

INTERVIEWING ALLEGED CHILD SEXUAL ABUSE VICTIMS

by
Peggy Diane Geddes

A Proposal
Submitted in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy in Counseling Psychology
International University of Professional Studies

Maui, 2005

© 2005
Peggy Diane Geddes
ALL RIGHTS RESERVED

The Proposal of Peggy Diane Geddes

is approved and is acceptable in quality and form:


Committee Chairperson

International University of Professional Studies

Maui, 2005

Acknowledgements

I acknowledge with much gratitude Lucy La Grassa who supported me throughout the design and development of *Testaments* helping to move an idea into a tangible product. Her foresight to see and hear what the children are saying coupled with an understanding of the judicial system added clarity and substance to this research.

My Chair, Daniel Eckstein I thank whole heartedly for his on-going, unwavering encouragement and support. His editing and research suggestions were invaluable to moving this project into an academic arena. I am grateful that he saw the value and purpose of how this project could positively change the judicial system and the investigative and therapeutic experience for victims of crime.

I also acknowledge each child sexual abuse victim I interviewed over the many years for what they shared and what could not be shared. Each one helped to develop my own personal philosophy which became the heart of this project.

“Only after I walked with each child through their journey of pain was I truly able to help. Listening is not enough. They need you to understand what is inside. You have to learn to share with each child, for each child alone knows their own personal torment.”

TABLE OF CONTENTS

	Page
Acknowledgements.....	v
Table of Content.....	vi
List of Tables.....	xiv
CHAPTER 1: PROBLEM FORMULATION.....	1
A. Introduction.....	2
B. Statement of the Problem	5
Why Children Often Do Not Disclose Abuse.....	7
Background of the Problem.....	9
C. Purpose of the Study.....	11
The Contributions of the Dissertation....	11
Incidence & Conviction of Alleged Sexual Abuse	12
D. Research Hypothesis/questions.....	13
E. Importance of the Study	13
Initial & Long-Term Effects of Child Sexual Abuse.....	13
F. Scope of the Study.....	17
G. Limitations of the Study	18
H. Definitions of Terms	18
I. Summary	26
CHAPTER 2: REVIEW OF THE LITERATURE.....	27
Overview.....	27
A. Cognitive Issues in Children.....	27

Developmental Changes in Childhood.....	27
Model for Understanding Children as Sources of Information.....	28
B. The Attributional Theory of Child Sexual Abuse.....	31
C. Research on Child Sexual Abuse.....	33
D. Fourteen Childhood Developmental Issues	36
Less Verbal Clients/Nonverbal Techniques.....	44
Developmental Considerations.....	45
E. Bona fide & Fabricated Sex-abuse Allegations.....	45
F. Health Effects of Child Abuse.....	53
Assessing a Case of Possible Sexual Abuse.....	55
Sexually Abused Children & Medical Examination.....	56
G. Methods of Assessing Alleged Child Abuse.....	58
Projective Tests.....	64
Thematic Apperception Test (TAT).....	68
Projective Methods in Perspective.....	74
Assumptions.....	74
Heuristic Inquiry.....	76
Children Interviews Assessment Methods.....	77
H. Forensic Child Evaluations.....	81
Conceptual Background	81
Forensic Child Interviews.....	82
Forensic Art.....	82
Psychological Testing.....	86

Collateral Information.....	88
Talking with the Child.....	89
Do Children Tell the Truth.....	92
Heterogeneity of Responding to Abuse Allegations.....	97
Assessment Devices Psychometrically Evaluated.....	98
Interviewing Parents.....	101
Characteristic Medical Findings.....	103
Physical Indicators and the Medical Examination.....	104
Physical Examination of the Sexually Abused Child.....	106
Medical Complications.....	107
Special Situations.....	107
Clinical Evaluation in Custody Disputes.....	110
Interviewing the Child.....	112
Six Step Data-Collection Interview Sequence.....	112
Summary.....	123
CHAPTER 3: RESEARCH METHODS.....	124
A. Research Approach.....	124
Conceptual Issues in Qualitative Inquiry.....	124
Qualitative Findings.....	126
Three Prominent Examples of Qualitative Research.....	127
Different Purposes of an Audience for Qualitative Studies.....	128
Twelve Possible Themes of Qualitative Research.....	130
Purpose of Qualitative Interviewing.....	131

Methods to Enhance Validity and Generalizability.....	134
Descriptive Validity.....	135
Interpretive Validity.....	136
Theoretical Validity.....	137
Using Interviewing Qualitative Approaches.....	140
Conclusion.....	143
B. Research Design of the Present Qualitative Study.....	145
Pilot Evaluation.....	145
Pilot Evaluation Design.....	145
Subject Interview Evaluation.....	146
C. Subjects.....	146
D. Instrumentation.....	147
E. Data Collection Procedure.....	147
F. Data Analysis Procedures.....	148
G. Research Methodology.....	150
Strengths & Weaknesses of Using Quantitative & Qualitative Methodologies.....	151
Summary.....	153
CHAPTER 4: RESULTS AND ANALYSIS.....	154
A. An Overview to Interviewing Both Alleged Victims & Alleged Perpetrators.....	154
Introduction into the Child’s World.....	154
Seven Problem Areas from Children’s Interviews.....	156
Clinical Methods of Interviewing Children.....	158
B. Preparing for the Interview.....	169

Children’s Resistance to Interviews.....	171
Steps to Overcoming Children’s Resistance.....	171
First Interview Goals and Observations.....	172
Is This Child Telling Me the Truth.....	174
C. Interviewing Children for Alleged Sexual Offences.....	174
Eleven Assumptions Relating to Interviewing.....	176
Interviewer Skills Needed.....	177
Legal Issues Relating to Children’s Statement.....	178
D. Four Myths Regarding Child Molesters.....	181
The Psychological Profile of the Child Molester.....	182
The Non-Pedophile Molester.....	183
Females Who Molest Children.....	185
The Weight of a Child’s Evidence.....	185
E. Interviewer Countertransference Reactions.....	187
Impact of Therapist’s Personal History on Therapy.....	187
Multicultural Issues in Interviewing.....	188
F. Investigative Interviewing.....	191
Guidelines for Interviewing.....	193
14 Interview Considerations.....	194
G. Different Interview Questions.....	195
Listening Skills for Interviewers.....	197
8 Questions in Interviewing Children.....	200
Process Feedback During the Interview.....	202

Mechanics of Gathering Interview Data.....	204
Cross Cultural Interviewing.....	206
Sample of a Detailed Interview Guide.....	206
Ethical Challenges in Qualitative Interviewing.....	209
Ten Characteristics of a Well Written Report.....	210
Authority & Neutrality in Investigative Interviews.....	214
H. Medical Considerations of Child Sexual Abuse.....	217
Research Questionnaires.....	218
Questionnaires to Assess Experiences of Abuse.....	218
EMDR (Eye Movement Sensitizing & Reprocessing).....	220
I. The Development of Testaments as a Pilot Project.....	222
The Testaments Tool; Design & Development.....	222
Purpose of the Design.....	224
Overcomes Communication Barriers.....	224
Overcomes Barriers to the Truth.....	225
Overcomes Age & Disability Barriers.....	226
Overcomes Cross-Cultural Barriers.....	227
Personalizes the Interview.....	228
Does Not Lead the Alleged Victims or Suspects.....	228
For Use by both Alleged Victims and/or Suspects.....	229
Removes all Possible Bias towards Alleged Victim and/or Suspects.....	230
Part II; Using the Form of Evidence.....	232
Incorporates Current Cautions to Alleged Victims & Suspects.....	232

Police & Social Workers Act as Objective Observers.....	232
Police & Social Science Evidence are Consolidated.....	232
Alleged Victims & Suspects are Interviewed on Equal Ground.....	234
Alleged Victims & Suspects are Treated as Individuals with Equal Rights.....	237
Comprehensive Interviews.....	237
J. Three Case Studies Using Testaments.....	238
Case Study I.....	239
Case Study II.....	246
Case Study III.....	253
Summary	257
CHAPTER 5: CONCLUDING RECOMMENDATIONS.....	258
The World Report on Violence and Health.....	258
Three Key Recommendations for Improved Investigations & How Testaments Meets These Recommendations.....	262
Limitations in Communications.....	262
Limitations in Investigations.....	263
Interviewing for Evidence.....	264
Summary.....	257
BIBIOGRAPHY.....	268
APPENDICES.....	278
A. Related Internet web-sites.....	278
B. Sample Testaments Cards.....	280
C. Partial Form of Evidence Form.....	282

LIST OF TABLES

TABLE	PAGE
Table 1: Cycle Reflecting a Developmental Sequence of Active Listening.....	53
Table 2: Factors Controlled for or Assessed by the SASIC.....	62
Table 3: Assessment-derived information-processing hypotheses.....	63
Table 4: Summary of the Strengths and Weaknesses of Assessment Inventories.....	76
Table 5: Possible Mediating Variables in Reporting Abuse.....	97
Table 6: Techniques to Enhance Descriptive Validity.....	136
Table 7: Techniques to Enhance Interpretive Validity.....	137
Table 8: Techniques to Enhance Theoretical Validity.....	139
Table 9: Child Interview Focus Scale.....	155
Table 10: Legal Considerations Relating to Children’s Statement.....	178
Table 11: Legal Considerations Relating to Interviewing Techniques.....	179
Table 12: Fourteen Interview Issues and Considerations.....	194
Table 13: Matrix of Question Options.....	202
Table 14: Tips for Tape Recording Interviews.....	204

CHAPTER 1: PROBLEM FORMULATION

A. Introduction

Sexual abuse is a social malady which continues to gain public and professional attention. With this attention has come an increase in the number of reported cases and recognition of the inadequacies of traditional methods of response. For the most vulnerable victims such as the very young, children challenged with disabilities and the special needs of the Native children, speaking out about their victimization is tremendously difficult. Often, they are unable to disclose facts about their abuse by way of traditional interviewing techniques currently available to social work professionals and police services. This difficult disclosure of accurate information and the limited communication of child sexual abuse leaves these children without satisfactory protection and without access to the criminal justice system.

Child sexual abuse is a crime committed in secret. There are usually no witnesses and physical evidence corroboration of the allegations are rare.

The only two people who know the truth are the offender and the alleged child victim. Most often offenders are not willing to admit to the crime. Therefore that leaves the alleged child victim and his or her testimony as the most critical source of evidence. Five related questions arise from such a scenario;

1. How does one know the child is telling the truth?

2. How does one know if the child is relying information in the context of the alleged offence?
3. How does one determine if the child is mentally ill?
4. How does one determine the child is a victim?
5. How best can the justice system serve the child with integrity and prevent further victimization?

Social work and police professionals, parents and teachers have continually asked these questions. What is needed is a systematic way to ensure that the abused children; tell only the truth; tell the truth in the accurate context of the crime; recount all pieces of evidence that can be used in court; know that they are being heard; and ensure that justice will prevail.

Scher et al (2004) sought to (1) determine the prevalence of five categories of retrospectively reported childhood maltreatment in an adult community sample and (2) to examine relationships between three theoretically and practically chosen demographic variables and childhood maltreatment. The results indicated the prevalence of childhood maltreatment ranged from approximately 30% for women to over 40% for men.

Approximately 13% of participants reported multiple forms of maltreatment. The most common forms of trauma for both men and women were physical abuse, physical neglect, and emotional abuse, all of which were highly likely to co-occur. Race, sex, and current educational level were each associated with an increased likelihood of childhood maltreatment; differential relationships with particular maltreatment types were also observed.

Kvam in Norway replicated US studies indicating that deaf children may have a 2-3 times greater risk of sexual abuse than hearing children. Deaf females aged 18-65 who lost their hearing before the age of 9 (N=177) reported sexual abuse with contact before the age of 18 years more than twice as often as hearing females, and deaf males more than three times as often as hearing males. The abuse of the deaf children was also more serious. Very few cases were reported to parents, teachers, or authorities. He concludes his study by suggesting that deaf children are at greater risk of sexual abuse than hearing children. The special schools for the deaf represent an extra risk of abuse, regardless of whether the deaf pupils live at home or in boarding schools (P. 241)

In the Report: *4,450 Priests Accused of Abusing Youths Since 1950*, Grossman (2004) CNN cited Catholic Church Statistics. Grossman reports that nearly 4,500 Catholic priests allegedly sexually abused thousands of children and teens from 1950 to 2002 – 4% of all 110,000 US priests in “active ministry”. According to CNN the TV news network says a draft of a national abuse study – the first based on the church’s own documents – found 6,700 substantiated allegations against priests in the past half-century. The study was commissioned to determine the scope of the scandal that has rocked the church for two years. It examined all allegations against priests, characteristics of victims and underlying causes. The statistics reported the following:

- a. 4, 450 priests faced allegations of abusing minors from 1950 to 2002.
- b. About 55% faced one allegation; 147 priests has 10 or more and accounted for 3,000 victims.

- c. An additional 13% had four to nine allegations, and 25.5% had two to three allegations.
- d. 78% of victims were ages 11 to 17; 16% were ages 8-10; and 6% were age seven and younger.
- e. Of 11,000 allegations against priests, 6,700 were substantiated by the church and 1,000 were “unsubstantiated in church documents.” It said 3,300 allegations were not investigated because the allegedly abusive priest had died. (p. 4 A)

In another study released by the U.S. Conference of Catholic Bishops, some 5,148 priests and deacons face more than 11,757 allegations of sexually abusing children under age eighteen. The costs in settlements, legal fees, and care and counseling for the victims and abusers has surpassed \$750 million (U.S.) and is threatening the financial future of the church in some regions, including northern California. In 2004, the report say, there were 1,092 allegations of abuse against 756 priests and deacons, a sign the crisis is not abating. (2005).

Stewart Brown (2003) edited an entire issue of the *International Journal of Child Abuse and Neglect* citing several research studies indicating that child sexual abuse and neglect has a significant impact on higher incidences of mortality. Other findings demonstrated that abused and neglected children are at increased risk of violence, homelessness, chronic disease, and other medical problems rendering them at increased risk of early death. In 2003, 4,807 children 6 to 13 were victims of sexual assault in Ontario, Canada. Most abusers were relatives. (2005)

Obtaining useful evidence that hasn't been obtained by misleading the alleged child victim or distorting the crime is the cornerstone of successfully ensuring justice does prevail. This is a widespread crime around the world; it has a very low conviction rate. The primary cause is a lack of admissible evidence.

B. Statement of the Problem

What follows is a brief summary of current research of child sexual abuse. Additional literature will be reviewed in Chapter Two.

Hotaling, Lewis and Smith (1990) found in a national survey that 16 percent of adult men and 27 percent of adult women experienced child sexual abuse. The prevalence of sexual abuse has been complicated by the current debate ranging over the reliability of memory. It is true that clients can be misled by clinicians who give them inaccurate information about the infallibility of their memories. In fact, no emerging "memory" or image of a previously forgotten, long-past abuse can be considered historically accurate without external corroboration.

However, clients can also be misled by perpetrators who deny that the abuse occurred. Because the abuse occurred during an alcoholic blackout or other dissociated state sometimes the denial is sincere. When completely sober, the perpetrator can't imagine having done it and reacts to the accusation with righteous indignation. Substance abuse often a cause of violence, and it can easily become an effect. A continued chain of violence and assault can develop. This sets up the next generation for the same problems.

Swanston et al (2003) conducted a nine-year follow-up study comparing 187 children who has been abused with those who had not. They found that the sexually abused young people performed more poorly than non-abused young people on psychometric tests of depression, anxiety, behavior difficulties and despair. They were also more likely to have a history of bingeing, self-inducing vomiting, smoking cigarettes and of using amphetamines, ecstasy and cocaine. Potential risk factors were in two groups, family and child. Family factors included family functioning, parental drug/alcohol problems, mother's sexual abuse history, mother's depression and socio-economic status. The child factors were despair and hopelessness and the number of placements in out-of-home care by the statutory child protection authority. In the presence of other risk factors, child sexual abuse was a significant predictor of self-esteem, behavior and bingeing.

The Harvard Mental Health Letter ("Child Abuse, Parts 1 and 11,"1993) concluded that the long-term effects of physical abuse are not fully understood; the effects of abuse and those of other familial or environmental effects are difficult to distinguish. However, it is estimated that "at least 25% of physically abused children have serious psychiatric problems, including chronic anxiety and depression and sometimes neurological damage" (p.3)

Walker (2000) summarizes some of the pertinent research showing the relationship of childhood abuse to subsequent adult behavior. Her research suggests that wife abuse is related to other types of family violence, such as child abuse and sexual assault and other forms of violence against women. Studies on aggression strongly suggest that violence is

learned behavior. The family home is the place where this behavior is best learned, using both direct and indirect modeling techniques. Her studies found that the risk factor for boys who are exposed to domestic violence in their own homes to use violence later in life is 700 times greater than the average population. This risk factor is raised to 1,000 times the nonexposed boys if they also have been abused. Almost half of the women who were later battered as adults had been sexually abused as children.

Leiteberget et al (2004) researched to discover if a history of greater exposure to different types of adverse and/or abusive experiences in childhood would influence coping strategies used by undergraduate women to deal with new stressful events in young adulthood. They found there was an increased reliance on disengagement methods of coping (wishful thinking, problem avoidance, social withdrawal, and self-criticism) as a function of more extensive child abuse histories. Engagement methods of coping (problem solving, cognitive restructuring, social support, and express-emotions), however, did not show a corresponding decrease as a function of increased exposure to different types of childhood stressors and /or abuse. Their study demonstrates that undergraduate women with cumulative adverse and/or abusive childhood histories are particularly at-risk of relying on maladaptive disengagement coping strategies to deal with various new stressors later in life.

Why Children Often Do Not Disclose Abuse

Because the child is somehow coerced into the act, her or she may feel guilty about participation in the incident and then feel entrapped. As the abuse continues over a period

of time and the child accommodates to the situation, the abuse becomes integrated into the child's life and is accepted by the child. This phenomenon was first described by Roland Summit (1983) as the child sexual abuse *Accommodation Syndrome*. The phases include:

- a. Secrecy
- b. Helplessness
- c. Entrapment and accommodation
- d. Delayed, conflicted, and unconvincing disclosure
- e. Retraction of the disclosure

Psychological methods that perpetrators use to enforce the secrecy and to enable the abuse are often different at different developmental stages. For example, the preschool child may not need to be threatened regarding the abuse because he or she does not understand that the acts were wrong. In this case, the perpetrator may be able to continue the abuse by using bribes or by using the abuse to make the child feel good. The younger child may interpret the acts of abuse to imply an increased closeness to the perpetrator.

The older, school-age child may understand that the abuse is wrong and the perpetrator may use the strategy of threatening the child with specific attention to areas that the child may already fear due to the developmental stage. For example, children at this age are beginning to understand death, and some are normally preoccupied with questions regarding the possible death of someone close. Perpetrators can use this fear and threaten the death of a close member, thereby strengthening their threat. Failure to protect after the initial disclosure may lead to further feelings of helplessness and perpetuate the cycle of the Accommodation Syndrome. (Botash, 2000)

Background of the Problem

It is hard to know the true incidence because many cases go unreported. The prevalence of child sexual abuse is the number of people in the population who have been sexually abused as children. Prevalence studies in which populations of adults are asked about sexual abuse in their childhood are given figures ranging widely from 6% to 62% (Peters, Pratt, & Finkelhor, 1986) These differences reflect some of the problems in prevalence studies, such as the source of the sample (in terms of education, socio-economic status, and ethnicity); the broadness or the narrowness of the definition used in the survey; the upper age used for defining the person as a child (some investigators have used 18 years, others have used 14 years); the method of the questioning about the abuse (by mail, by face-to –face interview, by telephone, or as part of a larger survey); the sampling technique (random sample, college students, community sample, sex of respondents); the response rate; the accuracy of the respondent’s memory. (Oates, 1996)

Boehm and Itzhaky (2004) report an innovative community intervention aimed at increasing the reporting and treatment of sexual assault. They presented a paper based on a case study of an ultra-orthodox Jewish community in Israel, where an informal campaign of silence developed. Using content analysis of documents and in-depth interviews, they examine the implementation of a social marketing approach by a multidisciplinary team of professionals in the community. They focused on developments in the community’s attitude to sexual abuse, especially with regard to reporting assault and seeking and accepting treatment.

Findings showed a considerable reduction in the fear that victims and other members of the community felt with regard to exposing the issue; a change among the community leaders, some of whom initially objected to reporting and treatment; introduction of an alternative community dialogue that advocated reporting and treatment; and a rise in the number of reports and of people in treatment. (P. 253)

Jones and Finkelhor (2003) provide an astute commentary regarding the apparent decline in reported child sexual abuse. During the 1990's, there was a remarkable 39% decline in US cases of sexual abuse substantiated by child protective agencies, from an estimated 150,000 cases in 1992 to 92,000 cases in 1999 (Jones, Finkelhor, & Kopiec, 2001). One possible explanation for this trend is that it reflects a decline in the incidence of sexual abuse; evidence, perhaps, that the investment by the US in public awareness campaigns, prevention programs, criminal justice interventions, and treatment during the 1980's and 1990's can work effectively to protect children from sexual abuse.

The US has not been alone in its implementation of these strategies: Canada, Great Britain, Sweden, Australia, New Zealand, Spain, Israel, and a number of other countries have developed and employed similar sexual abuse prevention, intervention, and criminal justice programs. Paralleling the US trends, there is evidence that the Canadian province of Ontario saw a 49% decline in substantiated child sexual abuse from 1993 to 1998, while physical abuse and neglect cases increased substantially over the same time period. (Trocme, 2001).

Administrative data are collected routinely and are therefore valuable for identifying trends. However, because these data tabulate only officially recognized cases, they provide limited information for understanding the source of such trends. Administrative statistics can be affected by changes in the identification of cases, reporting behavior, and agency procedures.

C. Purpose of the Study

The Contribution of a Dissertation

According to Davis (1997), the following four additive contributions of a dissertation may arise from:

1. *New or Improved Evidence.* The evidence in a dissertation may disprove or support a concept, theory, or model. Evidence may disprove or support a hypothesis, or it may add to the understanding of a process.
2. *New or Improved Methodology.* The contribution can be a new or improved solution or analysis procedure (such as a new statistical procedure) or a new or improved research methodology (such as a new method for obtaining data on personality disorders.)
3. *New or Improved Analysis.* Four subtypes include: a) *Historical analysis*; b) *Analysis of implications of a current development in a field*, c) *Comparative analysis*; and d) *Analysis of an existing theory or concept and its implications.*
4. *New or Improved Concepts or Theories.* Concepts or theories may be developed as part of quantitative or qualitative dissertation research. Theory relative to research results and suggesting a modified set of concepts or theory, or by developing models, frameworks, concepts, and theories based on logic or application of concepts and theories from other fields.

The primary purpose of the current dissertation is to explore that gap that currently exists between the high incidence of alleged child abuse and the contrasting relatively low percentage of successful convictions of such offences. There will be a systematic overview and analysis of the issues; there will also be a specific focus on the general skills and methodology of interviewing relative to gathering evidence in children's interviews; and finally there will be some concluding recommendations for the next steps regarding improved conceptual and theoretical considerations for better interviewing and preparing children to testify in alleged child sexual abuse investigations. There will also be a pilot study the author has developed for assessing child sexual abuse.

The Incidence and the Successful Conviction of Alleged Child Sexual Abuse

Allegations.

In Chapter One the importance of the study will be explored. Key terms will be defined – limitations for the study will also be identified. Chapter Two will provide a review of the literature and theory base for medical and emotional issues pertinent to child abuse. Chapter Three will explore guidelines, suggestions and the methodology relating to interviewing children in general and exploring alleged sexual abuse in particular. Chapter Four will identify some of the most frequently used methods of investigating child sexual abuse. Strengths and limitations of each approach will be identified also included will be a pilot program developed by the author. In Chapter Five will summarize the data relative to the current investigation theory and techniques. Recommendations for future research and improved interview assessment will conclude the study.

D. Research Hypothesis/Questions

- I. What are some of the current issues involving investigation of child sexual abuse?
- II. What are some specific suggestions and recommendation for interviewing child sexual abuse allegations?
- III. What are some recommendations for child welfare and law enforcement professionals' interviews to improve the legal challenges children face in court?
- IV. What is an example of a pilot project the author has developed for assessing alleged child abusers?
- V. What are some future trends and recommendations for improving the investigation, assessment interviewing and prosecution?

E. Importance of the Study

Initial and Long-Term Effects of Child Sexual Abuse

The most commonly observed initial effect of sexual abuse in children is fear; it may be either abuse-specific or general. Similarly, anger and hostility, delinquency, truancy, running away, guilt and shame, depression, sexual behaviour problems and sleep and eating disturbances have been noted on abuse victims as well. A history of sexual abuse has also been associated with dissociative symptoms in children as well as with symptoms of posttraumatic stress disorder.

There are also various long-term effects related to a history of child sexual abuse. Whereas fear was the most commonly reported initial effect of abuse, depression was cited as the most commonly reported adult symptom. Additional longer-term effects of child abuse

include anxiety, difficulty sleeping, a negative self-concept, problems with sexual functioning, promiscuity, substance abuse, and suicide attempts or suicidal ideation. A history of child sexual abuse has also been associated with symptoms of PTSD in adults as well as dissociative responses (O'Donhue et al, in Folletter, et al 1998).

There are many impacts on adolescents who have been sexually abused. Moran, Vuchinich and Hall (2004) investigate associations between emotional, physical, and sexual abuse and substance abuse among adolescents. Results showed that all forms of abuse were associated with increased levels of all three categories of substance use, tobacco, alcohol, and illicit drug use. Youth who have experienced both physical and sexual abuse are at especially high risk of substance use. (P. 565.)

Another study found that significantly more abused adolescents were engaging in risk behaviours than their non-abused counterparts. These included alcohol use, tobacco use, drug use, sexual activity, antisocial behaviour, attempted suicide and purging. (Perkins & Jones, 2004).

Martin et al (2004) had 2485 students age 14 from 27 schools in South Australia complete a questionnaire including items on sexual abuse and suicidality, and measures of depression, hopelessness and family functioning. They found in boys, self-report sexual abuse is strongly and independently associated with suicidal thoughts, plans, threats, deliberate self-injury, and suicidal attempts, after controlling for current levels of depression, hopelessness, and family dysfunction. In girls, the relationship between sexual abuse and suicidality is mediated fully by depression, hopelessness, and family

dysfunction. Girls who report current high distress about sexual abuse, however, have a threefold increased risk of suicidal thoughts and plans, compared to non-abused girls, Boys who report current high distress about sexual abuse have 10-fold increased risk for suicidal plans and threats, and 15-fold increased risk for suicide attempts compared to non-abused boys. Fifty-five percent of sexually abused boys attempted suicide versus 29% (n=17) girls. Therefore a history of sexual abuse should alert clinicians to greatly increased risks of suicidal behaviour and attempts in boys, even in the absence of depression and hopelessness.

There are differing suicide rates in various countries. For example, the suicide rate for young people in the United Kingdom is significantly lower than the rates in the USA, Canada, and Australia. In Australia the suicide rate among young Australians aged 15-24 years is 16.1 per 100,000 with the rate for males, at 25.4 per 100,000, being much higher than for females where it is 7.0 per 100,000.

These studies show that undesirable life events and poor family function, including child abuse, may be valuable predictors for suicidal behaviour. Sexual abuse has had particular attention with evidence that contact abuse and the presence of sexual abuse may predict suicide behaviours. This is a reminder that sexual abuse is one of several factors which may contribute to suicide in adolescents with physical abuse, emotional abuse and neglect and family dysfunction also being contributing factors. (Oates, 2004)

Dalenberg, C. and Palesh, O. (2004) examined the relationship between violent trauma, child abuse history, and dissociative symptoms in a Russian population. They found that scores on dissociation and its sub factors were significantly higher in the Russian sample compared to the normative US group. The best predictors for dissociation were experiencing a violent trauma, child abuse history, and/or the experience of a fearful event. Those participants with a prior child abuse history were more symptomatic after adult trauma than those with no such history. (P. 461)

A similar study in the UK also found that child sexual abuse has long-term repercussions for adult mental health, parental relationships and child adjustment in the succeeding generation (Roberts et al, 2004)

There is also a significant impact on adults related to earlier childhood abuse. Conway et al (2004) investigated whether adults reporting sexual abuse are more likely to exhibit a general tendency to ruminate on sadness. His study did verify that the participants who reported more abuse were in fact more likely to report rumination on sadness. They conclude by saying that the circular nature of abuse, depression and rumination is one of the pathways by which victimization may lead to depression in adulthood by encouraging the development of a tendency to ruminate on sadness. Alternatively, victimization may lead to depression by other means, and the experienced depression or dysphoria may foster rumination. (P. 393).

The prevalence and correlates of intimate partner violence among female caregivers of children reported to child protective services was investigated by Hazen et al (2004). Results indicated the lifetime and past year prevalence of intimate partner violence was 44.8 and 29.0%, respectively. Caregiver major depression and history of prior reports of child maltreatment were strongly associated with violence against women. The findings highlighted the need for effective screening and identification of intimate partner violence in families in which child maltreatment has occurred. (P. 301)

Another study examined the unique contribution of five types of maltreatment (sexual abuse, physical abuse, emotional abuse, physical neglect, emotional neglect) to adult health behaviours. Results indicated that sexual and physical abuse appear to predict a number of adverse outcomes; when other types of maltreatment are controlled, however, sexual abuse and physical abuse do not predict as many poor outcomes. In addition sexual, physical, and emotional abuse and emotional neglect in childhood were all related to different adult health behaviours. The more types of childhood maltreatment participants were exposed to the more likely they were to have problems with substance use and risky sexual behaviours in adulthood. (Rogers, et al 2004)

F. Scope of the Study

The review of the literature will focus on pertinent research from 1980 – 2005. The author's over twenty years of experience in the field will also be part of the scope of the study. Clinical assessments and interviews will be conducted from the Province of Ontario in the Country of Canada conducted since 1990.

G. Limitations of the Study

1. The study will be limited to research reported relative to a North American population.
2. The dissertation will be a qualitative rather than a quantitative study. Potential subjectivity and author bias are always part of such research.
3. The geographical region of the research was located exclusively in the Canadian Province of Ontario. Generalizability to other regions of the world is a potential limitation.
4. Any type of projective test where participants comment on ambiguous “neutral” cards is subject to subjectivity relative to the theoretical construct theory and the resulting interpretation of the “meaning” responses.

H. Definitions of Terms

According to Oates (1996) child abuse can be divided into the following four broad areas:

Physical abuse; Sexual abuse; Neglect and nonorganic failure to thrive; and Emotional abuse. They are defined below;

Physical abuse: a simple, early definition of a physically abused child provided by Kempe and Helfer (1972) is still useful: Any child who receives nonaccidental physical injury as a result of acts, or omissions on the part of his parents or guardians.

Child sexual abuse: A widely used definition of sexual abuse is: The involvement of dependent, developmentally immature children and adolescents in sexual activities which they do not fully comprehend, are unable to give informed consent to, and that violate social taboos of family roles. (Schechter & Roberge, 1976, p. 129)

Sgroi's definition (1982) emphasizes the power relationship between the perpetrator and the victim, pointing out that the child has no choice: Child sexual abuse is a sexual act imposed on a child who lacks emotional, maturational and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enable the perpetrator, implicitly or directly, to coerce the child into sexual compliance (p. 9). Most investigators exclude sexual play between children of similar ages and include a requirement for there to be an age difference of 5 years or more between the two individuals. Probably, the simpler the definition, the better (Fraser, 1981) Defines it simply as "Sexual abuse is the exploitation of a child for the sexual gratification of an adult." (p. 58)

Child Abuse: The American School Counselors Association (ASCA) published a position statement on child abuse in 1988 that defined it as "the infliction by other than accidental means of physical harm upon the body of a child, continual psychological damage or denial of emotional needs" (p.262). Child abuse in the statement include extensive or patterned bruises, burns, lacerations, welts, or abrasions; injuries inconsistent with explanation; sexual abuse, molestation, or exploitation; emotional disturbances caused by friction or discord in the home or mentally ill parents; and cruel treatment. ASCA defined Child Neglect as "the failure to provide necessary food, care, clothing, shelter, supervision, or medical attention for a child" (p. 262) and described this behavior as lack

of supervision or medical attention, irregular and illegal school absences, overworking or exploiting child, lack of nurturance, or abandonment (ASCA, 1988).

Abuse has been further described as psychological, physical and /or sexual maltreatment. Bachmann & Moeller (1993) wrote that psychological abuse has been difficult to define; however, their review of the literature indicated six categories of emotional abuse: (1) Chronic denigration of the child's qualities, capacities, desires, and emotional expressiveness; (2) isolation; (3) terrorizing; (4) excessive age-inappropriate demands; (5) witnessing extreme parental violence (including excessive use of drugs and alcohol); and (6) not providing services for a seriously emotionally handicapped child. Johnson (1990) described physical abuse as the use of an instrument on any part of the body, tissue damage beyond simple redness from a slap, and injury from heat, caustic substances, chemicals, or drugs, The U.S. National Centre on Child Abuse and Neglect has defined sexual abuse as an act perpetrated on a child by a significantly older person with the intent to stimulate the child sexually and satisfy the aggressor's sexual impulses (cited in Moeller, Bachmann, & Moeller, 1993).

