home screening. But if the child makes a disclosure it doesn’t mean you go fully into depth in that interview. You report it so it can be appropriately investigated.

The child may come back for an interview about that incident at some time. So, if a child brings up a new disclosure in the interview I keep asking about that disclosure in my current interview enough to report to DCFS, and then I check with the team. “She disclosed this. Do you agree…?” And “We hadn’t heard about that.”

The times that you tend to explore is if it’s sexual abuse against Dad and then Dad also hits them. So, it’s the same offender, it’s the same person, and in the context of living in the home. But if the child is sexually abused by Uncle, and then disclosed that Grandma hits them with a wire and a belt. You won’t necessarily explore that. You just note that, and then that would be a separate interview.

Farhannah then went on to explain how they would organize the MDT based on the jurisdiction of the alleged perpetrator. It can be very complex and intricate:

If a child comes in because they’ve witnessed violence, and then, they also disclose in the interview that their neighbor touched them two years ago on their private parts…

Because they’re completely separate I would get enough to report that, call DCFS right away, and that child would likely come in and be interviewed about that sexual abuse incident. Because we don’t have the same investigators. So, that doesn’t necessarily mean
that the team behind the mirror will be the team investigating that allegation. It could be a
different police jurisdiction where that happened and we want to make sure that we have
all the right players there.

So for an example, we had a kid that came in because they witnessed Dad hit Mom. You
may have the detective from say MP Police Department. And a DCFS worker looking at
the risk of injury because of the physical environment. So, that’s what they’re looking at
and the reason they’re here. And then during that interview the child discloses that, at
their babysitter’s house, the neighbor touched them and the babysitter lives in C. A
different police department will be investigating that case. We want to make sure they’re
at the table and everything like that.

So, it’s just one of the many reasons that we don’t go necessarily into all the details. I
couldn’t tell you that every CAC does that, but that’s what we do here.

Deirdre says:

We did one for Minnesota. The victim lived here, but something happened on a visit to
Minnesota. We would do the interview here, ask one of our local law enforcement
agencies to come and sit in. Send the evidence to Minnesota. And if it was a DCFS case,
we would ask our DCFS to sit in on that, and then there would be a parallel worker in
Minnesota. And they work a little different than law enforcement. The DCFS used would
be the jurisdiction where the child lives. So, if the child lived here, our DCFS would be
the primary investigator Whereas with law enforcement if they live here, but it happened
in Minnesota, Minnesota law enforcement is the jurisdiction that would be working it.
CHAPTER 7: DISCUSSION

The purpose of this study was to qualitatively examine how forensic interviewers utilize their protocol, training, and MDT in the context of an ecological systems theoretical framework. My first research question: How do best practices (use of an interview protocol) inform approaches and strategies of forensic interviewers who are employed by CACs in cases of non-or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?, focused on the frequency of incidence, suspected underlying reasons for non-/partial disclosure, approaches in navigating non-/partial disclosure, and how the forensic interviewer used their interview protocol. My second research question: How does professional forensic interviewer training regarding use of interviewing protocols impact decision-making in situations of non-/or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?, examined how forensic interviewers applied their protocol training in general, and looked more in-depth at the conflicts and biases that detective forensic interviewers experience, from having vastly different styles of training and aims to having sole ownership of the entire case and interviewing responsibilities. Finally, my third research question: How does the role of MDTs influence techniques implemented by forensic interviewers in eliciting information who are employed by CACs in situations of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse?, explored MDT dynamics and conflicts, as well as how the forensic interviewer prepares for and responds to cross-examining during 115-10 court hearings. Generally speaking, most of the results were triangulated in the literature, and even made a contribution to the literature gap in specifically in the area of forensic interviewing.
Micro Level Themes

The first research question explored how do best practices (use of an interviewing protocol) inform approaches and strategies of forensic interviewers in cases of non- or partial disclosure? Main findings for research question one elicited micro level themes, including reasons the forensic interviewer suspected caused the non-/partial disclosure, approaches implemented to accommodate non- or partial disclosure, use of the Child First Protocol, gut instinct / practice wisdom, gender of the forensic interviewer, and the influence of Children’s Advocacy Center settings on disclosure.

Reasons for Non-/Partial Disclosure

Age of the Child. I had initially hypothesized that younger children would pose as more problematic in regards to non- and partial disclosure due to reasonable chronological barriers, and this showed to be somewhat evident in the findings. Such barriers included memory issues, lack of understanding, being coached, fear of being remove from the home, having a minimal understanding of the child welfare process, and protecting a caregiving offender, and these were presented as so in the literature search.

De Jong, Hervada, and Emmett (1983) studied 566 children from ages six months to 16 years old who sought services at a sexual assault crisis center and concluded that younger children in their study experienced multiple episodes of sexual abuse. De Jong, et al., suggested that this might be because the child may not understand that the sexual relationship is aberrant, because younger children can be more easily pressured into secrecy, because children may enjoy caring contact with the adult, because younger children are likely to stay closer to family members, and have limited interactions with strangers, because younger children may see the perpetrator as an authority figure, and that disclosure of the abuse may result in punishment,
rejection, or disbelief. This confirms many factors that I found in my micro-level findings about young children, and their reasons for not disclosing. Shah, Dail, and Heinrichs (1996) evaluated 705 medical records of child abuse victims who received a physical medical examination across a 36 month period, and found that children, and even the parent or child’s caretaker reported having a “normal” relationship with their father in spite of concurrent sexual abuse occurring. This study supports Farhannah’s statement that some children didn’t tell because they didn’t know the abuse was wrong. Shah, et al. (1996) suggests that this may be an indication of acceptance of abuse.

What I hadn’t expected to find was a relatively high rate of non-/partial disclosure in teenagers/adolescents, usually in situations of statutory rape involving an older paramour, who they believed they were in a relationship with. This study found that teenagers/adolescents were suspected to be more likely to not disclose or only partially disclose because they had a better understanding of the criminal consequences, and believed they had control of these said consequences.

De Jong, Hervada, and Emmett (1983) also found a decrease in reporting of sexual abuse amongst girls ages seven to 11 years old, and speculated that the developmental characteristics of the pre-teen years, including understanding right and wrong, having a more developed concept of sexuality and egocentrism, may result in feeling confusion, ambivalence, and may result due to enjoying sexual stimulation and feeling responsible for the sexual act. This supports the current study’s findings that teenagers often don’t disclose because they have a more developed understanding of the consequences and because they may feel like they participated, in what felt like a consensual and romantic relationship.
Diversity Factors. This study found that non-/partial disclosure may be more prevalent in immigrant populations due to different cultural and family expectations. Bilingual forensic interviewers expressed that suspected language barriers presented children for those who were not native English speakers, and whose family undocumented immigrant status which may deter disclosure due to fear of police intervention and deportation.

In my interview with Farhannah, she noted that she noticed cultural barriers in Hispanic, Middle Eastern, and Asian families. Foynes et al. (2014) supports Farhannah’s observations of Asian families suggesting that in some traditional families, Asian families may prioritize protecting the perpetrator, and that these family dynamics could contribute to higher rates of nondisclosure in this population.

Fontes and Faller (2006) affirm what I found from my participants that cultural differences between interviewer and child could potentially hinder the disclosure process. Boulette (1977) doesn’t reference experiences in forensic interviewers’ experiences with Spanish speaking communities, but does address factors in lower rates of reporting abuse in this population. Boulette (1977) attributes this to in-group loyalties, lower confidence in English language competency, avoidance of police involvement, confining “family issues” to the family, and traditional beliefs of child obedience and compliance.

In Fontes and Tishelman’s (2016) study of 39 forensic interviewers, only a small proportion of CACs employed bilingual forensic interviewers, which were located in urban areas and were Spanish-speaking. These results are similar to what I encountered in the state of Illinois.

Benuto and Garrick (2016) confirm the study’s finding, and recommend that children be interviewed in their native language if the child is not proficient in English, as children may be
pressured to be agreeable and compliant and choose to interview in English. Lau and Treacy (2009) also support the study’s result that children should be asked what language is used to communicate at home, and what language they prefer to use in the interview, but Benuto and Garrick (2016) recommend that even if a bilingual child requests an interview in English, that the forensic interviewers should be continuously monitoring proficiency. Fontes and Tishelman (2016) interviewed 39 forensic interviewers and directors at CACs and found participants who had experienced similar frustrations that the forensic interviewers in this study experienced in regards to the lack of English vocabulary to thoroughly describe the abuse.

This study’s findings about undocumented immigrant status and its effect on disclosure can be confirmed in the literature. Undocumented legal status can cause undocumented immigrants to avoid law enforcement involvement (Apfelbaum & Sommers, 2013; Reina, Lohman, & Maldonado, 2014) because of their fear of being deported (Falconier et al., 2013; Reina et al., 2014) or other repercussions, thereby creating reluctance in disclosure in children in these situations (Benuto and Garrick, 2016).

**Socioeconomic Status.** The study shed light upon socioeconomic status in the context of Latino family dynamics, and with wealthy families “lawyering up”. The results of the study covered both spectrums of the socioeconomic status, living in poverty versus living in a prominent wealthy family, and the reasons that both extremes would not want to disclose. The literature presents a different picture for those who are impoverished, showing that families with fewer resources may be more likely to turn to public help when faced with a crisis, and agrees with the study’s findings that more affluent family that families with more resources solved their problems either internally or through private means (Scherzer and Lala, 1980). This could reflect
the participant’s interpretation of more opulent families wanting to protect their reputation, and having the monetary means to do so.

**Being Coached / Threatened.** No literature existed on forensic interviewers and MDTs, and how they specifically deal with their frustrations and biases in custody cases. This may be because admitting these human frustrations may not be encouraged in a culture that promotes neutral, unbiased interviewing.

**Approaches to Non-/Partial Disclosure**

**Reducing Embarrassment.** One interesting finding that emerged in my analysis was that several of the study participants noted their experiences in reducing embarrassment in male-on-male assaults to elicit a disclosure. Lower report incidences in male-on-male abuse is verified in the literature and has been shown to be associated with pain. Most male survivors do not seek help (King, 1995; Seabrook, 1990), and when they do it’s often a significant duration after the assault occurred (Rentoul & Appleboom, 1997). Monk-Turner and Light’s (2010) study showed that from a sample size of 219 male, self-reporting sexual assault and rape victims were less likely of seeking counseling the more severe the assault (i.e. penetration). Monk-Turner and Light (2010) suggested that the shame of penetration, as well as the confusion regarding sexual identity, may make disclosing victimization much less likely, and Rentoul and Appleboom (1997) concluded that male sexual assault survivors commonly respond emotionally with “a sense of stigma, shame, and embarrassment,” (p. 270). Additionally, straight males may be reluctant to report male-perpetrated assault because of the perception of being gay (Doherty and Anderson, 2004), and gay males may be less likely to report because they may be concerned that they “wanted it,” enjoyed it, or participated in their abuse (Kassing, Beesley, and Frey, 2005, p. 322).
Using the Child First Protocol

**Truth/Lie Detection Test.** All of the forensic interviewers who were asked or voluntarily brought up their thoughts on the truth/lie detection test believed that the assessment was ineffective, especially in young children because it can unfairly hinder the credibility of the child’s statement. Forensic interviewers identified more as a “fact finders” and didn’t feel comfortable at the notion of becoming “human polygraphs,” and furthermore that just because a child can differentiate between a truth and a lie, doesn’t mean that they won’t actually lie. Some forensic interviewers found that following Tom Lyon’s research-backed method of requesting that the child tell the truth to be the most effective. I also found through my interviewers was that the approach and style of the truth/lie test depended upon the training of the forensic interviewer or the mandates of the state’s attorney.

Forensic interviewers discussed being required her state’s attorney administer the truth/lie detector test and that with three-year-olds, they often fail. Lyon and Saywitz (1999) support this finding that participants, all of which had received family maltreatment, and all of which were between the ages of four and seven years old could not independently define the terms “truth” and “lie,” nor could the adequately describe the differences between these terms. Four-year-olds, Lyon and Saywitz (1999) found, were more likely to identify all truth/lie questions as the “truth.” Research, including that of Lyon and Saywitz’s 1999 study, indicates that children are more successful in identifying a truth versus a lie, as opposed to defining these terms (Bussey, 1992; Feben, 1985; Haugaard, Reppucci, Lair, & Nauful, 1991; Lyon & Saywitz, 1999; Peterson, Peterson, & Seeto, 1983; Pipe and Wilson, 1994; Saywitz, Jaenicke, and Camparo, 1990; Strichartz & Burton, 1990; Wimmer, Gruber, & Perner, 1984; ; ;). Flavel, Miller, & Miller (1993) suggest that his is because young children may have more difficulty in independently
generating definitions that require an abstract understanding that not only refer to statements rather than objects, but are applied across different contexts, rather than just recognizing the meaning of a word.