Because of the differing definitions of child abuse across the nation and because many incidents of child abuse are unreported or misreported, the prevalence of child abuse is difficult to determine. Two government reports from the U.S. Department of Health and Human Services (1996 and 1997) provided national statistics on child abuse and neglect for the year 1995. They estimated about two million reports of maltreatment of almost three million children. Furthermore, more than half of these reports of possible

maltreatment came from professionals such as educators, medical or mental health professionals, social services workers, or childcare providers. Among the confirmed victims of abuse and neglect, more than 50% were 7 years or younger, about 26% were ages 8-12 years, and about 21% were ages 13 to 18 years. Slightly more girls than boys were victims.

Child abuse occurs at all levels of social, economic, and education status. In a large number of cases, the offender is a male relative or friend of the family. The offender may use bribes, threats, guilt, or coercion to ensure secrecy. To protect the family and this relative or friend, the abuse may be ignored or hushed up in a variety of ways, the incidents are never reported or recorded, and the child and family never confront the issue or receive treatment. (Thompson & Rudolf 2000)

Child abuse; sexual: According to Green (1993), reporting of sexual abuse cases in the U.S. substantially increased during the 1980s. Sexual abuse of girls is reported more often than abuse of boys. Boys are more likely to be approached by strangers, and girls are more likely to be victims of incest (Child Abuse, Parts 1 and 11,"1993).

Child molester: Includes "any male or female who engages in sexual activity with significantly younger and prepubescent boys or girls. The sexual activity includes invitation to sexual touching (including internet solicitation) and ranges from sexual arousal by viewing prepubescent children (voyeurism) or taking pictures of nude children through to interactive child sexual activity including fondling, urogenital activity, and

actual genital or genital-anal activity with prepubescent children through to markedly sadistic sexual activity in which children are physically abused, tortured, and /or ultimately murdered in the course of the sexual activity. (Harvey, 1993, p. 35)

Heuristic inquiry: A form of phenomenological inquiry that brings to the fore the personal experience and insights of the researcher. (Patton, 2003, p. 107)

Orientation: A three-part element of the mental status examination consisting of orientation to self (if the interviewee knows who he or she is) place (where the interview is taking place), and time (the date of the interview). Interviewees oriented to person, place, and time, are said to be “orientated3” read “oriented times 3,” (Cohen 2000 p, 657)

Profile: “A narrative description, graph, table, or other representation of the extent to which a person has demonstrated certain targeted characteristics as a result of the administration or application of tools of assessment.” (Cohen 2002 p, 658)

Profiler: “An occupation associated with law enforcement; one who creates psychological profiles of crime suspects to help law enforcement personnel capture the profiled suspect.” (Cohen, 2002, p, 658)

Projective method: “ A technique of personality assessment in which some judgment of the assessee’s personality is made on the basis of his or her performance on a task that

involves supplying structure to relatively unstructured or incomplete stimuli.” (Cohen, 2002, p. 659)

Psychological assessment: The gathering and integrating of psychological data for psychological evaluation, through the use of tests, interviews, case studies, behavioral observation, and specially designed apparatuses and measurement procedures. (Cohen, 2002, p, 659)

Q-sort technique: “ An assessment technique in which the task is to sort a group of statements, usually in perceived rank order ranging from “mostly descriptive” to “least descriptive”; the statements, traditionally presented on index cards, may be sorted in ways that reflect various perceptions, such as how respondents see themselves or would like to see themselves.” (Cohen 2002, p, 660)

Qualitative item analysis: A general term for various non-statistical procedures designed to explore how individual test items work, both compared to other items in the test and in the context of the whole test; in contrast to statistically based procedures, qualitative methods involve exploration of the issues by verbal means such as interviews and group discussions conducted with test takers and other relevant parties. (Cohen 2002, p, 660)

Reliability: The extent to which measurements are consistent or repeatable; also, the extent to which measurements differ from occasion to occasion as a function of measurement error. (Cohen 2002 p, 660)

Scoring report: “A formal or official computer-generated account of test performance, usually represented numerically; the two varieties are the simple scoring report (containing only a report of the scores) and the *extended scoring report* (containing item statistics).” (Cohen 2002 p, 662)

Self-report: The process wherein an assessee supplies information about him-or herself in forms such as responding to questions, keeping a diary, or reporting on self-monitored thoughts and /or behaviors. (Cohen, 2002 p. 662)

Sexual Interference: Canadian Criminal Code Section 151. Every person who, for a sexual purpose, touches, directly or indirectly, with a part of the body or with an object, any part of the body of a person under the age of fourteen years is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years or is guilty of an offence punishable on summary conviction. [R.S.C. 1985, c.19 (3rd Supp.), s.1.]

Invitation to sexual touching: Canadian Criminal Code Section 152. Every person who, for a sexual purpose, invites, counsels or incites a person under the age of fourteen years to touch, directly or indirectly, with a part of the body or with an object, the body of any person, including the body of the person who so invites, counsels or incites and the body of the person under the age of fourteen years, is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years or is guilty of an offence punishable on summary conviction. [R.S.C. 1985, c.19 (3rd Supp.), s.1.]

Sexual Exploitation: Canadian Criminal Code Section 153. Every person who is in a position of trust or authority towards a young person or is a person with whom the young person is in a relationship of dependency and who

(a) for a sexual purpose, touches, directly or indirectly, with a part of the body or with an object, any part of the body of the young person, or

(b) for a sexual purpose, invites, counsels or incites, a young person to touch, directly or indirectly, with a part of the body or with an object, the body of any person, including the body of the person who so invites, counsels or incites and the body of the young person,

is guilty of an indictable offence and liable to imprisonment for a term not exceeding five years or is guilty of an offence punishable on summary conviction.

(2) In this section, "young person" means a person fourteen years of age or more but under the age of eighteen years. [R.S.C. 1985, c.19 (3rd Supp.), s.1.]

Stress interview: "An interview purposely designed to pressure or stress the interviewee in order to gauge reaction to that stress. (Cohen, 2002 p, 664)

Structured interview: Questions posed from a guide with little if any leeway to deviate from the guide. (Cohen, p, 664)

T score: "Named for Thorndike, a standard score calculated using a scale with a mean set at 50 and a standard deviation set at 10; the measure of choice for the developers of the MMPI (As technical problems emerged in the scoring of MMPI protocols with T scores,

some researchers suggested that these scores be replaced with *normalized T scores*; ultimately the developers of the MMP1-2 agreed to use what they called a *uniform T score or UT.*) (Cohen, 2002, p, 665)

Validity: A general term referring to a judgment regarding how well a test or other measurement tool measures what it purports to measure; this judgment has important implications regarding the appropriateness of inferences made and actions taken on the basis of measurements. (Cohen, 2002, p. 666)

Summary

This chapter has included an introduction to child abuse investigations, and a background statement of the purpose of the study. Five research questions are identified. The importance, scope, and limitations of the study are identified. Specific terms are also defined. Chapter two presents an overview to the salient research relative to child abuse issues, interviews and investigations.

CHAPTER 2: REVIEW OF THE LITERATURE

Overview

This Chapter presents an explanation of some of the relevant research relative to child sexual abuse. The following nine topics will be explored.

- A. Cognitive Issues in Children
- B. The Attributional Theory of Child Sexual Abuse
- C. Research on Child Sexual Abuse
- D. 14 Childhood Developmental Issues Counsellors need to consider when interviewing children
- E. Differentiating Between Bona fide and Fabricated Sex-abuse Allegations
- F. Health Effects of Child Abuse
- G. Methods of Assessing Alleged Child Abuse
- H. Forensic Child Evaluations
- I. The Six-Step Data Interview Sequence

A. Cognitive Issues in Children

Developmental Changes in Childhood

According to Garbarino (1992) the major tasks of childhood depends not only on the level of a child's cognitive skills but on his or her particular experience and motivation, as well as on situational factors. There are two broad categories of contexts. The first includes those contexts relevant to the immediate assessment situation, such as the physical setting, the meaning and significance of the event to the child, and the social interaction between adult and child. The second category includes background contexts,

such as the child's educational, familial, and cultural history and broader cultural contexts of law and custom.

The child's familial and cultural history influences his or her performance in an assessment setting. Familiarity with the social aspects of experimental, observational, and interview situations plays a critical role in the child's ability to perform. The child's understanding of the purpose of an experimental task or interview question may not be the same as the experimenter's or interviewers. The child's degree of familiarity with the adult and the nature of the relationship also are relevant to the child's performance. The particular characteristics of the adult – such as age, sex, race, expectations, and degree of intrusiveness- will affect the child's performance to a degree that depends on certain characteristics of the child, the setting, and the format of adult inquiry.

A Model for Understanding Children as Sources of Information

Garbarino (1992) proposes the following 2X2 model of child/adult orientation and competence.

1. *Child Orientation*: The child's performance depends, in part, on the child's orientation to the assessment. Possible orientations include feeling effective and competent, wanting to please a significant adult, consciously or unconsciously defending against unbearable feelings, and being paralyzed by fear. There are also socio-cultural features of the child's orientation: the meaning and significance of the event to the child as created by the child's specific cultural membership and

- experiences, and the broader cultural contexts, such as law and custom that influence the child's attitudes and behaviors.
2. *Child Competence*: The child's performance also depends on his or her ability to perceive, remember, reason and communicate; these abilities develop in connection with more general intellectual and emotional capacities. One feature of this competence is derived from the developmental status of the child. The process of development is continuous, but it is useful and convenient to recognize three broad time periods. In infancy (from birth to two years), the child experiences his or her world in a perceptual, action-oriented, non-verbal fashion. The infant's capacities, affects, and behaviors serve as sources of information. In the preschool period (from two to six years), the advent of language and symbolic thinking brings about the ability to share meaning with other people. The child has achieved a significant capacity to understand and respond to adult inquiry, but performance is closely tied to the context in which it is elicited. In the school-age period (from six to twelve years), with the development of the ability to think about thinking and the ability to think more logically, the child is developing increasingly adult-like capacities to communicate and respond.
 3. *Adult Orientation*: The adult's motives, attitudes, expectations, and role play an important part in defining the adult's orientation. These characteristics include race, sex, age, ethnicity, and knowledge of children, as well as the adult's relationship to the child. Also included under orientation is the adult's position on

a set of ethical issues: What rights do children have to privacy? To authority? To respect?

4. *Adult Competence*: Adult competence is derived from skill in recognizing the status of a child, in formulating a context that will maximize the child's performance, and in minimizing violations of the child. Together, these factors may influence the choice of technique or tactics for eliciting information from children. The following techniques reflect different degrees of adult direction in the encounter with the child, differences in the degree to which the adult stimulates and controls the interaction (thus casting the child in a reactive mode). For example, according to Garbarino, " In observations of children's behavior, the adult, without interacting, learns from the child by watching and listening to the child's spontaneous behavior (adult direction low). In children's play and stories, the adult uses play and storytelling as a method of communicating to a child through metaphor and as a source of information from the child about her inner world of thought and feelings (adult direction moderate). In interviewing children, the adult learns interactively from a child along a continuum ranging from eliciting a narrative through asking general questions to asking specific questions. The child is an informant of his own behavior and feelings or of his experience of an event (adult direction moderate to high). Finally, through tests and other measurements, the adult learns from the child by testing the child's response to stimuli and comparing her responses to predetermined norms, standards, or established criteria (adult direction high) (p. 17).

B. The Attributional Theory of Child Sexual Abuse

Collings (2002) states that the term “attributional theory” is used to describe a group of theories which are concerned with understanding the explanations people hold for social events. Attributional theorists are interested in exploring the different kinds of explanations provided for social events, in identifying factors which give rise to an attributional search (i.e., which elicit explanatory thinking), and in understanding how behavior and motivation are affected by the explanations people hold for relevant events.

Collings critically reviews attributional research on child sexual abuse and presents data from a new study which examines the extent and nature of attributional thinking elicited by a child sexual abuse incident.

According to Collings, “If one were to ask whether incidents of child sexual abuse elicit an attributional search, the likely reply would be, ‘Of course they do. Just look at the large number of studies that have been published on the topic.’ Such an apparent affirmation is, of course, based on the assumption that respondent’s attributional activity reflects spontaneous causal thinking, an assumption which has been increasingly questioned in the psychological literature.” (p. 1136)

Collings investigated child sexual abuse attributions using non-reactive data gathering techniques and through the use of stimulus materials that were designed to enhance the realism of abuse descriptions. Sexual abuse information was presented in the form of a complete description taken from a newspaper rather than as a video recording. The

specific aims of the research were threefold. First, to determine how frequently respondents engaged in spontaneous attributional activity. Consistent with results obtained in previous studies (e.g. Black & Lips, 1998) it was predicted that the majority of respondents would engage in some degree of causal thinking.

A second aim of the study was to examine the causal categories used by respondents. Causal categories were conceptualized along two dimensions: the quality of culpability implied (i.e., causal blame, moral responsibility, or blameworthiness) and the nature/identity of the causal agent (i.e., personal/dispositional, contextual, social).

The third aim of the study was to investigate factors which influence the extent of causal thinking. Abuse information was presented as a complete description taken from a newspaper in which one between-subjects factor (abuse representation: stereotype-congruent, stereotype- incongruent) was manipulated.

Collings found that the results suggest that newspaper reports of child sexual abuse do elicit spontaneous attributional activity that statements implying offender culpability are the most frequently employed attributional category. Attributional activity is also inhibited by stereotype congruent depictions of abuse. Respondents were recruited through appeals placed in the letters column of a local newspaper. The appeal requested readers “who were interested in participating in a study on social attitudes towards child sexual abuse” to contact the researcher for a research questionnaire. Abuse information

was presented as a complete description taken from a newspaper in which one between-subjects factor (abuse representation: stereotype-congruent, stereotype-incongruent) was manipulated. One hundred and seventy-six respondents, who were recruited through appeals placed in the letters column of a local newspaper, were presented with a newspaper report that described either a stereotype-congruent (rape by stranger in a public place) or a stereotype-incongruent (indecent assault by father at home) abuse incident. Respondents were asked to provide written descriptions of their thoughts and feelings about the abuse incident, which were analyzed for attributional content.

Collings found that ninety-three percent of respondents provided one or more attributional statements, with attributional statements comprising 27% of all statements. Statements implying offender culpability were the most frequently employed attributional category (78% of all attributional judgments) while statements implying victim culpability comprised less than 2% of attributional judgments. Respondents who read the stereotype-incongruent description made more unsolicited casual and moral attributions than did respondents who read the stereotype-congruent description.

C. Research on Child Sexual Abuse

Replicable self-report surveys of children offer an immediate method for examining trends in child victimization. Jones and Finkelhor (2003) identified two such surveys that were collected at multiple points during the 1990's. The National Crime Victimization Survey (NCVS) and the Minnesota School Survey. Both the sources are somewhat

limited in scope: The NCVS only collects victimization information on children 12 and above, and the Minnesota School Survey is limited to Minnesota school children.

Declines in reports of sexual victimization in the 90's were similarly noted.

Tyler and Cauce (2000) researched the relationship between sexual abuse and homeless and runaway adolescents. They found that a total of 372 homeless and runaway adolescents were interviewed using a systematic sampling strategy in metropolitan Seattle. Young people were interviewed on the streets and in shelters by outreach workers in youth service agencies. The results indicated that approximately one-half of these young people reported being physically abused and almost one-third experienced sexual abuse. Females experienced significantly higher rates of sexual abuse compared to males, and sexual minority youth experienced significantly higher rates of physical and sexual abuse compared to heterosexual youth.

Average duration of physical and sexual abuse was 5 and 2 years, respectively. Both types of abuse were rated as extremely violent by more than half of those who were abused. The average number of different perpetrators of physical and sexual abuse was four and three, respectively. Biological parents were the majority of perpetrators for physical abuse whereas nonfamily members most often perpetrated sexual abuse. Average age of perpetrators was late 20's to early 30's and the majority of perpetrators were male for both types of abuse.

Jones, Finkelhor, and Kopiec (2001) have attempted to explain the recent decline in reports of child sexual abuse using a survey of state administrators of child protection systems. Chadwick, (2002) notes that questions before the passage of state child abuse reporting laws there were no reports. He believes we must develop tools for measurement that will tell us whether child maltreatment and its four recognized forms in increasing, decreasing, or staying constant.

In her article titled; *Further Abuse of Sexually Abused Children*”, Swanston, et al (2000) researched the incidence of re-abuse in children known to have been sexually abused and to find factors that increased the risk of re-abuse. They found that of the sexually abused young people, nearly one third were the subject of subsequent substantiated notifications for some form of child abuse and neglect or behavior which placed them at risk of harm for abuse and neglect.

With respect to the perpetrators themselves Hindman (1989) notes there are many different motivators for the abuse of children, “For some offenders, the arousal toward children is the focus of difficulty. Viewing the prepubescent child, with no pubic hair or muscle tone, is a primary erotic preference. Other offenders seem to be attracted to children because of psychological problems such as power, control, and anger mismanagement. Some offenders seem to be offending because they have no power in their lives, while other offenders seem to have an insatiable need for power. Some offenders seem to be addicted, with their lives out of control in a quest for securing children as sexual partners. Other offenders demonstrate long periods of control and

offend children sporadically. Offenders are not offending children for the same reasons and children are not traumatized by sexual abuse in the same manner.” (p. 2-3)

She asserts that because of the vast developmental differences children’s inability to consent to sexual activity is clear. “*It ain’t equal* makes consent between a child and an adult impossible.” “Even though children can be coerced into cooperation, even though children voluntarily participate, may initiate the sexual contact, or may enjoy the sexual contact, consent is not possible due to the inequalities between children and adults. Saying yes means nothing if no is not one of your choices. By virtue of being a child, no is not an option, making any form of yes meaningless.” (p. 3)

D. 14 Childhood Development Issues Counselors Need to Consider When Interviewing Children

Pledge (2004) identifies 14 different childhood developmental issues interviewers should be aware of when interviewing children.

1. *Normal Development or Abnormal Presentation?* Recent views of development emphasize a) the individuals’ active participation in her own development and b) the role of interaction between various aspects of development in that process. Uneven development refers to varying rates of development across physical, cognitive, emotional, and social domains. Of course, environmental and genetic factors influence from this distinction between normal and abnormal behavior.

2. *Physical Development:* Females who develop early experience less support and more negative attention in comparison to those who develop “on time”. Girls who mature early also are more likely to report concerns about their weight, a potential early entry point for the development of eating disorders. Generally speaking, early maturation is a more positive experience for males than females.

Conversely, late –maturing boys are more likely to experience teasing from peers and experience self-doubt because they don’t physically resemble their peers. The challenges for females who mature late are similar to those of boys. Peer rejection and teasing are frequent occurrences and withdrawal from peers can be a factor for certain personality types. (Pledge, (2004)

3. *Social Development:* Erikson’s (1963) psychosocial stages can serve as a helpful backdrop for our interactions with children in terms of diagnosis, identification of target problems, and implementation of appropriate interventions. The application of Erikson’s model in terms of stage relevant experience includes:

- Trust vs. mistrust (birth to one year)
- Autonomy vs. shame and doubt (1 to 3 years)
- Initiative vs. guilt (3 to 6 years)
- Industry vs. inferiority (6 to 12 years)
- Ego identity vs. ego diffusion (12 to 18 years)
- Intimacy vs. isolation (18to 40 years)

4. *Emotional Maturity Development:* An important component of emotional development is attachment as it relates to feelings of security and insecurity. For

young children and even into adolescence, attempts to compensate for feelings of insecurity are often displayed in aggressive behavior. Aggressive behavior has been associated with poor social skills, increased family stress, and higher levels of anxiety.

Development of empathy is another integral aspect of emotional development that normally begins at a in the early elementary years. Factors that impede the normal developmental process with regard to empathy are similar to those identified in the development of aggressive behaviors. Insecurity, primarily with regard to attachment to primary caregivers, and a more shy or fearful temperament have been associated with an inability to develop empathetic skills. Conversely, a secure attachment to parental figures is associated with positive self-esteem and self-efficacy.

5. *Attachment Styles*: Distinct attachment styles have been identified empirically (Aninsworth, et al 1978) that allow differentiation between various presentations of this important indicator of emotional development. These specific patterns have been labeled insecure/avoidant, secure, and insecure/resistant.

An insecure/avoidant attachment style is described as the avoidance displayed by an infant toward her parent upon the parent's return. Typical presentations can range from completely ignoring the caregiver to a more ambivalent response, including a combination of greeting and turning away from the parent. Upon

separation, young children with this attachment style display less distress than those with a secure or resistant attachment. A secure attachment is characterized by the child who actively seeks and maintains contact with the parent. Little avoidance is observed upon reunion, and a clear preference for the primary caretaker is noted. The insecure/resistant attachment is characterized by significant resistance to interaction upon the parent's return. A more punishing or angry presentation toward the caregiver is often observed.

A fourth attachment style has been identified by Main and Solomon (1986). It is characterized by "disorganized or disoriented" reactions. As the label suggests, there is little consistency in the response of these young children upon separation or return. Some describe their behaviors as contradictory, confused, and apprehensive.

Goleman (1995) also proposes a measure of emotional intelligence, emphasizing the importance of these skills in the success of a normal life. Goleman suggests that emotional intelligence comprises a set of skills and perceptions related to interpersonal relationships, understanding others, and empathy. He describes the development of depression as a result of deficits in emotional intelligence.

Seeking to meet needs through maladaptive strategies highlights apparent deficits in emotional knowledge and understanding.

6. *Cognitive Development*: Garbarino (1992) asserts “Children’s thinking is different from adults’, and, generally speaking, the younger the child, the greater this difference will be. Thinking is always influenced by the context in which it occurs. The social, physical, and cultural context is also important. To understand a child’s thinking we must know something about that child’s relationships, spoken and unspoken expectations, conscious and unconscious motivations. All of these factors affect children’s thinking in complex ways; further, they affect how adults interpret children’s thinking. Thus understanding a child’s thinking depends on understanding the child’s developing cognitive capacities, how the child interprets and makes sense of the particular context in which thinking is being done, and how that thinking is being evaluated.” (p.40).

Taken together, the work of two major developmental theorists, Jean Piaget and Lev Vygotsky (1978) provides a useful theoretical framework for understanding the development of children’s thinking. Piaget emphasized that from birth, children are active learners who explore their environments, seek new experiences, and actively try to make sense of their encounters with objects and people. Thus, even very young infants are active “information processors.” Piaget also maintained that thinking progresses through a series of stages from infancy to adulthood; young children think, understand, and know very differently from older children, adolescents, and adults.

Piaget’s work focused on how children think, know, and understand at different stages. He paid little attention to the social environment in which thinking and knowing develop.

In contrast, the Soviet psychologist Lev Vygotsky (1986, 1978) argued that it is impossible to understand development without recognizing that it arises in specific social and cultural contexts that are an integral part of an individual child's intellectual growth and development. In his opinion, children's thinking must be studied in the contexts in which it develops. From this perspective, children's interactions with parents and other significant people in their environment play a vital role in the development of their thinking. According to Vygotsky, all "higher mental processes" – such as metacognition, directed memory, logical reasoning, and abstract thinking – originate in social interaction. This means that mediated learning experiences – learning experiences in which another person provides some kind of assistance – are a key element in intellectual development.

The development of children's thinking can be divided into three broad developmental periods: infancy (birth to two years), early childhood (two to six years), and middle childhood (six to twelve years)

Perception refers to primary ways of registering experience through the sensory capacities of sight, hearing, touch, taste, and smell. Infants are born with sophisticated sensory capacities that develop during the first year of life. After this period, perceptual growth consists largely of the development of increasing abilities to select, direct, and control perceptual processes.

Memory involves perceiving, coding, storing, and retaining information and retrieving this information at a later time, either through recognition or recall. Memory is an active

process that involves both construction and reconstruction, both conscious and unconscious inferences and interpretations. It is closely tied to other cognitive processes, particularly to perception, knowledge, and overall conceptual ability. Older children and adults are better than infants and young children at many types of memory tasks, particularly those involving the deliberate recall of past events. However, young children often display remarkable accurate recognition memory – that is, when presented with something, they can accurately remember whether they have seen it before.

Reasoning refers to the ability to solve problems and to think logically about cause and effect. A mature understanding of causality involves recognizing that “causes must come before or at the same time as their effects,” that “causes need to consistently create their effects,” and that the causes and the “effects must occur at the same time and place or at least be connected by a direct spatial or temporal chain of events.” (Lind, 1987, p. 2)

Children’s reasoning gradually becomes more flexible, logical, and less dependent on concrete contextual support. As they develop, children are increasingly able to think about possibilities and abstractions and to go beyond immediate perceptual information (Garbarino, 1992)

7. *Attention:* An interviewer’s ability to intervene will be limited by the child’s current level of development and directly linked to attention, memory, and motivation.
8. *Interaction of Memory and Developmental Level:* One of the challenges of working with children is sifting through a body of clinical knowledge, interweaving that with an

assessment of a child's developmental stages, and adapting this information to you interview.

9. *Learning Style:* Just as the developmental process is highly idiosyncratic, so is the process of learning. Analyzing the individual's process of learning and memory may be helpful in identifying the optimal intervention for each child.

10. *Identity Development:* As Lewis (1995) notes, memory contributes to one's sense of identity, yet many younger children choose not to remember misbehaviours, embarrassing deficits they have observed in themselves when compared to others, or simply the usual awkwardness of normal growth and development.

11. *External Feedback and Identity Development:* As children change and develop, they are not always certain about their own perceptions and thoughts and remain vulnerable to suggestion from others.

12. *Self-Observation Skills:* A complicating factor is that many children and adolescents have incomplete self-observation skills. Accurate self-observation requires application of both short-and long-term memory skills, depending on the individual circumstance under scrutiny.

13. *Sexual Identity Formation*: The process of sexual identity formation can be complicated for gay, lesbian, or bisexual youth, particularly in smaller communities where less support is available.

14. *Moral Development*: Gilligan (1994) proposed a model of moral development, including two gender-related moral orientations: (1) Justice and Individual Rights and (2) Ethics of Care. Gilligan's Ethics of Care emphasizes a relational component in women's orientation as compared to that of men. For example, her model compares caring, responsibility, and concerns about getting hurt or feeling disconnected for women with a sense of fairness, independence, and a concern about conflict or rights and being too close in relationships for men.

Less Verbal Clients/Nonverbal Techniques to Establish Rapport

Younger children and those with social deficits, processing problems, or "an attitude" may not be able to express their specific concerns clearly. Such a presentation is within normal limits of younger children but presents a challenge for the interviewer. In these cases, verbal interactions yield little information and can serve to make the young client more uncomfortable and less likely to cooperate. Drawings are a good idea.

Pledge (2004) suggests some specific topics that can be explored include such questions as; is the ability to perform academic tasks at the usual level? Are grades dropping? What about behavioral changes in the classroom, during recess, or with peers? Does the child continue to be involved in extracurricular activities as before? What changes are noted in

behavior at home? Is the child more isolated at home, staying in his room? Is the adolescent away from home more often? Is the child or adolescent more secretive about activities and more irritable about sharing almost any kind of information?

Developmental Considerations

Another important nonverbal aspect of observing children is attention to discrepancies between verbal and nonverbal presentation. For example, a male child may say there are no problems as he sits alone with arms crossed head down, and a scowl on his face.

Similarly, a child may smile as he describes a sibling getting hurt or a pet dying.

Whenever behaviors are incongruent with the words the child is using, the interviewer has an opportunity to gently confront these discrepancies. Such interventions are helping the children connect affect or emotions and giving them permission to recognize and work through issues they may have been hiding, denying, or uncertain of how to manage. (Pledge, 2004).

E. Differentiating Between Bona Fide and Fabricated Sex-Abuse Allegations

There are notable differences between accounts provided by witness and alleged victims of child sexual abuse. Lamb et al (2003) interviewed twenty-six alleged victims of child sexual abuse (aged 5 to 14 years; $M=9.8$) and 26 children who had witnessed but not experienced similar events were interviewed by experienced youth investigators about the alleged abuse. Children in the two groups were matched with respect to their age, relationships, with the alleged perpetrator, and seriousness of the alleged offences. All

children were interviewed using the NICHD investigative protocol. They found that witnesses and victims provided similar amounts of information about the incidents of abuse. Interviewers used more open-ended invitations and elicited more information using open-ended prompts from witnesses than from victims, whereas they used more risky (including suggestive) prompts when interviewing victims.

In his practice Gardner interviews the child, the accuser and the accused as part of his child custody decisions only the child related interview issues will be explored here due to the different focus of the project. The criteria will be divided into three categories: a) very valuable differentiating criteria, b) moderately valuable differentiating criteria, and c) differentiating criteria of low but potentially higher value.

Ten Very Valuable Differentiating Criteria

1. *The Presence of the Parental Alienation Syndrome:* "Fabricating children are more likely to exhibit manifestations of the *parental alienation* syndrome. Children with this disorder typically involve themselves in a campaign of vilification of their fathers and idolization of their mothers. They may have been programmed by the mothers to hate their fathers, and also contribute their own scenarios of hostility. The fabricated sex-abuse allegations may be one manifestation of this disorder. Its presence strongly supports the argument that the sex abuse is fabricated. Children who have been genuinely abused do not usually manifest the signs and symptoms of the parental alienation syndrome. "

(p. 66-67)

2. *Receptivity to Divulgence:* Children who fabricate sex abuse generally welcome the opportunity to talk about the abuse. Conversely, children who have been genuinely abused are typically very hesitant to talk about their experiences. They are fearful of inquiries by professionals and often have bowed to keep the “special secret” about “our little game.” Some have even been beaten as a warning of what will happen to them if they divulge the secret. Some children are bribed with material goods and money to discourage divulgence. Children who have fabricated sex abuse have not history of this special secret.
3. *Providing Specific Details:* Children who have experienced bona fide sexual abuse generally have a fairly clear visual image of the experience and recall it with reasonable accuracy when asked to do so. The lack of such an internal visual-mental image helps to differentiate the fabricator from the child who has been genuinely abused. The fabricator may refer to the abuse in general terms and even use adult terminology; for example, “I was sexually molested” or “I was sexually abused.” When asked to provide details, the youngster is either unable to do so or creates a scenario for the purposes of the interview. In subsequent interviews a different scenario may be presented. No one’s memory is adequate enough to lie consistently; this is especially true of children. In contrast, the child who has suffered bona fide sexual abuse will usually provide specific details, and they will be the same in subsequent interviews.

4. *Credibility of the Description*: The child who is fabricating sex abuse will often describe settings that are unlikely for such activities; for example, “He did it to me while my friend went to the bathroom”. In contrast, the child who has been sexually abused will describe settings that are much more likely and reasonable.

5. *Guilt Relating to the Consequences of the Disclosure to the Accused*: Those who fabricate sex abuse generally exhibit little if any guilt over the potential effects of their disclosure on the perpetrator. This guiltless disregard is one of the hallmarks of the fabricator. There may even be morbid or sadistic gratification in telling the story. The perpetrator has often laid the groundwork for such guilt by telling the child never to reveal the secret – lest there be terrible consequences.

6. *Guilt Relating to Participation in Sexual Activities*: Guilt over the consequences of the disclosure should be differentiated from guilt over having participated in sexual activities with the perpetrator. The fabricating child generally feels no guilt over the sexual activities allegedly engaged in. The child who has suffered bona fide abuse may have enjoyed the experience, and will often suffer guilt over such pleasure because he or she has subsequently learned that the act is unacceptable. Fabricators, not having actually engaged in any act, are not likely to feel guilty in association with interrogations.

7. *Fear of the Alleged Perpetrator*: The child who is fabricating sexual abuse generally does not describe fear of the perpetrator and is usually free from tension

- in the perpetrator's presence. The child who has been genuinely abused is likely to be quite fearful of the perpetrator. In fact, the fear may be generalized to others of the same sex so that the child who was abused by a father may be fearful of being alone with any male figure – including the male examiner.
8. *Sexual Excitation*: Sexually abused children may talk frequently about sex, to the point of obsession. They may be preoccupied with the desire to play sexual games with other children (especially exhibitionistic and voyeuristic) and may become compulsive masturbators (privately and publicly). In contrast, children who are fabricating sex abuse generally exhibit no such preoccupation with sex.
 9. *Desensitizing Play*: Children who have been abused may involve themselves frequently in various kinds of play activities designed to desensitize themselves to the abuse. For example, in doll-house play they may frequently eject the doll that symbolizes the perpetrator.
 10. *Attitude Toward One's Genitals*: Children who have suffered bona fide sex abuse will often consider their genitals damaged. Those who fabricate sex abuse do not generally consider their genitalia to have been damaged and will not independently describe such a complaint.

Eight Moderately Valuable Differentiating Criteria

1. *The Litany*: Fabricators may have created for the benefit of the parade of examiners who interview them. This has a rehearsed quality and may include adult terminology such as, “Daddy molested me.” Children who have been genuinely molested will not generally have a litany at the outset, nor will they use adult terms.

2. *Depression*: Children who have been sexually abused are often depressed, especially if they have been abused frequently over time, and especially if there have been terrible threats made regarding disclosure of their sexual experiences. Fabricators are not generally depressed.