The study described how one county moved from a more concrete truth/lie detection test (i.e. There is a dog under this table… is that a truth or a lie? You are sitting in the chair… is that a truth or a lie?) that use more identifying tactics to a more abstract approach (i.e. Can you tell me what it means to you to tell the truth? Can you tell me what it means to you to tell a lie?), which require more generative responses, which might be outside the child’s developmental and cognitive ability. Another participant in the study, who also worked in X County said that they moved from an identification approach (i.e. If I said that you and I are in this room right, now is that a truth or a lie? If I said that there’s a dog in the room right now, is that a truth or a lie?) to more definition-oriented questions, such as, “Tell me what it means to you to tell the truth.” It seems that based on the research that these changes are moving in the wrong direction.

Children who have been maltreated may fare worse, as most research on children and their understanding of the meaning and morality of lying study middle-class children from nonabusive homes. This does not factor in the negative effects of abusive family dynamics, children’s comfort level in discussing abuse scenarios, socioeconomic status, emotional disorders that may affect concentration and motivation (Beitchman, Zucker, Hood, daCosta, & Adman, 1991), and cognitive and linguistic delays that are more typical trends in children who have experienced maltreatment (Hoffman-Plotkin & Twentyman, 1984). Lyon and Saywitz (1999) found in their study administering the Peabody Picture Vocabulary Test – Revised (PPVT-R), a test measuring verbal intelligence (Dunn, 1981), that children who had been maltreated were over one year behind the national average.
Lyon and Saywitz (1999) suggest through their study on maltreated children and lying that children may be reluctant to demonstrate their comprehension of lying because they do understand that lying is negative and wrong, and may be afraid to call the experimenter a liar. This would seem especially likely in children who have experienced maltreatment. As a child who grew up with a physically abusive father, I would never call him a liar or correct him, and the violent consequences if I did certainly did not encourage me to correct or label any adult a liar, even outside of my father. Talwar, Lee, Bala, and Lindsay’s (2002) study on children between the ages of three and seven found that discussing the concepts of, demonstrating appropriate understanding of a truth and a lie, and understanding the moral consequences were not effective in adherence to truth-telling, as promising to tell the truth. Danielle’s statement reflects this: “Just because you get out of them that they know what the difference is between truth and a lie doesn't mean they're not going to lie, or that they're going to tell the truth.” Though the latter significantly reduced lying, it did not eliminate it completely. Furthermore, studies have found no relation between mastering the truth/lie questions and the integrity of their report in children ages three to nine (Goodman, Aman, and Hirschman, 1987; Pipe and Wilson, 1994). The approach of having a child promise to tell the truth has been shown in the literature to increase truthful disclosures without increasing false allegations (Lyon and Dorado, 2008). Gail illustrates this with her description of using Tom Lyon’s approach in promising that the child tell the truth.

**Rapport.** Most forensic interviewers used the rapport building phase to assess any articulation or developmental barriers the child may have. All forensic interviewers thought the use of rapport at the beginning of and throughout the interview provided a safe-haven from the heavy, abuse-focused discussion and elicited more information from a child. One forensic
interviewer talked about how she used a common approach of asking what the child likes to do for fun, and how the word “fun” triggered abuse memories, and shut down the interview hostilely and immediately.

**Body Charts / Anatomical Drawings.** Not all of the forensic interviewers used the body charts, and those that did, didn’t always use them in the beginning, as the Child First training had instructed. Forensic interviewers used the anatomical drawings for clarification, documentation for court, for children who use nicknames for private parts, and for children and adolescents who may feel too embarrassed to verbally name the body parts out loud.

**Easel.** Even less than the body charts / anatomical drawings, not all forensic interviewers used the easel. Those that did said that coloring on the easel helped young children feel more calm and comfortable, as well as to shift their focus from the severity of the abuse which facilitated a more free disclosure. Many forensic interviewers noted that drawing of writing was easier than verbalizing the abuse scenario. Another forensic interviewer had the child graph out the rooms on the easel to allow enough distance from the abuse, and remove the child from the intensity of the interview. This approach could also be useful in getting a spatial timeline of the abuse events, especially since in young children, obtaining a chronological timeline, which is so important for prosecution of the perpetrator, can be too abstract and difficult.

**Anatomical Dolls.** Most forensic interviewers found that use of the anatomical dolls was not useful, and feared the credibility of any details obtained while using the doll, as well as being accused of suggestibility in court. Some forensic interviewers said that the anatomical dolls were confusing for children who saw the doll as a toy. One forensic interviewer said that use of the anatomical doll could potentially be useful if first, the child can make a representational shift,
and second, the forensic interviewer first tried to clarify the abuse events using a body chart / anatomical diagram first.

The most current recommendations regarding the use of dolls in forensic interviewing is to only utilize dolls after disclosure, and only with older children (Everson & Boat, 2002). This supports the participants’ statements about their practices of only using the dolls for clarification after a child discloses. The study talks about how one participant uses the body charts to first assess whether the child can demonstrate a representational shift, and this concept of needing to understand a representational shift prior to getting out the dolls. Because young preschoolers have not yet developed the ability to comprehend symbolism, they lack the understanding that the doll is a representation of themselves (American Professional Society on the Abuse of Children, 1996; DeLoache, 1995).

Though some child development specialists believe anatomical dolls can precipitate false reports (Aldridge, 1998; Bruck, Ceci, Francouer, & Renick, 1995; Everson & Boat, 1994), most studies support the use of these dolls, primarily for younger children who have limited verbal skills and recall ability (Adams-Tucker, 1984; Boat & Everson, 1998; Britton & O’Keefe, 1991). Aldridge (1998) examined the use of anatomical dolls in forensic child sexual abuse interviews through a comprehensive literature review, and found that despite major concerns of suggestibility resulting in false positives, as well as the potential for misinterpretations leading to inconclusive determinations of substantiated sexual abuse, use of anatomical dolls are generally clinically supported as a demonstration aid in forensic interviewing children over the age of three. This supports the participants’ positive experiences in using the anatomical dolls. Some studies determined that anatomical dolls were highly effective in facilitating a complete and accurate disclosure, showing that children who were interviewed first without the anatomical
dolls, and then later with, provided significantly more accurate and detailed descriptions of the abuse, had an increased likelihood of identifying the perpetrator, and had fewer omissions and no false reports. Still other studies indicated that using an anatomical doll may not pose any more benefit than interviews that use a nonanatomical doll, but that anatomical dolls provide more information and correct responses in comparison to interviews with children using no prop at all (Aldridge, 1998).

Aldridge’s (1998) review found mixed results on the accuracy and effectiveness of anatomical dolls in describing events used in identifying child sexual abuse. Some studies in the review found that using anatomical dolls in three-year-olds post medical exam lead to inaccurate reports. This was reflected in the current study by the hesitation and uncertainty that some forensic interviewers in the study expressed in justifying the use of anatomical dolls in court.

Hlavka, Olinger, & Lashley (2010) studied 500 forensic sexual abuse interviews with children. Of these, 244 interviewers (49%) introduced anatomical dolls. Of the remaining interviews in which dolls were not used, 64% (164) children did not disclose sexual abuse. Fourteen (5%) children were preschool age, and were unable to make the appropriate representational shifts required to effectively use the anatomical dolls. Interviewers used anatomical dolls as the primary prompt for the following four functions: clarification (65%, 158 cases), communication (18%, 44 cases), consistency (12%, 30 cases), and distancing (4%, 9 cases). Interviewers introduced dolls to aid alleged sexually abused victim more frequently in extrafamilial cases (33%) as opposed to intrafamilial cases (17%). Regarding use of dolls for clarification purposes, interviewers introduced dolls mostly in cases of oral contact (76%), genital contact (69%), exposure (67%), and reported penetration (59%). Interviewers initiated use of the dolls for communication purposes in cases of penetration (23%), genital contact
(16%), exposure (13%), and oral contact (11%). For purposes of distancing, interviewers introduced the dolls in cases involving exposure (13%), genital contact (4%), penetration (3%), and oral contact (2%).

Everson and Boat (1994) reviewed 20 published guidelines and protocols in the professional literature and identified seven general uses of anatomical dolls in sexual abuse interviews: 1) Comforter (using the dolls as a play object); 2) Icebreaker (dolls can be used to approach the topic of sexual issues and body parts in a nonthreatening, nonleading way by signifying that the interviewer is comfortable discussing sex, and implying a safe environment for the child to demonstrate sexual knowledge and experiences); 3) Anatomical Model (using the dolls to assess the child’s labels for body parts, and understand the sophistication of the child’s knowledge of sexual behavior); 4) Demonstration Aid (The most frequent and widely accepted use of the dolls, demonstration aids allow children who have limited verbal skills or emotional issues, or are hindered verbally by fear or embarrassment to disclose or clarify the abuse they experienced. Using the doll as a demonstration aid also provides a method of measuring consistency between doll with verbal description over time), 5) Memory Stimulus (observing children’s free play with the dolls used to trigger recall of sexual abuse); 6) Diagnostic Screen (observing children’s free play with the dolls for the child to provide an opportunity to reveal the sexual abuse); and 7) Diagnostic Test (because children who are sexually abused are assumed to have significantly different interactions with the dolls than nonabused children, determinations about the likelihood of abuse can be clinically interpreted, though conclusions should not be based upon doll play alone). Everson and Boat’s (1994) study both confirmed and disconfirmed practices included in the Child First protocol. The first use of the anatomical dolls that Everson and Boat (1994) reference is comforter, which goes against Deirdre’s statement that kids can be
distracted by the doll. The second use that Everson and Boat (1994) outlines is to use the dolls as an icebreaker, which does not support some of the participants’ statement that the child needs to disclose before introducing the dolls. The third use, the Anatomical Model, is paper body charts by forensic interviewers. The fourth use, a Demonstration Aid was used by forensic interviewers using the child First protocol. The fifth (Memory Stimulus), sixth (Diagnostic Screen), and seventh (Diagnostic Test) uses were not used by any of the forensic interviewers I interviewed.

**Funnel Technique.** All forensic interviewers thought that the Child First funnel technique was helpful in providing a solid methodology for eliciting accurate information that was defensible in court. All of the forensic interviewers who discussed their use of the funneling technique believed that the approach was in line with best practices, and that there was no actual deviation of the protocol as a result of the flexibility and comprehensibility of the funnel method.

“**Tell Me About That.**” Many forensic interviewers felt that the frontline, open-ended response, “Tell me about that,” was too general and abstract, and that children didn’t know what exactly it was they were supposed to tell more about. The term, “Tell me about that,” seems to only consider children who know why they’re being interviewed. For children who do not know the topic of concern, it is hard for the forensic interviewer to then prompt the child to explore the abuse scenario further. “Tell me about that,” can be roundabout, time consuming, and exhausting; as well as a way to avoid discussion of the abuse.

**Bilingual Forensic Interviewers**

The bilingual forensic interviewers who participated in the study mentioned several issues that they encountered in their practice. Several bilingual forensic interviewers said that different nationalities used different terminology even though they were all speaking in Spanish. Bilingual forensic interviewers can be helpful in eliciting accurate disclosure in that in many
bilingual homes, abuse happens in Spanish. Also, it is problematic that bilingual Child First training isn’t more accessible, as it is a necessity in protecting children living in bilingual families. Finally, the Child First protocol does not translate into best practices, as laymen translation by the forensic interviewer can sound weird, the Spanish language tends to use a narrative form, and some direct English to Spanish translations can feel blaming. It’s problematic that there is no culturally informed official Spanish translation of the Child First protocol, especially in a state as diverse as Illinois.

**Extended Interview Situations**

Most of the forensic interviewers expressed a great need for training and utilization of the extended forensic interviewing protocol especially in incidences of chronic and traumatic abuse, conflicting feelings towards the perpetrator, and children who are fearful. A couple of the detectives did not know what an extended forensic interview was, and one forensic interviewer distinguished between extended interviewing, defining this as a pre-planned approach, versus multiple interviews, which was considered a failed attempt at a “one and done” interview.

**Gut Instinct / Practice Wisdom**

Research shows that adults have chance levels (Bond & DePaulo, 2006; Edelstein, Luten, Ekman, & Goodman, 2006; Talwar et al., 2006) detecting deceit in younger children (Crossman & Lewis, 2006; Lewis et al., 1989; Talwar, Crossman, Gulmi, Renaud, & Williams, 2009; Talwar & Lee, 2002). Talwar et al. (2006) found that adults are not able to reliably distinguish between child lie- and truth tellers in their laboratory study, and that adults demonstrated a truth bias in their tendency to believe that the children’s reports were truthful, regardless if they actually were or not. This contradicts the current study’s findings that forensic interviewers relied upon their gut instinct and practice wisdom in their decision making during the interview.
and seemed to trust these implicitly. However, it is important to note that though the research may counter what I found in my study, that these participants believed they were positively relying upon their gut instinct and practice wisdom. Though the research indicates that gut instinct may not be a reliable method of guiding a forensic interview, forensic interviewers nevertheless felt that their gut instinct and practice wisdom was a significant factor in their successful interviewing tactics.

**Gender of Forensic Interviewer**

All four male forensic interviewers did not perceive their gender as being a barrier in disclosure. A literature search of disclosure rates dependent on forensic interviewer gender revealed no relevant results. This could be because the incidence of male to female ratio in forensic interviewing at Children’s Advocacy Centers may be lower, and may not be perceived as an issue to investigate further because the numbers are too low. In my study I had four males out of 36 total interviewers.

However, the literature does show that child and adolescent females are vastly overrepresented in victim gender statistics in comparison to child and adolescent males (De Jong, Hervada, and Emmett, 1983; Shah, Dail, and Heinrichs, 1996), and that assailants are largely male (De Jong, Hervada, and Emmett, 1983). This can imply that of the children being seen by the CAC, the majority are likely to be female who have been perpetrated by a male offender.

**The Influence of Children’s Advocacy Center Setting on Disclosure**

The forensic interviewers had varying opinions of their large CAC in X County. One forensic interviewer believed that the arrangement made the MDT process more efficient; however another believed that it didn’t make a difference, as law enforcement and the state’s
The confusion of the CAC that was too homelike really caught my attention. I was so glad to get Virginia’s account of why they chose to design their CAC in an actual house, and not like other CACs that had home-like qualities, but were clearly a service agency. I did want to check on how frequently sexual abuse happened in the home. Because young children are more likely to be assaulted by their relatives and acquaintances as opposed to by strangers (De Jong, Hervada, and Emmett, 1983), it makes it more plausible that children would be sexually abused in the home versus any other location. Kempe & Kempe (1984) discovered that natural father – and natural daughter, as well as stepfather – stepdaughter abuse presents in 75% of all reported cases of child sexual abuse. De Jong, Hervada, and Emmett (1983) looked at 566 children ages 6 months to 16 years of age who presented to a sexual assault crisis center, and found that 26% of the assaults occurred in the victim’s home, 21% happened at the home of the assailant’s. Fifty-three percent of the assaults took place in more public areas (school, outside, buildings, and vehicles) (De Jong, Hervada, and Emmett, 1993). All of these studies are in line with my assumption that a large proportion of the children seen by the CAC have a high potential of having been abused in a home-like environment.

**Mezzo Level Themes**

The second research question examined how does professional forensic interviewer training impact decision-making in situations of non- or partial disclosure, and developed mezzo level themes that encompassed application of the training, and reality vs. ideal.
Application of the Training

I thought it would be worth trying to understand Brian’s 4% of false allegations statistic. I looked in the Child First manual, and found that they use the stats 4-50%, (based on Lyon, 2002, and 4-27%, based on London, et al. 2008) to describe the occurrence of retraction/recantation in all cases. The context that it is used in explains that recantation and retraction within the context of Summit’s (1983) Child Sexual Abuse Accommodation Syndrome, and can occur in cases where the child still may have been abused. This is interesting because I think it shows how forensic interviewers misinterpret their training in ways that hurts their ability to give an unbiased interview.

Detective Investigation vs. Standard Protocol

Child First Training Improving Detective Investigation Interviews. Dual role detective / forensic interviewer mostly noted their differences in training and approaches in the Reid and Wicklander/Zulawski interviewing techniques versus Child First. The detectives / forensic interviewers discussed their goals of entrapping the suspect, driving the interview in a way that yielded a confession, and generally using an interrogation mindset, as opposed to using an open-ended narrative line of questioning. Some of the forensic interviewers felt nervous and unsure about using the Child First protocol, which affected their confidence and delivery during interviews. Another difference is that detective interviewing lacks an MDT, whereas the when interviewing as the CAC designated forensic interviewer, positive feedback and guidance from a supportive MDT.

However, many forensic interviewers discussed how their Child First training had many benefits to their detective interviewing. The study showed that asking about the “why” looked better for the state’s attorney’s office when presented in front of a judge or jury because it
showed the motivation of the suspect. Additionally, using the three clarification rules that are implemented at the beginning of the Child First interview seemed to help detectives create a safer atmosphere during the interview which lead to increased and more accurate disclosures. Additionally, learning through Child First to treat and respect suspects as people, also increased the amount and quality of disclosure. Forensic interviewers also believed that the rapport and open-ended question component of Child First made them a better listener, and encouraged suspects to expand upon their disclosure.

**Detective Training Improving Forensic Interviews.** Dual role detective / forensic interviewers also said that their detective training improved their CAC forensic interviews, mainly because law enforcement knowledge is helpful in understanding what questions to ask in order to get the case prosecuted. Dual role forensic interviewers also believed that their detective training helped them hone in on reading and interpreting body language.

Throughout this dissertation, I’ve been troubled at how differently detectives versus forensic interviewers interview child suspects and victims, but this portion of the findings helped me realize that it might be different because of the vastly opposing goal of the two types of interviews. For example, in a suspect interview, the child has an attorney or parent who may be present in the interview, the room is not a “safe, non-suggestible” place for disclosure, there are legal consequences, and they view a legal trial as a means of punishment or reparations. This, in contrast to a victim interview where the child is the sole person in the interviewing room with the forensic interviewer, the environment is intentionally safe and nonsuggestible, and the trial is more of a way to protect the child from further abuse.

There was no literature on the role conflict between being both a detective and a forensic interviewer. This may also be a result of the assumed concept that the Child First training and
protocol is believed to be neutral, and would not pose as a problem for detectives trained on an interrogation style technique.

**Reality vs. Ideal**

**Detective As Forensic Interviewer: Ownership of the Entire Case.** Overall, there seemed to be very concerning conflicts of interest in detectives interviewing all parties involved in the alleged abuse, including the perpetrator. A literature search revealed no results for forensic interviewers as a biased interviewer; however, it is more likely that scholarly articles exist in the realm of biases in regards to conducting clinical therapy. It’s also likely that there may not be literature on biased forensic interviewing because the open-ended focus of the training and protocol, and lack of therapeutic applications assumes that the interviewer will not be in a position to be biased.

**Training for Bilingual Forensic Interviewing**

Bilingual forensic interviewers overall felt a lack of training support. There was a strong desire for training, observation, and peer review feedback. One forensic interview sought out informal training from her supervisor, who also happened to speak Spanish, and another forensic interview started a grassroots peer review group for Spanish speaking forensic interviewers.

**Macro Level Themes**

The third research question investigated how does the role of multidisciplinary teams (MDTs) influence forensic interviewer approaches to non-/partial disclosure. The macro level themes derived from research question three represented the MDT and the different interests and expertise from the larger community. Relevant findings included MDT conflict and pre-meeting biases.
MDT Conflict

Though forensic interviewers found MDTs to be helpful in approaching non- and partial disclosures, the conflict that the forensic interviewer encountered with the MDT was significant enough to be upsetting to the forensic interviewer, and a barrier in productivity. A literature search revealed no results for MDT conflict with the forensic interviewer. This could be because MDTs are productive enough to not require enough attention to be researched. There also may be difficulty in researching MDT conflict because there are multiple members and many moving parts in coordinating an observation and interviewing time. There also may be discomfort in MDT members “complaining” or criticizing each other for a research study.

Biases

Pre-Meeting. Most forensic interviewers wanted minimal information, meaning basic details given from the police /DCFS report. If they wanted to know anything, it was related to nicknames of family members and the offender, as well as developmental and communication delays. An article by Downing Alessi and Ballard (2001) suggests that unless all parties maintain neutral discussion about information sharing prior to the fact-finding phase, the risk of suggestive interviewing, whether forensic or clinical, increases with the child victim, as the interviewer may enter dialogue with the child with biases and preexisting beliefs based off of previous meetings with the multidisciplinary team. Cantlon, Payne, and Erbaugh (1996) further that the “allegation blind,” (when the forensic interviewer received no prior information) yielded statistically higher disclosure rates than “allegation informed,” (when the forensic interviewer was given information about the allegations prior to the interview). The majority of the forensic interviewers that participated seemed to only want a minimum amount of information, just enough to have anchors for the main details of the abuse event.
MDT Members. This study revealed that forensic interviewers perceive their MDT members not only to be biased prior to the interview, but that these preconceived notions can have a great impact on the outcome of the case. Detectives seemed to be the biggest source of negative biases, in scenarios, such as custody battles, teenagers that look like they’re consensually participating in the sexual act, and from detectives in rural areas where they’ve seen the child before or know the family.

MDT Conflict

Many of the forensic interviewers expressed their relationships with the MDT as problematic. Though MDTs generally were able to help with some non-/partial disclosure issues, there were several critical complexities in the forensic interviewer / MDT relationship stemming from law enforcement pressuring the forensic interviewers for more direct questioning too early, law enforcement hostility, and phone distractions. It seemed that the phone distraction issue was very upsetting to the forensic interviewer, and broke a basic professional code of trust and respect. More importantly, the forensic interview seemed to understand the importance of the collaboration of the MDT in the very critical outcomes of the child, regarding safety, well-being, etc. The MDT seemed to feel comfortable playing on their phones because they expected the forensic interviewer to be the expert.

Bilingual Forensic Interviewers

Bilingual forensic interviewers MDT issues mostly surrounded the demand for the bilingual forensic interviewer to perform more than one role simultaneously, either as the interpreter, the educator on cultural issues, and the case manager. This could be a problem as far as time constraints, and also in cases where there’s a conflict of interest (pertaining to acting as an interpreter and/or case manager for the same child/family).
Rape Shield Laws

One problematic finding was that though most of the forensic interviewers did not feel comfortable asking about the child’s sexually active status, that the often compromised with the MDT, and asked the question in a reworded fashion, despite Rape Shield Laws forbidding this type of questioning in forensic interviews.

Productive Problem Solving

The forensic interviewer did find that the MDT was helpful particularly in cases of non-/partial disclosure despite their disagreements and disappointments. MDTs offered clarification, feedback, and affirmation in decision-making pertaining to counseling / extended interviewing, brainstorming non-leading questions to obtain relevant information, and corroborating specific details for the prosecution, refreshing the forensic interviewer emotionally.

115-10 Hearing

All forensic interviewers expressed feeling some level of emotional distress during 115-10 hearings. However, as grueling as the hearings were, forensic interviewers didn’t hesitate to go more direct in their questioning if they worried that the child would be returning to reabuse or an unsafe home. Most forensic interviewers said that their experiences at the 115-10 hearing didn’t change the way they interview children, although one said she now does not redirect a distracted child as much back to the abuse scenario as a result of the defense attorney insinuated that she had lead the child by repeatedly asking the child to focus on the abuse scenario.

Research Implications

Because the knowledge base is somewhat limited in this research area, my study is also the first to qualitatively address how forensic interviewers understand and use the interviewing protocol to accommodate non- and partial disclosure in children, how the training they received
impacts decision-making in the forensic interview, and finally how the forensic interviewer works with their multidisciplinary team (MDT) in approaching difficult non-/partial disclosure cases. The literature review showed several several methodological gaps, which this dissertation aimed to address. First, regarding the theoretical framework, this study will also be the first to provide a thorough theoretical framework explaining the common issues forensic interviewers face in decision making when in professional situations of interviewing children who have experienced sexual abuse and are non-/partial disclosing. Though time limitations prevented me from applying a full grounded theory data analysis, my study is the first to examine issues that forensic interviewers face from an ecological perspective. A second deficit in the methodological literature stems from more qualitative research surrounding interviewing and post-training, long-term supervision, which my study is the first to generally explore what occurs during the forensic interview. My study inquired forensic interviewers about their initial training, their follow-up refreshers, peer-review, and internal agency training and mentorship, and how this affects interviewing performance and non-suggestibility. My study also provides forensic interviewer insight into use of a protocol that fits within best practice standards, but also allows close-ended questioning, which have not been extensively explored in other studies. My study is also the only to explore forensic interviewer adjustments to modifications in interviewing techniques, use of the protocol, and negotiating with the MDT in response to being cross-examined by a defense attorney during the 115-10 hearings.

This study investigates how training supports or hinders these decisions; and other micro, mezzo, and macro factors in decision making during interviews to accommodate non-/partial disclosure in cases of children who have experienced sexual abuse. The findings of this study
offer more insight as to how further research can address protecting children who experience non-/partial disclosure due to trauma and cannot make an extensive testimony.