3. *Withdrawal*: Children who have been genuinely abused often withdraw from involvement with others. Fabricators are not generally withdrawn; rather they are often outgoing and outspoken.

4. *Compliance*: Sexually abused children are often quite compliant. Fabricating children generally do not exhibit such compliant behaviour because they have not had the coercive experiences suffered by the abused child.

5. *The Borrowed Scenario*: Children who have been genuinely abused describe details of their abuse and generally confine sexual discussion to these specific experiences. Fabricators, having no such experiences, create their scenarios.

6. *Psychosomatic Disorders*: Children who have been genuinely abused are more likely to suffer psychosomatic disorders than those who have not. Their bodies have indeed been traumatized, and they may thereby generalize from the genital trauma to other areas. Fabricators do not typically suffer with psychosomatic complaints.

7. *Regressive Behaviour*: Children who have been sexually abused are more likely to exhibit regressive behaviour such as enuresis, encopresis, thumb sucking, baby talk, and separation anxieties.

8. *A Sense of Betrayal*: Children who have genuinely been abused suffer with deep seated feelings of having been betrayed.

Five Differentiating Criteria of Low but Potentially Higher Value

1. *Sleep Disturbances*: Children who have been sexually abused often suffer from sleep disturbances. Fear of going to bed may be related to the fact that the abuse has occurred at bedtime and that the perpetrator has used the occasion of putting the child to sleep as an opportunity for sexual abuse.
2. *Chronicity*: By the time bona fide sex abuse comes to the attention of others, it may have been going on for a long period. Fabricating abusers more often describe only one or two experiences, which are deemed enough for the purposes of the litigation.

3. Pseudomaturity: Some girls who have been sexually abused by their fathers have been pressured into a pseudomature relationship with the abuser. Sometimes this pattern extends itself to the mother's encouraging the daughter to assume other domestic roles such as housekeeping, caring for the other children, and so on.
4. Seductive Behaviour with the Perpetrator: The girl who has been sexually abused by her father and who does not consider her acts to be sinful or bad, may exhibit seductive behaviour in the joint interviews(s) with him, in the presence of the examiner.
5. Retraction: According to Gardner, "Both types of children may recant. The child who has been genuinely abused may retract from the appreciation of the disclosure's consequences. The retraction may come from a desire to protect the abuser from punishment." Children who have fabricated sex abuse may also retract because of their appreciation of the consequences of their allegation. The retraction here, however, is more likely to be associated with guilt, because the child did not initially appreciate the serious implication and consequences of the allegation. In both cases, the child may go back and forth between disclosure and recanting. Although the guilt element is more likely to produce retraction by the fabricator and the fear element more likely to produce recanting by the genuinely abused, one may certainly see fear in the fabricator and guilt in the genuinely abused in association with the recanting." (p. 70)

Mark Young has developed the following *Cycle Reflecting a Developmental Sequence of Active Listening*.

Table 1

A Complete Non-judgemental Listening Cycle Moving from Open Question to Summary.	
Open Question (start)	
Minimal Encourager	
	Minimal Encourager
	Door Opener
Paraphrase	
	Reflection of Feeling
	Reflection of Meaning
Summary	

(Young, Mark, (2001) *Learning the Art of Helping*)

F. Health Effects of Child Abuse

Tackett (2002) describes four possible pathways by which childhood abuse relates to health. She found that childhood abuse puts people at risk of depression and post-traumatic stress disorder, participating in harmful activities, having difficulties in relationships, and having negative beliefs and attitudes towards others. Each of these increases the likelihood of health problems, and they are highly related to each other.

Survivors of childhood abuse often suffer from health problems long after the abuse has ended. Abuse survivors are sick more often and go to the doctor more. They report more symptoms and are less likely to describe their health as good. They have surgery more often – in one study, almost twice as much.

Here are seven physical and emotional long-term consequences of sexual abuse.

1. *Weight gain:* Obesity is common among adult survivors of childhood. 60% of patients in one study were more than 50 pounds overweight.

2. *Suicide:* Suicide attempts and ideation are also common among adult survivors.

3. *High risk sexual behavior:* Risky sexual behavior is the most highly documented form of harmful behavior in abuse survivors. This finding holds true for males and females and is consistent across the range of sexual orientations.

4. *Childhood abuse and interpersonal style:* Tackett, Kathleen (2002) notes that Relationship dysfunction is the “pandemic” outcome of childhood sexual abuse, but may also occur in survivors of other forms of child maltreatment. Adult survivors may adopt one of two interpersonal styles: avoidant or intrusive. The avoidant style is characterized by low interdependency, low self-disclosure, and low warmth. People with the avoidant style have few interpersonal ties and few friends. They are less likely to be involved in relationships with others and less likely to be married. The intrusive style is at the opposite end of the spectrum. People with the intrusive style have extreme needs for closeness. There is excessive self-disclosure and relationships are smotheringly warm. The intrusive style is overly demanding and controlling. Both the avoidant and intrusive styles are dysfunctional and are likely to result in loneliness.” (p.719)

5. *Homelessness:* Homelessness is another example of failed social networks, and this too appears to be related to past abuse. Milburn and D’Ercole (1991) note that homeless women were more likely to have experienced trauma and abuse either as adults or as children.

6. *Depression:* Depression is one of the most commonly occurring consequences of past abuse. Adult survivors of child sexual abuse have a four times greater lifetime risk of

developing major depression compared with people who do not have an abuse history. Patients who had been sexually abused in childhood reported the highest levels of depression, even when compared with other depressed patients. (Gladstone, et al,1999)

7. Post traumatic stress disorder (PTSD): PTSD is another common symptom of past abuse, and it too has a severe impact. “Although most child sexual abuse victims do not meet full diagnostic criteria for PTSD, more than 80% are reported to have some ‘post-traumatic’ symptoms.” These symptoms include hyper vigilance, intrusive thoughts, and sudden intrusive flashbacks of the abuse experience.

Assessing a Case of Possible Sexual Abuse

The first indication that a child may have been sexually abused is a change in behaviour or the development of a psychosomatic complaint as an indication of the child’s distress. The presence of behavioural and psychosomatic pointers does not prove that there is child sexual abuse.

Nonspecific behavioural indicators may be recurrent abdominal pains or headaches. Recurrent abdominal pains are common between 5 and 10 years of age and occur in up to 10% of children. Organic causes (such as urinary tract infection or duodenal ulcer) are found in up to 10% of cases. Recurrent headaches are also common, usually have no organic cause, and may represent a reaction to any one of a variety of stresses, one of which may be sexual abuse of the child. (Oates, 1996)

Anorexia and other eating disorders may sometimes be a result of sexual abuse and should be considered when these conditions are being investigated. Similarly, enuresis,

constipation, and encopresis can be caused by child sexual abuse. The problem is that such behaviour can also be seen in children who have not been abused.

There are no specific behavioural features that characterize victims of sexual abuse (Lamb, 1994) Oates (1996) notes that, “This means that the presence of these behaviours cannot be used to conclude that sexual abuse has taken place. Similarly, the absence of sexualized behaviours does not confirm that sexual abuse did not take place. What sexualized behaviour does provide is a sign that further investigation by personnel skilled in the assessment of sexual abuse in children and who are able to approach the question with an open mind.” (Pgs. 71-72)

Sexually Abused Children and the Medical Examination

Ann Botash (2000) has developed a medically related three case video plus an accompanying workbook that addresses such issues as Decision points in the Evaluation of child Sexual Abuse; The Medical History for Child Sexual Abuse; and the Medical Examination; and Medical legal issues in Child Sexual Abuse. Although her focus is on a medical doctor’s interview, some of the pertinent information relative to a psychological investigative interview regarding alleged child abuse will be presented below.

Botash (2000) makes the following recommendations when parents or caregivers bring a child to the interview. “In preparation for separating the child and caregiver, give the child an opportunity to acclimate to the surroundings. This acclimation will be enhanced if there is a play area. Then separate the child and caregiver and reassure the child that he or she will see the caregiver in a little while. In addition, reassure the child that you will talk to

him or her about everything before the end of the evaluation so that the child does not feel that “secrets” are being kept from him or her. You should talk to the caregiver before the child history since you will be able to use the information obtained to address specific issues with the child. This is also an opportunity for the caregiver to express concerns and feelings regarding the suspected abuse.” (p.1, 14)

The physician also suggests that parents should be discouraged from participating in the child history, since even very subtle emotional responses (such as facial expressions) may affect the child’s answers to questions. Other children, for example, brothers or sisters who are also suspected victims, should be questioned separately. “If other members of the child abuse multidisciplinary team, such as the Child Protective Services worker and the police, want to participate in the medical history and do a forensic interview at the same time, take care not to overwhelm the child with too many people.” (p. 11, 22)

Other child interview suggestions caution if dolls are used (anatomically detailed or otherwise are no longer admissible as evidence in Canada), they should always be presented fully clothed. A child’s memory of an event may be influenced by many variables. These include the child’s age, personality, and culture. The motives of the perpetrator may influence the child’s memory so that the impact of the event on the child’s life may be high or low. The child’s role in the event, such as whether the child was a witness or observer rather than a participant, may influence his or her memory. If the abuse occurred multiple times, the child may have a “script” memory of the event.

Memory is a reconstructive activity. As it is recalled, it is created. The child is asked to repeat the details of an incident of abuse, new details appear. This is a reminiscent effect and results in a minor inconsistency of the history. It is not a sign that the history was fabricated. In fact, if the details of the child's history are rigidly adhered to, it may be a sign that the story was memorized. (Botash, 2000)

G. Methods of Assessing Alleged Child Sexual Abuse

O'Donohue, Fanette, and Elliott (in Follette et al 1998) note that although we know that some children are sexually abused accurate figures of the incidence and prevalence of child sexual abuse are difficult to determine. Epidemiological studies suggest anywhere from 10% to 64% of females and from 3% to 25% of males experience some kind of unwanted sexual contact before the age of eighteen (Salter, 1992). Factors such as varying definitions of abuse, different dependent measures, and diverse sample characteristics can contribute to a significant amount of variability in the reported frequency. They identify the following four methods frequently used in the assessment of child sexual abuse allegations.

1. *Statement Validity Analysis*: Statement validity analysis (SVA) is based on the hypothesis that true and false reports by children will be different, both qualitatively and quantitatively. According to SVA, this difference should allow an approximate determination of the veracity of the child's report by interviewing the child in a specific manner and observing the child's responses. For example, SVA is used to evaluate five possible hypotheses regarding the child's report.

- a) The allegations are basically valid but the child has substituted a different person for the perpetrator.
- b) The fundamental allegations are valid, but the child has invented or has been influenced to make additional allegations that are false.
- c) The child has been influenced or pressured to make a completely false allegation to serve the needs of someone else.
- d) The child has made a false allegation for personal motives of revenge, gain, or to help someone else.
- e) The child has fantasized the allegations, possibly because of psychological problems. (Raskin & Esplin, 1992, p. 272)

Here are some of the strengths and weaknesses of the SVA structured interview approach. SVA is then a hypothesis testing process; that is, there are a number of possible hypotheses regarding the child's report, and the methodology is designed to assess each hypothesis in order to rule it out, or not rule it out. While this is a worthwhile goal, SVA has theoretical problems that serve to make the results it provides difficult to interpret, the first of which is enumeration of possible hypotheses. In order for a hypothesis testing model to provide useful information about an assessment, every plausible hypothesis must be identified (O'Donohue & Fanetti, 1996). If rival hypotheses are not identified, then conclusions drawn in their absence may be invalid. In that case, no assessment was available to determine the impact of the missing hypothesis on the results; SVA enumerates only an incomplete set of rival hypotheses.

The next problem facing SVA is that the purported mission of the tool is to make conclusions about the actual veracity of the child's report. There is a substantial body of

empirical literature that suggests that the memory of children can be altered by certain influential factors such as leading questions, the perceived authority of the interviewer and the nature of the questioning. There is little question that children's reports *can* be affected and distorted. SVA is not explicitly designed to control for these information – processing biasing influences, and it cannot be determined whether it actually contains one or more. Therefore, any statement about the “veracity” of the child's report must be weighed in the light of the problems of (1) being unable to directly assess the truth, and (2) being unable to rule out biasing affects brought on by SVA itself or by other contacts. (O'Donohue, Farette, & Elliott, in Folletter et al, 1998)

Investigatory Interviewing: “Investigatory interviews” are types of interviews useful for law enforcement officials because they emphasize the importance of specific details. Offence details are often needed by prosecutors to enter the judicial process. Additionally, when a child is able to provide very specific and elaborate details about an event, it may be intuitively easier to infer that the child must then have experienced and event. Even adults can be made to remember very specific details of events that demonstrably did not happen. There is no evidence that children are somehow free of this capacity. In fact, there is notable research that suggests that children are not free from this problem. (Goodman, Aman, & Hirschman, 1987; Goodman & Reed, 1986King & Yuille, 1987; Marin, Guth & Kovac, 1979; Saywitz, 1987).

These types of interviews have several major problems according to O'Donohue et al, “The methods proposed in the guidelines are often based on principals not grounded in the empirical literature. The second problem is that there is usually no means to make sense of a sometimes very large, but extraneous to the

interview process, body of information (e.g., medical evidence) gathered during these investigations for the purpose of determining whether abuse did or did not occur. The third problem is that there is no empirical evidence that these interviews can be administered reliably, or that the information produced is valid. It should be noted that child sexual abuse assessments are a measurement activity, and thus are subject to investigations regarding their psychometric properties. An absence of psychometric data should make a scientific practitioner reluctant to use the device, especially if there is a device available that is supported by empirical psychometric evaluation.” (O’Donohue, et al 1998, p. 359)

2. *Unstructured Interviews*: Probably the most frequently used form of assessment is the unstructured, informal interview. These interviews are not usually guided by a formal standard approach, but may instead be based on experience and intuitive judgment. What is certain is that there is no empirical research that supports this approach.
3. *Structured Interviews*: There are methods to construct an interview that facilitate the analysis of its content and psychometric properties. In order to do this, the content of the interview must be well detailed, and the responses-questions available to the interviewer must be controlled. This is known as a structured interview.

A structured interview, the Sexual Abuse Structured Interview of Children (SASIC, Fanetti & O’Donohue, 1998) has been designed to aid in assessing the occurrence of child sexual abuse utilizing an information-processing, hypothesis-testing approach. The goal of this interview is to improve the interpretability of the child interview by eliminating biasing factors in the interview and assessing those that might have occurred before the interview. It is not to make a final determination (or the determination of the

probability) that the child has been sexually abused. This final conclusion must be made utilizing all information (e.g., the statements of others, medical evidence, etc.). The SASIC systematically avoids the pitfalls of previous assessment attempts in several ways. It is designed to assess the quality of the child's report with regard to the possibility of bias that may be introduced by various behaviours before and during the interview. Instead of making leaps of faith by talking about the veracity (which we can never know) of the child's report, the SASIC investigates the things (called potential biasing factors) that are found to be *not present*, there is no way that the child's report can have been affected by it." (O'Donohue et al, p.360)

The table below lists factors that are controlled for /assessed by the SASIC. To deal with the problem of unidentified rival hypotheses making the conclusions unintermittible, the SASIC has sought to assess/control all the major sources of bias that can be reasonably thought to be influential in the acquisition of memory reports from children.

Factors Controlled for or Assessed by the SASIC

Table 2

	Past event-derived information-processing hypotheses
1.	The child did not sense the abuse (e.g., the child was drugged).
2.	The child misperceived and mis-encoded the event, the child assimilated and abusive experience into another schema (e.g., "playing a game" or misperceived and mis-encoded a nonabusive event into an abuse schema (e.g., a medically prescribed enema.)
3.	The child has experienced some storage problem (e.g., decay).
4.	The child has experienced a retrieval problem (e.g., a lack of appropriate cues).
5.	The child has confabulated different experiences (e.g., the child has combined his experience of a sex prevention program with his experience of having a normal bath).
6.	Due to some unspecified processing problems, the child displays general deficits in recounting real from imagined events.

7.	The child's report has been contaminated by some outside source (previous contact with another professional; e.g., retroactive interference from some previous interviews).
8.	The amount of detail of the account (either absence or presence) can be explained by developmental information processing abilities.
9.	The child's disclosure is inhibited because he or she was taught not to talk about "dirty things".

(O'Donhue & Fanetti, 1996)

Table 3

Assessment-derived information-processing hypotheses	
1.	The child did not understand his or her role in the interview, or the purpose of the interview and therefore the answers were distorted.
2.	The child, due to rapport problems, was not comfortable and therefore did not answer in a full, accurate manner.
3.	The child had some sort of externally derived motivation to distort answers (e.g., fear of threats, purpose miscommunicated by some adult.
4.	The child felt as if he or she had no choice but to answer a certain way.
5.	Child did not know that he or she could say, "I don't know" when her or she did not know.
6.	The child answered in a certain way in an attempt to please an authority figure.
7.	Child did not know the importance of stating the truth.
8.	Child did not understand what it means to tell the truth.
9.	The child failed to understand the question.
10.	The child misspoke in his or her answer.
11.	The question was leading.
12.	The child's utterances were at times disconfirmed.
13.	The interviewer differentially reinforced certain types of answers.
14.	The questions were repetitive and therefore coercive.
15.	The child changed responses to repeated questioning because he or she assumed that a repetition of the question meant that the initial response was incorrect.
16.	There were aspects of the child's total response (e.g., body posture, facial expression) that gives a different interpretation to the child's answer.
Other	
1.	The child is lying (i.e., knowingly presenting some false information).
2.	The child's psychological state that is similar or dissimilar to abuse factors has some other explanation.

(O'Donhue & Fanetti, 1996)

Projective Tests

Wilson and Belville (2003) reviewed literature profiling sex offenders that perpetrate against children. Using these profiles, they created a model for social service agencies to screen for potential sex offenders in their hiring process. Most sex offenders that abuse children are in their mid-to late 30's. Ninety percent are male, but women perpetrated 36% of daycare offenses. Juvenile offenders accounted for 14% of cases.

Some risk factors include arrested emotional development, inadequate social skills, marital problems, and alcoholism. Prior sexual involvement with children, eroticism of children, picture taking or pornography, and difficulties in adult sexual relations are also strong predictors. Other factors included living alone or with parents, early separation from the military, and hobbies or careers that bring the offender into contact with children. Criminal background checks are only moderately useful in screening for sex offenders.

Projective tests such as the Rorschach are prone to misinterpretation. The largest criticism about these tests involved concerns that the tests ignored the effects of social priming and the test creation process (Payne, 1996). However, these tests hold some informative utility if used as supplements to objective tests, but their comparative value seems limited at best. Projective tests such as the Rosenzweig Picture-Frustration Study, Rotter Incomplete Sentences Blank, and Kinetic Family Drawing would help to supplement scores from other measurement tools to provide better insight into the worldview of the client (Cohen & Swerdlik, 2002). For example, the Rosenzweig Picture-Frustration Study would help to explain in more detail the results of a coping-skills inventory.

Hunter, Becker, and Kaplan (1995) explored whether the Adolescent Sexual Interest Card Sort shared the same limitations as similar tests used with adults, namely low reliability due to the self-report nature of the test and misrepresentation by the test taker. They compared the responses of juvenile sex offenders on the ASIC to phallometric measurements of erectile responding for the same youth. The latter tool is considered reliable but is highly invasive and therefore its use with juveniles is extremely controversial. The researchers found that self-report ratings of sexual interest generally reflected a denial of interest that did not significantly correlate with phallometric measurement. This and other studies suggest that sex offenders, both adult and juvenile, are prone toward minimization or denial of deviant sexual interests.

According to Seitz (2003) there are both general and specific problems with projective tests. These problems relate to the production (projective drawings; House-Tree-Person or Draw-A-Person), comprehension (e.g. Children's Apperception Test, Rorschach Inkblot Test, Thematic Apperception Test), and interpretation of two-dimensional representations (pictures, drawings, photographs, inkblots, and similar pictorial material).

Seitz maintains that, in general, projective testing has almost completely ignored the neuro-science and cognitive sciences literature, research on cognitive, perceptual, and affective development, as well as the nature and uses of art in the practical sphere. He claims that much of the clinical and research base on projective tests is poor or outdated both theoretically and empirically, the evidence for clinical utility is mixed or negative, and the tests themselves possess poor reliability and validity. He maintains that the underlying psychological process of projection has not been subject to empirical examination and the term remains vague and elusive.

He states that this situation is unfortunate because of the significant percentage of practicing clinicians that use the results of projective testing in practice. In fact, the CAT, H-T-P, Human Figures Drawing Test, Rorschach Inkblot Test, and Thematic Apperception Test are some of the most frequent tests administered by clinical psychologist. In spite of the fact that their use in psychological testing of children is being gradually supplanted by behavioral rating scales, projective testing still has a prominent place in the professional education of clinical psychologists and others.

Sachsenmaier (1998) explores a brief historical synopsis of child sexual abuse. The author argues that in the latter half of the 20th century, sexual abuse became recognized as an etiology of later distress and dysfunction in the abused person's life. The argument about the ability of a child to lie deliberately about the experience of sexual abuse was soon the focal point of the discussion about childhood sexual abuse.

Currently an abundance of research has shown that the issue of truth when applied to children's statements is "multi-dimensional". It is now understood that knowledge of child development in the areas of moral, cognitive, emotional, and social domains is necessary when attempting to judge the truth of a child's statement regarding allegations and when trying to understand why a child may not be telling the truth even when they seem sincere. The author also cautions against "moral panic" which is described as an overreaction of the therapist to any allegations. This becomes more important when clinician's realize that a child can be as traumatized by being believed when they are not telling the truth, as they are when they are telling the truth and not believed. Because moral panic also comes into play and creates a generic prejudice against those accused but not convicted of child sexual abuse, it must be accounted for in any investigation.

Investigations can be conducted by using the Statement Validity Analysis. This is a set of “interview techniques and analytical procedures for obtaining and evaluation statements” (p. 2) The SVA incorporates three procedures to use to evaluate the statements of children. The first of which is obtaining of a free narrative by the child who alleges the abuse without the use of dolls, the second is the application of Criteria Based Content Analysis (CBCA) to the child’s narrative. The CBCA analyzes the “narrative statement for general characteristics, specific contents and motivation-related contents.” The third procedure is the Validity Checklist which analyzes “the psychological characteristics of the child; the interview characteristics of the child and the examiner, the motivational factors relevant to the child and others involved in the allegations and investigative questions regarding the consistency and realism of the data”.

All of the investigative methods are subject to criticism pertaining to the lack of empirical support and the inability of some of the methods to correct for individual and age-related differences.(Sachsenmaier, S. J. Investigating child sexual abuse allegations: Do experts agree on anything. (1998).

The most commonly researched instruments of personality are the Rorschach Inkblot Method (RIM) and the Minnesota Multiphasic Personality Inventory (MMPI-2). (Greene, R.L. & Schinka J.A., 1997)

The RIM was published in 1921 and developed to assist in determining between normal and clinical groups. The RIM consists of 10 cards. The examiner shows each of these cards to the examinee and asks, "What might this be?" The response is noted. After the initial process of testing the examiner asks the respondent to indicate what specific object

on the card encouraged him/her to make such a response. In efforts to understand the RIM, (Exner, 1986) expresses his projection summary:

“It is important to remember that Rorschach answers are, in microcosm, a unique and valuable behavioral sample reflecting the way the individual is most likely to respond in a problem solving situation where there are few rules or principles directing the 'psychological traffic.' In the Rorschach, the individual is 'on his own,' forced to use the behaviors with which he is most comfortable, which are easiest for him to display, and which, in his judgment, will lead to acceptable performance. One of the most important features of the Rorschach is that it is 'non-directed' and does force the individual to display his 'psychological wares' in coping with the situation. When the Comprehensive System was developed, one point became clear above all others: the importance of keeping the task as free as possible from externally induced direction”. (p. 59).

The RIM is widely used by clinicians and researchers alike. Practitioners esteem this test highly. Academicians often question the psychometric properties of the RIM in educational settings of graduates (Greene, & Schinka, 1997).

Thematic Apperception Test (TAT)

One of the most widely used projective test is the Thematic Apperception Test (TAT, n.d.). The TAT was designed "to represent different areas of psychological functioning and to tap different kinds of psychological conflict" (Cramer, 1999, p. 89). The age range for this test is four and older. This test can take anywhere from 100 to 200 minutes, usually given in two sessions one day apart.

The TAT consists of 31 cards, 30 of which have pictures on them and one card is blank. The picture cards represent common human situations. The blank card is used exactly like the others except for the examinee is asked to imagine the picture on the card. The

administration, interpretation, and scoring is left to the discretion of the examiner. The examiner asks the examinee to describe events preceding the picture, what is going on now, and what will happen after the picture. The examinee becomes a storyteller, and "stories provide us with a way to find meaning" (Cramer, 1999, p. 74). The examiner can administer as many cards as he or she wants, the recommended number is usually 20 cards.

Psychometric soundness is a critical issue. With the TAT there is a concern with the "uniformity with which administration, scoring and interpretation procedures . . ." are given (Cohen & Swerdlik, 2002, p. 377). Also, another problem with the test is with reliability and validity. "Measures of reliability based on internal consistency are not appropriate for the TAT" (Cramer, 1999, p. 89). Objective personality tests are used to measure the same personality trait, but with the TAT cards there can be several themes pulled out from each card.

Another problem with reliability is with test-retest reliability. Giving this test a second time can alter the storyteller's response; usually people tell a different story on the second occasion (Cramer, 1999). Test-retest reliability is based on the assumption that psychological characteristics do not change over time, with this type of test that might not be true. Cramer (1999) suggests that observation would be an appropriate type of reliability. This would mean that two or more independent raters correlate the scores on a card to card basis.

A number of systems for interpreting TAT data exist, through all are based to a greater or lesser degree in Henry Murray's influential theory of personality, excellent summaries of

which are available (in, for example, Hall & Lindzey, 1970; Murray, 1959; Murray & Kluckhohn, 1953). In particular, interpretive systems for the TAT tend to incorporate the Murrayan concepts of *need* (determinants of behaviour arising from within the individual), *press* (determinants of behaviour arising from within the environment), and *thema* (a unit of interaction between needs and press). In general, the guiding principle in interpreting TAT stories is that the test-taker is identifying with someone (the protagonist) in the story and that the needs, environment demands, and conflicts of the protagonist in the story are in some way related to the concerns, hopes, fears, or desires of the examinee.

The TAT and other tests like it do have great intuitive appeal; it does make sense that people would project their own motivation when asked to construct a story from an ambiguous stimulus. Another appeal for users of this test is that it is the clinician who tailors the test administration by selecting the cards and the nature of the inquiry - -an undoubtedly welcome feature in the era of standardization, computer adaptive testing, and computer-generated narrative summaries. But as with many projective tests, it seems the TAT must ultimately be judged by a different, more clinically rather than psychometrically oriented standard if its contribution to personality assessment is to be fully appreciated. (Cohen, 2002, p. 378)

Other Picture – Story Tests

The Children's Apperceptive Story-Telling Test (CAST; Schneider, 1989; Schneider & Perney, 1990) has its basis in Adlerian theory. Another theoretically based projective instrument designed for use with children is the Blacky Pictures Test (Blum, 1950). This test features "Blacky" the dog, as well as family and friends, in scenes designed to elicit a response.

Sentence Completion Tests

Other projective techniques that use verbal material as projective stimuli are sentence completion tests. Examples include:

I like to _____

Someday, I will _____

I will always remember the time _____

I worry about _____

I am most frightened when _____

My feelings are hurt _____

My mother _____

I wish my parents _____

(Cohen (2002))

Production of Figure Drawings

One relatively quick and easy-to-remember projective technique is the analysis of drawings. Drawings can provide the psychodiagnostician with a wealth of clinical hypotheses to be confirmed or discarded as the result of other findings. The use of drawings in clinical and research settings has extended beyond the area of personality

assessment. Attempts have been made to use artistic productions as a source of information about intelligence, neurological intactness, visual-motor coordination, cognitive development, and even learning disabilities (Neale & Rosal, 1993; Oakland & Dowling, 1983). Figure drawings are an appealing source of diagnostic data, because the instructions for them can be administered individually or in a group by non-clinicians such as teachers and no materials other than a pencil and paper are required.

Figure-drawing tests

The classic work on the use of figure drawings as a projective stimulus is a book entitled *Personality Projection in the Drawing of the human Figure: A Method of Personality Investigation*, by Karen Machover (1949). Machover wrote that “the human figure drawn by an individual who is directed to ‘draw a person’ related intimately to the impulses, anxiety, conflicts, and compensations characteristic of that individual. In some sense, the figure drawn is the person, and the paper corresponds to the environment”. (p.35)

Here are some examples of drawings and possible interruptions are also included. A child is handed a second sheet of paper and instructed to draw a picture of a person of the opposite sex from the person just drawn. Subsequently, many clinicians will ask questions concerning the drawings such as “Tell me a story about that figure,” “Tell me about that boy/girl, man/lady, what is the person doing?” “How is the person feeling?” “What is nice or not nice about the person?” Responses to these questions are used in forming various hypotheses and interpretations concerning personality functioning.

Traditionally, the drawings generated on the DAP have been formally evaluated through analysis of various characteristics of the drawing. Attention has been given to such factors as the length of time required to complete the picture, placement of the figures, the size of the figure, pencil pressure used, symmetry, line quality, shading, the presence of erasures, facial expressions, posture, clothing, and overall appearance. Various hypotheses have been generated based on these factors. (Cohen 2002 p. 384).

Another projective test employing figure drawings is the House-Tree-Person test (HTP) developed and popularized by Buck (1948). In this procedure, as its name implies, the subject is instructed to draw a picture of a house, a tree, and a person. In much the same way that different aspects of the human figure are presumed to be reflective of psychological functioning, the way in which an individual represents a house and a tree is considered to have symbolic significance. In this context, one might find, for example, an account of how the House-Tree-Person test has been used to identify physically abused children (Blain et al., 1981)

Another projective drawing technique, this one thought to be of particular value in learning about the examinee in relation to her or his family, is the Kinetic Family Drawing (KFD) Derived from Hulse's (1951, 1952) Family Drawing Test, an administration of the KFD (Burns & Kaufman, 1970, 1972) begins with the examinee being given an 8 and a half by 11 inch piece of paper (which can be positioned any way) and a pencil with an eraser. The examinee, usually though not necessarily a child, is instructed as follows:

Draw a picture of everyone in your family, including you, DOING something. Try to draw whole people, not cartoons or stick people. Remember; make everyone DOING something- some kind of actions. (Burns & Kaufman, 1972, p.5)

Projective Methods in Perspective

In general critics have attacked projective methods on grounds related to the assumptions inherent in their use, the situational variables that attend their use, and the paucity of sound psychometric data to support their reliability and validity.

Assumptions

Murstein (1961) examined ten assumptions of projective techniques and argued that none of them was scientifically compelling. Several assumptions concern the stimulus material. For example, it is assumed that the more ambiguous the stimuli, the more subjects reveal about their personality. However, Murstein describes the stimulus material as only one aspect of the “total stimulus situation.” Environmental variables, response sets, reactions to the examiner, and related factors all contribute to response patterns. In addition, in situations where the stimulus properties of the projective material were designed to be unclear, or hazy, or are presented with uncompleted lines – thereby increasing ambiguity – projection on the part of the subject was not found to increase. Another assumption concerns the supposedly idiosyncratic nature of the responses evoked by projective stimulus. In fact, similarities in the response themes of different subjects to the same stimulus cards suggest that the stimulus material may not be as

ambiguous and as amenable to projection as had been previously assumed. Some consideration of the stimulus properties and the ways in which they affect the subject's responses is therefore indicated. The assumption that projection is greater to stimulus material that is similar to the subject (in physical appearance, gender, occupation, and so on) has also been found to be questionable.

Other assumptions questioned by Murstein concern how responses on projective tests are interpreted. These include the assumption that every response provides meaning for personality analysis; that a relationship exists between the strength of a need and its manifestation on projective instruments; that subjects are unaware of what they are disclosing about themselves; that a projective protocol reflects sufficient data concerning personality functioning to formulate judgments; and, finally, that there is a parallel between behavior obtained on a projective instrument and behavior displayed in social situations. It is Murstein's contention that these "cherished beliefs have been accepted by some clinical psychologists without the support of sufficient research validation" (p. 343).

Another assumption basic to projective testing is that there is such a thing as an "unconscious." Though the term unconscious is used by many psychologists and laypeople as well, some academicians have questioned whether in fact the unconscious exists in the same way that the liver exists. The scientific studies typically cited to support the existence of the unconscious (or perhaps more accurately, the fantasy of the construct" unconscious (or perhaps more accurately, the efficacy of the construct"

unconscious”) have used a very wide array of methodologies – see, for example, Diven (1937), Erdelyi (1949); Erdelyi & Goldberg, (1961). The conclusions from each of these types of studies are subject to alternative explanations. Additionally, conclusions about the existence of the unconscious based on experimental testing of predictions derived from hypnotic phenomena, from signal detection theory, and from specific personality theories have been, at least, inconclusive (Brody, 1972).