**Policy Implications**

By looking specifically at forensic interviewers who are employed by different CACs across the state of Illinois, this study can uncover ways in which CACs could employ more standard, effective instruction and support to forensic interviewers who interact with children who have experienced non-/partial disclosure in situations of alleged child sexual abuse, through new agency policies, state laws, and collaboration with the national forensic interviewing accrediting body, National Children’s Advocacy Center (NCAC) in Huntsville, Alabama. The findings of this study can also inspire further discussion on advocacy of sanctuary to non-offending undocumented immigrants who disclose, government financial support to those families who lose a significant income earner after disclosure, and policy protections for forensic interviewers who need to introduce relevant and founded information in circumstances when “tell me about that” is too broad and indirect. This study also brings up conflicts in detectives as dual-role forensic interviewers, which can have a deep impact on non-/partial disclosure. This new knowledge to the literature base can have significant implications in the new development of effective policy in ensuring non-biased forensic interviewing. Finally, this study can give more insight on rape shield laws, protection of children who do not or only partially disclose but the perpetrator confesses, and mandated follow up of case outcomes for forensic interviewers.

**Practice Implications**

The current study has practice implications in training forensic interviewers, as well as in the implementation of interview protocol.
This study can inform revisions to forensic interviewing protocols to accommodate realistic applications of the protocol. For example, this study brings to light the issues with the broadness of “tell me about that,” which can be discussed by the training committee and protocol developers. This study can also give insight into MDT dynamics, conflict resolution, and individual agency expectations in ways that can improve the productivity and performance of MDT collaborations. This study can also shed light on a practical issue involving training, providing, and supporting bilingual interviewers. Because the bilingual forensic interviewer in the study noted that language and culture barriers were a significant component of non-/partial disclosure, the findings from this study can be impactful in the forensic interviewing field.

Finally, this study could be instrumental in protecting children from further abuse, by providing forensic interviewers with refined insight, as well as improved training, and MDT approaches regarding extracting sufficient details in the forensic interview to prevent reunification, reabuse, and recidivism. On the flip side, by providing a more reliable and accurate way of soliciting details from alleged victims of child sexual abuse, this research could protect innocent, wrongfully accused perpetrators from prosecution, in the rare instances that this does occur.

**Strengths**

One of the primary strengths of this study is that it uses face-to-face interviews, which yields more personal, spontaneous, and flexible exchange of dialogue. It allows both the researcher and participant to read body language and facial expressions, which can allow for better quality of information and a more meaningful transaction, especially with such sensitive interviews as potentially breaking from the recommended agency protocol, as well as discussing trauma symptoms in children. Another significant strength of this study is that by only focusing
on CACs in one state, a detailed understanding of what occurs can be constructed. Interactions between state policies and forensic interviewing situations can develop a strong foundation for developing tenants for a more specific, functional theoretical system.

**Limitations**

One major limitation to the current study includes sampling participants from CACs who are interviewing children who have already disclosed abuse, or had enough suspicion of abuse to call for further investigation to bring them to the CAC originally. Suspicion bias and substantiation bias may be present in my study due to this factor. Suspicion bias is when abuse disclosures have been made prior to the formal interview, and this increases disclosure rates a result of the initial disclosure itself that opened the investigation in the first place. Substantiation bias occurs when children in sexual abuse cases have “substantiated abuse” solely because there has been a disclosure (Lyon, 2002, 2007; Malloy et al., 2007).

Another limitation of the study is generalizability. By using convenience sampling, participants in the study who voluntarily enroll in the study may be those who either do not deviate, or those who feel confident in divulging the circumstances in which they deviate. Those forensic interviewers that decline the recruitment opportunity may feel conflicted about admitting to any “wrongdoing” they perceive from deviation, or may feel uncertain expressing their uncertainty in situations of non-/partial disclosure in which they are professionally unprepared for. Also, implementing a qualitative methods approach limits generalizability, as the focus of the method is attaining a deeper understanding of the phenomenon. Because of these factors (the data collected, the resulting findings, and the methodological approach) while providing meaningful information into the phenomenon, may not be representative enough to be generalizable.
The sociability desirability bias that accompanies face-to-face issue presents concerns in regards to obtaining accurate information from the interview. Something that may have exacerbated this is that the Coordinator of Education and Training for CACI made contact with the executive directors on my behalf to recruit participants. I really tried to make it clear that I was separate from CACI, but participants may have already subconsciously or even consciously made a connection between myself and CACI, and may have been hesitant to reveal their true feelings. A second limitation is that the audio recording may have inhibited the freedom to express candidly the participants’ true experiences and feelings. Another issue with self-reporting comes in the form of the studies access to triangulation techniques. The current study does not observe the forensic interviewer in an actual interview, nor does it review video tapes or transcripts to verify the forensic interviewer’s account. Another limitation was that some interviews were interrupted due to forensic interviewers’ schedules. For a large handful of my interviews, I would start an interview, the forensic interviewer would be called away to do a forensic interview, and then the participant would return, and we would do our best to try to pick up where we left off. A final limitation is that I only had one interview with each participant, and so I didn’t have the opportunity to build long-term rapport and get more and potentially more honest information.

**Research Recommendations**

Regarding diversity barriers, further research should be done with English speaking forensic interviewers about how they accommodated those children who were non-English speaking, what barriers they perceived, and how they believe the protocol or training could have prepared them better. Forensic interviewers and researchers should partner to develop methods of interviewing children who, or who have a family member that have undocumented immigrant
status, in a way that not only protects the child from further abuse, but also does not elicit information from the child that might lead to deportation.

Because giving a child a truth/lie detection test that is not developmentally appropriate could lead to discrediting them as a witness, developmentally appropriate truth/lie detection tests should be researched and created for those who are cognitively and linguistically not able to demonstrate their knowledge between differences of a truth or a lie. London and Nunez (2002) found that using a truth/lie detection test that was adjusted for the cognitive and linguistic skills of young children, nearly all children responded correctly; however, this did not predict truth-telling behavior any more accurately than the standard truth/lie detection test.

Future studies should also address the validity and reliability of truth lie assessments in forensic interviewing, and the actual purpose they serve. More studies could be replicated in children who have longer distances of time in between the event in question and the actual interview (London & Nunez, 2002), who have experienced maltreatment, who have higher stakes in lying (i.e. to protect a parent, or understanding of foster placement, etc.).

More research should be done to develop and train forensic interviewers on getting a timeline since the study revealed the importance of this to the investigation. Child First protocol could adapt from Tom Lyon’s ten-step protocol, or could use the graphing of rooms to map out a general timeline without being too suggestible. Care should be taken in developing an appropriate method of working with the child to capture a spatial or chronological timeline, as the forensic interviewer doesn’t want to get the timeline wrong, which could be used against the child.

Though many forensic interviewers felt that the Child First protocol was effective, the study illuminated problems with the truth/lie detection test, anatomical dolls, funnel technique,
and “Tell me about that.” Research should be conducted on the instruction of telling a child to promise not to lie and tell the truth, when the child may have potentially be put in the position by the perpetrator to not tell about the abuse. Because the study showed that the use of anatomical dolls could be effective if used correctly, more research and training should be done on the use of anatomical dolls, not only so that the forensic interviewer can feel more self-confident in implementing them in interviews, but also so that they feel that they can defend these decisions under a court of law. Additionally, more current research should be conducted and disseminated in the scholarly literature that reflects the funnel technique to update past understandings of deviating from the protocol.

Final recommendations regarding the Child First protocol surround the phrase “Tell me about that.” The study showed that the phrase “Tell me about that” was problematic in situations where the child didn’t know the forensic interviewer was expecting an answer related to the abuse scenario. More research should be done on how to cue abuse discussion prompts in ways that are productive and not suggestive, so that more can be done to elicit disclosure from a child in a way that can be defended when the forensic interviewer is questioned at a 115-10 hearing. Furthermore, children may have been threatened by the perpetrator not to tell about the abuse. In this sense, it may be more effective to use less triggering language such as, “And then what happened?” or “And what do you remember about that?”

The dual role conflicts and conflict of interest that detectives as forensic interviewers faced was another finding that could use research recommendation consideration. The hesitancy that detectives feel in interviewing using the Child First protocol is problematic, and more attention should be directed to resolving this discomfort through additional training and research. Future research should also be done on subtle differences between detective and non-detective
interviewing styles. More research and awareness needs to be brought to the conflict of interest in having a detective interview every person, including the suspect, involved in the case. Further research into training detectives to examine their own personal biases, roles, and professional missions should be explored in order to reduce conflicts. Additionally, agencies and researchers should partner to support forensic interviewers in the human component of forensic interviewing (i.e. secondary trauma, burnout, etc.) and acknowledge that solely following the protocol is a fool proof approach to unbiased, non-suggestive forensic interviewing.

**Policy Recommendations**

Policy-related diversity issues that arose in the interviews surrounded the need for a bilingual forensic interviewer, poverty and education initiatives, traditional and family cultures, and translation of protocol. Benuto and Garrick (2016) recognize the profound importance of having a bilingual forensic interviewer available for bilingual children that are serviced at the CAC, due to the suggestibility of asking repeated questions if the child doesn’t understand due to language barriers.

The study revealed issues that Latino families encounter, and their lack of understanding of American Child Welfare policies shows a need for more education. Realistically, this could be offered in SNAPS, WIC, and other financial aid program for low income families that cover protection laws for sexual assault of a child, family support agencies for families in crisis, and culturally sensitive family advocates to support vulnerable immigrant families prior to abuse allegations.

The study also pointed to the secrecy in the Latino families, the patriarchal family dynamics, and the traditional expectations of placing the responsibility of unwanted sexual advances on the female. As a result of this, extensive research-based policies should be
developed that increase sensitivity to cultural contexts and practices; translation of forensic interviewing protocols; and training in socioeconomic, racial discrimination, and immigration status barriers that arise in the interview. Current culturally-related policies should be evaluated regarding approaches in immigrant and non-English speaking children and families, and expanded upon based on new findings. Teachers and school counselors should be trained to recognize symptoms and distress in Latino children, and give these Latin children supportive opportunities to outcry, if necessary. This recommendation is based upon the study’s description of how children enter the child welfare system given their closed family dynamics. Benuto and Garrick (2016) recommend using a similar protocol that has already been translated into Spanish, such as the NICHD and the NCAC, if the protocol that the forensic interviewer has been trained on is not available in a translated version. Efforts should be made to translate all forensic interviewing protocols in ways that are culturally sensitive and non-suggestible (Benuto & Garrick, 2016). Mestre et al. (2013) add that the forensic interviewing protocols should not just be translated linguistically, but should also be culturally adapted to accommodate culturally taboo topics, word equivalencies, and cultural family dynamics. This fits in line with the study’s description of the “weirdness” of the translation, and also how some of the more narrow funnel techniques could be adapted to fit the more narrative form used in the Spanish speaking culture. Training should also be readily available to access these translated interview protocols.

Weil (2010) notes that 78% of Hispanic children ages five and older primarily speak the Spanish language in their home. Given observations of some of the bilingual forensic interviewers, factors such as what language the perpetrator spoke, as well as what language is spoken regularly in the family household should also be considered. Because of the strong relationship between working memory and language learning (Baddeley, 2003), conducting the
interview in the child’s native language presents a higher chance of recall and a more accurate interpretation for the child of the abuse events. Additionally, because of the language barriers that can present in disclosure with non-English speaking children, all Children’s Advocacy Centers should be equipped with bilingual forensic interviewers reflecting the needs of immigrant families in diverse and heavily populated areas (Fontes and Tishelman, 2016).

Forensic interviewers and related researchers should also lobby for further protections of undocumented children and families. Finally, if identified, it may be appropriate to develop policies that reach out to undocumented children and families to educate or offer resources that ensure safety of children.

One problematic issue that the study shed light upon was the practice of the truth/lie detection test, especially in regards to conducting any procedure during the interview that could discredit an otherwise credible child. The legal implications of the truth/lie detection test, and its ability to determine competency and credibility are significant, and can “lead to a miscarriage of justice, if an otherwise competent child is barred from testifying” based on their performance on the truth/lie detection test (Talwar and Crossman, 2012), especially if research has already determined that these are not accurate indicators. In a study conducted by Smith and Elstein (1993), prosecutors stated that in most sexual abuse cases, the testimonial competence of child witnesses was consistently a critical issue in the courtroom. A study by London and Nunez (2002) showed that though truth/lie detection tests did not accurately predict truth-telling behavior nor did it reliably determine competency, that performing a truth/lie test promoted honesty in children in comparison to the control group which focused on just developing rapport, possibly because it elucidates the purpose of giving a truthful account during the interview. Because of this, all states attorneys, jurisdictions, and Children’s Advocacy Centers in the state
of Illinois should come to an evidence-based and practice-informed consensus on first, to consistently give the truth/lie detection test at the beginning of every interview, and second, to determine how best to administer the truth/lie detection test. Until this is done, truth-lie detection tests should be suspended until more studies are completed.