Heuristic Inquiry

There are two focusing or narrowing elements of heuristic inquiry within the larger framework of phenomenology. First, the researcher must have personal experience with and intense interest in the phenomenon under study. Second, others (co-researchers) who are part of the study must share an intensity of experience with the phenomenon.

Heuristics is not inquiry into casual experience. Heuristic inquiry focuses on intense human experiences, intense from the point of view of the investigator and co-researchers. It is the combination of personal experience and intensity that yields an understanding of the essence of the phenomenon. Heuristics is concerned with meaning, not measurements; with essence, not appearance, with quality, not quantity; with experience, not behavior.

The uniqueness of heuristic inquiry is the extent to which it legitimizes and places at the fore these personal experiences, reflections, and insights of the researcher. The researcher, then, comes to understand the essence of the phenomenon through shared

reflection and inquiry with co researchers as they also intensively experience and reflect on the phenomenon in question.

Systematic steps in the heuristic inquiry process lead to the “definitive exposition” of experiential essence: immersion, incubation, illumination, explication, and creative synthesis. Patton (2003) notes Heuristics is based on four rules.

1. The research person should be open to new concepts and change his or her preconception if the data are not in agreement with them.
2. The topic of research is preliminary and may change during the research process. It is only fully known after being successfully explored.
3. Data should be collected under the paradigm of maximum structural variation of perspectives.
4. The analysis is directed toward discovery of similarities. It locates similarities, accordance, analogies or homologies within these most diverse and varied data. It tires to overcome differences.

This approach emphasizes “introspection” as a critical part of the analytical process, an element also central to “heuristic inquiry” in the tradition of humanistic psychology. (Patton, (2003) p. 107-110)

Children Interviews Assessment Methods

According to Rogers, (2001) the assessment of children has been achieved by such diverse methods as play therapy and behavioral assessment. Clinicians have often been skeptical of self-reports by children and early adolescents. (Herjanic et al) The following five often used diagnostic interviews are:

1. The Schedule of Affective Disorders and Schizophrenia for School-Age Children (Kiddie-SADS or K-SADS; (Chambers et al., 1985)
2. The Diagnostic Interview Schedule for Children (DISC; Costello et al.,)
3. The Child Assessment Schedule (CAS, Hodges et al.,)
4. The Diagnostic Interview for Children and Adolescents (DICA; Herjanic & Reich)
5. The Children's Interview for Psychiatric Syndromes (CHIPS; (Weller et al., 1999)

Here is a brief summary of the strengths and weaknesses of each assessment inventory.

Table 4.

1. K-SADS-IV & SADS-PL	Description	Distinctive Features	Source
	The K-SADS is an extensive, semi structured interview for the evaluation of child diagnoses; it differs from other child interviews in its emphasis on symptom severity.	<p>With the parent interview administered first, the K-SADS attempts to reconcile disparities by sharing the parent's perspective. The K_SADS-III-R and K-SADS-IV have a solid psychometric foundation.</p> <p>The KSADS has special merit in the examination of mood, schizophrenic, anxiety, and conduct disorders. The K-SADS should be strongly considered when a detailed examination of symptoms and associated symptoms is desired.</p>	The K-SADS-IV is available from Paul Ambrosine, MD, by mail, 3200 Henry Avenue, Philadelphia, PA 19129-1137 or by phone, (215) 843-4402.
2. Diagnostic Interview Schedule for Children (DISC)	The DISC is a structured interview that is intended for use by both professionals and nonprofessionals.	<p>The DISC is the most extensively researched structured interview for children. It appears especially useful for addressing cross-cultural issues and epidemiological applications.</p> <p>The DISC appears to have acceptable to excellent reliability depending on the version (DISC-C and DISC-P) and the population. Its diagnostic test-retest reliabilities tend to fall in the moderate range. Its strengths are symptom interrater reliabilities and dimensional test-retest ratings of specific disorders. Current reliability data strongly support the Spanish translation with Puerto Rican samples.</p>	It is available from the DISC Development Group, by mail, 1051 Riverside Drive, Box 78, New York, NY 10032; by phone, (888) 814-3472.

		<p>A major strength of the DISC is its usefulness in establishing risk factors for childhood disorders. Another strength is its attention to generalizability. Studies systematically evaluate prevalence and comorbidity with different cultural groups. Well represented are Hispanic American and Native American youth. For issues regarding different cultures, the DISC is likely to be the first choice among the child interviews. It serves attention to response styles, which are often overlooked in both child and adult interviews.</p> <p>The major drawback of the DISC is its rigid structure. Because of its intended use with paraprofessional population, clinical inquiries and concomitant ratings are stringently controlled.</p>	
3. Child Assessment Schedule (CAS)	<p>The CAS is designed to evaluate symptoms of psychological problems within the framework of school, friends, family, and activities. It is not intended as a formal diagnostic measure but is rather a clinical tool for gathering diagnostically relevant material.</p>	<p>The CAS requires a skilled clinician with experience in interviewing children. The CAS requires only minimal training for standardized administrations.</p> <p>The CAS provides a problem-oriented interview for assessing potential difficulties and symptoms; this focus lends itself to the development of child and family based interventions.</p> <p>The CAS differs fundamentally from other child interviews in its emphasis on problem areas and key symptoms rather than formal diagnosis.</p> <p>The CAS should be strongly considered when the focus is on clinical description and identification of salient problems with specific context (e.g., school, friends, or family).</p>	<p>The author is Kay Hodges, PhD, Eastern Michigan University, Department of Psychology, Ypsilanti, MI 48197.</p>
4. Diagnostic Interview for Children & Adolescents	<p>The DICA is a structured diagnostic interview designed to cover lifetime diagnoses and render</p>	<p>The DICA was designed to be used by lay interviewers with training and experience in evaluating children.</p>	<p>Contact Wendy Reich, PhD, by mail, 660S. Euclid, Campus Box 8134, St.</p>

(DICA)	DSM diagnoses.	<p>The basic procedure is to administer the DICA-C and the DICA-P separately. It has solid test-retest reliabilities for both current diagnoses and symptoms when employed in clinical samples. Data do not currently support the use of the DICA-C in community settings with children ages 6-11.</p> <p>A distinguishing characteristic of the DICA is its emphasis on the child's or adolescent's confidentiality. In the introduction to the interview (Reich et al., 1991a, p.2), the child is assured, "I won't tell anyone what you tell me-not even your parents(s), unless we find out that somebody might be getting hurt in some way." The likely trade-off is that (1) children, especially adolescents, are more likely to divulge personal problems and problematic behavior, but (2) clinicians, particularly those employing family interventions, may be hampered in their treatment by an inability to address openly problems raised by the children/adolescents.</p>	Louis, MO 63110; or by phone, (314) 286-2263.
5. Children's Interview for Psychiatric Syndromes (CHIPS)	The CHIPS is a structured interview designed to evaluate symptoms associated with 20 common DSM-IV disorders. It is intended as a screening measure for youth ages 6 to 18	<p>It differs from the other major child interviews in that it is intended only to screen for disorders, not diagnose them.</p> <p>The chief stumbling block in recommending the CHIPS for clinical practice is the lack of clear evidence concerning its reliability.</p>	It is available from the American Psychiatric Press, by mail, 1400 K Street, NW, Washington, DC 20005-2403; by phone, (800) 368-5777.
Here are two other diagnostic interviews for use specifically with alleged child sexual abuse.			
6. Interview Schedule for Children (ISC)	Kovacs (1983) developed the Interview Schedule for Children (ISC) as a semi-structured interview on which symptoms are rated on a 9-point scale.	The ISC, designed to be used in conjunction with DSM-III, consists of parallel interviews first with a parent and then with the child.	
7. Childhood Trauma	The Childhood Trauma Interview	The interview has excellent interrater reliability (median r for items = .91) but its	

Interview (CTI)	(CTI) Fink et al., is a brief semistructured interview for assessing interpersonal trauma (e.g., physical neglect, witnessing violence, and sexual abuse).	test-retest reliability has yet to be established. While the CTI evidences modest correlations with self-report data (Carrion & Steiner, 2000; Fink et al., 1995) external validity needs rigorous evaluation. In light of the controversies surrounding repressed memories, retrospective use of the CTI would demand extensive validation before application outside of research settings. (Rogers, 2001)	
------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

(Rogers, Richard (2001) Handbook of Diagnostic and Structural Interviewing)

H. Forensic Child Interviews

Conceptual Background

There is a critical difference between forensic evaluations and more traditional clinical assessments. The forensic evaluator provides information and impressions directly to attorneys or a judge. Whereas most traditional clinical assessments involve the development of hypotheses and impressions to be considered as therapeutic efforts.

Traditional psychotherapy patients are generally assumed to be honest, whereas forensic family evaluation clients very frequently make diligent, strenuous efforts to present themselves in the best possible light. Forensic evaluators and psychotherapists often vastly overestimate their abilities to correctly identify when someone is lying. But knowing that a large proportion of clients try to present themselves in a positive light help competent forensic evaluators maintain healthy skepticism about what they are told and look for potentially convergent evidence across different methods of information gathering.

Although psychotherapists who work on a relatively long-term basis with patients sometimes have the benefit of learning later in the treatment process that statements made very early by patients were not completely accurate. Forensic evaluators typically do not have the benefit of such opportunities to gain a clearer evaluative picture of a client over a relatively long period.

Recommendations from a forensic evaluation can have a very significant impact on the lives of children and families. For example, Hynan notes that the presiding judge of a local domestic relations court estimated that her and his colleagues make custody rulings that are consistent with evaluator recommendations about 85% of the time.

An understanding of relevant statutes is important for forensic evaluators. Statutes pertaining to child abuse and neglect are critical. (Hynan, 2003)

Forensic Child Interviews

It is often challenging to obtain accurate information from children. For example Hynan writes that, “When a child answers a question in an interview, a number of cognitive, emotional, and behavioral factors are at work simultaneously. For example, a child must understand the question, recall information correctly, have the motivation to be truthful, and have the capacity for explaining himself or herself to the interviewer. The child must also have the ability to distinguish reality from fantasy and be sufficiently free from social pressure to respond with accurate information. The greatest challenge is to obtain accurate information from relatively young children. They rarely spontaneously tell an

interviewer when they do not understand a question or word. Also, young children often do not have a good understanding of time and numbers, and cannot comprehend how to take the perspective of others.” (Pgs 65-66).

The issue of memory in children is very complex, and it overlaps a good deal with other factors such as age, other cognitive abilities, and social influence. Relatively young children have memory traces that are generally weaker than those of older children and adults. Therefore, young children’s memories tend to fade more quickly than those of older children and adults. At the same time, very young children can accurately recall and describe events that have occurred in their lifetimes, though their statements tend to be exceedingly brief. In other words, at each questioning period, very young children tend to relate truthful yet incomplete descriptions of what has happened.

Poole and Lamb (1998) state there is considerable evidence that children can be influenced to make inaccurate statements and apparently believe the incorrect information that they report. At times, inadvertent errors by evaluators lead children to make inaccurate statements. Children, especially young ones, are often motivated to please authority figures. Therefore, many children may have a tendency to tell an interviewer what they believe the interviewer would like to hear. If an interviewer asks the same relatively specific question a number of times a child might assume that the interviewer did not like the answer given the first time. The response is changed simply to please the interviewer, and in doing so relate incorrect information.

Some of the time, children might be aware that they are giving an incorrect answer, but might do so to protect a loved parent, or they might be afraid of being harmed if they answer a question honestly. Children also lie for other reasons, including fear of punishment and to obtain an expected reward.

In other instances, a parent or other authority figure may tell a child incorrect information. Particularly if that inaccurate information is told to the child repeatedly, in an insistent manner, and is related by someone that child trusts, such as a parent, the child may come to actually believe the information is true. According to Hynan (2003) "One of the challenges of memory for both children and adults is that, at times, it is difficult to recall the source of the memory; that is, whether an individual recalls something because of direct experience, or whether that information was actually supplied by another source. In other words, depending upon the degree and repetition of persuasion applied to a child, there may be apparent memories for events that actually never took place. To complicate matters further, there is also evidence that those individuals who have been documented as having been the victims of abuse as children sometimes cannot recall the abusive events later as adults." (p. 66)

Another interviewing consideration is that the types of questions used with children can make a great deal of difference in obtaining accurate information. Errors of commission tend to be low in response to open-ended questions. Because children often give incomplete answers and leave out important facts in response to open-ended questions the risk of errors of omission is high if only open-ended questions are used

With young children, it is important to ask a series of questions to ascertain that they are able to distinguish between true and false information. Such questions might include basic information immediately available in the office setting. Children should be encouraged to tell the evaluator if they do not know the meaning of a word or question. It is important to try to establish rapport with children. Start interviews with relatively easy questions, such as asking them about their school, activities, and daily routines. More difficult, emotionally laden questions, such as whether a child has ever been abused or has witnessed any domestic violence, are best asked later in the interview process. It is also important to interview children individually, when they are less likely to be subjected to social influence from parents or siblings.

Children are often coached by parents and others prior to interviews one clue this has occurred is when a child brings up an important topic completely spontaneously, and not within the context of questions that were being asked at the time. Somewhat similarly, the child might also repeatedly bring up such material during the course of an interview. Not in response to the questions that were asked or the content areas that were covered. It can be useful in such circumstances to ask children whether they have experienced such events directly, or whether they have been informed about them by another individual. It can be productive at times to ask children whether a parent, or anyone else, has instructed them to relate certain information to the interviewer. (Hynan, 2003)

Forensic Art

Boylan, (2001) explains that a memory in an eyewitness's mind is evidence. She states, "An 'imprint' in an eyewitness' memory is just as fragile, and in fact even more

“smugable” than a fingerprint on a murder weapon, yet rarely is it treated with equal care. The delicate eyewitness image obtained during the crime is routinely smeared, distorted, and contaminated by police agencies as they attempt to create a composite drawing of the suspect.” (P.11)

In her specialized field of forensics there is a common belief is that if the artwork is good, then the information it conveys must be good as well. But that belief is dangerously wrong. There is no correlation between the impressiveness of the artwork and the accuracy of its information. The answers to uncovering memory reside not in artistic ability, but in understanding the powerful inner workings of the human mind- and more importantly, in the power of the human heart. She provides the following working guidelines in her understanding of the memory of a witness.

1. The mind holds upheaval great power to encode or record detail into its memory if an event evokes emotion, and especially if it threatens a person’s own sense of security. Because the crime victim experiences the traumatic event personally, the mind, as a survival measure, acts with determination to protect the victim from re-experiencing the event by repressing the image that induced the trauma. Emotions arise and act to buffer the harsh reality from the conscious mind. The mind then strives to alter the memory in any way it can, to make that image more emotionally palatable.

2. A crime victim will go through a series of “if only’s”. “If only I had taken a different route, if only I’d followed my intuition, if only... it’s part of the mind’s effort to rework the event in order to master the emotion. The mind tries hard to achieve distance from the trauma to allow the victim to move forward, to move on to safety and to regain function. This sets the stage for disaster when interviewing high-trauma witnesses and victims, who are highly susceptible to influence and suggestion.” They are trying on a conscious level to recall the images of those who brought the experience of terror into their lives – while subconsciously their minds are trying to repress the same information. Their minds will willingly grasp at whatever information is presented, verbally or visually.” The good news to investigators is that the subconscious mind often holds the true detail intact, though it’s typically buried securely underneath what the conscious mind has allowed in as its new “truth” (Boylan, pgs. 13,14)

3. There is now decades of research proving that when emotion is introduced, every single dynamic of how memory functions changes. By showing eyewitnesses books of facial photos from which to choose look-alike images, the well-meaning police or police artists are literally handing to the eyewitness – at the very height of that person’s vulnerability to suggestion and influence – the visual tools to effectively discard, distort or further entomb the actual image that created the trauma. They are in effect, not producing but rather unknowingly aiding in destroying evidence. The academic world understands this, but the police system hasn’t caught up. They still assume that this work is all about art.” (Boylan, p.15)

4. If we can coach the conscious mind to move aside, sometimes we can still access the original untainted image – if there is reason enough for it to have been retained in memory. The higher the degree of personal trauma, the harder the mind works to discard or bury the image, but, also, the more likely it will have been encoded into memory in the first place, even if it's housed at a much deeper level of recall.

(Boylan, p. 15)

Elizabeth Loftus has led a field of scholars intensively studying eyewitness recall. She has been sought worldwide by defense teams needing an expert witness to discredit eyewitness testimony. Her studies proved that memory is not static, that ideas can be implanted, recall skewed, and images overridden if an eyewitness is exposed to suggestion in any form.

Psychological Testing

The *Child Abuse Potential Inventory* (Milner, 1989) is a well-validated instrument designed to identify the likelihood of moderate or higher levels of physical abuse.

Collateral Information

Collecting collateral third-party information is often important in child and family evaluations, especially because participants are particularly likely to create as positive an impression about themselves as they can, both in interviews and psychological tests.

responses. Collateral information from objective sources, which would not necessarily be assumed to be acting as advocates for either parent, can be especially valuable sources of information. Such information is often routinely obtained from schools, therapists, and other health care providers. In some cases, there may be police records, or documents from other agencies.

Talking with the Child

In most cases of sexual abuse the child and the abuser are the only two people certain as to whether or not the abuse occurred. As most perpetrators are unwilling to admit the abuse, it is usually the child's account on which to base a decision. This is particularly important, as often there is no physical evidence in child sexual abuse; it is usually the child's account on which to base a decision. The child may be reluctant to discuss the abuse because of fear of retribution or some other serious consequences from the abuser. The interview with the child should be done in a relaxed manner that gives the child a feeling of trust and confidence in the interviewer. It is not good for the interview if the interviewer's anxiety is transmitted to the child. In addition to a high order of clinical skills, another essential requirement is open-mindedness, meaning that the interviewer meets the child with no bias or preconceived view as to whether the child has been abused (Jones, 1990).

Jones (1990) describes five phases in the interview conducted by professionals experienced in talking with children. In the first phase, the interviewer gains rapport with the child, discussing neutral aspects of the child's life such as school and friends. The

child many want to know if what he or she tells the interviewer will be told to others. The interviewer has to avoid the trap of promising confidentiality when this may not be possible.

In the second phase, there is some initial exploration about the possibility of sexual abuse. This may involve asking the child about his or her symptoms of anxiety or behaviour, and may be enough to encourage the child's spontaneous discussion of an abusive event. If the child is reluctant to talk, the interview progresses to the phase of facilitation. Here the questions can be more specific, but must not be suggestive.

In this phase, in some jurisdiction only, anatomically correct dolls and other props may be used to help the child to convey an account. Anatomically correct dolls are no longer admissible as evidence in Canada and are not used by police and child welfare services. In the jurisdictions that still use the anatomically correct dolls they argue that such props can be helpful in determining the child's ability to name body parts and can be used in play to help children make verbal statements about events they have experienced. The interviewer should avoid naming the dolls as specific persons in the child's family.

Sexualized play with dolls should be interpreted with caution. While sexualized play with dolls is more common among children who been abused, some children who have not been abused may also play with dolls sexually. This means that sexualized play with dolls by itself should not be used to conclude that a child has been sexually abused, although the information can be helpful as the investigator tries to piece together the jigsaw about whether or not abuse has occurred. It is important to stress that there is not

such thing as a test that can be done using anatomically detailed dolls to decide whether a child has been sexually abused. (Everson & Boat, 1994)

Following facilitation, the fourth phase involves gathering specific details if sexual abuse has been described. These include such details as the type and pattern of abuse, the use of threats or coercion, the use of drugs or pornography, and the identity of the abuser.

Finally, the interview should have a closing phase in which the interviewer reviews the main parts of the interview and acknowledges the feelings the child has struggled with and expressed.

Lamb (1994) recommends the following points when interviewing children.

1. The child should be interviewed skilfully as soon as possible after the alleged incident has taken place.
2. Where possible, children should not be interviewed on multiple occasions as children's accounts, like those of adults, are at times susceptible to "post-event contamination" where the report of an incident is distorted by the inclusion of details that were not part of the incident or of the original account.
3. To reduce the number of interviews, it is desirable to record primary investigative interviews, using audiotape or, preferably, videotape.
4. The most reliable and accurate information is obtained from children who are responding to open-ended questions designed to elicit free narrative accounts of events that they have experienced.
5. In young children (especially under 5 years of age) narrative information is likely to be limited and direct questions are needed to obtain further information.
6. When direct questions are asked, they should be non-suggestive and use developmentally appropriate vocabulary and sentence construction. Whenever possible, direct questions should be followed by attempts to elicit free narrative.

7. Repeated, highly leading, or suggestive questions asked in an accusatory manner are ill advised because they are likely to promote distortion on the part of the child and may introduce details that become incorporated into and contaminate subsequent accounts.

Do Children Tell the Truth

There has been considerable controversy about the credibility of child witnesses. In the adversarial legal system, questions are often raised about a child's reliability in testimony. When one examines the data on children's memory, a great deal is known and it is apparent that children, especially over 5 years of age, can be more reliable than was previously believed.

Most people who talk with children, including their own, know that young children offer little information in free recall. Oates (1996) notes "This lack of spontaneous free recall young children has given the impression that they remember little. This is an erroneous view. Most parents know that in response to a question to their own child, 'What happened at school today' their child will often reply, 'Nothing'. However, if the parent asks some specific questions about games, classes, or teachers at the school, the child may provide a large amount of information." (p. 76)

There is also a view that children are more suggestive than adults. Most of the studies show that while children can be suggestive in some circumstances, children over 5 years are no more suggestive than adults and their memory for the central, more important aspects of an event in which they were involved is less likely to be influenced by suggestion than their memory for the more peripheral aspects of the event.

Studies that have involved children in an innocuous event and then attempted to create false reports of abuse through suggestive questioning show that children are more resistant to such questioning than was formerly believed. Caution has to be used when 3 or 4 year old children are questioned. Although they can provide accurate memories of an event and although studies show that they rarely, if ever, give spontaneous reports of abuse, even under conditions of suggestive questioning, they do occasionally agree that abuse has occurred when it has not. (Schwartz-Kennedy, Wilson, & Goodman, 1990)

Children are more resistant to suggestions about abusive actions than would have been predicted from the earlier studies in which children's memory and suggestibility were tested for events they has observed but in which they has not personally been involved (Oates, 1996)

The increased knowledge about children's reliability as witnesses means that more children are now asked to testify in court. This raises the question as to whether testifying in court can itself be harmful to children. Children who have to testify may suffer stress from having to face the accused in the courtroom. One study (Weiss & Berg, 1982) found that sexually abused children who had given evidence in court had a delay in the resolution of negative symptoms caused by the abuse. But Runyan and colleagues (1988) fund that children who testified had a significant decrease in anxiety compared with those who did not, although in this study the children had testified in juvenile rather than a criminal court.

Models to Account for Reactions to Child Sexual Abuse

Two models have emerged to account for the diverse set of reactions to child sexual abuse. The first model suggests that many sequelae resulting from abuse can be conceptualized as a form of PTSD (e.g., Deblinger, McKeer, & Henry, 1990). The second model suggests that four trauma-causing factors lead to cognitive and emotional distortions that impact the child's adjustment. The two models are as follows:

- A. *The PTSD Model:* Wolfe and her colleagues (e.g., Wolfe & Gentile, 1992) proposed that the sequelae resulting from childhood sexual abuse often can be viewed within a PTSD formulation. This viewpoint is based upon three premises: (1) The sexual abuse of a child meets the definition for "trauma" as outlined in the Diagnostic and Statistical Manual of Mental Disorders; (2) clinical impressions suggest that many abused children demonstrate at least some symptoms characteristic of the diagnostic criteria for PTSD (e.g., intrusive thoughts, avoidance, numbing, and hyperarousal); and (3) three variables that mediate adult victims' responses to sexual abuse (i.e., severity of abuse, availability of social support, and attributional styles) also mediate the impact of other types of trauma such as rape and combat. Clinical impressions and empirical evidence suggest that symptoms of PTSD (e.g., dissociative states, hyperarousal such as sleep disturbance, and generalized and abuse-specific fear) are commonly associated with a history of child sexual abuse.

Criticisms concerning the application of the PTSD model to sequelae associated with child sexual abuse have been raised. The PTSD perspective is too narrow to account for

all sequelae associated with sexual abuse (e.g., self-blame, sexual problems, suicidality, substance abuse, revictimization). Additional criticisms suggest that the PTSD model (1) fails to emphasize the initial adaptive nature of symptomatic behaviours, (2) fails to account for cognitive issues that result from the abuse, (3) does not present a theory to explain symptom development, (4) fails to take into account how abuse-related trauma may be different from other types of trauma, and (5) does not account for abuse victims who do not experience symptoms of PTSD. (Kendall-Tackett et al, 1993)

Wolfe & Birt (1997) elaborated the PTSD model using a cognitive –behaviour framework. Specifically, they suggest that the severity of abuse (e.g., use of coercion/force) is related to the development of symptoms conversely, they suggest that the course of abuse (e.g., duration and frequency) is thought to relate to dysfunctional cognitive processes and dysfunctional coping, as represented by the following: (1) a learned helplessness attributional style and depression; (2) dissociation; (3) excessive emotionality and passivity in coping with day-to-day and trauma-related stressors; and (4) excessive, poorly managed responses to anger-provoking situations.

B. The Traumagenic Model: A second model for organizing the data concerning the effects of sexual victimization was proposed by Finkelhor (1987) and is referred to as the traumagenic model. This is a theoretically derived model intended to specify how and why sexual victimization results in different types of trauma. Four trauma-causing factors (called traumagenic dynamics) purportedly distort various cognitive and emotional processes in children (e.g., self-concept). These traumagenic

dynamics are (1) traumatic sexualization, (2) betrayal, (3) powerlessness, and (4) stigmatization. Traumatic sexualization refers to the development of distorted views of sexual attitudes and feelings.

Finkelhor suggests that children may learn that sexual behaviour is a means of obtaining attention or privileges. They may become promiscuous or turn to prostitution. In addition, sexuality may become associated with fear. This may have negative impact on a person's sexual functioning or ability to develop intimate relationships as an adult. Betrayal, the second traumatic dynamic, refers to the harm inflicted on a person by those on whom he or she depends or with whom he or she has a trusting relationship. Children may feel a sense of betrayal by the perpetrator, family members, the person to whom the disclosure was made, siblings, peers, the legal system, and so on.

Powerlessness is the third traumagenic dynamic proposed in Finkelhor's model. This refers to the case in which the child's control over his or her life has been usurped either prior to, during, or following the abuse. The fourth traumagenic dynamic is stigmatization. This factor consists of negative thoughts and feelings such as guilt and shame that the child may adopt as a result of the abuse. Stigmatization may be direct or indirect, as well as real or perceived. O'Donohue et al (in Folletter et al, 1998)

O'Donohue et al (in Folletter et al, 1998) believes that although the traumagenic model provides a theoretical means of conceptualizing the effects of child sexual abuse, its major limitation is that there is little empirical evidence evaluating its accuracy. This is

especially a problem because it is unclear if there are four traumagenic dynamics as opposed to some other number or if the numerous causal pathways alluded to in the model are accurate.

Heterogeneity of Responding to Abuse Allegations

Although some symptoms of abuse may occur with greater frequency than others, children's responses to victimization appear to be highly heterogeneous. Many researchers have suggested that the lack of homogeneous responding to abuse results from a set of complex interactions between pre-abuse factors (e.g., age of child, diatheses, family support), abuse factors (e.g., duration of abuse, relationship to perpetrator), and post-abuse factors (e.g., the disclosure process, reactions of others and court involvement). The following chart contains a fuller explication of such mediating factors.

Possible Mediating Variables in Reporting Abuse

Pre-abuse status	Abuse characteristics	Post-abuse characteristics
Age of child (chronological, mental, developmental, at onset, at disclosure) Cognitive maturity Gender of victim Gender of perpetrator Isolation Psychopathology of victim and family Attributional style Coping skills Friendships	Type of nature of abuse (penetration, fondling) Duration and frequency (chronic vs. single episode) Relationship to perpetrator Severity of abuse (force and aggression) Degree of participation and consent by victim Gender of victim Gender of perpetrator Age of perpetrator Tactics used (coercion, bribes, threats) Number of perpetrators Attributions concerning the abuse	Time since abuse Time since disclosure Telling versus not telling Parental, societal, and institutional responses to disclosure Legal stress (court proceedings) Disposition of perpetrator Denial by perpetrator Other family characteristics Stigma

Table 5 (in Follette, 1998, p. 367)

O'Donhue and Elliott (1992) have suggested that questions such as "How do children respond to sexual abuse?" appear to be based on the problematic assumptions that "children" and "sexual abuse" represent homogeneous categories. They suggest that the use of the term "sexual abuse" accurately reflect a wide range of behaviours such as single noncontact abuse by a stranger as well as multiple episodes of violent rape by a father. Similarly, the term "child" (as in child sexual abuse,) may accurately refer to abuse of both an infant and a 17-year-old. Given the wide range of factors that may influence an individual's response to "child sexual abuse," the observed heterogeneity is not surprising.

Assessment Devices Psychometrically Evaluated for use with Sexually Abused Children

Numerous assessment devices have been developed to aid clinicians and researchers in gathering information regarding sexual abuse in children. Although psychometrically sound assessment devices such as the Child Behaviour Checklist (Achenbach & Fdelbrock, 1983) had previously been used to assist clinicians in evaluating sexually abused children, their usefulness was limited by the fact that they could only provide information concerning abuse-specific difficulties.

Wolfe and Birt (1997) review several assessment instruments designed to tap PTSD symptomatology. The Children's Impact of Traumatic Events Scale- Revised (CITES-R) is a structured interview designed to assess children's perceptions an attributions concerning the impact of abuse. The scale is intended for children between the ages of 8 and 16. The Trauma Symptom Checklist for Children (TSCC; Briere, 1996) is a 54-item instrument that

yields six subscales (i.e., anger, anxiety, depression, dissociation, PTSD, and sexual concerns). This instrument can be used with children regardless of whether they have disclosed abuse. A third scale reviewed by Wolfe and Birt (1997), the Sexual Abuse Fear Evaluation scale (SAFE) contains 27 items designed to assess “sexual fears, fears related to the disclosure and investigation, and fears of revictimization”. The Feelings and Emotions Experienced during Sexual Abuse questionnaire (FEEDSA; Wolfe & Birt, 1995) was designed to assess children’s emotional reactions to their sexual abuse. This 54-item questionnaire assesses negative emotions (e.g., anger), perceptions that the situation was uncontrollable, and dissociation during the abuse (e.g., feelings as if one left his or her body). Finally, Wolfe et al., 1992) also derived a PTSD subscale from the Child Behaviour Checklist – Parent Report Form to assess PTSD symptoms in abused children. The scale currently contains 23 items that reflect three symptom domains associated with PTSD (i.e., reexperiencing, fears and avoidance, and hyperarousal).

Wolfe and Birt (1997) also review several assessment instruments designed to tap sexual problems in abused children. The Child Sexual Behaviour Inventory (Friedrichm et al 1993) is a 36-item measure completed by the child’s primary female caregiver. It assesses (1) environmental influences that potentially affect sexual behaviour (e.g., opportunity to bathe with adults), and (2) the type and frequency of sexualized behaviours occurring during the previous 6 months.

Several assessment instruments have emerged to assess trauma-related sequelae such as dissociative symptoms and attributional style. For example, the Child Dissociative

Checklist (CDC; Putman, 1988) is designed to serve as a screening device to measure the severity of observable symptoms of dissociation in children. The Children's Attributional Style Questionnaire (KASTAN; Kaslow, Rehm, & Siegel, 1984) contains 48 items designed to assess whether children's attributions for positive and negative events are internal or external, global or specific, an stable or unstable. Finally, attributional style in sexually abused children can also be assessed using the CITES-R Attributional Issues Scales. Based on the theory of learned helplessness, this instrument contains four scales designed to assess abuse-related attributions (e.g., self-blame/guilt, dangerous world, personal vulnerability, and empowerment).

Several questionnaires have emerged to assess mediators of sexual abuse sequelae. Wolfe and Birt (1997) cite the following four areas of family functioning that mediate abuse, "caregiver reactions to the abuse, caregiver mental health, warmth of parent-child interactions, and ability to adapt to the changes and stressors resulting from the sexual abuse disclosure". The Parent Impact Questionnaire (Wolfe, 1985) was designed to assess the reactions of caregivers to disclosure of abuse. The Impact of Event Scale (Horowitz, Witner, & Alvarez, 1979) was designed to tap intrusive thoughts and avoidance regarding a traumatic event. The Parental Reaction to Incest Disclosure Scale (PRIDS; Everson, 1989) assesses the reactions and support provided by parents following the disclosure of intrafamilial sexual abuse. The CITES-R Social Reaction Scales (Wolfe & Gentile, 1992) assess both social support and negative reactions from others. Finally, additional scales that may be useful for sexual abuse evaluations but that were not specifically designed for that purpose include the Symptom Checklist 90-Revised (Derogatis, 1977), the Family

Adaptability and Cohesion Evaluation Scale 11 (FACES 11; Olseon, Bell, & Portner, 1982), and the Family Environment Scale (FES; Moos & Moos, 1986). (O'Donhue et al, in Folletter, et al, 1998)

Interviewing Parents

The interviewer has four main tasks when interviewing parents.

1. *Investigation the allegation.* This includes determining the parents' understanding of the allegation and gathering background information to clarify the story given by the child. Details of the relationship between the alleged offender and the child should be obtained, as well as details of access to the child. The parent will be able to give any information about behaviour changes seen in the child and it may be possible to relate the onset of these to the time when the abuse was thought to have commenced.
2. *Evaluation of family relationships and function.* Information about the family is obtained, such as relationships with the family, socio-economic and cultural background, attitudes toward sexuality and sexual behaviour, changes in family structure, sleeping arrangements, and information about other adults who may move in and out of the family and about any custody disputes or access arrangements. Information about physical or mental health problems in the family should be explored, as well as whether the parents experiences sexual abuse in their own childhood. In particular it is helpful to know about the family's attitude to the child. Are they supportive of the child? Do they see the child as truthful, reliable, or easily led? Are the allegations believed by the family and what effect has they had on the family members?
3. *Evaluation of the parents' ability to protect the child.* The interviewer will need to know whether any action of the parents has placed the child at increased risk of abuse and whether the child will be able to be protected from further abuse, particularly if the abuse was interfamilial. Families are sometimes angry with the child for revealing the abuse and deny that it is possible, even in the presence of

- strong evidence. They may victimize the child for making the allegations. These issues need to be explored at the interview to ensure that the child is protected not only from further sexual abuse but also from victimization.
4. *Counselling and support.* While it is hoped that the attitude of the interviewer and the conduct of the interview will have some therapeutic, as well as investigative, value, the interviewer should also determine the need for appropriate ongoing counselling, with specific recommendations made (at the end of the interview or later, if appropriate) about available services. These may include individual or group therapy for the child, as well as therapy and counselling for family members. This is especially important if the mother has been sexually abused in her own childhood, as she may need help to see how her abuse may be influencing the way she responds to her child's needs at this time.

According to Oates (1996) there are three common errors that have the potential for causing problems in the assessment and treatment of child sexual abuse cases.

1. *Premature Intervention.* The disclosure of child sexual abuse precipitates a crisis for the family. Appreciated is that it can also precipitate a crisis for the professional. Professionals often feel urged to act immediately when there is any suggestion of sexual abuse of a child. Furniss (1990) draws a distinction between vague "first-line suspicions" and well-founded "second-line suspicions," suggesting that a vague first-line suspicion should be carefully documented and lead to further information gathering and clarification, but should not be the basis for triggering an immediate intervention with the child and family. He believes that a first-line suspicion should remain firmly within the professional network. Such a suspicion may be an indication for a professional, such as a teacher or doctor, to seek a consultation with another experienced professional where the case can be discussed in a problem-oriented way without necessarily naming and identifying a child. Such a consultation helps the professional to assess the reality of the initial suspicion and how to establish the amount of further information that may be necessary to reach a well-founded second-line suspicion.

2. *Handing Cases over to Other Agencies:* This has the potential for disrupting the continuity of the intervention and the relationship of trust that should have been developed among the child, the family, and the professional. The potential problems can be avoided if the transfer is done with the family and both professionals present. It is also important for the family to see that the professionals are in agreement and to avoid the easy trap of inferring that there is a “good professional” who has been replaced by a “bad professional.” (Furniss, 1990) or vice versa.

3. *Conflicts between Professionals:* There are often different perspectives regarding the case. One professional’s emphasis may be on protection of the child; another’s may be on treatment of the family, whereas another may emphasize prosecution of the offender. Usually, when professional conflicts arise, it is the child who loses.

Characteristic Medical Findings

Medical evidence may provide the most compelling confirmation that a child has been sexually abused. Certain medical findings may be present in the child who has been sexually abused that will not be found in the child who fabricates the abuse. Often, by the time an evaluator is called in, these findings may no longer be present because the length of time between the alleged abuse and the actual trial is often a lengthy time period, doctor’s notes and hospital charts are often the best source of such medical information. Here are some of the “smoking gun” medical symptoms, which may indicate abuse.

1. Abrasions, inflammation, and other evidence of damage to the genital or rectal tissues. A common warning sign of such trauma is blood-stained panties.
2. General trauma to the body caused by beatings administered by the perpetrator. The sexual abuse, then, is associated with physical abuse.

3. The presence of foreign objects in the genital, rectal, or urethral openings, Sometimes these are placed by the perpetrator, sometimes by the child himself or herself in imitation of the abuser.
4. The presence of sperm in a body orifice (obviously, this criterion is only valid during a short period after the abuse).
5. The presence of a sexually transmitted disease.
6. Pregnancy (obviously, this criterion is for older victims). (Gardner, 1998)

Physical Indicators and the Medical Examination

Specifics of the medical examination and anatomical findings will not be given in detail as it is beyond the scope of this project. When Ladson, Johnson, and Doty (1987) surveyed paediatricians and family practitioners, they found that only 77% routinely checked children's genitals more than half of the time. When asked to label anatomical parts on a picture of a 6-year-old girl's genitals only 59% could correctly identify the hymen. Eighty-nine percent identified the clitoris and 78% identified the urethral opening.

There are some physical symptoms that may bring the child to medical care and may indicate sexual abuse. Vaginal bleeding is an important indicator of possible abuse that must always be investigated. Such bleeding occasionally is caused by an accident, although there should be a history of a painful fall, usually a straddle injury. Other causes include early onset of puberty and some medical disorders. Sexual abuse should always be considered when rectal bleeding is present. Sexual abuse must be considered an important and common cause of vaginal or rectal bleeding, it should be emphasized that most cases of child sexual abuse do not cause bleeding.

Sexually transmitted disease is an extremely strong indicator of child sexual abuse, as it is extremely rare for it to be transmitted by nonsexual means. Pregnancy is of course, an obvious indicator of abuse. When a general physical examination reveals bruises, bites and scratches on the lower abdomen and inner aspects of the thigh, the possibility of sexual abuse should be considered.

Some of the general principles in the medical diagnosis of child sexual abuse have been described by Bays and Chadwick (1993)

1. A normal physical examination is common in child sexual abuse because much sexual abuse does not involve penetration. Even when it does, injuries involving the vaginal and rectal areas heal quickly.
2. In the absence of congenital anomalies, all girls are born with a hymen. Total or partial absence of the hymen implies its disruption by abuse or accident, abuse being the far more common cause.
3. Normal hymens have various configurations, so physicians should be aware of the normal variations.
4. The appearance of the hymen and the size of the hymenal opening change with different positions and different examination techniques.
5. Accidents, masturbation, and the use of tampons are very unlikely to cause injury to the hymen or to the internal genital structures.
6. The size of the normal hymenal opening increases with age. Although hymen openings have been shown to be larger in abused compared with nonabused girls, it is difficult to use this as a "test" for sexual abuse. This also means that a relatively small hymenal opening does not exclude abuse since the opening of an injured hymen may become smaller following healing. Basing a diagnosis of sexual abuse using the size of the hymenal orifice as the sole indicator is fraught with danger. The diagnosis of sexual abuse is made "not on a genital

measurement, but on descriptive statements made by a child” (Paradise, 1989,p. 176)

7. Transmission of sexually transmitted disease outside the perinatal period by nonsexual means is a rare occurrence.

The Physical Examination of the Sexually Abused Child

According to Oates, (1996) the physical examination of a sexually abused child should be done with the child’s permission in an atmosphere of calm and reassurance. The examination should be preceded by an explanation to the child, which should emphasize that the assessment will be made based on “looking” rather than on “touching.” It is preferable to start with a full general physical examination, checking general health and looking for evidence of abuse in other areas. After this has been done, genital inspections are usually adequate. With females, this part of the examination should include more than one position to increase the certainty about the presence of absence of physical signs. There are two commonly used positions: In the first, the child lies on her back. Gentle separation and traction of the labia give a good view of the tissues surrounding the vagina. In the other position, the child lies on her front in the knee-to-chest position so the vaginal opening can be inspected from behind. This position gives a good view of the hymen. Penetration of the vagina usually tears the hymen and occasionally other tissues if penetration has been forceful.

Although most cases of child sexual abuse have no physical findings so that the history must be relied upon to reach a decision about the abuse, there are some

medical findings that are diagnostic for sexual abuse, even in the absence of a history of abuse. These have been described by Days and Chadwick.

1. The presence of semen, sperm, or acid phosphatase in the genital tract.
2. Pregnancy.
3. Fresh genital or anal injuries (such as cuts, abrasions, bruises, petechiae, and bite marks) in the absence of an adequate accidental explanation.
4. A positive test for syphilis or gonorrhoea, assuming it was not acquired around the time of birth.
5. HIV infection if not acquired by the intravenous route or around the time of birth.
6. A markedly enlarged hymenal opening for age with associated findings of hymen disruption, including absence of the hymen, hymenal remnants, and healed transactions or scars in the absence of an adequate accidental or surgical explanation.

Medical Complications

The major medical complications of child sexual abuse are acute injury, pregnancy, and sexually transmitted disease. (Oates, 1996)

Special Situations

Here are five related issues discussed by Oates (1998)

1. *Abuse by other children*: When one is evaluating sexual interactions between children, many of which may be normal exploratory behaviour, the behaviour would be considered abusive if there are elements of lack of consent, coercion, and inequality (such as in terms of age or power) between the children. Many sexual abusers develop their patterns of deviant behaviour before their late teenage years (Abel, Rouleau, and Cunningham-Rathner, 1986).
2. *Abuse in Nursery Schools*: Finkelhor and Williams (1988) estimated that, in 1985, 1300 children were sexually abused in 267 day-care centres and family day-care

- groups in the United States. The study found that 40% of the abusers in day-care centres were female; a much higher percentage than is usually found in sexual abuse cases and presumably accounted for by the fact that only 5% of day-care staff are male.
3. *Abuse of Children with Special Needs*: It is difficult enough to make a diagnosis of sexual abuse in a normal child. The difficulties when the child is handicapped, especially with poor communications skills, are even greater. It is now being recognized that these children are a greater risk than are children in the normal population. Ammerman et al. (1989) found that of 150 children with multiple handicaps admitted to a residential hospital, 30% had been abused. Of those who were sexually abused, multiple perpetrators has been involved in 40% of cases. The sexual abuse had occurred before 2 years of age in 50% of cases and had involved penetration in two thirds. Children with special needs are vulnerable because abusers know that their communication problems make it unlikely that the abuse will be detected. These children should be assessed by a person skilled in communicating with children who have the particular disorder. The use of props, drawings, and play may be helpful, although there is a need to be aware of the dangers of over interpretation.
 4. *Ritual Abuse*: Ritual abuse is defined by Finkelhor and Williams (1988c, p.59) as “abuse that occurs in the context linked with some symbols or group activities that may have a religious, magical or supernatural connotation and where the invocation of these symbols or activities are repeated over time and used to frighten and intimidate the children.” They suggest that there are three subtypes:
 - a) *True cult-based*, where the sexual abuse is just one component of the child’s total immersion in cult rituals and beliefs.
 - b) *Pseudoritualistic*, where the sexual abuse is the primary activity and cult rituals are secondary to this.
 - c) *Psychological ritualism*, where an adult, alone or with others, abuses the child in a ritualistic fashion that is a result of obsessive or delusional systems.

When an allegation of some form of ritual abuse is made, especially if it involves significant numbers of children, the professionals are quickly divided into two groups, one that believes the allegation, and the other that does not (Jones, 1991). Some of the stories the children relate may be difficult to believe. They may include infant sacrifice, the drinking of blood and urine, the use of drugs, dressing up in robes, chanting, and a variety of invasive and degrading sexual activities. The sources of evidence for these claims may be the children themselves, adults who claim ritual abuse in their childhood, witnesses to the abuse, admissions by perpetrators, and evidence from police investigation, although the majority of police investigations have provided little evidence. Jones (1991) describes three possible explanations:

- a) The events occurred exactly as described. A problem with this possibility is the absence of verification by police investigation.
- b) The event did not happen at all. This may be possible in some cases, although unlikely for all of the reports, as the allegations are so detailed and often consistent among the children.
- c) Some of the events actually occurred and others are fictitious. This is also a likely possibility. The use of drugs may confuse the child, the abuser may deliberately use tactics to make the child's account seem fanciful, and the psychological abuse and degradation may be so overwhelming that they distort the child's memory.

5. *Repressed Memories*: Many adults are now said to be recalling abusive experiences in their own childhood that had previously been repressed. There is scepticism about all of these memories being accurate; with the concern that at times therapists may be suggesting that past, repressed sexual abuse could be responsible for their clients' current problems. It is possible for memory of childhood sexual abuse to be completely repressed. This is known from where the

information is corroborated by the abuser or by another family member
(Matthews, 1999)

Clinical Evaluation of Alleged Child Sex Abuse in Custody Disputes

Richard Gardner (1996) has identified a continuum of highly useful clinical evaluations to moderately predictive to low predictive variable involving alleged child abuse in custody disputes. One consequence of the contemporary joint custody arrangement is what Gardner calls parental alienation syndrome (Gardner, 1985, 1986a, 1987a). Typically, the child exhibits vicious vilification of one of the parents and idealization of the other. It is not caused simply by parental “brainwashing” of the child. Rather, the children contribute their own scenarios in support of the favoured parent. In about 80% to 90% of such cases the mother is the favoured parent and the father the vilified one. He observes that”Prior to the early 1980s among those who worked with sexually abused children was that children rarely, if ever, fabricated sexual abuse. The main argument was that children had no direct access to the details of a sexual encounter, and if a child was able to describe such details, there had to have been an actual experience. But this is no longer the case. Sex abuse has become a common topic on television programs and the public media and internet. Television programs have become increasingly explicit. Sex abuse prevention programs have also been introduced into most schools, even down to the nursery-school level. Here again, children are given specific information about sexual activities.” (p. 61)

The incorporation of sex-abuse allegations into the parental alienation syndrome are now frequently a factor in divorce custody issues. Because courts have traditionally been

notoriously slow in making custody decisions, angry parents have found the sex abuse allegations a powerful weapon that will also speed up the litigious process. Merely making the allegation may result in the courts immediately removing the alleged offender from the home. By the time a full investigation is conducted, 6 months to a year may have elapsed – during which time the accusing parent can entrench his or her position with the children the custody litigation. Differentiating bona fide from fabricated sex-abuse allegations becomes a critical issue for the investigative interviewer.

On December 31, 2003 *The Toronto Star* newspaper featured a story from Saskatoon in a trial in which 12 people were falsely accused of ritualistically abusing three children more than a decade ago where found innocent of all charges. The judge charged malicious prosecution to be one of the key factors. In order to help prevent such tragic mistakes, here are some of the interview recommendations made by Gardner (1998). First it is important to have a court order, also avoid having the child and the alleged perpetrator interviewed together if at all possible. He notes:

“The examiner does well to appreciate that, when such joint interviews are possible (most often the case in my experience), he or she will have what may be the richest source of data pertinent to the question of whether or not the abuse actually occurred. The alleged perpetrator is the one who is in the best position to respond specifically to the allegation. He or she is in a far better position to cross-examine the accusers than even the most astute and knowledgeable attorney.” (p. 62).

Length of Sessions

For children who have been genuinely abused the acquisition of relevant information can only come from a relationship of mutual trust and respect between the interviewer and the child. Three to four different interviews are recommended to allow such rapport to develop.

Interviewing the Child

Before the actual interview with the child, it is important what particular words are used by that child to designate the various body parts, especially genital parts. It is also important for the examiner to determine how many previous interviews there have been. The greater the number of previous interrogations, the greater the likelihood the child will have developed a litany, and this creates problems regarding differentiating bona fide from fabricated sex-abuse allegations. Also, in the early interviews the child is likely to use terminology that is natural to the home and uncontaminated by professional jargon. Ideally, the child should be brought to the interview by a neutral third person, someone who is neither the accused or the accuser.

I. The Six Step Data-Collection Interview Sequence.

The specific sequence is outlined below. The sequence progresses from the elicitation of material that is least likely to be contaminated by stimuli provided by the examiner to material that is most likely to be so contaminated.

1. *Direct Verbal Inquiry with the Child:* The best kind of information to obtain from the child in the inquiry regarding sexual abuse is that which is derived from direct verbal discussion. The fabricating child, of course, will be happy to provide this information directly and will quickly present his or her litany. The genuinely abused child is less likely to provide a little speech. The child who has been genuinely abused may also be extremely reluctant, fearful, and so guilt-ridden that direct verbal communication of the abuse may be extremely difficult, if not impossible, to obtain. To avoid potential contamination it is crucial that the

examiner refrain from any comments that might direct the child's verbalization into a specific area, sexual or otherwise. Gardner begins by asking the child his or her name, age, address, and similar factual questions. Her believes that this progressively reduce the child's anxiety because the child will generally get the "right" answers. Each time the child provides a correct answer; tension and anxiety seem to be reduced. That is followed by a general, open-ended question, such as: "So how are you today?" "So what's been happening to you lately?" or "What would you like to talk to me about?"

If general introductory questions do not result in the child's talking about the sex abuse a suggested intervention is that some special things have happened to you recently. I'd like you to talk about them to me." "What do you understand to be the reasons why you are here?" "I know it may be difficult for you, but it's important that we discuss these things. I think this would be a good time to start talking about them." The examiner should particularly be careful not to mention specifically the sex-abuse issue. The more the question makes specific reference to sex-abuse, the greater the likelihood it will serve as a contaminant.

But Gardner also says that "Leading questions – that is, questions that are designed to lead more directly to the sex-abuse issue – should only be used *after* the child has been given the opportunity to express himself or herself on any topic. If one does ask leading questions, they may serve as a contaminant and provide false answers because of the child's suggestibility. The leading question

communicates to the child (correctly) that the examiner wants the child to answer in a specific way. Examples of leading questions would be “Where did he touch you?” or “How many fingers did you uncle put into your vagina?”

When the examiner does get into more specific details about sexual encounters, questions regarding *when* the alleged activities occurred are of little value because the younger the child, the less the likelihood that he or she will be able to pinpoint the time when the event occurred. It will confuse the child and result in misleading and false answers, which then only complicate the problem of determining whether the sex abuse actually occurred. Children are also not likely to give accurate data when asked questions about the *number* of times they were sexually abused. Better questions relate to *where* and *what* has gone on – with the request for specific details about the setting, scene, and events.

The examiner should ask the child about the various events of the day, from the time the child gets up in the morning until the child goes to sleep at night. Bedtimes and bath time are particularly important to investigate because they are the periods when sex abuse is most likely to take place. The bedtime scene is probably the one in which sex abuse is most likely to occur”.

Gardner describes a common scenario as follows:

“A father lying down with a little girl, hugging and cuddling her, and relaxing her. This may be associated with telling stories or playing games. Then the time comes to kiss the child good night. The father starts with the forehead, then kisses the eyelids, the cheeks, and then the lips. There may be lingering

at the lips with tongue kissing. The child may not be aware that this kind of kiss is generally considered improper. The father may then proceed down to kissing the neck, chest, the nipples, the abdomen, and then the genitalia. Kissing the genitalia good nit may serve as an entrée to performing cunnilingus. The child may begin to experience sexual pleasure, but not appreciate that an act considered improper is being perpetrated. The father may “check” the vagina to determine whether or not the child needs to go to the bathroom. Sometimes a father will use his finger for such checking and on occasion his penis. Again, the child may not appreciate the fact that this is an improper act that does not determine whether or not someone needs to urinate.” (p. 65)

Regarding the bath time, these specific questions as a) Who gives the bath? b) Who undresses the child? c) Who is in the bathroom with the child? d) Does the person who is giving the child a bath have clothing on? e) Exactly what places are washed? One wants to get specific information about special attention given to cleaning the genitalia. The dressing and undressing scene is also a common one for sex abuse. Here too, one must get specific details, especially with regard to any kind of genital stimulation that may take place in the course of dressing and undressing. The interviewer should reassure the child that the threats are exaggerated and, with rare exception, not likely to be implemented. The child has to be reassured that protection will be provided, by the mother or other authorities, who will remove the father, monitor his behaviour, and so on. Near the end of the interview, the examiner should ask the child again to describe the sexual encounter. This helps determine whether or not inconsistencies have already manifested themselves.

2. *The Freely Drawn Picture:* Gardner believes that a freely drawn picture is a good object on which to project fantasies, because at the outset there are no stimuli at

all to potentially contaminate the fantasy. The stimuli that serve as foci for the projections are drawn by the child, are self-created, and are projected onto the blank paper. When a self-created story is elicited around the picture, even more information may be obtained. Such a picture provides, therefore, a truer and less contaminated reflection of the child's inner psychic life than a doll would.

Accordingly, examiners do well to start by giving the child drawing paper and asking him or her to draw a picture of anything at all and then make up a story about it.

3. *The Draw-A-Person Test*: A person projective test children above the age of five or six are encouraged to draw a picture of a person. Care should be taken not to mention the sex or the age of the person. The child is then asked to tell a story about the person in the drawing. Next he or she is asked to draw a member of the opposite sex. A story is also requested regarding this person. Lastly a drawing and a story about the family is requested.
4. *The Use of Dolls*: (No longer utilized in Canada and most other jurisdictions as an investigative tool) Gardner suggests, "The ideal doll is no doll at all. By this I mean that the ideal fantasy for learning about a child's inner psychological life is the one that is projected into space, with no potential contamination by an external facilitating stimulus such as a doll. A doll has a form, a shape, a size, and identifying details that can draw the fantasy onto it and channel it into specific directions. The more detailed, personal, and idiosyncratic the projected fantasy is,

the greater the likelihood that it relates to a particular incident in the child's life, including sex abuse. Present the child with a tray or box of a *large assortment* of dolls and allow the child to select one or more. To present a specific limited number, especially figures that relate to a sex-abuse experience (e.g., an adult man and little girl), is to "load the dice," which makes the information elicited thereby less credible." (pgs. 65-66)

5. *Anatomically Correct Dolls*: (Not utilized in Canada) Some examiners in the past have used anatomical dolls in the belief that it is the fantasized character rather than the child who is describing the events. Children frequently will "tell stories" "as if" they are the doll or puppet rather than themselves. This is an example of a "functional dissociation" which is often less traumatic for children who have actually been abused.

A decision to use such dolls also comes at a cost. Because they are in fact focusing on the genitalia of the doll, children may be predisposed to be "led" into sexual abuse acquisitions when none actually exist. This is a common objection of defence lawyers at trials. For that reason Gardner suggests that anatomically correct dolls only be used after traditional dolls have been introduced to the child being interviewed. The dolls are no longer used in Canada as part of any investigative interview as they are not admissible as evidence within the judicial system.

6. *Final Comments on the Interview Sequence, Dolls, and Drawings*: The sequence should be direct talk, followed by blank screen projections (such as a blank piece of paper), followed by the Draw-A-Person Test, and followed by presentation of a large collection of dolls. (Gardner, 1998)

Hershkowitz (2004), Introduced and evaluated a structured interview protocol designed for investigative interviews of youthful alleged perpetrators of child sexual abuse.

Interviewers questioned older and younger children similarly, but addressed fewer invitations, directive questions, and option-posing prompts to suspects who denied the allegations than to those who partially or fully admitted them. The total number of details provided by the suspects did not vary depending on their age or whether or not they fully or partially admitted the allegations. In both cases, more information was elicited using invitations rather than suggestive or option-posing prompts.

Contrary to expectations, suspects who at least partially admitted their involvement provided considerable amounts of information and were very responsive to free recall prompts, although interviewers used more risky (potentially error-inducing) prompts when interviewing suspects rather than alleged victims.

Their interview guide for youthful suspects included the following 13 developmental steps.

1. *Introducing self*: This includes advising the child of who is present in the interview, what their job is; specifically, to talk to children/adolescents about

things that have happened to them. Also, advising that the interview is being taped or recorded.

2. *Cautions of suspects over 12 years of age:* Specifically, “You do not have to tell me anything. If you choose to talk to me, I will give this information to the police for further investigation. If a decision is made to press charges, whatever you tell me today can be used as evidence against you. In my experience, it is easier to help those adolescents who tell us exactly what happened so we can offer them therapy to help them stop committing such acts. Do you understand everything I have told you? Will you tell me what happened?”

3. *Reluctant children:* a) As I told you, you have the right to remain silent, but I want you to listen to me carefully because I have something very important to tell you. Children who perform sexual acts with other children need help and treatment. Children who refuse to say what happened are likely to continue performing such acts, and this will complicate matters for them. If you have done such things, it is important that you tell me everything, so that we can try to help you. O.K.?
2) (The victim) said many things about you. This is an opportunity for you to say what happened. Do you want to tell me? 3) I want you to take a few minutes to think because this is a very important matter. If you prefer to write things down instead of talking to me, you can have a pen and paper. 4) In you don’t want to talk now, we will stop now. If you change your mind and decide to talk to me at

another time, you can call me at (phone number) or you can come to my office again.

4. *Rapport building*: Suggestion include, advising the person being interviewed that before we talk about the reason why you are here, I would like to get to know you better. Tell me about yourself and about your family. a) I really want to know you better. What else can you tell me about yourself? b) What else can you tell me about your family? You've told me about yourself and your family. Now, I want to hear about your school. Tell me some of the things you like to do at school. c) What else can you tell me about your school? d) Tell me about your teacher. e) Tell me about the kids in your class.

5. *Episodic memory practice*: Suggested communication includes, "Now, I want you to tell me, in as much detail as possible and in the correct sequence, about something that has happened to you. Tell me how you celebrated (Rosh Hashanah, Christmas etc. or a birthday.) Tell me exactly what you did. Now, I would like you to tell me everything about (Rosh Hashanah, Christmas, birthday etc.) Think about this. Tell me in detail what happened from the time it started until it ended. It is important that you tell me about an event that happened to you in as much detail as possible. Try to remember and describe for me again the (party, dinner, or event) I asked you about."

6. *Substantive part*: Suggestions include; Now that I know you a little better, I want to talk about why you are here today. You said before, that you were willing to talk about what happened with (the alleged victim). It is important that you tell me the truth so I will know exactly what happened. I want you to tell me, exactly and in detail, what happened to (the alleged victim), from the beginning to the end.

7. *Coping with denials*: If the child denies part or all of the allegation. Comments such as “I am confused. The victim says this happened and the physician says this was noted, how do you explain what they say?” Or “I want you to think for a few minutes about this. It is very important. In a few minutes we will talk again. If you prefer to write things down, you can use this pen and paper.”

8. *Coping with serious victimization*: Suggested comments are, “I am still confused about some of the facts. Think carefully, again, about what happened with (the victim) you said that you (the suspects version of the events), but the information we have indicates that (the facts). Is it possible that you really (specific violent or coercive acts)? Tell me everything about that?”

9. *Closing*: Suggested comments include; I really appreciate everything you have told me. Now, I would like you to help me understand how you came to do such things.” Has someone ever done similar things to you? Is there anything else I should know? Do you have questions that you want to ask me? Is there anything

else you want to tell me? If you want to talk to me at any time, you can call me or come to my office. We have now finished the interview. I hope that we will be able to help you, so that you will not get involved in such crimes. End of recording. The time is_____.

10. *Adding free information*: Suggested comments are; I would like to understand what happened from the beginning to the end. Tell me everything you can remember, as best you can.
11. *Expanding accounts of events mentioned by the suspect*: Suggested comments include; “you have mentioned (part of the event) Tell me all about that.”
12. *Obtaining important details that the suspect did not mention*: If significant details such as the location is not provided about an event that the suspect has mentioned ask about them at this stage using the direct questions.
13. *Reliability of the suspect’s version*: Repeat as many times as necessary to verify details. If several events were mentioned, make reference to all disputed details about all the events mentioned.

Summary

This Chapter has explored nine specific topics relative to the theory, assessment and interviewing of alleged child sexual abuse. Chapter Three will explore the research methods utilized in the study.

CHAPTER 3: RESEARCH METHODS

This Chapter presents an overview of the specific research methods used. The following sub topics will be addressed.

- A. Research Approach
- B. Research Design
- C. Subjects
- D. Instrumentation
- E. Data Collection Procedures
- F. Data Analyses Procedures
- G. Research Methodology

A. Research Approach

The pilot study and the case studies presented in Chapter 4 will be based on qualitative research. Here are some conceptual issues in qualitative inquiry.

Conceptual Issues in Qualitative Inquiry

The purpose of this section is to assert the role of qualitative as opposed to quantitative research as a legitimate inquiry for a doctoral dissertation. In *Qualitative Research and Evaluation Methods* Michael Patton (1990) provides this insightful analysis of the value of qualitative inquiry....

“Psychometricians try to measure *it*.

Experimentalists try to control *it*.

Interviewers ask questions about *it*.

Observers watch *it*.

Participant observers do *it*.

Statisticians count *it*.

Evaluators value *it*.

Qualitative inquirers find meaning in *it*.” (p. 1)

Innovators are told: “Think outside the box.” Here is his commentary of how a qualitative scholar approaches the classic creativity koan of “Think outside the box.”

“Study the box. Observe it. Inside. Outside. From inside to outside, and outside to inside. Where is it? How did it get there? What’s around it? Who says it’s a box? What do they mean? Why does it matter? Or does it? What is *not* a ‘box’? Ask the box questions. Question others about the box. What’s the perspective from inside? From outside? Study diagrams of the box. Find documents related to the box. What does *thinking* have to do with the box anyway? Understand this box. Study another box. And another. Understand *box* Understand. Then you can think inside *and* outside the box. Perhaps. For awhile. Until it changes. Until you change. Until outside becomes inside –again. Then start over. Study the box.” (p.2)

According to Patton, qualitative findings grow out of the following three kinds of data collection:

1. In-depth, open-ended interviews
2. Direct observation
3. Written documents.

The data from interviews yield direct quotations from people about their experiences, opinions, feelings, and knowledge. Recorded observations consist of fieldwork descriptions of activities, behaviors, actions, conversations, interpersonal interactions, organizational or community processes. Data consist of field notes: rich, detailed descriptions, including the context within which the observations were made.

Document analysis investigates written materials and other documents from organizational, clinical, or programs records; memoranda and correspondence; official publications and reports; personal diaries, letters, artistic works, photographs, and memorabilia and written responses to open-ended surveys; the collected data consist of excerpts from documents captured in a way that records and preserves context.

Qualitative Findings: Themes, Patterns, Concepts, Insights, and Understandings

Qualitative findings can be presented either alone or in combination with quantitative data.

“The quality of qualitative data depends to a great extent on the methodological skill, sensitivity, and integrity of the researcher. Systematic and rigorous observation involves far more than just being present and looking around. Skilful interviewing involves much more than just asking questions. Content analysis requires considerably more than just reading to see what’s there. Generating useful and credible qualitative findings through observation, interviewing, and content analysis requires discipline, knowledge, training, practice, creativity, and hard work.” (Patton, p.5)

The qualitative research of this study involves a critical examination of some of the most frequently used methods used in children’s interviews involved all sexual abuse. The various methods will be defined and illustrated. A critical analysis of both the strengths and the limitations of each method will also be described. In Chapter Five the author will present several recommendations for future considerations in child sexual abuse investigative interviews.

Three Prominent Examples of Qualitative Research

Here are three examples of qualitative research which have been utilized. In the best seller *In Search of Excellence; Lessons from America's Best -Run Companies*. Peters and Waterman (1982) utilized case studies of 62 highly regarded companies. By visiting companies, exploring documents and conducting interviews they identified the following eight attributes of excellence: (1) a bias for action; (2) close to the customer; (3) autonomy and entrepreneurship; (4) productivity through people; (5) hands-on, value-driven; (6) stick to the knitting; (7) simple form, lean staff; and (8) simultaneous loose-tight properties.

In *The Seven Habits of Highly Effective People* Stephen Covey (1990) identified seven habits these people practice: (1) being proactive; (2) beginning with the end in mind; (3) putting first things first; (4) thinking win/win; (5) seeking first to understand, then seeking to be understood.; (6) synergizing, or engaging in creative cooperation; and (7) self-renewal.

A different kind of qualitative finding is illustrated by Angela Browne's book *When Battered Women Kill* (1987). Browne conducted in-depth interviews with 42 women from 15 states who were charged with a crime in the death or serious injury of their mates. She used one couple's history and vignettes from nine others, representative of the entire sample to illuminate the progression of an abusive relationship from romantic courtship to the onset of abuse through its escalation until it was on-going and eventually provoked a homicide. Her work helped lead to legal recognition of battered women's syndrome as a legitimate defense, especially in offering insight into the common outsider's question: Why doesn't the woman just leave?

Her insightful analysis helps provide an “inside her own head” way of providing explanation for women’s homicidal behavior which were humorously portrayed in the 2003 Oscar recipient of the Oscar for best picture, the musical “Chicago”.

Different Purposes of Audiences for Qualitative Studies

Patton (1990) identified the following three different purposes, expected users and qualitative studies.

1. *Program evaluation* is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and /or inform decisions about future programming. Evaluative research, quite broadly, can include any effort to judge or enhance human effectiveness through systematic data-based inquiry.

“Qualitative methods are often used in evaluations because they tell the *program’s story* by capturing and communicating the *participants’ stories*.