Because coaching children to make false abuse allegations, and likewise coaching children to deny abuse occurred is so dangerous to the child’s emotional and physical well-being, founded incidences of coaching and threatening could be considered for legal consequences of endangering a child and fraudulently exhausting the financial and agency staff resources. This could deter incidences of coaching or threatening a child related to disclosure of abuse.

**Practice Recommendations**

Because forensic interviewers seemed to have varying definitions of non- and partial disclosure, dividing non-/partial disclosure into concrete categories could help in developing generally accepted standardized, but individually flexible guidelines that can help the forensic interviewer and MDT in overall decision-making criteria for legal purposes and for child/family outcomes. More precise understandings of non-/partial disclosure (i.e. no disclosure = at/risk, witness, no abuse suspected; non-disclosure = abuse suspected, but denial/refusal is present, or child is not ready to disclose; partial disclosure = abuse information was given, but not enough to reasonably substantiate) could increase mindfulness in the forensic interviewer in determining where the child lies on the disclosure spectrum, and to see helpful disclosure patterns that can aid in decision making.

If it is clear to the forensic interviewer and the MDT that the child is not understanding the content and purpose of the interview, or is experiencing linguistic comprehension and articulation difficulties, etc., the interview should be thrown out, or somehow demarcated as an
unreliable interview, so as not to be negatively considered in the legal and safety decisions affecting the child and family. Research and practitioners should collaborate in exploring developmentally appropriate and evidence-based methods of communicating to children that not only the conversation is confidential, but that the purpose of the interview is to protect the child, in attempts to increase disclosure through reassurance of a safe space.

Because the research shows that children are better at identifying truth and lies as opposed to generating independent definitions, this should be incorporated into a new developmentally sustainable truth/lie detection test. Additionally, truth/lie detection tests should be adapted so that there is a hypothetical story teller to avoid the child having to call an adult a liar. Children should also be reassured that they will not get in trouble for telling the truth, as young children may be more sensitive to the consequences of punishment (London and Nunez, 2002; Talwar and Crossman, 2012). The interviewer should also reiterate to the children that their self-interests are served by telling the truth, which could also reduce the threat of negative consequences and increase honesty (Talwar and Crossman, 2012). Finally, children should be asked to promise to tell the truth (London & Nunez, 2002; Talwar & Crossman, 2012) instead of being subjected to a truth/lie assessment.

The study found that use of the easel was highly effective in successful disclosure outcomes. Because of these strongly positive results, the benefits of using the easel should be explained in the training, and encouraged for use by all forensic interviewers.

Because the study found differences in linguistic terms amongst Latin American nationalities, training should be offered to bilingual forensic interviewers on these verbal differences. Also, if the child is bilingual but chooses to be interviewed in English, that child should still be assigned to a bilingual forensic interviewer based on the findings that the abuse
often happens in the family’s native language, and that language and cultural barriers can unpredictably present in the interview, which could be better accommodated and understood by a bilingual forensic interviewer. Given the comments of all bilingual forensic interviewers who participated in the study, there should be increased priority and opportunity for bilingual training, peer review, and mentored observations. Bilingual forensic interviews should have a bilingual interpreter placed in the MDT room to translate the conversation in real time. An interpreter should be provided for all bilingual interviews, and this interpreter should be trained on the Child First protocol. Additionally, the entire MDT should be educated on basic cultural barriers, so as not to place a burden on the bilingual forensic interviewer’s time and energy, and also not to wrongly rely upon the bilingual forensic interviewer’s personal interpretation of the situation.

The fact that many forensic interviewers expressed a need for training on the extended forensic interview, and yet there are so few opportunities for forensic interviewers to attend due to financial or staffing constraints is problematic. More training, possibly in the state of Illinois to reduce travel expenses, should be offered to forensic interviewers. Extended forensic interviewing may be helpful for young children, children who have developmental delays, children who have had prior negative experiences with DCFS, and male youth that has experienced same-sex assault or intimacy. In situations where male-to-male assault or intimacy has occurred, the forensic interviewer and MDT may want to plan ahead for an extended forensic interview, due to the study’s findings that forensic interviewers do tend to experience difficulty in these types of interviews.

Based on some of the forensic interviewers’ perceptions surrounding pressure from law enforcement and DCFS to ask suggestive questions of the child, all MDT members should engage in cross discipline trainings on expert roles, their goals in protecting children, and their
basic protocol in achieving these goals should be provided to each MDT member. Forensic
interviewers, as well as DCFS staff, should be educated in the legal threshold and criteria in
charging decisions, which dual-role detective/forensic interviewer participants have said helped
with their interviewing techniques. Because forensic interviewers expressed concern at their
MDTs biases against the child or family, all members of the MDT should receive training on the
dangers of biases in their own separate trainings. MDT ground rules of no phone distractions
during the forensic interview should be established, and MDT members should be reminded of
the significance of the interview, and its impact on the child’s outcomes.
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APPENDIX A: PROPOSED CONSENT FORM

SOCIAL BEHAVIORAL RESEARCH CONSENT FORM TEMPLATE

Research Information and Consent for Participation in Social Behavioral Research
Inquiry on Forensic Interviewer Deviation from Protocol

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

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Why am I being asked?

You are being asked to be a subject in a research study about why and how forensic interviewers from Illinois Children’s Advocacy Centers (CACs) deviate from best practices (use of an interviewing protocol), how professional training impacts decision making to deviate from protocol (if at all), and consequences for the forensic interviewer, as well as the child and family in either deviating or not collecting detailed/accurate/substantial information during an interview with children who are suspected of experiencing sexual abuse and are non- or partial disclosing.

You have been asked to participate in the research because you identify as a professional forensic interviewer for a Children’s Advocacy Center within the state of Illinois.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Urbana-Champaign. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Approximately 60 potential subjects may be involved in this research at the University of Illinois at Urbana-Champaign.

What is the purpose of this research?
Researchers agree that many sexually abused children either fail to disclose or only partially disclose abuse, at least in single-interview situations. Because youth in child protection can be more prone to suffering from deficits in communicating and recall as a result of trauma, the forensic interviewer’s role in collecting accurate and detailed information from the child is crucial in protecting vulnerable children from further abuse. The forensic interview is crucial because it determines what happens next: child protection, criminal charging, and therapeutic decisions. A minimal, yet growing body of research shows that many forensic interviewers deviate from protocol. Furthermore, training for forensic interviewers can be ineffective in providing initial instruction in best-practice implementation, as well as long-term maintenance through additional, subsequent feedback. Exploring adherence to interviewing protocols in cases of nondisclosure and partial disclosure is crucial in clarifying best practices in protecting sexually abused children through higher content and more accurate testimonies when elicitation is difficult.

**What procedures are involved?**

A single interview will take place at Children’s Advocacy Centers, coffee shops, libraries, or any similar venues within the state of Illinois that offer the safety of a public area with the privacy of overhead noise and more private seating. The interview locations will be decided before the meeting will take place. The interview will last approximately 1 ½ to 2 hours, and will be a one-time, face-to-face interview.

The study procedures will begin by first reviewing the consent form with the participant, verifying credentials for the inclusion criteria, and obtaining a signature to proceed. The researcher will then begin the interview, asking the participants questions about their educational and training backgrounds, the agency that they work for, their practice and feelings regarding deviation from interview protocol, and negative consequences and outcomes for the forensic interviewer and family. At the conclusion of the interview, the researcher will ask for verbal permission to contact them in the future, during the data analysis phase, for member checking opportunities.

**What are the potential risks and discomforts?**

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. In the final write up, pseudonyms will be used and any identifying descriptions will be altered to protect the subject from being recognized.

**Are there benefits to taking part in the research?**

You may directly benefit from the findings of this study, but no benefits are guaranteed. Because the study investigates Children Advocacy Centers solely in the state of Illinois, the findings may potentially offer insight into how and why some Illinois state policies need to change. The study could also provide ways to employ more standard, effective instruction and support to forensic interviewers who interact with children who have experienced non-/partial
disclosure in situations of alleged child sexual abuse. The findings of the study can also offer
structured expectations that might clear the ambiguity of professional assumptions regarding
decision making in deviating from interview protocol. The proposed study could be
instrumental in protecting children from further abuse, by extracting sufficient details in the
forensic interview to prevent reunification, reabuse, and recidivism. On the flip side, by
providing a more reliable and accurate way of soliciting details from alleged victims of child
sexual abuse, the proposed research could also protect innocent, wrongfully accused
perpetrators from prosecution, in the rare instances that this does occur.

Will my study-related information be kept confidential?

Faculty, staff, students, and others with permission or authority to see your study information
will maintain its confidentiality to the extent permitted and required by laws and university
policies. The names or personal identifiers of participants will not be published or presented.

What are the costs for participating in this research?

There are no costs to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

You will receive a $20 online Amazon gift card for each completed study visit as a token of
thanks for your time. At the end of the interview, the researchers will ask for your email, to
ensure delivery of online gift card. You will receive your payment as soon as possible following
the interview and no later than one week.

Can I withdraw or be removed from the study?

If you decide to participate, you are free to withdraw your consent and discontinue
participation at any time. In the event you withdraw or are asked to leave the study, you will
still be compensated as described above.

Who should I contact if I have questions?

Contact the researcher Emily Lux (ealux@illinois.edu, 217-390-3706):
• if you have any questions about this study or your part in it,
• if you have questions, concerns or complaints about the research.

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or if you have
any questions about your rights as a research subject, including questions, concerns,
complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu

**Remember:**

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

______________________________  ____________
Signature                                Date

______________________________
Printed Name

______________________________  __________________
Signature of Person Obtaining Consent      Date (must be same as subject’s)

______________________________
Printed Name of Person Obtaining Consent
APPENDIX B: REVISED CONSENT FORM

SOCIAL BEHAVIORAL RESEARCH CONSENT FORM TEMPLATE

Inquiry on Forensic Interviewer Deviation from Protocol

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Emily Lux, PhD Candidate, Interviewer and Researcher, ealux@illinois.edu, 217-390-3706
Dr. Barry Ackerson, PhD, Emeritus Professor, Principle Investigator, backerso@illinois.edu, 217-333-2261
School of Social Work at the University of Illinois at Urbana-Champaign
1010 W. Nevada St., Urbana, IL 61801;

Why am I being asked?

You are being asked to be a subject in a research study about how best practices (use of an interviewing protocol), how forensic interviewer training, and how the role of multidisciplinary teams impacts decision-making of forensic interviewers who are employed by Children’s Advocacy Centers in situations of non- or partial disclosure in interviewing children who are suspected of experiencing sexual abuse.

You have been asked to participate in the research because you identify as a professional forensic interviewer for a Children’s Advocacy Center within the United States.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings with the University of Illinois at Urbana-Champaign. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

Approximately 30 potential subjects may be involved in this research at the University of Illinois at Urbana-Champaign.

What is the purpose of this research?

Researchers agree that many sexually abused children either fail to disclose or only partially disclose abuse, at least in single-interview situations. Because youth in child protection can be more prone to suffering from deficits in communicating and recall as a result of trauma, the forensic interviewer’s role in collecting accurate and detailed information from the child is
crucial in protecting vulnerable children from further abuse. The forensic interview is crucial because it determines what happens next: child protection, criminal charging, and therapeutic decisions. A minimal, yet growing body of research shows that many forensic interviewers deviate from protocol. Furthermore, training for forensic interviewers can be ineffective in providing initial instruction in best-practice implementation, as well as long-term maintenance through additional, subsequent feedback. Exploring adherence to interviewing protocols in cases of nondisclosure and partial disclosure is crucial in clarifying best practices in protecting sexually abused children through higher content and more accurate testimonies when elicitation is difficult.

**What procedures are involved?**

A single interview will take place at Children’s Advocacy Centers, coffee shops, libraries, or any similar venues within the state of Illinois that offer the safety of a public area with the privacy of overhead noise and more private seating. The interview locations will be decided before the meeting will take place. The interview will last approximately 1 ½ to 2 hours, and will be a one-time, face-to-face interview.

The study procedures will begin by first reviewing the consent form with the participant, verifying credentials for the inclusion criteria, and obtaining a signature to proceed. The researcher will then begin the interview, first asking participants brief questions about their use of protocol, training experiences, and MDT interactions in cases of non-/partial disclosure in cases of suspected child sexual abuse. At the conclusion of the interview, the researcher will ask for verbal permission to contact them in the future, during the data analysis phase, for member checking opportunities.

**What are the potential risks and discomforts?**

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. In the final write up, pseudonyms will be used and any identifying descriptions will be altered to protect the subject, as well as the discussed children and families, from being recognized. The participants’ names, agencies, etc. will be disguised so as to safe-guard the forensic interviewer from any damage to professional standing or reputation. Member checking will also be used to ensure that the participant feels comfortable with the disguised portrayal of the forensic interviewer and their cases to protect him or her from damage to professional standing or reputation. Any identifying descriptions of the forensic interviewer or their disclosures that the subject believes are too revealing will be removed.

Additionally, the researcher will not be asking you to reveal specific names, rather general examples of cases. You should not give details that are so explicit, that they may reveal the identity of the child or family of interest. The researcher will not request that the participant bring any No electronic or written materials from the agency in which to present or reference.
The public meeting place is flexible, negotiable, and first and foremost chosen by you. If the researcher and you arrive at the agreed upon location and notice someone familiar to the agency that would potentially recognize the identity of children and families via the conversation content, you and the researcher will immediately choose a new location for the interview. Because you are the most familiar with the surrounding community, you can suggest a location that you believe will be the most comfortable, as well as private.

**Are there benefits to taking part in the research?**

You may directly benefit from the findings of this study, but no benefits are guaranteed. This study could provide ways to employ more standard, effective instruction and support to forensic interviewers who interact with children who have experienced non-/partial disclosure in situations of alleged child sexual abuse. The findings of the study can also offer structured expectations that might clear the ambiguity of professional assumptions regarding decision making in relying upon interview protocol. The current study could also inform MDTs of how to maximize role designations to efficiently and collaboratively address situations of non-/partial disclosure. The proposed study could be instrumental in protecting children from further abuse, by extracting sufficient details in the forensic interview to prevent reunification, reabuse, and recidivism. On the flip side, by providing a more reliable and accurate way of soliciting details from alleged victims of child sexual abuse, the proposed research could also protect innocent, wrongfully accused perpetrators from prosecution, in the rare instances that this does occur.

**Will my study-related information be kept confidential?**

Faculty, staff, students, and others with permission or authority to see your study information will maintain its confidentiality to the extent permitted and required by laws and university policies. The names or personal identifiers of participants will not be published or presented.

**What are the costs for participating in this research?**

There are no costs to you for participating in this research.

**Will I be reimbursed for any of my expenses or paid for my participation in this research?**

You will receive a $20 online Amazon gift card for the completed interview as a token of thanks for your time. At the end of the interview, the researcher will ask for your email to ensure delivery of your online gift card. You will receive your payment as soon as possible following the interview and no later than one week.

**Can I withdraw or be removed from the study?**

If you decide to participate, you are free to withdraw your consent and discontinue participation at any time. In the event you withdraw or are asked to leave the study, you will still be compensated as described above.
**Who should I contact if I have questions?**

Contact the researcher Emily Lux (ealux@illinois.edu, 217-390-3706):
- if you have any questions about this study or your part in it,
- if you have questions, concerns or complaints about the research.

**What are my rights as a research subject?**

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu

**Remember:**

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

I agree to participate in this research       Yes ☐       No ☐

I agree to be re-contacted by the researcher in the future for purposes of member checking, discrepant analysis, collaborative analysis, etc.       Yes ☐       No ☐

I agree to be audio recorded during the interview       Yes ☐       No ☐

_____________________________   __________________
Signature                                 Date

_____________________________
Printed Name

_____________________________   __________________
Signature of Person Obtaining Consent   Date (must be same as subject’s)

362
Printed Name of Person Obtaining Consent
APPENDIX C: PROPOSED INTERVIEW QUESTIONS

Background Questions

What is your educational background?

How long have you been a professional forensic interviewer?

Approximately how many children have you interviewed?

Approximately how many interviews have you done (first formal + extended forensic interviews)?

Approximately how often do you see children whom you suspect have been sexually abused, but do not or only partially disclose?

Agency/Organization

What is your current title/position?

What agency/organization do you presently work for?

How does your organization generally handle forensic interviews with children who have experienced sexual abuse and are non-/partial disclosing?

Who conducts forensic interviews of the children your agency serves?

Is it required by your agency/organization to use a specific protocol during the first formal interview with the child?

Does your agency require you to perform extended forensic interviews if there is not sufficient information gathered in the first formal interview with the child?

If yes, is there a specific protocol your agency requires you to use during the extended forensic interview?

If yes, what guides your decision in determining how little evidence is insufficient so as to create a need for a forensic extended interview (i.e. Training? Personal biases? Agency rules?)

If yes, how does the extended forensic interview help obtain more and accurate information that is lacking in the process of the first formal interview?

General Interview Protocol Questions

Regarding all interviews that you do (including first formal and extended forensic interviews) in situations of non- or partial disclosure, what is helpful about using an interview protocol?
Regarding all interviews that you do (including first formal and extended forensic interviews) in situations of non-or partial disclosure, what is unhelpful about using an interview protocol, and how can this be better accommodated?

Which interview protocols have you used (in both first formal and extended forensic interviews) that you believe are the most effective in eliciting accurate information?

**Training Questions**

What professional training have you received in using the interviewing protocols your agency requires you to use?

What kind of ongoing trainings have you received to update you on new practices or refresh your memory?

How, if at all, has your training on using interview protocols provided an effective way for you to address a non-/partial disclosure situation while following interview protocol?

How, if at all, do you feel the need to deviate from interview protocols as a result of insufficient training in regards to accommodate non-/partial disclosing children?

How are you trained to handle the first interview in regards to non-/partial disclosure in cases of alleged sexual abuse?

How are you trained to handle any subsequent interviews (extended interviews) in regards to non-/partial disclosure in cases of alleged sexual abuse?

**Deviating from Interview Protocols**

Have you ever deviated from using an interview protocol to accommodate non-/partial disclosing children?

If yes, what guided your decision-making in deviating from interview protocol (i.e. Training? Personal biases? Agency rules?)?

If yes, how did deviating from the protocol help you to get the information you needed that the protocol could not supply?

If yes, are you more likely to deviate from protocol in the initial (first, single) interview or subsequent (extended) interviews and why?

If yes, how are specific ways that you have deviated from the interview protocol?

If yes, can you describe a time that you deviated from the protocol and it went well?

If yes, can you describe a time that you deviated from the protocol and it didn’t go well?
If yes, do you ever worry about suggestibility or eliciting false memories?
If no, how do you believe best practice accommodates children who are non-/partial disclosing?

**Consequences and Outcomes**

How do Illinois state’s laws affect your understanding of best practice in forensic interviewing?

How does your county’s laws affect your understanding of best practice in forensic interviewing?

What is Illinois state’s court requirements for admitting details obtained from the forensic interview into evidence (i.e. can you deviate from interview protocol, and still use the child’s answers as evidence)?

What is your county’s court requirements for admitting details obtained from the forensic interview into evidence (i.e. can you deviate from interview protocol, and still use the child’s answers as evidence)?

Do you receive any professional negative consequences for not collecting detailed/accurate/substantial information when interviewing children who have experienced alleged sexual abuse?

If yes, then what are some of the negative consequences, and what are the specific reasons you receive them?

Do you receive any professional negative consequences for deviating from the interview protocol when interviewing non-/partial disclosing children who may have experienced alleged sexual abuse?

If yes, then what are some of the negative consequences, and what are the specific reasons you receive them?

Do you know the outcomes of the cases you interview?

If yes, does the child being interviewed or the family of the child have any negative consequences or outcomes if the forensic interviewer does not collect detailed/accurate/substantial information?

If yes, then what are some of the negative consequences or outcomes the child or family may receive?

If yes, does the child being interviewed or the family of the child have any negative consequences or outcomes if the forensic interviewer deviates from the interview protocol?

If yes, then what are some of the negative consequences or outcomes the child or family may receive?

**Concluding the Interview**
Is there anything else that you think would be important for me to know for my study?

Would you feel comfortable if I contacted you in the future to send you written excerpts and verify that I’ve presented you fairly in the written portion of my study (no remuneration)?

Would you feel comfortable if I contacted you in the future to clarify any discrepancies (no remuneration)?

Can I verify your email address so I make sure I get the Amazon gift card to you?
APPENDIX D: PILOT STUDY INTERVIEW QUESTIONS

Interview#/Code: _____________________  CAC Location: ________________________________

**Background Questions**

What is your educational background?

How long have you been a professional forensic interviewer?

Approximately how many interviews have you done?

What is your current title/position?

**Interview Questions**

Approximately how often do you see children whom you suspect have been sexually abused, but do not or only partially disclose in the forensic interview?

What interview protocols do you use?

What informs your decision-making process when interviewing non-/partially disclosing in alleged cases of sexual abuse?

How do you use the interviewing protocol in situations of non-/partial disclosure in alleged cases of sexual abuse?

How do you use the MDTs in cases of non-/partial disclosure in cases of alleged sexual abuse?

What are your concerns as an expert witness testifying in court when you are interviewing children who are non-/partially disclosing in alleged cases of sexual abuse?

What are some reasons you believe that children do not, or only partially disclose child sexual abuse?

Is there anything else you think is important for me to know for my study?

Do you know of any other forensic interviewers who might like to participate in my study?

Can I contact you in the future (no remuneration)?
APPENDIX E: REVISED INTERVIEW QUESTIONS

Interview#/Code: _______________________  CAC Location: ________________________________

Background Questions

What is your educational background?

How long have you been a professional forensic interviewer?

Approximately how many interviews have you done?

What is your current title/position?

What interview protocols do you use?

Interview Questions

Approximately how often do you see children whom you suspect have been sexually abused, but do not or only partially disclose in the forensic interview?

How do you use the interviewing protocol in situations of non-/partial disclosure in alleged cases of sexual abuse?

How does your practice wisdom guide your decision making when interviewing a child who has been suspected of sexual abuse and was non-/partial disclosing?

Do you ever use extended/multiple interviews? How and when do you use them?

How does your training influence your ability to navigate non-/partial disclosure in alleged cases of sexual abuse?

How do you use the MDTs in cases of non-/partial disclosure in cases of alleged sexual abuse?

Can you tell me about the hardest case you’ve encountered in an interview with a child who was suspected of sexual abuse and was non-/partial disclosing?

Do you know of any other forensic interviewers who might like to participate in my study?

Can I contact you in the future (no remuneration)?
APPENDIX F: FIELD NOTES QUESTIONNAIRE

Field Notes Questionnaire (Immediately Post-Interview)

Where did the interview take place?

What events happened?

Were there concrete details to note about the environment?

What were my notable actions?

Were there any non-verbal cues (i.e. body language, eye contact, etc.) from the participant to note?

What questions do I have?

What reflections/perspectives am I working on?

What responses/reactions were memorable or notable?

What are some shocking/interesting/new information I received from this interview?

What does the interviewer believe?

What biases do I believe I brought to the table?

Was there anything I felt defensive about?

Was there anything the interviewee may have felt defensive about?

Was there anything that I found triggering?

Other notes:
Do you:

- Work for a Children’s Advocacy Center in the State of Illinois?
- Interview children who are suspected of experiencing sexual abuse?

Are you interested in:

- Contributing your perspective to a research study about forensic interviewing practices in situations of alleged sexual abuse?
- Earning a $20 Amazon gift card?

Contact ealux@illinois.edu or 217-390-3706
Good Afternoon Directors,

I want to introduce to you Emily Lux. Emily is a PhD candidate at the University of Illinois at Urbana-Champaign. She is currently doing her dissertation research on how forensic interviewers accommodate non-/partial disclosure in cases of alleged child sexual abuse. For those of you who are current in research of child abuse, there is not a whole lot of recent studies and research on this topic. Emily observed our ChildFirst Illinois Fall 2017 session, and is needing Illinois forensic interviewers to participate in her research study. This is fantastic that she has chosen IL forensic interviewers to study, as this collaboration will bring insightful information.

Emily is looking for forensic interviewers who work at Children's Advocacy Centers to do a face-to-face interview with, and is offering a $20 Amazon gift card as a token of appreciation for their time. She is happy to travel to your center, and the interview would be approximately 90 min in length.

I have attached a description of her study and introduction along with a confidentiality agreement that she signed for this statewide research project. Let me tell you personally, that from spending a week with her, she is one of the most kind and passionate people I have ever met. Please contact her if you are interested in this opportunity, her email is ealux@illinois.edu. She may also be following up with you via phone call or email if she has not heard back from you.

Thank you directors for allowing her to interview your interviewers, and thank you Emily for your deep interest in CACs.