Evaluation case studies have all the elements of a good story. They tell what happened, when, to whom, and with what consequences. Many examples ... are drawn from program evaluation, policy analysis, and organizational development. The purpose of such studies is to gather information and general findings that are useful. Understanding the program’s and participants’ stories is useful to the extent that they illuminate the processes and outcomes of the program for those who must make decisions about the program.” (Patton p.10)

2. Research differs from evaluation in that its primary purpose is to generate or test theory and contribute to knowledge for the sake of knowledge. Action is not the primary purpose of fundamental research. Qualitative inquiry is especially powerful as a source of *grounded theory*, theory that is inductively generated from fieldwork, that is, theory that emerges from the researcher's observations and interviews out in the real work rather than in the laboratory or the academy.

3. Dissertations and graduate theses offer special insight into the importance to attention to audience. Patton notes that "Qualitative dissertations, once quite rare, have become increasingly common as the criteria for judging qualitative contributions to knowledge have become better understood and accepted". (p. 11)

Albert Einstein made an important distinction by contrasting qualitative and quantitative emphases "Note; everything that can be counted counts, and not everything that counts can be counted."

Patton identifies the following six guiding questions and options for qualitative research methods decisions.

1. What are the purposes of the inquiry?
2. Who are the primary audiences for the findings?
3. What questions will guide the inquiry?
4. What data will answer or illuminate the inquiry questions?
5. What resources are available to support the inquiry?
6. What criteria will be used to judge the quality of the findings?

Patton also observes “in qualitative inquiry, *the researcher is the instrument*. The credibility of qualitative methods, therefore, hinges to a great extent of the skill, competence, and rigor of the person doing fieldwork because qualitative and quantitative methods involve differing strengths and weaknesses, they constitute alternative, but not mutually exclusive, strategies for research.” (P.14)

Twelve Possible Themes of Qualitative Research

A. Design Strategies

1. *Naturalistic inquiry*; studying real-world situations as they unfold naturally.
2. *Emergent design flexibility*; Openness to adapting inquiry as understanding deepens and /or situations change.
3. *Purposeful sampling*; Cases for study selected because they are “information rich” and illuminative.

B. Data Collection and Fieldwork Strategies

4. *Qualitative data*; Observations that yield detailed, thick description.
5. *Personal experience and engagement*. The researcher has direct contact with and gets close to the people, situation, and phenomenon under study.
6. *Empathic neutrality and mindfulness*; an empathic stance in interviewing seeks vicarious understanding without judgment (neutrality) by showing openness, sensitivity, respect, awareness, and responsiveness.
7. *Dynamic systems*; Attention to process; assumes change as ongoing whether focus is on an individual, an organization, a community or an entire culture.

C. Analysis Strategies

8. *Unique case orientation*; Assumes each case is special and unique.

9. *Inductive analysis and creative synthesis*; Immersion in the details and specifics of the data to discover important patterns, themes, and interrelationships.
10. *Holistic perspective*; the whole phenomenon under study is understood as a complex system that is more than the sum of its parts.
11. *Context sensitivity*; Places findings in a social, historical, and temporal context.
12. *Voice, perspective, and reflexivity*; the qualitative analyst owns and is reflective about her or his own voice and perspective. (From Patton, 1990, pgs.40-41).

1. Purpose of Qualitative Interviewing

Qualitative interviewing allows the discovery of unobservable events. These can be thoughts, feelings, intentions, meanings attached to actions, memories, and other events that do not allow the presence of an observer. Thus, qualitative interviewing allows researchers to enter realms and gain insights that would otherwise be unattainable (Patton, 1990).

Today, qualitative interviewing is the principle method of researchers from a variety of disciplines, including sociologists, political scientists, criminologist, anthropologists, and ideas about what constitute good research.

Patton (1997) observes that paradigms tell researchers what is important, legitimate, and reasonable. Those who adhered to the quantitative paradigm were known as *positivists*. Those who held the qualitative paradigm were called *humanists* (Heyink & Tymstra, 1993). Because of the very different topics that positivists and humanists studied, they had very different, yet deeply held and unrealized assumptions about the nature of reality. The debate over which was the better way to study the world-

quantitatively or qualitatively-originated because of the different topics the researchers studied.

Humanists believed that studying human behavior was essentially different from studying objects. They saw human behavior as extremely variable and context dependent, and therefore difficult to precisely specify or control. Because of what they studied, the beliefs of the humanists fell on the side of the continuum that said there was no absolute truth that could be discovered; things tended to be context dependent, and what one first believed to be the truth, one soon learned was only a perspective (Heyink & Tymstra, 1993).

In contrast, those from positivistic circles, quantitative researchers who studied the physical world, believed there was a definite external reality that could be discovered and explored. They believed there was truth that was absolute, or nearly so. Thus, they aimed for control, precision, confirmation, and prediction.

Early psychologists adapted the empirical methods of physical scientists to study individuals and mental processes, because they believed this to be the most ready (some believed the only) route to cumulative progress. Thus, experimental designs and statistical measures emerged as the way to do research in the field of psychology.

Quantitative methods became the research methods that were taught in psychology textbooks. The students who would become the next prominent psychology researchers had a strong belief in and commitment to the quantitative model. There have always been qualitative aspects to quantitative research; they were just downplayed (Patton, 1997).

Briefly, here are some of the many dualisms that define the differences between the qualitative versus quantitative schools of thought: words versus numbers, inductive versus deductive analysis, depth versus breadth, hypothesis generating versus hypothesis testing, closeness versus distance, wholes versus variables, and dynamism versus constancy (Maxwell, 1992; Patton, 1997). As the debate between the two schools of thought grew over the years, methods and reporting improved for both sides, and gradually the value of qualitative research became recognized in the field of psychology.

Today, it is widely recognized that each form of research helps to advance the other. For example, quantitative studies can statistically test relationships found in qualitative studies. Qualitative studies can be the source of explanations and interpretations of statistical relationships found in quantitative studies. Patton (1997) claimed that qualitative methods have ascended to a level of parallel respectability with quantitative methods. However, there is evidence that quantitative methods are still at least somewhat dominant within the field of psychology. Patton's (1990) statement, that readers have to be educated in the qualitative paradigm before they can perceive a qualitative study as credible, is evidence that qualitative methods are still not as widely understood as quantitative methods. Also, courses in statistical methods are still required in many graduate psychology programs, but courses in qualitative methods tend to be electives (Yardley, 2000).

2. Using Rigorous Methods to Enhance Validity and Generalizability

Validity is a notion that is conceptualized differently in qualitative and quantitative research. Validity, when thought about in a quantitative way, is aimed at verifying facts. In contrast, validity, when thought about in a qualitative way, is aimed at validating meanings (Sokolovsky, 1996). If one is thinking about validity in a quantitative way, and tries to apply it to qualitative research, it becomes a paradoxical notion. For example, in interview research, the more researchers try to show that the obtained data is valid, the more they end up showing that it is just someone's perspective (Patton, 1990). Because the word validity is so highly associated with quantitative research, it can be laborious to repeatedly explain the different meaning the word has with regard to qualitative research. This is why sometimes researchers do not refer to validity at all when speaking of qualitative research, but rather use such words as plausibility, credibility, quality, and trustworthiness.

Qualitative researchers have rigorous techniques to check and enhance validity as they conceptualize it. After the interviews are complete, interview research is often conceptualized into three stages: the describing stage, the interpreting stage, and the theorizing stage (Maxwell, 1996).

Here is a further description of three stages of interviewing applied to qualitative interviews.

A. Descriptive Validity

The describing stage is the stage of transcribing and describing the interviews.

Descriptive validity refers to how accurate and complete the transcripts and descriptions of the interviews are. This includes the researcher's descriptions of nonverbal cues and the interview context. Video and audio recording the interviews are the best ways to ensure that the researcher's transcriptions and descriptions are as accurate as possible, or at least trustworthy and fair.

Another way to check for descriptive validity is to have more than one person listen to the taped interviews and transcribe them. This process is referred to as *triangulating investigators at the stage of transcription*. It allows for crosschecking of what the investigators heard and saw. The benefit is that when the two transcriptions are in agreement, it is less likely that outside reviewers of the research will question whether something occurred, and the research will be viewed as more credible (Maxwell, 1996).

Transcripts of a conversation are like maps of a landscape; they are decontextualized, and can look very different depending on how transcribers format and punctuate and what they decide to feature or omit. For example, did the transcribers include timed pauses and to whom did they attribute pauses? Did they include laughs and utterances like *uh* and *whoa*? Did they make interpretations of the laughter such as *nervous laughter*, or *delighted giggling*? Did they mention mood state, tone of voice, level of voice, and so on? All of these can make big differences in the transcripts. (Lang, 2004)

Table 6 summarizes the techniques to enhance descriptive validity.

Table 6.
Techniques to Enhance *Descriptive Validity*

Techniques	Descriptions
Audio or video record the interviews	Audio and videotape the interviews. This allows one to verify the transcripts and descriptions of the interview situation.
Transcribe the interviews	Translate the oral recorded interview into written text for analysis. If one transcribes the interviews, it is important to check and re-check the tapes against the transcriptions.
Triangulate investigators at the stage of transcription	Have different researchers transcribe the tapes and compare their transcriptions.
Use a computer program	Download interview tapes directly into computer, using a program such as KIT. This allows the researcher to analyze directly from the conversation, rather than from transcripts.

(Lang, S. (2004) *Interviewing as a Research Method*)

B. Interpretive Validity.

Interpretative validity refers to the degree to which the interviewee's viewpoints, thoughts, feelings, intentions, and experiences are accurately understood by the interviewer and portrayed in the research report. One of the best strategies to check interpretive validity is participant feedback, where the interviewer shares what she has understood regarding the interviewee's viewpoints with the interviewee and solicits feedback to clear up any areas of miscommunication (Johnson, 1997). This strategy can cause difficulties. For example, if the interviewee has a strong desire to put his best foot forward, (s)he may take back something said during the interview, something that the interviewer had thought was very significant (Patton, 1990).

Another way to enhance interpretive validity is to use verbatim quotes from the interview in the report, also referred to as using the *lowest inference descriptors* (Johnson, 1997).

When the interviewee's exact words are provided in direct quotes, the readers can experience for themselves the interviewee's actual language, dialect, and perspectives (Patton, 1990). Table 7 highlights these plus a couple more techniques which can be used to check and enhance the validity or trustworthiness of the research at the interpretation stage.

Table 7 **Techniques to Enhance *Interpretive Validity***

Techniques	Descriptions
Participant feedback	Share one's understanding of the participant's perspective with the participant and obtain his or her feedback.
Use verbatim quotes	Use direct quotes from the participant in the report.
Triangulate researchers at the stage of interpretation	Have different researchers interpret what a participant's perspective is and compare interpretations.
Triangulate data, time-wise	Interview a person on the same topic at different times and check for consistency.

(from Lang, S. (2004) *Interviewing as a Research Method*)

C. Theoretical Validity

Theoretical validity goes beyond accurately conveying interviewees' perspectives, to accurately interpreting reasons behind interviewees' perspectives. Here is an example that helps clarify the difference between interpretive and theoretical validity.

Imagine interviewing a convicted rapist who has a long history of convictions for sexual crimes. Yet this man's perspective is that he is innocent of every charge, and that he is an

unfortunate victim of a long series of miscarriages of justice. To ensure interpretive validity, the researcher is obligated to present the man's perspective of his situation as accurately as possible. In order to do this, participant feedback would be valuable. The interviewer would solicit feedback from the man on what (s)he understood and wrote down about his perspective. The man might make a few corrections, and the process would go back and forth, until ultimately he agreed with the way (s)he portrayed his perspective. At that point (s)he could conclude the interview had achieved interpretive validity - that what was reported as his perspective was his perspective - at least at the time of the interview and participant feedback.

When the researcher moves into making deeper interpretations, developing theories about why the man has the perspective he has, she might develop a theory that he would disagree with, for example, that he was not the victim of miscarriages of justice, but maybe he was victimized in other ways that led to his victimization way of thinking. Importantly, her obtaining his feedback and approval of her theory would not make it any more valid, because all theories, as long as they can be supported by the data, are valid, and many different interpretations of the situation might be possible from the same interview. The man may have no more valid insight into his own actions than another might have. (Winter, 2000)

Some interpretations will have more evidence behind them than other interpretations. This is what the interview researcher strives for, namely, to come to the conclusions, or the final interpretations, that are best supported by the evidence. Sometimes there will not be a clear cut, more-supported interpretation, and the researcher will have no choice but

to present a couple of equally valid, equally supported, yet different interpretations.

(Lang, 2004).

All of the strategies used to enhance descriptive and interpretative validity also work to enhance theoretical validity, since they are foundational to it. In addition, there are several strategies that researchers use to specifically enhance theoretical validity, such as analyzing cases that do not fit the theory, and testing predictions based on the theory.

Table 8 lists and describes these additional strategies. Although qualitative researchers rarely use all of these techniques in a single study, in general, the more strategies used, the stronger the study is perceived to be. Additionally, the more attempts at falsification a theory has survived, the more valid the theory (Johnson, 1997; Leedy, 1996; Wolfer, 1999).

Table 8 **Techniques to Enhance *Theoretical Validity***

Techniques	Descriptions
Triangulate researchers at the stage of theorizing	Have different researchers make theoretical interpretations from the data and compare these.
Triangulate data, source-wise	Interview different people on the same topic and check for consistency.
Test predictions	Make predictions based on the theory and test those predictions. If a theorized causal factor occurs during the study, see if the effect follows.
Pattern matching	Search for similar patterns or trends across situations to gain evidence supporting the theory.
Test alternative explanations	Become like a detective. Find out the most likely alternative scenarios or hypotheses and set out to see if these might be valid.
Negative case sampling	Actively search for and then closely examine cases that do not fit the theory.
Peer review	Discuss the theory with colleagues, those who are familiar and interested in the topic and those who are not. Have

	them search for problems with the theory. Resolve each problem. This may require going back and doing more interviewing.
Do extended fieldwork	Be involved long-term with the participants doing on-going interviews. Testing patterns for longer periods of time helps researchers to be confident they thoroughly understand the patterns and that they are stable.
Make comparisons	Make comparisons via interviewing a control group, or via the interviewee's making comparisons due to having had experience in different situations.
Find corroborating research	The more a theory is supported by different studies with different people, the more valid it can be said to be.

(from Lang, S. (2004) *Interviewing as a Research Method*)

Four additional considerations using (Patton, 1990) interviewing qualitative approaches

1. Making causal inferences

Qualitative research can be very helpful in identifying potential cause and effect relationships, and sometimes this is what qualitative researchers are interested in doing (Patton, 1990). *Internal validity* refers to the degree to which a researcher is justified in concluding that an observed relationship is causal. To enhance internal validity, or the confidence with which an interview researcher can make causal inferences, the researcher applies as many as possible of the strategies used to enhance theoretical validity.

2. Generalizing

Quantitative researchers aim for statistical generalization. From random sampling they seek information that can statistically generalize across time and place, with the

confidence level of generalizing being specified as a probability coefficient (Kvale, 1996). Yardley (2000) refers to this as *horizontal generalization* (p. 220), which is generalizing mathematically based on a finding in a large number of people.

In contrast, qualitative researchers aspire to the theory-building form of generalization, or *vertical generalization* (Yardley, 2000, p. 220), which is the development of a theory that can be extended to other cases (Maxwell, 1996). Qualitative researchers aim to find concepts (e.g., fear) or patterns (e.g., the cycle of violence) that are so inherent in humans or human interactions that they tend to apply even if the settings change or the people change.

3. Reliability

From a positivistic point of view, a qualitative interview is not very reliable. Numerous sources of error can occur; there are no controlled conditions. The nature of conversation itself does not allow for exact repetition. From a qualitative perspective, however, exact repetition is not what is important. What is important is whether new information is compatible with information that was found before. Is information that is learned in a second interview with a participant compatible in a general sense with information learned in the first interview? If so, this adds to both the validity and reliability of the data (Heyink & Tymstra, 1993).

If the information is not compatible, though, it does not necessarily decrease its validity. Instead it gives the researcher more information to examine. In fact, what is considered a disadvantage from a quantitative reliability perspective is considered an advantage from a

qualitative validity perspective. The nature of in-depth interviews, which tends to lead to unreliable data, is also the aspect of them which leads them to be the research method best suited to capture qualities such as conflicting feelings, changes in thinking, and subtle differences. (Lang, 2004)

The following are all ways in which researchers make checks on reliability: recording the interviews, reporting of the context of the interviews, and using the various forms of triangulating. In addition, any efforts a researcher makes at standardizing, such as asking all interviewees the same questions, are efforts to introduce some checks on reliability into the interview study. Kirk and Miller (1986) warn, however, against excessive attempts to check reliability in interview studies, such as excessive standardization of questions, because this will hinder the discovery new things; it seeks reliability at the expense of validity.

4. Using Reflexivity to Enhance Credibility of the Researcher

Many factors can influence the outcome of an interview. One of these is the researcher him or herself--such as the researcher's perspective, knowledge of the topic, and competence in interviewing. *Reflexivity* refers to the researcher's actively thinking about (reflecting upon), and reporting potential sources of bias that may have affected the research, including themselves. Wainwright (1997) aptly describes a researcher's engaging in self-reflection as "indulging in the Socratic distaste for self-deception" (p. 9). To this end qualitative researchers will typically keep a journal throughout the study as a handy way to record things they believe may have affected data collection, analysis, and interpretation, either negatively or positively. Interestingly, however, Patton (1990) warns

that qualitative researchers have a tendency to overestimate their own effects, because there is an element of self-importance in thinking one had an effect on the participants. Researchers should strive for balance in their reporting of possible sources of error.

Besides the researcher, here are some of the many possible influences on the outcome of an interview:

1. The interviewee--mood state, or differing interpretations of the same question by different interviewees.
2. The interaction between the interviewer and the interviewee--the rapport they build, cultural differences that could lead to miscommunication.
3. Environmental influences--the air conditioning breaks and it is extremely hot, or another person enters the room.
4. The interviewer--poses questions differently to different people, beliefs change during the course of the interviews.

Conclusion

Qualitative in-depth interviewing is a research method suitable for investigating children relative to alleged sexual abuse. The strengths inherent in interviewing as a research method, balance out the inherent weaknesses. Strengths of interviewing include the types of information interviews can uncover that are elusive to other methods, such as learning children's stories, thoughts, affects, and associations. Methodological strengths include children being able to ask questions, and researchers being able to clarify responses and follow up with participants. Methodological weaknesses include how dependent the study is on the researcher as the instrument of data collection and analysis. Interviews can also

be affected by a whole variety of factors such as interviewee's mood that day, how much rapport they feel with the interviewer, the weather and/or the location.

From a quantitative perspective, some weaknesses inherent in interviewing as a research method include the notion that different perspectives can be equally valid, frequent unreliability in the data, and the fact that researchers are not able to make absolute causal inferences or generalizations from interview studies. Of course from a qualitative perspective, these same things are considered strengths, the very qualities that allow interview studies to gain an understanding of details of human interactions and experience, subtleties, conflicting feelings, meanings, fluctuations, and qualities that other methods cannot address. Thus, with research methods, what can be considered strength if looked at in one way, can be considered weakness if looked at in another way.

Many different strategies can be used by qualitative researchers to enhance the quality of an interview study at its different stages. Some of the strategies are the same ones quantitative researchers use (e.g., triangulating) and some are different (e.g., researcher reflexivity). While there are no infallible rules for conducting credible interview research, the more painstaking the researcher is throughout the project, the more the researcher indulges in a "Socratic taste for self-deception", and the more the researcher uses various strategies to check and enhance accuracy--the more credible the research will be. (Lang, 2004)

Research Design of the Present Qualitative Study

A. Pilot Evaluation

The purpose of the pilot evaluation was to determine how successful the application of the Testaments tools is in actual investigative interviews with alleged victims. How well does the method work? Do all the cards elicit a response? Does the tool allow the alleged victim to provide evidence they otherwise would not provide? The use of Testaments during the pilot evaluation was evaluated to determine its viability to obtaining evidence without leading the witness.

B. Pilot Evaluation Design

A total of thirty interviews were required to obtain the necessary data from pilot evaluation. Fifteen alleged child victims and fifteen suspects were interviewed. A total of six months was required to complete the interviews. Each of the three researchers participating in the evaluation was given access to a set of Testament cards, the use of "Form of Evidence" to record the interview and a copy of the Handbook that explained how to use the tool.

The researchers interviewed alleged victims of sexual abuse using the Testament cards. The response to the cards by the alleged victim was recorded by the researcher on the "Form of Evidence." The Handbook is simple to read and easy to follow so that each researcher was able to use the Testaments tool appropriately and quickly. The tool itself is designed not to lead the alleged victim. The use of the form is very straightforward.

C. Subject Interview Evaluation

The author reviewed each completed form with the assistance of Sgt. Roger Thomas, Colburg Police Service and Lucy La Grassa, Communication and Behavioral Specialist. Each Form of Evidence response sheet was reviewed for possible evidence relative to the alleged crime and admissible in a court of law.

D. Subjects

All subjects in the study were children and adults in the Canadian Province of Ontario, Canada who had either been victims or alleged perpetrators of alleged child abuse. Each subject had been previously interviewed by police and /or child welfare professionals. Each subject had either refused to give any information in relation to the crimes being investigated or had been unable or unwilling to discuss the events.

Three child victims of alleged sexual assault ages six to nine years will be presented as case studies. Each of the three children was unable or unwilling to provide any information to police or child welfare professionals when interviewed about the concerns expressed by their parents. As a result of the children not providing any information and no physical or medical evidence, police were unable to substantiate that any abuse had actually occurred. All three cases were thereby closed investigations and concluded to be unsubstantiated child sexual abuse allegations.

E. Instrumentation

The pilot project called *Testaments* was designed and developed by the author as a communication and investigation tool in the assessment of alleged child sexual abuse. Additional information relative to the theory and the development of the instrument will be presented in Chapter Four.

F. Data Collection Procedures

Each subject was interviewed using the set of Testament Cards. Each interview was recorded on the corresponding Form of Evidence form, Part 1, Part 11, Part 111, and Part 1V.

Part 1 of the Form of Evidence required the interviewer to be aware of the necessary cautions when interviewing. It also established factual information such as the name, address and personal information of the alleged victim and/or suspect.

Part 11 of the interview was the disclosure of the alleged violation. It was written by the interviewer. Again, the cautions were make clear to the interview subjects and each page of the alleged

The same Form of Evidence was used for adults and children regardless of age, background or disability except for total blindness on the part of the alleged victim and/or suspect being interviewed. This meant that the form violation was signed by the person being interviewed as well as by the interviewer. It was not biased in its design towards age, background or disability but is designed to ensure the each person being interviewed is treated equally.

The cards were used in a specific order and were not shuffled; therefore the questions were always asked in the same order. The cards were designed in four-inch squares so no one part of the picture is accentuated, nor made more prominent, nor does one have a subliminal advantage. The cards were presented to each alleged victim and/or suspect in exactly the same way, upside right.

The same question was asked to accompany each picture. The responses, if any, were recorded on the Form of Evidence beside a duplicate of the picture which is on the form for ensuring the questions and answers are not mismatched. The alleged victim and/or suspect are not pressured into responding within a time limit to the question as it relates to each picture. The pace was determined by the alleged victim and/or suspect. A strict record of the timing of the responses was recorded above each Testament card question.

Part IV of the form takes into account questions that relate directly to the alleged crime based on sensory recollection which the alleged victim and /or suspect would not otherwise think about.

Overall, the Testament cards in their presentation, format, selection and questions are designed to treat each alleged victim and/or suspect equally during the investigation and interview process.

G. Data Analysis Procedures

The data from each interview was reviewed separately by three persons; the author who is a child welfare professional specialized in sex offences against children; a senior

investigator with the Colburg Police Service; and a communication and behavioral specialist

Each interview was reviewed for any admissible evidence provided by the interview subject in relation to the violation against them and/or perpetrated by them that was not previously provided or available to the investigative team at the initial investigation.

Each interview incorporated current cautions to alleged victims and suspects. The Form of Evidence was designed to ensure that the interviewer remained objective during the interviewing process. It was impossible for the interviewer to second guess the response of an alleged victim or suspect to a testament card. It was impossible for them to second guess the responses to the sensory related questions in Part 1V. The entire Form of Evidence as it relates to the Testament tool ensured that objectivity and attention to detail are paramount during the interview.

The Form of Evidence which is used with the Testament cards records responses to the 4 in. X 4 in. pictures. These responses to pictures can be used as evidence and are provided directly by the alleged victim and/or suspect. As with all evidence, it is up to the defense counsel and/or crown to determine how the evidence is to be introduced and for what purpose.

The use of the Testament cards and the accompanying Form of Evidence provided a new resource for obtaining evidence, in particular sensory-based evidence that has been previously unrecorded during the interview process. Until now, there has been no established format or method to record it and therefore it could not be presented as substantiated evidence even though the judicial system is appraised of its critical nature to the dynamics of all alleged crimes.

H. Research Methodology

Quantitative research is based upon the institution of orthodox science. Orthodox science refers to systematically organized bodies of accumulated knowledge which has been derived from techniques of objective observation. A scientist's objective is to explain these phenomena accurately and objectively by describing prior conditions, and unobservable influences that operate between observable phenomena and unnoticeable forces (Lachman, 1960). On the other hand, qualitative research is difficult to define because it includes very diverse methods and formats (Denzin & Lincoln, 1994; Krane, Andersen, & Streat, 1997). Researchers should be able to make disciplined, principled choices about which method to use to represent the social world under study (Coffey & Atkinson, 1996).

The building of theory based upon the development of generalizations is the scientist's ultimate objective (Martens, 1987). Theory may be built based upon the scientists' choice to use quantitative methodologies, qualitative methods or a combination of both styles of inquiry. The development of theory is based upon a scientist's claim about knowledge that she or he believes governs the phenomena under investigation.

These theories or laws govern how we operate and the need to be tested or verified and refined so that we can develop a better understanding of the world in which we live. The knowledge claims with which a researcher starts his or her study are guided by assumptions and limitations that direct the research. Researchers state what they already know and what they seek to learn through their investigation about the phenomena by making one of several different kinds of claims: paradigms, philosophical assumptions, epistemologies and ontology, or broadly conceived research methodologies. The process

of making claims and then refining or abandoning some of these claims in order to expand what is already known about a topic is at the heart of scientific research (Cresswell, 2003). The method that a researcher chooses to verify his claims will lie somewhere on a continuum between quantitative and qualitative methodologies.

Strengths and Weaknesses of Using Quantitative and Qualitative Methodologies

Most quantitative research starts with the test of a theory and seeks to develop true statements (Cresswell, 2003). These statements seek to explain the situation or to describe the relationships of interest. In quantitative research, researchers seek to understand the relationships between variables and to pose this in terms of hypotheses or questions. The primary variables under consideration in quantitative research include the independent variable (variables under consideration in quantitative research include the independent variable (variables that probably cause, influence or affect outcomes) and the dependent variable (the outcomes or results of the influence of the independent variables)). By contrast, qualitative researchers tend to use open ended questions so that participants can express their views. Qualitative researchers seek to understand the context or setting under investigation and generally gather the information themselves. In qualitative research the investigator seeks to interpret the meaning that others have about the world. The choice of which approach to use is based upon the research problem, the experience of the researcher and the audience for whom the report will be written (Creswell, 2003).

A researcher who chooses a mixed method approach bases his or her choice on the assumption that collecting diverse types of data provides the best understanding of the

research problem (Cresswell, 2003). Therefore, combining qualitative and quantitative methods may be a useful strategy to capture and accurate description of a complex environment.

A researcher who chooses to use only one approach will have to distinguish between the strengths and weaknesses that each design provides. Quantitative and qualitative methodologies are different in some important ways: Quantitative methods: (1) are objective; (2) test theories; (3) focus on concise and narrow interpretations of the data; (4) maintain control by the design of the research; (5) use statistical numbers to report the results; (6) produce results which are free of context; (7) test a hypothesis; (8) use a random sample of the participants usually between 30-500 in size and ; (9) are descriptive, correlational and / or experimental (Cresswell, 2003).

Quantitative research allows the researcher order and stability. For instance, a quantitative researcher tests a theory by specifying narrow hypotheses and then collects data to support or refute the hypotheses. Frequently, an experimental design is used in which attitudes are assessed both before and after a treatment. The data are collected with an instrument and the information is analyzed using statistical procedures (Cresswell). Evidence collected is always imperfect. Researchers do not prove the hypothesis but instead indicate a failure to reject the supposition (Creswell, 2003).

Many times, research is not considered credible unless there is quantifiable data and a control group. Quantitative design is the “orthodox science” of research which focuses on comparing differences between groups to arrive at generalizations about people. (Martens, 1987).

By contrast, qualitative research: (1) is subjective; (2) develops theories; (3) focuses on complexities and is centered on multiple realities, (4) aims for discovery; (5) reports results in rich, narrative and / or interpretive words; (6) depends heavily upon the context; (7) uses research questions instead of testing a hypothesis; (8) draws the sample from a population which is purposeful where the size of the population is not a concern; (9) designs can be phenomenological, ethnographic, grounded theory, heuristics and /or case studies (Cresswell, 2003). The rules of qualitative analysis are less stringent than they are in quantitative analyses (Locke, 1989).

Summary

This chapter has described specific components of the research study itself. Chapter 4 presents the results and an analysis of the five research questions.

CHAPTER FOUR: RESULTS AND ANALYSIS

This Chapter will begin with an overview of some of the issues and techniques for improving child interviews regarding alleged sexual abuse. In addition, an overview to the theory and the development of the pilot program the author has created for interviewing alleged victims and suspects of child sexual abuse is included. Three child sexual abuse case study interviews based on the Testaments assessment protocol will be presented. The three case studies will conclude the Chapter.

A) Guidelines for interviewing both alleged victims and alleged perpetrators of child sexual abuse.

Introduction to the Child's World

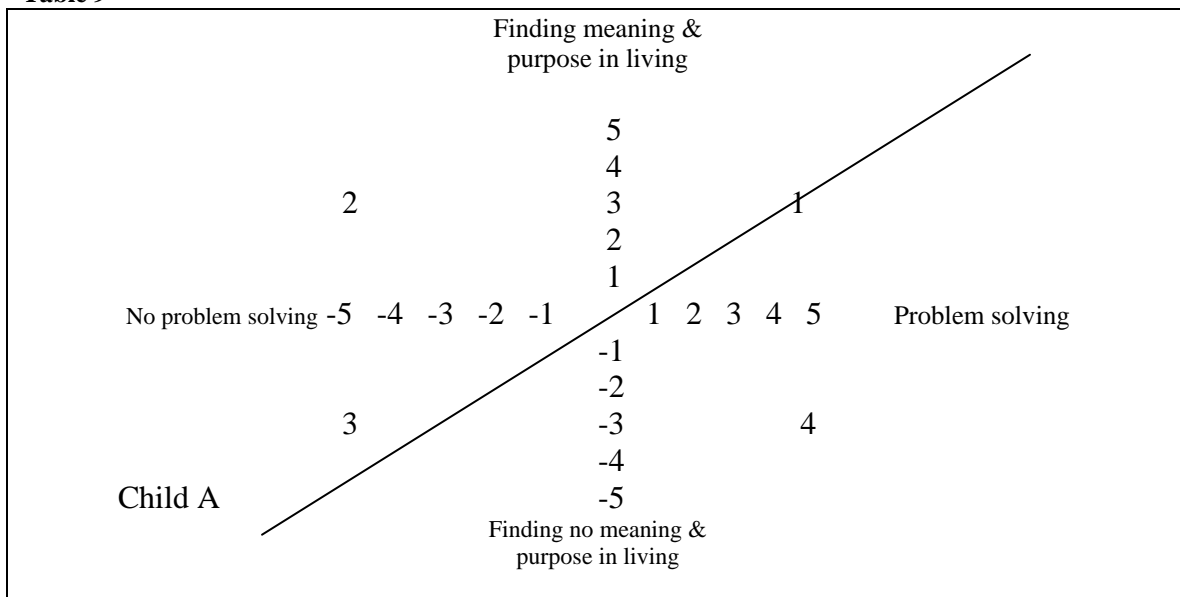
Bennett (1993) wrote that in 1940 teachers identified the top problems in America's schools as talking out of turn, chewing gum, making noise, running in the halls, cutting in line, dress code violations, and littering. In 1990, teachers identified the top problems of children as drug abuse, alcohol abuse, pregnancy, suicide, rape, robbery, and assault. Statistics included in this report indicated, "The fastest growing segment of the criminal population is our nation's children". (p.4)

Achenbach and Howell (1993) analyzed whether the prevalence of children's problems has changed significantly from 1976 to 1989. They found that "parents and teachers judged American children to be functioning somewhat less well in 1989 than in 1976 and 1981 to 1982, respectively" (p. 1153). The researchers could identify no single cause for

the change. They suggested that more children are receiving assistance for their problems, but more children are being identified as needing help and are not receiving treatment. They suggest the following four quadrants for interviewing children.

Child Interview Focus Scale

Table 9



(Thompson & Rudolph, (2000) p.21)

Quadrant 1: The children in Quadrant 1 are solving their problems and seem to be finding purpose in living. They are sometimes referred to as stars because they get along well with their friends, teachers, and family. Quadrant 1 children seem to have a winner's script for achieving their goals in academic, athletic, social, and artistic endeavours.