Cara
APPENDIX I: SECOND CALL EMAIL

From: Cara Vock [mailto:cara@cacionline.org]

Sent: Wednesday, January 31, 2018 11:10 AM

To: CAC Executive Directors in the State of Illinois; Lux, Emily Athena

Subject: U of I Ph.D candidate Emily Lux

Good Morning Directors,

I want to remind you that Emily Lux, a PhD candidate at the University of Illinois at Urbana-Champaign is still looking to interview forensic interviewers for her dissertation research on how forensic interviewers accommodate non-/partial disclosure in cases of alleged child sexual abuse. Emily is looking for forensic interviewers who work at Children's Advocacy Centers to do a face-to-face interview with, and is offering a $20 Amazon gift card as a token of appreciation for their time. She is happy to travel to your center, and the interview would be approximately 90 min in length. This is fantastic that she has chosen IL forensic interviewers to study, as this collaboration will bring insightful information.

I have attached a description of her study and introduction along with a statewide confidentiality agreement that she has signed to this email. Please contact her if you are interested in this opportunity, her email is ealux@illinois.edu. She may also be following up with you via phone call or email if she has not heard back from you.

Thank you for your time.

Cara
APPENDIX J: EMAIL ATTACHMENTS

During research and interviewing forensic interviewers in IL you may have access to information, which is confidential and may not be disclosed, except as permitted or required by law.

Confidential information includes but is not limited to:

1. Medical and certain other personal information about the children served at Illinois Children Advocacy Centers.
2. Videotapes, client records, and team decisions made relative to specific cases.

Materials that will be shared with you as part of ChildFirst course are copyrighted by Gundersen. As a ChildFirst Illinois training observer you agree that you will not:

1. Duplicate any material without express written permission from Gundersen and CACI
2. Teach or present this material without written permission from Gundersen and CACI

Research that was done by interviewing employees or MDT members of member centers is for purpose of this research for University of Illinois, student Emily Lux, and cannot be sold or shared with any agency outside. In conducting the interviews with forensic interviewers in Illinois you agree that you will not

By signing this document you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable policies and procedures of Children's Advocacy Centers or otherwise continued in this agreement.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with ChildFirst Illinois and Children's Advocacy Centers of Illinois.
3. Impermissible disclosure of confidential information about a person may result in legal actions being taken against you, by or on behalf of that person.
4. You must ask for written permission from Children's Advocacy Centers of Illinois to reproduce research that was obtained by interviewing forensic interviewers in the state of IL or legal action will be pursued.

If you have any questions concerning the confidentiality or disclosure of information, contact Children's Advocacy Centers of Illinois. If you have questions about the copyright notice contact Gundersen. If you have any questions regarding duplication or sharing of information obtained from forensic interviewers employed by IL, CAC's contact Children's Advocacy Centers of Illinois.

Print Name:  

Emily Lux  

Print Name:  

Cara A. Vuck, CACI

Signature:  

Emily Lux  

Date: 10/25/17

Signature:  

Cara A. Vuck  

Date: 10/25/17
Dear Forensic Interviewers,

My name is Emily Lux, and I am a PhD candidate at the University of Illinois at Urbana-Champaign. I am currently doing my dissertation research on how forensic interviewers accommodate non-/partial disclosure in cases of alleged child sexual abuse.

If you are a forensic interviewer interested in participating in my study, I would hope to have a face-to-face interview that lasts approximately 90 minutes in duration. In appreciation of your time, you will receive a $20 online Amazon gift card via email.

Please contact me at ealux@illinois.edu if you would like more information about recruitment into my study.

In sincere gratitude for all that you do as forensic interviewers,

Emily Lux, MSW, PhD Candidate
## APPENDIX K: DEMOGRAPHICS

| Pseudonym | Agency Code | Educational Background | # Years as Forensic Interviewer | # of Interviews | Current Title / Position | Interview Protocols | Frequency of Non/Partial Disclosure | # Counties Served | Community Demographics  
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Colleen</td>
<td>C</td>
<td>Bachelors (Social Work) + DCFI Certified Diplomat</td>
<td>3 Years</td>
<td>~800</td>
<td>Forensic Interviewer</td>
<td>Child First</td>
<td>~35%-40% of sexual abuse cases for non-/partial disclosure</td>
<td>3</td>
<td>Large Suburb + Distant Rural + Fringe Town</td>
</tr>
<tr>
<td>Cathy</td>
<td>C</td>
<td>Masters Degree (Psychology)</td>
<td>20 Years</td>
<td>2500</td>
<td>Executive Director</td>
<td>NCAC + Child First</td>
<td>Partial = Often + No Disclosure = ~1/3 of interviews (includes child who wasn’t abused)</td>
<td>3</td>
<td>Large Suburb + Distant Rural + Fringe Town</td>
</tr>
<tr>
<td>Crystal</td>
<td>C</td>
<td>MSW + LCSW</td>
<td>~1 Year</td>
<td>~200</td>
<td>Bilingual Forensic Interviewer</td>
<td>Child First</td>
<td>Often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denise</td>
<td>D</td>
<td>Some College (Business Administration)</td>
<td>23 Years</td>
<td>4000</td>
<td>Forensic Interviewer / Associate Director</td>
<td>Child First</td>
<td>At least 25% of the time</td>
<td>3</td>
<td>Small City + Midsize Suburb + Distant Rural + Distant Town + Fringe Town + Rural Fringe</td>
</tr>
<tr>
<td>Deborah</td>
<td>D</td>
<td>Bachelors Degree (Human Services) + Minor (Sociology)</td>
<td>1 Year</td>
<td>15-20</td>
<td>Back-Up Forensic Interviewer / Child and Family Advocate</td>
<td>Child First</td>
<td>~1/4 of the interviews</td>
<td>3</td>
<td>Small City + Midsize Suburb + Distant Rural + Distant Town + Fringe Town + Rural Fringe</td>
</tr>
<tr>
<td>Danielle</td>
<td>D</td>
<td>High School</td>
<td>17 Years</td>
<td>1580</td>
<td>Forensic Interviewer</td>
<td>Child First</td>
<td>~25%</td>
<td></td>
<td></td>
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<tr>
<td>Elizabeth</td>
<td>E</td>
<td>Bachelors Degree (Psychology + Criminal Justice)</td>
<td>7 Years</td>
<td>~1100</td>
<td>Forensic Interviewer</td>
<td>Child First</td>
<td>At least 25% of our cases</td>
<td>2</td>
<td>Distant Rural + Small Suburb + Fringe Rural + Distant Town + Small City + Fringe Town</td>
</tr>
<tr>
<td>Farhannah</td>
<td>F</td>
<td>Bachelors (Criminal Justice and Psychology) + Masters (Forensic Psychology) + Some Doctoral Experience</td>
<td>3 Years</td>
<td>~400</td>
<td>Executive Director</td>
<td>NCAC + Child First</td>
<td>Partial disclosure = high possibility + Non-disclosure = Once in awhile</td>
<td>1 district of a large county</td>
<td>Large Suburb</td>
</tr>
<tr>
<td>Faith</td>
<td>F</td>
<td>BSW + MSW + Child Welfare License</td>
<td>7 Months</td>
<td>154</td>
<td>Forensic Interviewer</td>
<td>Child First</td>
<td>99% are Disclosures</td>
<td>1 district of a large county</td>
<td>Large Suburb</td>
</tr>
<tr>
<td>Name</td>
<td>Grade</td>
<td>Degree(s)</td>
<td>Years</td>
<td>Hours</td>
<td>Position/Role</td>
<td>Location</td>
<td>Notes</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Gail</td>
<td>G</td>
<td>Masters Degree (Sociology, Emphasis on Criminal Justice) + Masters Degree (Emerged Child and Family Therapy) + LCPC + Clinical Forensic Counseling Certification</td>
<td>16</td>
<td>1500+</td>
<td>Forensic Interviewer</td>
<td>Childhood Trust + Finding Words (RATAC) + Child First + NICHD + Tom Lyon’s Ten-Step</td>
<td>Very few</td>
<td>5</td>
<td>Distant Rural + Distant Town + Remote Rural + Fringe Rural + Fringe Town + Large Suburb</td>
</tr>
<tr>
<td>Leah</td>
<td>L</td>
<td>Bachelors Degree (Psychology) + Masters Degree (Counseling Psychology) + PhD (Counseling Psychology)</td>
<td>8</td>
<td>More than 1600</td>
<td>Forensic Interviewer Supervisor</td>
<td>NCAC</td>
<td>50%</td>
<td>1 district of a large county</td>
<td>Large City + Large Suburb + Distant Rural</td>
</tr>
<tr>
<td>Laura</td>
<td>L</td>
<td>Bachelors Degree (Early Childhood Education) + Masters Degree + MSW</td>
<td>6</td>
<td>Close to 2500</td>
<td>Forensic Interviewer Supervisor</td>
<td>NCAC</td>
<td>40% of cases that are non-/partial disclosure + 8-10% recantations</td>
<td>1 district of a large county</td>
<td>Large City + Large Suburb + Distant Rural</td>
</tr>
<tr>
<td>Lanwei</td>
<td>L</td>
<td>Masters Degree (Diagnosis in the Remediation of Reading) + Masters Degree (Social Services Administration)</td>
<td>A Little Over 2 Years</td>
<td>Doesn’t know</td>
<td>Forensic Interviewer</td>
<td>NCAC</td>
<td>40%</td>
<td>1 district of a large county</td>
<td>Large City + Large Suburb + Distant Rural</td>
</tr>
<tr>
<td>Lisa</td>
<td>L</td>
<td>BSW + MSW</td>
<td>Almost 2 Years</td>
<td>Over 500</td>
<td>Bi-lingual Forensic Interviewer</td>
<td>Child First + NCAC</td>
<td>A little</td>
<td>1 district of a large county</td>
<td>Large City + Large Suburb + Distant Rural</td>
</tr>
<tr>
<td>Makaila</td>
<td>M</td>
<td>Bachelors Degree (Psychology) + Minor (Sociology)</td>
<td>A Little Over 5 Years</td>
<td>~1100</td>
<td>Senior Forensic Interviewer</td>
<td>Corner House</td>
<td>A pretty high percentage</td>
<td>2</td>
<td>Distant Rural + Small City + Fringe Rural + Small Suburb + Distant Town</td>
</tr>
<tr>
<td>Natalia</td>
<td>N</td>
<td>Bachelors Degree (Psychology) + Minors (Sociology and Deafness Rehabilitation) + MSW + LCSW</td>
<td>7 Months</td>
<td>55</td>
<td>Children’s Coordinator</td>
<td>Child First</td>
<td>~15% - 25%</td>
<td>1</td>
<td>Large Suburb + Small Suburb + Rural Fringe + Distant Rural + Fringe Town</td>
</tr>
<tr>
<td>Patty</td>
<td>P</td>
<td>Bachelors Degree (English)</td>
<td>6 Months</td>
<td>At Least 12</td>
<td>Forensic Interviewer + MDT Coordinator</td>
<td>Child First</td>
<td>30%-40%</td>
<td>3</td>
<td>Distant Town + Distant Rural + Remote Town</td>
</tr>
<tr>
<td>Ursula</td>
<td>U</td>
<td>MSW</td>
<td>5 Months</td>
<td>~150</td>
<td>Forensic Interviewer</td>
<td>Child First</td>
<td>About 6 interviews</td>
<td>1</td>
<td>Large Suburb + Fringe Rural + Fringe Town</td>
</tr>
<tr>
<td>Name</td>
<td>Gender</td>
<td>Highest Degree</td>
<td>Years</td>
<td>Number</td>
<td>Position</td>
<td>Interview Style</td>
<td>Disclosure Rate</td>
<td>Location</td>
<td></td>
</tr>
<tr>
<td>---------</td>
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<td>------------------------------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>---------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Uma</td>
<td>U</td>
<td>MSW</td>
<td>15</td>
<td>2700</td>
<td>Senior Forensic Interviewer</td>
<td>RATAC + Child First</td>
<td>At least 50% give a partial disclosure</td>
<td>1 Large Suburb + Fringe Rural + Fringe Town</td>
<td></td>
</tr>
<tr>
<td>Valentine</td>
<td>V</td>
<td>MSW</td>
<td>~4</td>
<td>Over 200</td>
<td>Forensic Interviewer + Therapist</td>
<td>Finding Words + Child First</td>
<td>A few includes children who weren't abused</td>
<td>1 district of a large county Large Suburb</td>
<td></td>
</tr>
<tr>
<td>Vanessa</td>
<td>V</td>
<td>Bachelors Degree (Criminal Justice) + Masters Degree (Public Safety Administration)</td>
<td>4</td>
<td>45-50</td>
<td>Forensic Interviewer + Backup Family Advocate</td>
<td>Child First + Reid Interview (Police Training)</td>
<td>Sometimes</td>
<td>1 district of a large county Large Suburb</td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>V</td>
<td>MSW</td>
<td>18</td>
<td>Over 4,000</td>
<td>Executive Director</td>
<td>Finding Words + Child First</td>
<td>30%-40% = Partial Disclosure + Much lower percent = Non-Disclosure</td>
<td>1 district of a large county Large Suburb</td>
<td></td>
</tr>
<tr>
<td>Vicky</td>
<td>V</td>
<td>Bachelors Degree</td>
<td>6</td>
<td>In the hundreds</td>
<td>Senior Forensic Interviewer</td>
<td>Child First</td>
<td>Not a lot</td>
<td>1 district of a large county Large Suburb</td>
<td></td>
</tr>
<tr>
<td>Valerie</td>
<td>V</td>
<td>Bachelors Degree (Criminal Justice)</td>
<td>Going into 2nd Year</td>
<td>50</td>
<td>Forensic Interviewer + Detective</td>
<td>Child First + Juvenile Specialist Training (Detective Training)</td>
<td>0%</td>
<td>1 district of a large county Large Suburb</td>
<td></td>
</tr>
<tr>
<td>Vithya</td>
<td>V</td>
<td>Some College (Law Enforcement)</td>
<td>A Little Over 1 Year</td>
<td>50</td>
<td>Bilingual Forensic Interviewer + Detective</td>
<td>Child First</td>
<td>A little less than half</td>
<td>1 district of a large county Large Suburb</td>
<td></td>
</tr>
<tr>
<td>Victor</td>
<td>V</td>
<td>Bachelors Degree (Criminal Justice) + MSW</td>
<td>A Little Over 3 ½ Years</td>
<td>Over 100</td>
<td>Forensic Interviewer + Detective</td>
<td>Child First Under 50%</td>
<td></td>
<td>1 district of a large county Large Suburb</td>
<td></td>
</tr>
<tr>
<td>Wendy</td>
<td>W</td>
<td>Bachelors Degree (Elementary Education) + Masters Degree (Curriculum and Instruction)</td>
<td>6 Months</td>
<td>50</td>
<td>Forensic Interviewer</td>
<td>Child First</td>
<td>~25%</td>
<td>1 Distant Town + Distant Rural</td>
<td></td>
</tr>
<tr>
<td>Yolanda</td>
<td>Y</td>
<td>Bachelors Degree (Recreation, Parks, and Tourism) + Minor (Law Enforcement)</td>
<td>3 Years</td>
<td>Maybe 50</td>
<td>Juvenile Detective</td>
<td>Child First + Reid Technique (Police Training) + Wicklander-Zulawski (Police Training)</td>
<td>2 Interviews</td>
<td>3 Small City + Midsize Suburb + Distant Rural + Distant Town + Fringe Rural + Fringe Town</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Initials</td>
<td>Degree and Field</td>
<td>Years of Experience</td>
<td>Interview Experience</td>
<td>Current Position/Job Description</td>
<td>NCAC Role</td>
<td>Work Experience</td>
<td>Location Description</td>
<td></td>
</tr>
<tr>
<td>-------</td>
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<td>------------------------------------------------</td>
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<td>----------------------</td>
<td>----------------------------------</td>
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<td>-----------------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>Allie</td>
<td>AA</td>
<td>Bachelors Degree (Sociology)</td>
<td>1 Year</td>
<td>12</td>
<td>Forensic Interviewer + Executive Director</td>
<td>NCAC</td>
<td>More than 50%</td>
<td>Large Suburb + Distant Rural + Fringe Town + Fringe Rural + Distant Town</td>
<td></td>
</tr>
<tr>
<td>Aaron</td>
<td>AA</td>
<td>Bachelors Degree (Elementary Education)</td>
<td>2 Years</td>
<td>215</td>
<td>Forensic Interviewer / Case Manager</td>
<td>Child First</td>
<td>Less than 10%</td>
<td>Large Suburb + Distant Rural + Fringe Town + Fringe Rural + Distant Town</td>
<td></td>
</tr>
<tr>
<td>Brian</td>
<td>BB</td>
<td>Police Training Institute</td>
<td>18 Years</td>
<td>345 Under Child First Training</td>
<td>Juvenile Detective</td>
<td>Finding Words (RATACT) + Child First + Reid Technique (Police Training) + Wicklander-Zulawski (Police Training)</td>
<td>A lot</td>
<td>1</td>
<td>Midsize City + Large Suburb + Rural Fringe + Distant Rural</td>
</tr>
<tr>
<td>Deirdre</td>
<td>DD</td>
<td>Associates Degree (Deaf Communication Studies) + Bachelors Degree (Psychology) + Started Masters Degree (Sign Language)</td>
<td>11 Years</td>
<td>2000</td>
<td>Director of Forensic Interviewing</td>
<td>Child First + NCAC</td>
<td>Not rarely, but not super frequent</td>
<td>9</td>
<td>Remote Town + Distant Rural + Remote Rural + Distant Town + Fringe Rural</td>
</tr>
<tr>
<td>Demetria</td>
<td>DD</td>
<td>Bachelors Degree (Business Administration + Finance)</td>
<td>5 Months</td>
<td>35</td>
<td>Backup Forensic Interviewer + MDT Coordinator</td>
<td>Child First</td>
<td>Sometimes</td>
<td>9</td>
<td>Remote Town + Distant Rural + Remote Rural + Distant Town + Fringe Rural</td>
</tr>
<tr>
<td>David</td>
<td>DD</td>
<td>Bachelors Degree (Psychology and Organizational Management, Nursing)</td>
<td>1 ½ Years</td>
<td>12</td>
<td>Executive Director</td>
<td>David Troxel’s Best Friends Approach (For Adults with Dementia) + Child First</td>
<td>~1/3 of interviews</td>
<td>9</td>
<td>Remote Town + Distant Rural + Remote Rural + Distant Town + Fringe Rural</td>
</tr>
<tr>
<td>Hellen</td>
<td>HH</td>
<td>Bachelors Degree (Psychology)</td>
<td>~1 Year</td>
<td>At least 160</td>
<td>Forensic Interviewer + Executive Director</td>
<td>NCAC</td>
<td>Some</td>
<td>Distant Rural + Distant Town + Remote Rural + Fringe Rural + Fringe Town</td>
<td></td>
</tr>
<tr>
<td>Kelly</td>
<td>KK</td>
<td>Bachelors Degree (Studio Arts) + Minor (Social Work) + Currently</td>
<td>9 Years</td>
<td>Over 600</td>
<td>Lead Forensic Interviewer + Case Manager</td>
<td>Child First + Corner House +</td>
<td>The majority of children interviewed</td>
<td>1</td>
<td>Large Suburb + Fringe Town + Fringe Rural + Distant Rural + Distant Town</td>
</tr>
<tr>
<td>Finishing MSW</td>
<td></td>
<td></td>
<td>RATAC + Finding Words + NCAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
August 10, 2017