Quadrant 2: These children find purpose in life but are not able to solve many of their problems. Frequently these children have good interpersonal relationships but experience

problems with academic achievement and self-concept. They lack the success identity found in Quadrant 1 children.

Quadrant 4: These children do very well with their everyday problem solving but do not seem to find life exciting or challenging.

Quadrant 3: Interviewing Quadrant 3 children represent the toughest cases. They are not solving their problems, and they find little value in living their lives. Children in this group suffer from depression, have a very low self-concept, and may be potential suicides. Frequently no one really lives and cares about these children, and they have no one to love and care for in return.

Seven Problem Areas Emerging from Children's Interviews

Arnold Lazarus (1990) developed the following "BASIC ID" model to describe the following seven problem areas of often appearing in interviews:

B Behavior:

Fighting

Disruption

Talking

Stealing

Procrastination

A Affect:

Expression of Anger

- Anxiety
 - Phobias
 - Depression
- S Sensation/School:
Headaches, Backaches, and Stomach Aches
School Failure
Perceptual/Motor problems
- I Imagery:
Nightmares
Low Self-esteem
Fear of Rejection
Excessive Daydreaming & Fantasizing
- C Cognition:
Irrational Thinking
Difficulty in Setting Goals
Decision-Making Problems
Problem-Solving Difficulties
- I Interpersonal Relationships:
Withdrawing from Others (shyness)
Conflict with Adults
Conflicts with Peers
Family Problems
- D Drugs / Diet
Hyperactivity
Weight-Control Problems
Drug Abuse

Addictions

Keat (1990) specialized his multimodal writing on counseling children. He converted the BACIC ID model into the acronym HELPING:

- H refers to *health* issues (pain and sickness)
- E stands for *emotions* (anxiety, anger, feeling down).
- L is for *learning* problems (deficiencies, failing, and sensory shallowness).
- P stands for *personal relationships* (adult and peer relationships)
- I refers to *imagery* (low self-worth and poor coping skills)
- N is the *need* to know (despair, faulty thinking, lack of information).
- G stands for *guidance* of actions, behaviors, and consequences (behavior and motivation problems).

Thompson and Rudolph (2000) provide the following four additional interview considerations specifically related to children's interviews.

Clinical Methods of Interviewing Children

(not for use by Police and Child Welfare Services in an investigative interview)

a) Storytelling

Richard Gardner in (Schaefer & Cangelosi, 1993) developed the Mutual Storytelling Technique as a therapeutic means for working with children. It uses a familiar technique to assist children in understanding their own thoughts and feelings, and to communicate meaningful insights, values, and standards of behavior to children. The interviewer asks the child to tell a story, which is recorded on tape. The child is told that the story should have a beginning, middle, and an ending and that the child will be asked to tell the moral

(lesson) of the story at the end. The interviewer then prepares a story using a similar theme and setting and including the significant figures from his or her story, however, provides the child with better alternatives or responses to the situation.

b) Play Therapy and Expressive Arts

Thompson and Rudolph (2000) note that “Play is a universal activity that people of all ages need. Both spectator and participative play and recreation activities fill important human needs. Play provides needed change from our daily routines, whether they are in school or in the work world. Play provides opportunities to work through emotional problems and release pent-up emotions on the court or on the field in ways that are acceptable to society. It also allows rest for our bodies and minds. Play has been identified as preparation for adulthood in that it provides children with a medium in which to act out the roles they will live as, or hope to live as, adults: spouse, parent, hero...doctor, lawyer, and star athlete. The theory has even been advanced that play provides a theatre for children to re-enact the drama of the development of civilization.

For children, play therapy is the treatment of choice for bringing both conscious and unconscious material into the counseling session. Play is the treatment of choice for bringing both conscious and unconscious material into the counseling session. Play is the natural mode of communication for children. Limited verbal ability prevents children from being able to verbally express their thoughts, feelings, and behavior. Play is the natural way for children to express themselves and to learn about their world. Many counseling techniques, including the expressive arts of painting, drawing, playing and

singing music, and dancing, can be used with play therapy to adapt the process to the particular child's developmental level." (p.87)

Play is "the child's natural medium of self expression" according to Virginia Axline (1947), p.9) in her classic book *Play Therapy: The Inner Dynamics of Childhood*.

Landreth (1993) explained that play is children's symbolic language and provides a way for them to express their experiences and emotions in a natural, self-healing process. "A child's play is his talk and toys are his words" proposed Ginott (1994, p. 33)

Schaefer (1993) has identified common characteristics of play. He stated that play is pleasurable and, therefore, intrinsically motivating. During play the child is more concerned with the play itself than with the end result, and the child is often engrossed in it. Play is non-literal – it has a make-believe quality. Play is flexible. The child usually feels comfortable when playing. Play is a natural way for children to express themselves, to act out sensitive material, to gain security, and to increase their self-confidence (Bradley & Gould, 1993). Another significant attribute of play is that it is free from evaluation and judgment by adults so that children are safe to make mistakes (Seenev. 1997)

Schaefer (1993) outlined fourteen therapeutic powers of play and the beneficial outcome of each, which Sweeney (1997) interpreted. They are as follows:

1. *Overcoming resistance*: Play draws children into a working alliance with the interviewer.

2. *Communication*: Play provides a natural medium of self-expression encouraging understanding.
3. *Competence*: Play satisfies the need to explore and master, thereby building self-esteem.
4. *Creative thinking*: Problem-solving skills are encouraged so that innovative solutions to dilemmas can occur.
5. *Catharsis*: Children can release emotions they have had difficulty confronting.
6. *Abreaction*: In play, children can process and adjust to difficulties by reliving them with appropriate emotional expression.
7. *Role play*: Children can practice new behaviors and develop empathy.
8. *Fantasy*: Children use their imagination to make sense of painful reality.
9. *Metaphoric teaching*: Children gain insight by facing their conflicts and fears through the metaphors generated in play.
10. *Attachment formation*: Children develop a bond with the counselor.
11. *Relationship enhancement*: Play enhances the positive therapeutic relationship allowing children to move toward self-actualization and to grow closer to others.
12. *Positive emotion*: Children enjoy playing.
13. *Mastering developmental fears*: Repeated play activities help reduce anxiety and fear.
14. *Game play*: Games help children socialize and develop ego strength.

c) Puppets

Axline (1969) suggested that puppets provide opportunities for children to play out their feelings, to reenact events that produced anxiety, and to try out new behaviors. Puppets also allow children to develop communication skills, overcome isolation, build self-esteem, release emotions, and make decisions. Children can use puppets to tell stories and play out their fantasies. They can act out feelings and deal with their thoughts through puppetry. The child can create a separate person who communicates things too difficult

for the child to express directly. Finally, the puppet may be the target of the child's strong emotion, an object of displacement so that anger can be expressed in a healthy way.

(Orton, 1997), Gil (1991) identified a benefit of puppet play as the child creating a story anonymously, using characters to enact hidden concerns. Puppet play is also an effective activity for large or small groups of children.

Puppets can be bought or handmade. The puppets should be chosen to represent a range of emotions such as aggression, friendship, and neutrality. Puppets should also be representative of family and cultural groups. Other categories for puppets are occupations, symbolic types (witch, pirate), and tame animals. The collection of puppets should relate symbolically to the problems of children.

Interviewing: the counselor who plans to use puppets does not have to be a ventriloquist. Basic skills are developing a voice for the puppet's personality, keeping the puppet active enough to engage and hold the child's attention, and knowing when to talk to the child and when to talk to the puppet. To use puppets successfully, interviewers must become transparent, real and courageous. The puppet should look up and out. Only the lower jaw of the puppet should move. Interviewers should practice creating a realistic presentation. The child chooses the puppets and creates the story as the interviewer observes the child's coping skills in dealing with this experience. The child introduces the puppets as "characters" in the show and "enacts" the story. After the play, the interviewer asks the puppets about the plot and themes of the story, extending the make-believe. (Thompson and Rudolf (2000)

d) Sand

Kalff (1981) identified the interviewer's role in sand play as being a respectful witness.

Gil (1991) suggested that children enjoy the experience of touching, molding, and shaping sand as well as letting it run through their fingers. She concluded that some children feel nurtured, calmed, or soothed by sand play. Other children use sand play to "make a world" as first discussed by Lowenfeld (1991) as "the World Technique." The child resolves conflicts and traumas by externalizing and developing a sense of mastery and control when using sand play.

The sand tray is a container with the general dimensions of 20 X 30 X3 inches. Some interviewers use two trays, one for dry sand and one for wet sand; others use only a dry tray. The interior of the tray is the color blue to simulate water. Some dry materials that can be substituted for sand are cornmeal, dried beans or peas, rice, popcorn and aquarium gravel. The child is offered a choice of miniatures in the following categories:

- Buildings: houses, schools, churches, castles
- People: domestic, military, fantasy, mythological
- Animals: domestic, wild, zoo, prehistoric, marine
- Vehicles: land, air, water, space, war machines
- Vegetation: trees, bushes, shrubs, plants, vegetables
- Structures: bridges, fences, gates, doorways, corrals
- Natural objects: shells, driftwood, stones, bones
- Symbolic objects: wishing well, treasure chests, jewelry

(Stermback, 1991)

The process begins with an invitation to create a miniature world. According to Allan and Berry (1987) three stages occur in sand play: chaos, struggle, and resolution. In the chaos stage the child imposes no order on the toys or sand. During the struggle phase battles are waged. At the beginning no winner triumphs. As the sessions progress the fighting may become more intense and organized and struggles may become more balanced. A hero emerges who wins the fight against the dark side. The child who demonstrates resolution restores order and balance in the sand play. The toy figures are in place and completion and wholeness are apparent (Allan & Berry, 1987; Kalff, 1981)

Tennesen and Strand (1998) compared sand play therapy to principles of Ericksonian psychology. In directed sand play the child may be told to play with certain pieces or be asked about a certain object. The techniques used are questions to cue clients about change; directives to change the sand tray; directives to create specific scenarios; instructions to work with particular pieces or to bring in a new piece; and use of symbols and metaphors. These authors hypothesized that nondirective sand play may be used to help access emotions and directive play for helping manage the impact. They concluded that sand play provides the ideal vehicle for children who have been disempowered, traumatized, and exposed to overwhelming affect.

Sand trays were used as a non-violent method of helping children deal with emotional distress (Wheat, 1995). Each child in an early childhood group was allowed 30 to 60 minutes a week with the sand trays. Observers of the process commented that the

children worked through feelings of sadness, anger, and disappointment. The teachers were supportive of the sand play.

e) Anatomical Dolls

In 1993 many Crown counsel offices throughout Canada and other jurisdictions were equipped with anatomical dolls to assist children in relating their allegations of abuse. The dolls were equipped with parts resembling genitalia. The dolls were introduced in order to learn the child's anatomical vocabulary. However, by 2001 Canadian Criminal Courts were sufficiently concerned that the dolls were "leading and misleading" evidence. *Use of the anatomical dolls is no longer utilized as an investigative tool by police and child welfare professionals and further, evidence obtained by the use of the dolls is not introduced in to evidence.*

f) Other Toys and Tools

Where there are allegations of abuse it is not uncommon for victims of abuse to recant their disclosure or deny their experience because the emotions associated with accepting the abuse as part of their own experience is overwhelming. Less direct methods of expression are more effective at those times. Specific approaches include *play therapy, therapeutic games, psychodrama, role-plays, therapeutic storytelling, affirmations, journaling, biblio-therapy* and *biographies/hero emulation*. Pledge (2004) identifies the following ten different interview options for working with children.

1. *“Comic Strip” Problem Solving*: On the “comic strip” or “film strip” the child is asked to draw pictures about the event – usually a conflict, getting into trouble or making bad choices. In this technique, simply divide a piece of paper by drawing lines to form boxes. Number the sections in order, 1 to 6 with older children and 1 to 4 with younger children to keep the problem-solving approach consistent with the limitations of their developmental capacity. Have the client draw in the sequence of events, beginning with box 1, which should include the precipitating events or triggers for the child’s reaction and continuing throughout the course of action in the remaining boxes. As the child draws the sequence, discuss thoughts and feelings matched to each action box.

Following the drawing and discussion, proceed to the intervention planning phase.

At this phase, you and the child will produce a second sheet of boxes similar to the first, but in the intervention phase your goal is to replace the maladaptive response with more appropriate coping mechanisms. For example, if the child has become angry on the playground, possible interventions may include walking away from the target child, choosing another play activity, or eliciting a teacher’s aid.

2. *Gingerbread Feelings*: With younger children or older clients who have difficulty identifying feelings and emotional states and interviewer can help them to use their body to identify initial cues of an impending angry outburst or response. Drawing again provides a good introduction to explore these hidden feelings. Use

- a general body outline like a gingerbread man drawing to identify feelings within the child.
3. *Abstract Expression*: Abstract drawings may also be used as stimuli in feeling identification and expression. For some children, a greater distance between their feelings and themselves is necessary to move forward or make progress. In these cases a more abstract drawing approach is suggested such as asking the child to create a generalized drawing about their feelings or a representation of how someone might feel with those types of emotions.
 4. *Body Work*: Asking the children to talk about the physical experience of anger or sadness can provide a more kinesthetic approach that often works well. It can help them identify and own the feelings and gives them a physical cue that might serve as an early self-monitoring mechanism to redirect the anger.
 5. *Genograms*: Genograms offer a helpful alternative to other strategies used to explore family history with children because the genogram serves to objectify the information and the task, making the child feel less the focus of the intervention. A genogram (McGoldrick & Gerson, (1985) uses basic symbols such as circles and squares to represent male and female members.
 6. *Bibliotherapy/Heroes*: This focus helps keep the issues at a safer distance, working more effectively with those children for whom direct ownership of their

decisions and actions is difficult and a constant impediment to positive change. Engaging the child or adolescent in tasks outlining the specific characteristics they admire about the help can be a way to identify goals for change and other topics can work well in session, as can posters representing feelings for identifying reactions to the world around them.

7. *Storytelling*: One creative variation is described by Gardner (2002), in which the therapist and client alternate in adding to a story.

8. *Therapeutic Games*: Many positive therapeutic games are available. Games can help the child talk about scenarios describing school, friends, an family. The classic game is *The Talking, Feeling, and Doing Game* by Richard Gardner (1975). This is a wonderful tool for younger clients who may have difficulty with direct expression or in talking about their own experiences and choices. The format of this game and many others facilitates discussion by objectifying problems and moving emotionally away from the pain of the child's own experiences and feelings. By using the cards to solve problems, young clients are put in the role of helping out another by devising potential plans and solutions, which may also be applied to their own life situations. Children can then move toward ownership of their problems and concerns at a more comfortable pace and in a manner similar to "saving face" from an Eastern perspective.

9. *Role-Plays and Psycho-Drama:* Psycho-drama can involve the interviewer and the child, a group of children, a family, or a child and puppets in acting out various like concerns and new ways of behaving. Because the child takes on the role more directly, psycho-drama and role-play are more appropriate of older children who have progressed to a developmental stage consistent with a more sophisticated understanding of life roles, ability to understand others' feelings and situations, and ability to observe (at least at a minimal level) the potential impact of their own actions.

10. *Physical Exercise:* Anger management control often involves an impulse control component. If the child has a tendency to act impulsively or is already somewhat out of control you need to be more conservative in selecting interventions. Physical exercise also has proven benefits for depressive symptoms, which may or may not be expressed as anger for children.

B. Preparing for the Interview

The interview environment should contribute to a client's feelings of comfort and ease.

“A cluttered, stimulating, busy room can distract children, whose attention is easily drawn to interesting objects in the room and away from the counseling interaction.

Restless, distractible children may be affected by brightly colored objects, mobiles, ticking clocks, outside noise, or even darting fish in an aquarium. Check yourself for distracting jewelry, colorful ties, or patterns in clothing that may affect children.” Keep in

mind that children prefer chairs that are low enough to allow them to keep their feet on the floor. (Thompson & Rudolph, 2000, pgs. 30-31)

Interviews seem to work better if children can control the distance between themselves and the interviewer. Adults are often too aggressive in trying to initiate conversations with children. Children prefer to talk with adults at the same eye level, so some care needs to be given to seating arrangements that allow for eye-to-eye contact and feet on the floor. Of the various possible seating arrangements two seem to be least effective: 1) having a desk between the interviewer and the child and 2) having no barrier at all between the interviewer and child. The preferred seating arrangement 3) is to use the corner of a desk or table corner as an optional barrier that allows the child to retreat behind the desk or table corner or to move out around the corner when he or she feels comfortable doing so.

A thick carpet, comfortable chairs, floor pillows, puppets, dollhouses, and other toys to facilitate communication are also recommended for the interview room. Some police and child welfare investigators conduct interviews with children on carpet in a play therapy room. Some investigators have employed large, friendly dogs as icebreakers, with the child and interviewer sitting on a rug and playing with the dog during the session.

(Burton, 1995)

1. *Children's Resistance to Interviews*

Like adults, children have a fear of the unknown. To be frightened of new faces in new places with new activities and mystery outcomes is very natural. Children may not know why they are being interviewed. Here are 8 typical questions children may have about the interview?

1. Why am I being interviewed?
2. Did I do something wrong? Am I being punished?
3. Is something wrong with me?
4. Do Mom & Dad or my teachers think something is wrong with me? Do they love me?
5. Will my friends think something is wrong with me? Will they make fun of me if they find out?
6. How long does it take? When will I get to come home? If I don't like it, will I have to go back?
7. What am I supposed to say and do? What if I say something wrong?
8. Should I tell bad things about my family or others who may have hurt me?
9. Will the person tell anybody what I say?

(Thompson & Rudolph, 2000)

2. *Steps to Overcoming Children's Resistance*

The first step in having a successful interview with a child is the development of a good interpersonal relationship. The relationship-building process begins with the interviewer as a person. Friendly, warm, interested, genuine, and empathetic are the key descriptive words used to define successful interviewers.

The interviewer should seem like a friendly, comfortable, relaxed, safe place to be. Children find security in consistency, limits, and predictability. Interview appointments should be scheduled to suit the child's schedule. An interview is the child's time and should not be interrupted by phone calls or knocks on the door. Children should not be kept waiting. Attention to these scheduling details makes children feel worthy and important.

3. First Interview Goals and Observations

The interviewer's main task is to build bridges between the child's world and the interviewer. Friendly, confident interviewers who seem in control help children feel safe and secure in the interview. Police and social work professionals can begin by asking children what name they want to be called. "A child who feels anxious about separating from a parent can have the parent join the interview for some introductory activities. (Thompson & Rudolph p.35)

Some children have been told not to speak to strangers; thus need assurance from their parents that the police interviews can be trusted and that it is okay to speak to him or her. If parents oppose the interview or if one or both of them are indeed the alleged perpetrators children may feel disloyal if they participate in it or cooperate with the session. These children need reassurance that it is okay for them to work with the investigators.

Children differ from adults in several ways that affect the interview.

1. Children regress very quickly and easily into spontaneous and revealing play activities.
2. Children have rich fantasy lives that reveal their thoughts, feelings, and expectations.
3. Lack adult formal thinking skills, insight, and verbal skills, children communicate through acting out their fantasies.

Once the relationship is established, the interviews can focus on how children conduct themselves in the session. The investigators task is to evaluate the climate of the session.

Was it happy, sad, pleasant, neutral, stormy, or productive? What seemed to set the tone?

Next the interviewer should look for patterns in the child's behavior or play.

Garbarino and Stott (1989) note that effective questions must be appropriate for the developmental level of the child. They made the following suggestions for interviewing preschoolers.

- Use sentences that do not exceed by more than five words the number of words in a sentence the child uses.
- Use names rather than pronouns.
- Use the child's terms.
- Do not ask, "do you understand?" Ask the child to repeat your message.
- Do not repeat questions children do not understand because they may think they have made errors and attempt to "correct" their answers. Rephrase the question instead.
- Avoid time-sequence questions.

- Preschoolers, being very literal, may give us answers that are easy to over interpret.
- Do not respond to every answer with another question. A short summary or acknowledgment encourages the child to expand on his or her previous statement.

4. Is This Child Telling Me the Truth

Thompson and Rudolph give this advice relative to the critical issue involving the truthfulness of the child interview should obtain more details of the incident (for example, by saying, “Tell me more” this may clarify whether the story is truth or fiction. When asked to give specifics, children may admit they were “only kidding” or “making it up.”

Adults might also admit their genuine concerns: “I am really having trouble with this because I have never heard anything like it.” An admission of this sort by an interviewer expresses a genuine feeling and avoids labeling the child a liar or possibly denying a true story. This provides the child with an opportunity to change the story with saving face.

Polygraphs aren’t admissible in the courtroom. They aren’t conclusive and they contain far too much room for error.

C) Interviewing Children for Alleged Sexual Offences

Harvey (1993) provides an overview to the historical issue resulting in many investigations of child sexual assault ending with the accused denial and an inadequate

formula for determining the child's credibility as a complainant. These results are supported by traditional legal thinking, which categorizes children's evidence as suspect. Child abuse is now more commonly regarded as a serious crime and children as credible witnesses.

In 1993, Bill C-126 was proclaimed in force. It abrogated the need for corroboration with child witnesses in general. Although corroboration is no longer a per-condition to charges, the courts are loath to convict on the evidence of a child alone, without some substantiating evidence. For this reason, effective and comprehensive investigations are still needed.

Harvey (1993) suggests the following eight issues need to be considered in child interviews.

1. Has the person receiving the disclosure or others having contact with the child before the interview suggested a scenario to the child before the interviewer has intervened?
2. Has the interviewer or another person used language or innuendo that explicitly or implicitly suggests to the child what the interviewer wants to hear?
3. Is the interviewer skilled in interviewing children and does the interviewer understand the criminal justice mandate?
4. Has the interview been investigative rather than therapeutic in approach?
5. What else was going on in the child's life at the time of the interview that may have influenced the child's responses? What was the physical condition of the child during the interview (issues such as nap times, fatigue, hunger, pain, fear, and confusion should be considered)?

6. How was the interview recorded? Does the record accurately reflect the context and contents of the interview? Is there a videotape? Audiotape? Notes?
7. Does the interview provide sufficient communication from the child to meet the needs of counsel and charges? Does it show the child's ability to communicate and sexual knowledge? Does it provide background, names used for body parts, details of abuse (and secrecy), and details of disclosure? Has any information regarding the allegation of the details of sexual abuse and the name of the accused come from the child without suggestive questions having been asked? Has the interviewer allowed the child to do the talking?
8. Have others been present during the interview who have coerced, interrupted, dissuaded, or corrected the child?

Eleven Assumptions Relating to Interviewing

Here are 11 basic *assumptions* underlying interviewing children regarding possible sexual abuse.

1. Sexual abuse is perpetrated upon children of all ages from infancy to adolescence.
2. Offenders are male and female, although current data suggest that over 90 percent of offenders are male.
3. Offenders are known to children in 80 percent of complaints.
4. Children are often abused by more than one offender.
5. In the large majority of suspected cases, children, if skillfully interviewed, will tell the truth regarding experiences of sexual abuse. Chronic lying in itself, however, is often a behavioral indicator of sexual abuse and could be considered supportive evidence of the allegation of abuse rather than as detrimental to the validity of a child's testimony.
6. Children can remember and relate experiences that happened at a very early age. Although children may have been sexually abused before developing language skills, they may exhibit behavioral indicators that suggest that abuse has occurred. Also, although children may not verbally recall the event, they may re-enact it

- through play or during dreams or may respond physiologically in a manner indicating that sexual abuse has occurred.
7. Children who have been sexually abused are emotionally vulnerable to the subtle cues of expectations and reinforcing behavior of adults. However, despite the possibility that interviewers might inadvertently “lead” children, it is most unlikely that this would result in children demonstrating sex act and concomitant emotional responses during the interview.
 8. Children want the abuse to stop, but for reasons related to the dynamics of power in the family, protection of selves and others, and emotional issues, they may not have disclosed that the abuse was going on.
 9. The initial interview may be the only time children make a disclosure. Circumstances may lead them to retract this disclosure later on.
 10. Frequently complete details of the abuse and its emotional consequences are not described by children to their parents or caregivers until the legal proceedings are completed and they feel that they have been protected in some concrete way.
 11. Ideally, the initial interviews should be the beginning of treatment for children. It is critical that the interviewer create a safe and supportive milieu to reduce children’s fear and to maintain the integrity of the interview.

Interviewer Skills Needed

The interviewer should be skilled in such issues as:

- child development issues;
- children and communication;
- child memory issues
- children and suggestibility;
- children and sexuality;
- the psychology of victimization;
- the dynamics of power abuse;

- behaviors offenders typically demonstrate (which, heard from a child by an inexperienced ear, might hold no significance);
- investigative interviewing standards and procedures;
- child witness law; and
- substantive law (the elements of sexual and physical offences).

Harvey (1993)

Legal Issues Relating to Children's Statement.

The following chart summarizes legal considerations relating to children's statements.

Table 10 *Legal Considerations Relating to Children's Statements.*

What the Traditional System Expects	What Children Do	The Result At Trial
Complainants tell the investigators the whole story.	<p>Feel fear from threats and the unknown or predicted consequences of telling.</p> <p>Feel bound by promises of secrecy.</p> <p>Feel shyness and confusion.</p> <p>Have difficulty describing why they didn't tell the police that they were being abused.</p> <p>May not remember because a long time may have passed.</p> <p>Feel intimidated by the accused or investigators.</p> <p>-</p>	<p>child's reluctance can be interpreted as a sign that the child is lying or was bribed to come forward with the accusation.</p> <p>Child is seen as an incompetent witness because it can never be known what is in his or her mind.</p>
<p>Witness tells all in narrative form.</p> <p>Answers to leading questions are given less weight.</p>	<p>Give scanty details to test the waters- give more details later (even up to day of trial and beyond)</p> <p>Require direct questions.</p> <p>Require specific questions to get a full understanding (e.g. "Did he touch you with any other part of his body?" "No" "What about his</p>	<p>Child may be seen as making stories up to please the investigators, therapist, mother, and prosecutors.</p> <p>Child did not have these ideas in his or her head before the interview.</p> <p>Child was led into making complaint by leading questions.</p>

	penis?" "He didn't touch me with it. He put it in me."	
A witness reads and signs a statement, adopts it, and is bound by it.	<p>Are not able to read at the same level as police</p> <p>Won't always admit they don't understand.</p> <p>May sign a statement without knowing what the officer has actually written.</p> <p>May agree to anything said.</p> <p>May not be in a position to advocate for themselves.</p>	<p>Child is bound by statement.</p> <p>Discrepancies show child is not credible.</p> <p>Child cannot now say he or she couldn't read; would have told the officer at the time.</p>
A statement can be taken at face value.	<p>Don't always understand what is being asked. (e.g. child is asked "Did intercourse take place?" and not knowing what "intercourse" is, responds "No". At trial, statements "he put his pee pee in my pee pee" introduced to discredit witness as inconsistent.</p>	<p>Child's evidence regarded as untrustworthy.</p> <p>Child seen as lying either here or in the statement and either way cannot be relied upon</p>

(Harvey, Wendy. Sexual Offences Against Children and the Criminal Process, 1993, p. 11.)

Chart 2. Identifies additional legal issues relating to interviewing techniques.

Table 11 Legal Considerations Relating to Interviewing Techniques

What the Traditional System Expects	What Investigators Who Interview The Child Do	The Result at Trial
A statement can be taken at face value.	Misinterpret what a child is saying when couched in infantile words, literal terms, or language and syntax idiosyncratic to the child (e.g., "Did you go into the bedroom?", and the child answers "No" because he or she was carried" into the bedroom)	The child is discredited due to apparent inconsistencies.
The statement to be in the words of the witness.	Write what the child says translated into adult language, (e.g., child says "white pee came	Child uses words not knowing what they mean (it would be dangerous to convict on the

<p>Testifying investigator to be cross-examined.</p>	<p>out of his pee pee” and investigator writes, “he ejaculated”)</p> <p>Cannot recall if child’s words or own.</p>	<p>work of this child who uses such words indiscriminately)</p> <p>Defense lawyer would claim that child was taught these words during the investigation.</p> <p>Child asked at trial what it means and does not know or describes it according to investigators definition.</p> <p>Testifying officer may not be asked by defense and could not be asked by Crown whether a particular word was the child’s.</p>
<p>Investigator can be relied on for what child said.</p> <p>Statement to remain consistent if witness is truthful.</p>	<p>Omit words in statement that take on new significance later.</p> <p>Have a note of something child said earlier but not during testimony.</p>	<p>Something child did not tell investigators but raised for the first time at trial may be seen as a recent fabrication.</p>
<p>Crown has unlimited resources.</p> <p>If the child did not say it, that omissions is the child’s fault.</p>	<p>Are working under tremendous time restraints.</p> <p>Do not direct the child towards subject matter.</p> <p>Are not patient</p>	<p>Defense counsel could claim</p> <ul style="list-style-type: none"> • Child did not tell the investigators because her or she didn’t know. • All made up later. • Child’s lack of cooperation due to reluctance to lie. • Difficult behavior is consistent with that described by the accused (troublesome, dishonest, and disruptive to get attention.
<p>Credibility is weighed according to consistency</p>	<p>Assume child understands language.</p> <p>Not skilled in perceiving a child’s confusion over language, therefore says nothing at trial about child’s difficulty</p>	<p>A conviction cannot be registered on work on nonsensical child with changing story.</p>
<p>Witnesses are able to describe a complaint without aid of questions.</p>	<p>Ask leading questions in the hopes of making a non-communicative child more responsive.</p>	<p>Answers cannot be relied upon because the interview has contaminated the witness.</p>

Four Myths Regarding Child Molesters

Harvey, (1993) Identifies the following four myths regarding child molesters.

1. The Child Molester as “Stranger”

The majority of child molesters are will known to the victim and the victim’s family and tend to be neighbors, relatives, friends, or persons in authority having control over children.

2. The Child Molester as “Monster”

Most child molesters tend to be individuals who appear perfectly normal law-abiding citizens, with no clear indicators to the casual or even professional observer that there may be anything amiss with their sexual behaviors or arousal patterns.

When a child makes and allegation that such an individual has had sexual activity with them, we are often incredulous and believe the child may be fantasizing such actions since it does not conform, in our minds, to the mythical conception of what a child molester might be like.

3. The Child Molester as “Dirty Old Man”

Child molesters tend to start at a young age. Child molesting is essentially a disorder beginning at adolescence and persisting into adulthood.

4. The Child Molester and Drugs or Alcohol

Child molesting generally occurs when the individual is not under the influence of alcohol or drugs and is part of a chronic pattern rather than a single event. Generally, most child molesters who do use alcohol or drugs do so to disinhibit themselves, so that they will be more able to engage in sexual activity with children.

The Psychological Profile of the Child Molester

Although the FBI Behavioral Sciences unit has several different categories for child molesters according to Harvey child molesters can be grouped into two broad categories: paedophile offender and the non-paedophile offender. According to Harvey (1993), the paedophilia is a psychosexual disorder in which the act or fantasy of engaging in sexual activity with prepubescence children is a preferred or exclusive method of sexual excitement. The disorder starts in adolescence; 50 percent of such individuals have committed their first activity prior to the age of 15. The paedophile is heterosexual in about 80 percent of the cases. Paedophiles tend to be compulsive in terms of their sexual activity such that they tend to offend frequently and have a large number of victims.

Harvey notes that the typical child molester is not only attracted sexually to child but also emotionally. There is something about the psychology of the child that seems to fit into the emotional needs of the offender. They often exhibit a very positive emotional relationship to a child, which they eroticised and acted out in a sexual manner. The relation to a child gave them a greater sense of power, control, and omnipotence. Paedophiles generally become closer emotionally to children before they become involved with them sexually. Paedophiles are generally able to “seduce” children or persuade them to have inappropriate contact through deception, enticement, or manipulation.

Although most paedophiles do not resort to coercion, threats, or force some will force children to engage in sexual activity. Rough estimates indicate up to 30% of

paedophiles will use coercion or force and about 5% of paedophiles have evidence of sadistic sexual arousal patterns in which force, coercion, or actual violence either enhances the erotic arousal or is necessary for the individual to become aroused.

The typical paedophile generally has an intact ability to feel guilt and empathy with others yet is able to perform sexual activities with children without feeling guilt.

Approximately 12% of paedophiles fit the category of having an antisocial personality disorder.

“This means that these individuals have a profound inability to feel normal guilt feelings or to feel normal empathic attachments to other individuals. They tend to commit other crimes over and above their sexual crimes and fit more of the pattern of a typical antisocial criminal than the more usual pattern of paedophile. These individuals are more concerned with meeting their own needs than having any caring feelings for the child; consequently, coercion, threats of violence, or actual violence may be used to facilitate their sexual activity. These individuals are highly dangerous.” (P. 37-38)

The Non-Pedophile Molester

The non-pedophile molester, called a regressed or incest offender, is generally a man who has achieved normal adult heterosexual functioning but who in a time of crisis or stress may seek out sexual activity with children. In those periods, they show the same kinds of qualities seen in pedophiles—that is, the same need to seek emotional security with a child in a non-threatening environment. Harvey also says that “they often need the boost to their self-esteem that a child’s devotion gives them. Further they have the same needs of feeling important and the same desires of emotion, warmth, and affection the pedophile describes, and they too use sexual means of expressing essentially nonsexual needs.