Barry Ackerson, PhD
School of Social Work
1010 West Nevada St.
Urbana, IL 61801

RE: Inquiry on Forensic Interviewer Deviation from Protocol
IRB Protocol Number: 17843

Dear Dr. Ackerson:

This letter authorizes the use of human subjects in your project entitled Inquiry on Forensic Interviewer Deviation from Protocol. The University of Illinois at Urbana-Champaign Institutional Review Board (IRB) approved, by expedited review, the protocol as described in your IRB application. The expiration date for this protocol, IRB number 17843, is August 8, 2020. The risk designation applied to your project is no more than minimal risk.

Copies of the attached date-stamped consent form(s) must be used in obtaining informed consent. If there is a need to revise or alter the consent form(s), please submit the revised form(s) for IRB review, approval, and date-stamping prior to use.

Under applicable regulations, no changes to procedures involving human subjects may be made without prior IRB review and approval. The regulations also require that you promptly notify the IRB of any problems involving human subjects, including unanticipated side effects, adverse reactions, and any injuries or complications that arise during the project.

You were granted a three-year approval. If there are any changes to the protocol that result in your study becoming ineligible for the extended approval period, the RPI is responsible for immediately notifying the IRB via an amendment. The protocol will be issued a modified expiration date accordingly.

If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me at the OPRS office, or visit our website at https://www.oprs.research.illinois.edu.

Sincerely,

Jennifer Ford, MS
Human Subjects Research Specialist, Office for the Protection of Research Subjects
Attachment(s): Consent, research team attachment
e: Emily Lux
November, 2017

Barry Ackerson
School of Social Work
2000M SSW
1010 West Nevada
Urbana, IL 61801

RE: Inquiry on Forensic Interviewer Deviation from Protocol
IRB Protocol Number: 17843

Dear Dr. Ackerson:

Thank you very much for forwarding the modifications to the University of Illinois at Urbana-Champaign Institutional Review Board (IRB) office for your project entitled Inquiry on Forensic Interviewer Deviation from Protocol. I will officially note for the record that these minor modifications to the original project, as noted in your correspondence received October 25, 2017, Approving research activities to be conducted at the attached list of Illinois children’s Advocacy Centers; Including children’s Advocacy Centers’ research permission form, executed on 10/25/2017, have been approved. The expiration date for this protocol, IRB number 17843, is 08/08/2020. The risk designation applied to your project is no more than minimal risk.

As your modifications involved changes to consent form(s), I am attaching the revised form(s) with date-stamp approval. Please note that copies of date-stamped consent forms must be used in obtaining informed consent. If modification of the consent form(s) is needed, please submit the revised consent form(s) for IRB review and approval. Upon approval, a date-stamped copy will be returned to you for your use.

Please note that additional modifications to your project need to be submitted to the IRB for review and approval before the modifications are initiated. To submit modifications to your protocol, please complete the IRB Research Amendment Form (see https://www.orps.research.uiuc.edu/forms/templates/lums/protocol-amendment-form). Unless modifications are made to this project, no further submittals are required to the IRB.

You were granted a three-year approval. If there are any changes to the protocol that result in your study becoming ineligible for the extended approval period, the RPI is responsible for immediately notifying the IRB via an amendment. The protocol will be issued a modified expiration date accordingly.

We appreciate your conscientious adherence to the requirements of human subjects research. If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me at the ORPS office, or visit our website at https://www.orps.research.uiuc.edu.

Sincerely,

[Signature]

Jennifer Ford, MS
Human Subjects Research Specialist, Office for the Protection of Research Subjects

Attachment: 1 List of Research Sites

c: Emily Lux

U of Illinois at Urbana-Champaign • IORG0000014 • FWA #00008584
Telephone (217) 333-3670 • email IRB@illinois.edu
January 4, 2018

Barry Ackerson  
School of Social Work  
1010 West Nevada  
Urbana, IL 61801

RE: Inquiry on Forensic Interviewer Accommodation of Non-Partial Disclosure  
IRB Protocol Number: 17843 - Amendment 02

Dear Dr. Ackerson:

Thank you very much for forwarding the modifications to the University of Illinois at Urbana-Champaign Institutional Review Board (IRB) office for your project entitled Inquiry on Forensic Interviewer Accommodation of Non-Partial Disclosure. I will officially note for the record that these minor modifications to the original project, as noted in your correspondence received December 21, 2017: Updating research objectives, revising interview questions to assess updated research objectives, updating consent form, and updating title of study to Inquiry on Forensic Interviewer Accommodation of Non-Partial Disclosure, have been approved. The expiration date for this protocol, IRB number 17843, is August 8, 2020. The risk designation applied to your project is no more than minimal risk.

As your modifications involved changes to consent form(s), I am attaching the revised form(s) with date-stamp approval. Please note that copies of date-stamped consent forms must be used in obtaining informed consent. If modification of the consent form(s) is needed, please submit the revised consent form(s) for IRB review and approval. Upon approval, a date-stamped copy will be returned to you for your use.

Please note that additional modifications to your project need to be submitted to the IRB for review and approval before the modifications are initiated. To submit modifications to your protocol, please complete the IRB Research Amendment Form (see https://www.opsr.research.illinois.edu/forms-templates/forms/protocol-amendment-form). Unless modifications are made to this project, no further submittals are required to the IRB.

We appreciate your conscientious adherence to the requirements of human subjects research. If you have any questions about the IRB process, or if you need assistance at any time, please feel free to contact me at the OPRS office, or visit our website at https://www.opsr.research.illinois.edu.

Sincerely,

J. Ford

Jennifer Ford  
Human Subjects Research Specialist, Office for the Protection of Research Subjects

Attachment(s): Consent form

c: Emily Lux