The typical incest offender differs from the pedophile in that the sexual need for prepubescent children is not as compulsive nor as demanding as is seen in the pedophile. They tend to offend only in times of stress or crisis and are not as active in terms of the number of victims or the number of offences. They generally offend only with their own children or stepchildren. Although the number of victims is less, the actual incidence of offence may be very high, as some individuals who are incest offenders persist in having sexual activity with their children from an early age into adolescence.

The usual pattern for incest offenders is to operate in total secrecy and they generally admonish their victims not to tell others about their “secret.” The use of violence is rare in incest cases. Most incest offenders do not need to resort to coercion or violence to obtain the cooperation of their children, because they are in a position of authority and are thus able to command obedience. In my own personal experience they also have an attitude that enables them to put their own needs ahead of anyone else as they use children to serve themselves..

Most incest offenders do not show signs of antisocial personality and do not commit other crimes. Like paedophiles, incest offenders tend to rationalize their behavior. Their awareness of the wrongfulness of their behaviors is clearly demonstrated in their admonitions for secrecy on the part of the victim, but they continue to view society’s rules and values as erroneous and their own behavior as justified and reasonable.”

(p.38)

Females Who Molests Children

The literature to date indicates that the occurrence of adult females molesting children is very rare. Females do not pair the deviant activity with orgasm nearly as often as males. The actual offence behaviors included fewer attempts to induce a child to manipulate the offender's genitalia than would probably be found in a corresponding male population. (Harvey 1993)

The Weight of a Child's Evidence

Harvey notes that where a trial consists primarily of a child's work against that of the accused, the courts have devised new formulas based on the concept of reasonable doubt. Although a court is entitled to convict on the word of a complainant alone, the court must take into consideration the accused's denial of the incident. *In R. v. B (J.N.), R. v. Austin (R.M.), and R. v. Bernard* the accused was acquitted because the court could not disbelieve the accused's denial although there was significant evidence substantiating the child's evidence.

The court may look to the details from the child in the context of likelihood to fabricate. Equally, the court may take into consideration the accused's failure to testify and the absence of denial to the complainant's allegations. And even where the accused is not believed, the accused will still be acquitted if a reasonable doubt exists on the evidence of the children, as with all witnesses.

Courts continue to use the term corroboration and comment on the risks of convicting without corroborating evidence. In *R. v. Rodgers* a new trial was ordered because the

trial judge in address to the jury equated supporting evidence with corroboration during a trial subsequent the 1988 amendments. The court can infer sexual assault from the surrounding circumstances. If there is a possibility of the allegations being false, the court should not convict without some independently established fact. One class of witness, sworn or unsworn, is not to be treated as if it is a higher class of witness. Each one imposes on the witness the moral obligation to tell the truth.

Lee (2002) conducted a study to identify the general, common, and specific developmental risk factors for pedophilia, exhibitionism, rape, and multiple paraphilia and to address methodological issues observed in this area of research. He found that childhood sexual abuse, childhood emotional abuse, childhood behavior problems, general developmental risk factors was largely confirmed.

The current results partly confirmed the hypothesis that childhood emotional abuse is a common developmental risk factor for pedophilia, exhibitionism, rape, or multiple paraphilia. Childhood Emotional Abuse and Family Dysfunction was identified from various analyses as a common developmental risk factor for pedophilia, exhibitionism, rape, or multiple paraphilia. However, further simultaneous and stepwise regression analyses indicated that childhood emotional abuse was a significant contributor as a common developmental risk factor.

E) Interviewer Countertransference Reactions

The interviewers own personal issues are also a factor to be considered. Pledge (2004) believes potential issues cluster around the following:

- Our own feelings and experiences about parenting, both from being children and being parents (or not)
- Over- or under-identification with a child
- Feelings of sympathy toward abused children
- Rigid expectations for behavior of children or adolescents
- Failure to apply appropriate developmental standards
- Inappropriate boundaries with children (e.g., feelings of sexual attraction, spending excessive time with child or adolescent outside of session, displacing or discounting effectiveness of child's parents)
- Frequent thoughts about the child or adolescent outside of interviews
- Attempts to solve child's problems, provide advice, or "parent" them
- Excessive physical touch or hugging

Impact of Therapist's Personal History on Therapy

History of Abuse in the interviewer

A survey completed by Pope and Feldman-Summers (1992) found that 69.9 percent of female respondents and 32.8 percent of the male respondents has a history of physical or sexual abuse. Of those, one-third reported abuse during their childhood. Possible responses might be to discount the children's reaction to their own abuse or to overcompensate in identifying or sympathizing with them. Further complicating factors exist for an investigator who works with children and adolescents who have been abused

when the interviewer has a similar history. These include the risk of triggering unresolved issues, triggering flashback, over identifying with the child, or even experiencing erotic feelings.

Of concern with regard to practice, are the findings that more than 40 percent of the sample (Feldman-Summers & Pope, 1994) reported a period of time during which they were unable to remember some or all of their own abuse experiences. Being unaware of their own experiences creates a situation in therapy where the interviewer's strong affective response to a child maybe misinterpreted as a reaction to the child, although the children are merely serving as a mirror for the interviewer's experiences. "Forgetting" is a common reaction to abuse and was found to be consistent across gender and age in the study. Fortunately, only 3 percent of the sample reported memories of their own abuse being triggered by work with abused children, adolescents, or families, while 25 percent to 50 percent reported their own therapy alone or as a factor associate with their recollection (Feldman-Summers & Pope, 1992).

Multicultural Issues in Interviewing

Cultural differences in parenting and disciplinary styles have been identified as a factor in the development of conduct disorders, for Caucasian and African American children (Simons et al., 2002) Cultural differences that encourage the participation of extended family in caretaking of children also seems to provide a positive buffering effect, referred to as collective socialization processes (Brody et al., 2001). Neighborhoods with such

active involvement by adults show less violence, greater pro-social competence and less affiliation among peers engaging in problematic behaviors across racial boundaries.

Parent training of preschool children to reduce conduct problems in this young age group found positive results across ethnic groups. In making diagnosis attention needs to be taken with regard to classification by Western standards, particularly as cross-cultural issues are considered. For example in the Hawaiian Polynesian culture young children are often masturbated to help them go to sleep. This could be considered abuse by other Western standards.

The findings of Weisz et al. (2003) suggest caution in applying Western standards of psychopathology unilaterally to dissimilar cultures, particularly if the individuals have not been assimilated into the majority culture. One must remember the classification of problem behavior is embedded within the respective culture. For example, somatic problems are likely to be interpreted as a concern across cultures, consistent with the comparison even across dissimilar cultures (Weisz et al., 2003). Parents have a universal concern about their children's well-being, concerns that usually arise at the level of good physical health. This may provide an explanation for the concurrence among cultures for these types of symptoms.

In contrast, norms for aggressive behavior differ across cultures, similar to the disparate ratings identifying aggressive and destructive behaviors as a more serious problem by Thai than U.S. parents. Weisz et al. (2003) found that Thai parents rated aggressive behaviors as the primary concern for boys and hyperactive behaviors as their major issue

with girls, while U.S. parents, identified withdrawn and somatic behaviors as their primary concern for both boys and girls.

McGoldrick (2002) has summarized different cultural responses to being interviewed. She notes that African American clients may be reluctant to participate because of assumptions about counseling being an extension of “white” institutions toward which they may feel distrust. Conversely, talking and analyzing personal experience is highly valued and accepted within Jewish culture. English heritage seems to foster a pragmatic approach with family members often inquiring “what difference will it make?” This approach is often adopted by adolescents as well.

The tendency in Asian cultures is often to avoid talking directly about problems, and the perception of the interviewer as an authority figure can make it less likely for these clients to feel comfortable in being candid. Irish, Norwegian, and Sioux Indians share an aversion to talking, however for differing reasons. Irish clients may feel embarrassed to talk about what they perceive as mistakes or failures, while Norwegians may not feel comfortable talking negatively about family members. For Sioux Indians, family roles might prohibit talking to or about certain family members as well. Although these guidelines are general, one needs to be cautious not to perpetuate stereotypes by assuming that each of these orientations applies to all members of their respective cultures. In doing so harm would be done.

F) Investigative Interviewing

In *The Art of Investigative Interviewing*, Charles Yeschke (2003) applies classic interviewing skill to the specific art of investigative interviewing. He identifies the following same code of ethics for law enforcement professionals. He suggests that all members of the profession pledge themselves to some form of the following code of ethics:

- “To verify the truth fairly, impartially, and objectively.
- To make no false statements and claims regarding personal qualifications.
- To maintain the highest standards of moral, ethical, and professional conduct.
- To be governed by laws of equity and justice in the performance of all functions.
- To respect the inherent dignity of all people.
- To be just, fair and impartial with each individual, irrespective of social, political, racial, ethnic, or religious considerations, economic status, or physical characteristics.
- To discharge professional duties and obligations with independence, dignity, and self-respect.
- To keep all decisions and reports scrupulously free from any personal, financial, political, fraternal, social, or improper influence.
- To refrain from false or misleading reporting. To accept no illegal or improper remuneration for services rendered.
- To refrain from representing competing or conflicting interests when such representation is, or gives the appearance of being, unethical.
- To refrain from slanderous or libelous public criticism of the law enforcement profession or its membership, recognizing that the welfare and advancement of the profession and society supersede personal desires and ambitions.
- To recommend and accept for membership in the profession those who strive in every way to be a credit to the profession.
- To support the purposes and objectives of the profession.” (Pgs. 8-9)

Unethical behaviour in the interview itself would be characterized by such behaviours as:

- Using interrogation tactics instead of interviewing tactics.
- Treating each interviewee as though culpable, with little or no regard for the destructive public relations and psychological damage inflicted upon interviewees who are blameless.
- Making threats.
- Making illegal promises.
- Using coercion.
- Using duress.
- Using force or the threat of force.
- Employing ruthless methods.
- Falsely imprisoning the interviewee.
- Not respecting the interviewee.
- Not maintaining the interviewee's dignity.

(Yeschke 2003)

Attitude is one of the most persuasive factors influencing being an effective investigative interviewer. Unconditional positive regard, congruence and empathy are important qualities.

Yeschke (2003) used a creative metaphor in defining flexibility. "Flexibility" suggests being capable of dancing to the emotional tune played by the interviewee. The score of that tune is based on the human needs of the interviewee. Using certain steps in rhythm with the tune, the interviewer blends his or her complimentary behavior." (p. 39).

Guidelines for Interviewing

Metzler (1997) contrasts the following six “obvious problems” of interviewing with what he calls nine “hidden” interview challenges.

A. The Obvious Problems

1. Lack of self-confidence
2. Getting complete information
3. Knowing what questions to ask next
4. Taking notes
5. Coping with taciturn respondents
6. Coping with non-stop talkers

B. The Hidden Problems

1. A general aversion to asking questions for fear of being labeled ignorant
2. Failure to define clearly and state the purpose of the interview
3. A lack of enthusiasm and natural curiosity about people and the work at large. Includes failure to listen
4. Lack of preparation
5. Failure to probe
6. Vagueness
7. Careless appearance
8. Defining before seeing
9. Laziness

The Ten Stages of the Interview

Metzler (1997) suggests the following ten stages of an interview. The first four occur before you meet the respondent.

1. Defining the purpose of the interview

2. Conducting background research
3. Requesting an interview appointment
4. Planning the interview
5. Meeting your respondent: breaking the ice
6. Asking your first questions
7. Establishing an easy rapport
8. Asking the bomb
9. Recovering from the bomb
10. Concluding the interview

14 Interview Considerations

Eckstein, (2002) has proposed the following 14 interview considerations.

Table 12.

Issues	Considerations
1. Purpose	<i>What do I hope to accomplish in this session?</i>
2. Focus	<i>Is my primary mission to highlight individual, group, team, or content-related issues?</i>
3. Levels of confidentiality and/or anonymity.	<i>Who has access to the information? What are my ethical parameters?</i>
4. Session content	<i>What specific topics and behaviors are desirable? Acceptable? Unacceptable?</i>
5. Initiating the interview	<i>How will my verbal and nonverbal behavior help establish an atmosphere of trust and respect?</i>
6. Pacing and leading skills	<i>What is the appropriate balance of responsiveness and directiveness?</i>
7. Sharing vs. dumping	<i>How will I deal with inappropriate anger, cynicism, sarcasm, scapegoating, gossip, etc.?</i>
8. The alone/together paradox	<i>How can I be connected with the client while concurrently maintaining my own separateness?</i>
9. Integrating left and right brain	<i>How can I be both an intuitive artist and a rational scientist in my hemispheres listening and intervention skills?</i>
10. First and second order change	<i>Is client attitude and/or behavioral change part of my consultant role? If so, what strategies will facilitate such movement?</i>
11. Interviewer reactions	<i>How am I feeling in this interview and in this organization? How can</i>

	<i>I use my personal awareness as another assessment technique?</i>
12. Encouragement and confrontation	<i>How can I help the client identify strengths as well as appropriately use of skills in confronting discrepancies?</i>
13. Closing the interview	<i>What needs to be done to have a sense of closure to the meeting?</i>
14. Follow-up and evaluation	<i>How can I assist in the proper organizational/individual feedback and implementation?</i>

(Eckstein (2002) *Interview Issues and Considerations*)

G) Different Interview Questions

Asking effective questions is at the core of being an effective interviewer. Here are eleven different types of questions that Metzler (1997) feels can be asked in interviewing children.

1. Open verses Closed Questions: Questions come in two broad categories. Open questions are general and allow leeway for the answer. Closed questions are specific and call for a specific answer. They can generally be answered in one or two words.

2. Sequencing of Questions: The Funnel General questions lead the interview into a more narrow and more specific focus with the child- thus, the degree of specificity gets funneled into more specific data.

3. Opening Questions: Opening questions come in two categories, icebreakers and first moves. Open questions should contain these four elements.

- a. They should be easy for the child to answer.
- b. They should reinforce the child's self-esteem.
- c. They should demonstrate that the interviewer has prepared for the conversation.
- d. They should follow logically from the interviewer's announced statement of purpose.

4. *Filter Questions*: Filter questions establish a child's ability to answer subsequent questions.

5. *Probe (Follow-Up) Questions*: The probe represents the heart of the interview. Here the child is encouraged to explain or elaborate on something already said. Here are typical kinds of probes designed to encourage elaboration.

- e. Passive probe; "Hummmm.... I see...."
- f. Responsive; "Really... How interesting!"
- g. Mirroring; repeating pertinent examples of the child's own words.
- h. Silent: Often silence helps the child collect his or her thoughts
- i. Developing: "Tell me more about...."
- j. Clarifying: clarifying specific meaning
- k. Confronting: identifying discrepancies in a statement
- l. Changing: "I'd like to move along now to another topic if you don't mind."
- m. Judgmental: (to be avoided) "are you really telling me the truth?"

2. *Factual Questions: The Five W's*: Use of who, what, where, when, why and how; they are particularly valuable to lay a foundation of knowledge before you can proceed with more complex questions.

3. *Conceptually Defining Questions*: Use a conceptually defining question to seek out the underlying causes and principles behind any event or situation.

4. *Number Questions*: How many? Answers to number questions give a sense of definition and precision to the interview.

5. *Reflective Questions*: Reflective questions are not really questions but comments on some point the interviewer would like to hear addressed.
6. *Creative Questions*: The creative question emerges when you venture beyond the limits of present knowledge or information that has been presented.
7. *Leading, Loaded and Junk pile Questions*: Here are three question-types which should be avoided in interviewing children.
 - a) *Leading questions*: The leading question telegraphs its expected answer.
 - b) *Loaded Questions*: Example; “don’t you think it was wrong for ___ to have done this to you?”
 - c) *Junk pile Questions*: This is an obstacle-course question. This is where several questions are asked back to back of a child. He or she then has to first remember all the questions and then to decide which one (if any) to answer.

Listening Skills for Interviewers

Metzler (1997) identifies what he call “aggressive listening” with eight additional specific child interview listening skills. “Aggressive listening” means one has to work hard to catch the meaning of what the child is saying; both verbally and nonverbally. Research evidence suggests that adults spend more time in listening than in any other communications activity. An early study (Rankin 1926) calculated that people spend 42 percent of their communications time listening (versus 32 percent speaking, 15 percent

reading, 11 percent writing). By 1975, when another researcher updated the study, the time spent listening had risen to 55 percent. (Werner in Wolvin and Coakley 1985.)

Metzler notes that, "The key to listening appears to be the speed at which the human mind processes information. We speak at roughly 125 words a minute, but the mind can absorb material at three or four times that rate. But you have a one track mind". So you dart into and out of the conversation, and use the extra time to take notes, to retrieve pertinent pieces of previous conversations, to compare a speaker's ideas with other ideas, and to contemplate follow-up questions. Or you can use that time to take totally irrelevant excursions."

The best listeners use the extra mental processing time to think about what is said. They periodically reviewed what the child has said and what they imagined would be said next. They weighed the comments against other evidence. And they listened "between the lines" for ideas and attitudes hinted at but not expressed directly.

The worst listeners tend to listen for facts, sometimes trying to memorize them without much regard to their meaning. They were often distracted by little things, or by some personal quality possessed by the child. Often the poor listeners are distracted by a single emotion-laden word that derailed their attentiveness onto an irrelevant line of thought. Listening means paying attention to the child's message. It means asking questions that will ensure that you understand the message.

Memory is the least dependable record, as studies of witness reliability have documented. (Loftus and Doyle 1987.) The process involves three elements of memory: short-term memory (STM), rehearsal, and long-term memory. (Bostrom 1990.) Memory disintegrates rapidly, often within seconds, unless rehearsed, meaning you have thought about what you have seen or heard, talked about it, or recorded it in your notes.

Short-term memory becomes especially valuable in conducting the interview itself. The more you use your mind to evaluate, compare and contrast the source's comments, the more you'll ask those kinds of creative questions.

Metzler (1997) notes that "Listening also takes courage. It extracts at least two prices. The first price is the risk of having your ideas changed. What you learn by listening to others can change your life. Whenever we listen thoroughly to another person's ideas, we open ourselves up to the possibility that some of our ideas are wrong." The second price is the risk of involvement. So powerful a tool is listening that we find ourselves getting involved with the people to whom we listen (p. 87)

Terkel explained that in the haste of interviewing the working people who populated his best-selling *Working* he sometimes neglected certain social amenities. A Brooklyn fireman invited him for dinner, and Terkel mumbled something about having to hustle to another appointment. "You runnin' off like that?" the fireman said. "Here we been talkin' all afternoon. It won't sound nice. This guy, Terkel, comes to the house, gets my like on

tape, and says 'I gotta go.' Terkel stayed. "Looking back, he wrote, "How could I have been so insensitive?" (Terkel 1974.)

Here are eight additional suggestions for being a good interviewer of children.

1. Listen for supporting evidence.
2. Get ready to listen. Planning your interview will help you identify the points and supporting evidence for which you should listen.
3. Listen for major points.
4. Listen for counterpoints.
5. Evaluate what is being said.
6. Listen for what is not said or what is only half-articulated. Similarly, people's word choices are clues to deeper meanings.
7. Offer encouragement and direction. Interviewers should respond and should ask questions.
8. Show that you are listening.

8 Questions in Interviewing Children

According to Patton (2003) there are there are the following sub-types of questions to ask in children's interviews.

1. *Opinion and Values Questions.* Questions aimed at understanding the cognitive and interpretive processes of children ask about opinions, judgments, and values. Answers to these questions tell us what children think about some experience or issue. "What do you believe about _____?" or "What would you like to see happen?" "What is your opinion of _____?" are examples.
2. *Feeling Questions.* Feeling questions aim at eliciting emotions – feeling responses of people to their experiences and thoughts. Feeling questions – "How do you feel about that?" – the interviewer is looking for adjective responses: anxious, happy, afraid, intimidated, confident, and so on. Opinions and feelings are often

- confused. It is critical that interviewers understand the distinction between the two in order to know when they have the kind of answer they want to the question they are asking. This confusion sometimes occurs because interviewers give the wrong cues when asking questions – for example, by asking opinion questions using the format “How do you feel about that?” or “What do you think about it?”
3. *Knowledge Questions.* Knowledge questions inquire about the respondent’s factual information – what the respondent knows.
 4. *Sensory Questions.* Sensory questions ask about what is seen, heard, touched, tasted, and smelled. Sensory questions attempt to have children describe the stimuli that they experience. Technically, sensory data are a type of behavioral or experiential data – they capture the experience of the senses.
 5. *Background/Demographic Questions.* Age, education, occupation, and the like are standard background questions that identify characteristics of the child being interviewed. Answers to these questions help the interviewer locate the respondent in relation to other people.
 6. *Distinguishing Question Types.* Behaviors, opinions, feelings, knowledge, sensory data, and demographics are common background questions possible to ask in an interview.
 7. *Probes and Follow-Up Questions.* Probes are used to deepen the response to a question, increase the richness and depth of responses, and give cues to the interviewee about the level of response that is desired. A probe is a follow-up question used to go deeper into the interviewee’s responses. As such, probes should be conversational, offered in a natural style and voice, and used to follow up initial responses. *When* did that happen? *How* did that happen? *Where* did that happen? These *detail-oriented* probes are the basic “*who*,” “*where*,” “*what*,” “*when*,” and “*how*” questions that are used to obtain a complete and detailed picture of some activity or experience. An interviewer may want to keep a child talking about a subject by using elaboration probes. The best cue to encourage continued talking is nonverbal –gently nodding your head as positive reinforcement. The verbal corollary of head nodding is the quiet “uh-huh.” A combination may be necessary; when the child seems about to stop talking and

the interviewer would like to encourage more comment, an “uh-huh” combined with a gentle rocking of the whole upper body can communicate interest in having the child elaborate.

8. *The Time Frame Questions.* (Patton (2003) also notes that questions can be asked in the present, past, or future tense. For example, you can ask someone what they’re doing now, what they have done in the past, and what they plan to do in the future. Likewise, you can inquire about present attitudes, past attitudes, or future attitudes. By combining the time frame of questions with the different types of questions, we can construct a matrix that generates 18 different types of questions. It is represented below.

Table 13 A Matrix of Question Options

Question Focus	Past	Present	Future
Behaviours / experiences			
Opinions / values			
Feelings / emotions			
Knowledge			
Sensory			
Background			

(Patton, 2003 *Qualitative Designs and Data Collection*), p. 352

Process Feedback during the Interview

Support and Recognition Responses

A common mistake among novices is failing to provide *reinforcement* and *feedback*.

This means letting the interviewee know from time to time that the purpose of the interview is being fulfilled. Words of thanks, support, and even praise will help make the child feel that the interview process is worthwhile and support ongoing rapport. For example; “We’re about halfway through the interview now and from my point of view,

it's going very well. You've been telling me some really important things. How's it going for you?"

Patton also suggests that observing a child is also important. "When verbal and nonverbal behaviors indicate someone is really struggling with a question, going mentally deep within, working hard trying to form an answer, after the response it can be helpful for the interviewer to say, "I know that was a difficult question and I really appreciate your working with it because what you said was very meaningful and came out very clearly." At other times, you may perceive that only a surface or shallow answer has been provided. It may then be appropriate to say something like the following: "I don't want to let that question go by without asking you to think about it just a little bit more, because I feel you've really given some important detail and insights on the other questions and I'd like to get more of your reflections about this question."

In essence, the interviewer, through feedback, is "training" the interviewee to provide high-quality and relevant responses." (p. 375)

The Final or Closing Question

It is important in formal interviews to provide an opportunity for the child to have the final say: "That covers the things I wanted to ask. Anything you care to add?" or "What should I have asked you that I didn't think to ask?" are suggestions that often yield rich information. (Patton, 2003)

Mechanics of Gathering Interview Data

Data of interviews are the actual quotations spoken by interviewees. Nothing can substitute for these data: the actual things said by real children. During the interviewing process itself –that is , during the data collection phase – the purpose of each interview is to record as fully and fairly as possible that particular interviewee’s perspective. Some method for recording the verbatim responses of people being interviewed is therefore essential. A good tape recorder is indispensable to fine fieldwork. The following table lists a set of tips for getting high-quality recordings and transcriptions.

Tips for Tape-Recording Interviews: How to keep Transcribers Sane

Table 14

<ol style="list-style-type: none"> 1. Equipment <ol style="list-style-type: none"> a) Use an electrical outlet and external microphone whenever possible; they’re more reliable b) If you use batteries check them regularly and carry spares. c) The recorder should be clean and in good condition – check it before going to an interview. d) Use good-quality tapes of 60 minutes or less; longer tapes are more likely to stretch or break when transcribed. e) Take along extra cassette tapes. 2. Before the interview <ol style="list-style-type: none"> a) Choose a place for the interview that’s quiet and free from interruptions. b) Place the microphone close to the respondent, then speak loud enough so that questions can be heard; most important, though is hearing the responses. c) Set the recorder on a stable surface. d) Test the recording system. 3. During the interview <ol style="list-style-type: none"> a) Speak clearly and not too fast-the respondent will then be more likely to do the same. b) Ask the respondent to speak up if his or her voice starts to soften. c) Run a test with the respondent: Then rewind and listen so the respondent can hear whether he or she is speaking distinctly. Whether a problem is mechanical or personal, correct it before continuing. d) Don’t rustle papers, cups, bottles, etc., near the microphone. e) Turn off the recorder during extended side conversations, breaks, or interruptions. f) Watch for tape breakage and tangling. g) Repeat the test if a tape change is necessary. h) At end of interview, say, “This is the end of the interview with _____?” 4. After the interview

- a) Listen to the start, middle, and end of the tape; list proper names and unfamiliar or unusual terminology to help the transcribers.
- a) Label tapes and return them to appropriate containers.
- b) Keep tapes and recorder in good condition; do not touch tapes or expose them to extreme temperatures.
- c) Give transcribers reasonable time to do a good job.

(in Patton, (2003) p. 382)

Taking Notes during an Interview

The use of the tape recorder does not eliminate the need for taking notes, but does allow concentration on taking strategic and focused notes, rather than attempting verbatim notes. Notes can serve at least four purposes.

1. Notes taken during the interview can help the interviewer formulate new questions as the interview moves along, particularly where it may be appropriate to check out something said earlier.
2. Looking over field notes before transcripts are done helps make sure the inquiry is unfolding in the hoped-for direction and can stimulate early insights that may be relevant to pursue in subsequent interviews while still in the field—the emergent nature of qualitative inquiry.
3. Notes about what is said will facilitate later analysis, including locating important quotations from the tape itself.
4. Notes are a backup in the event the recorder has malfunctioned or a tape is erased inadvertently during transcription. (Patton, 2003)

Cross-Cultural Interviewing

Cross-cultural inquiries add layers of complexity to the already complex interactions of an interview. The possibility for misunderstanding are increased significantly. (Patton, (2003) lists the following as some cross-cultural interview considerations.

- I. Language Differences; the data from interviews are words. It is tricky enough to be sure what a person means when using a common language, but words can take on a very different meaning in other cultures.

- II. Differing Norms and Values; the high esteem in which science is held has made it culturally acceptable in Western countries to conduct interviews on virtually any subject in the name of scholarly inquiry and the common good. Such is not the case worldwide. Researchers cannot simply presume that they have the right to ask intrusive questions. Many topics discussed may be insensitive to ask.

Sample of a Detailed Child Interview Guide by a Teacher

Patton (2003) gives the following interviewing summary as an example of how a teacher might observe a child over the school year. The guidelines are divided into three broad categories of topics for discussion:

- I. Salient Observations
- II. General Behavior Topics
- III. Language and Reading Topics

Each interview will begin with the teacher's salient impressions derived from observation-what the teacher thinks is important to report about the child. Depending on what those impressions are, the interviewer will pick up on related topics within the guidelines.

Teachers should strive to be as descriptive as possible throughout the interview, and interviewers should strive to facilitate description by asking for concrete instances and examples.

I. Teacher's Salient Observations About Child's Functioning

Basically cover impressions gained through teacher's own observations of the children during the normal course of instruction. Where appropriate include comments about continuities, changes and fluctuations. Also comments about the child's work samples. Another consideration is the organization of the day (first interview only) and any changes in organization (subsequent interviews).

II. General Behavior Topics

Physical/Gestural Characteristics

Typical posture, bearing

Pace of movement

Forcefulness/impact of physical presence

Gestural characteristics

Eye contact

Voice qualities (e.g. loud, soft, fluent, halting)

Voice tone/inflection

III. Affective Expression

Characteristic disposition and how expressed

How is anger expressed, controlled?

How is affection expressed?

General level of energy.

IV. Relationships

How does the child relate to (fit in with) the whole class?

What social situations does the child seek in work/play?

V. Activities

What does the child do in classrooms when there is an opportunity to choose?

What is the breadth and depth of activities?

What are unusual activities for the child to engage in?

What are the things the child has never engaged/attempted in the classroom?

VI. Methods of Working

How does the child organize self for work?

How does the child carry through on work?

Does the child seek feedback about work? When? From whom?

Does the child ask for help with work? When? From whom?

Does the child use help that is offered? How?

Is there evidence the child “knows what he or she knows”?

Is there evidence the child can gauge own capabilities.

How does the child demonstrate capabilities?

VII. Summary of Progress in School-Related Work (other than reading)

Differential / even progress

Unusual accomplishments, activities

Unusual difficulties, blockings

Ethical Challenges in Qualitative Interviewing; a Representative Ethical Issues

Checklist

Here are four of the ten ethical issues Patton (2003) suggests need to be considered in interviews

1. *Explaining purpose.* How will you explain the purpose of the inquiry and methods to be used in ways that are accurate and understandable?

- What language will make sense to participants in the study?
- What details are critical to share? What can be left out?
- What's the expected value of your work to society and to the greater good?

2. *Promises and reciprocity.* What's in it for the interviewee?

- Why should the interviewee participate in the interview?
- Don't make promises lightly, for example, promising a copy of the tape recording or the report. *If you make promises, keep them.*

3. *Risk assessment.* In what ways, if any, will conducting the interview put people at risk?

Psychological stress? Legal liabilities? In evaluation studies, continued program participation (if certain things become known)? Ostracism by peers, program staff, or others for talking. Political repercussions?

- How will you describe these potential risks to interviewees?
- How will you handle them if they arise?

4. *Confidentiality.* What are reasonable promises of confidentiality that can be fully honored? Know the difference between confidentiality and anonymity. (Confidentiality

means you know but won't tell. Anonymity means you don't know, as in a survey returned anonymously.)

- What things can you not promise confidentiality about, for example, illegal activities, evidence of child abuse or neglect?
- Will names, locations, and other details be changed? Or do participants have the option of being identified?
- Where will data be stored?
- How long will data be maintained?

Ten Characteristics of a Well-Written Report of an Interview

Well-written reports share ten characteristics (Hess and Wroblewski in Yeschke, 2003)

A well-written report is:

1. *Factual*. A fact is a statement that can be verified and known as a certainty. Present your facts, draw your conclusion, and stipulate which is which.
2. *Accurate*. Just as there are rules for spelling, capitalization, and punctuation, there are rules for word choice. Avoid jargon, which creates confusion.
3. *Objective*. A good report is fair and impartial. You can ensure objectivity in your reports by including all relevant facts and by avoiding words with emotional overtones. The *who*, *what*, *when* and *where* questions should be answered by factual statements. The *how* and *why* statements may require inferences on your part. When this is the case, and especially in the when addressing the question of motive, clearly label your opinions.
4. *Complete*. A report should give as full an account as possible.

5. *Concise*. The information you choose to include should be worded as concisely as possible. You can reduce wordiness two ways: Leaving out unnecessary information, and by using as few words as possible to record the necessary facts.
6. *Clear*. Clarity, one of the most important characteristics of a well-written report, is discussed in detail below.
7. *Mechanically correct*. Use correct spelling, capitalization, and punctuation in your report.
8. *Written in standard English*. Use the past tense, complete sentences, and good grammar.
9. *Legible*. An illegible report gives a poor impression of the writer and a distorted explanation of who said what.
10. *On time*. A report that is submitted late reflects negatively on the report writer.

(Hess and Wroblewski 1988) provide these additional nine suggestions for writing effective reports.

1. Use the first person. That is write “I” instead of “the investigator” or “the interviewer. First–person writing is recommended for law enforcement reports because it is direct.
2. Write in the active voice. For example, say, “I asked Jane Smith....” Rather than “Jane Smith was asked....”The active voice clearly indicates who performed the action.
3. Correctly modify details to be included.
4. When using pronouns, be sure it is clear to whom they refer.
5. Use parallelism by using the same type of structure for similar parts of a sentence.

6. Choose your words carefully, avoiding legal, technical, unfamiliar, and slang words.
7. Include specific, concrete facts and details.
8. Keep descriptive words and phrases as close as possible to the words they describe.
9. Use diagrams and sketches to clarify a complex description.

Rapport and Active Listening

The two skills of building rapport with the child through active listening are essential to investigative interviewing. “Rapport is like an electric current that flows between participants. It is based on how they communicate rather than on what they say, and it requires practiced effort.” To develop rapport is to create a feeling within yourself and the interviewee of alertness, well-being, and even excitement. Rapport is important in an interview because the degree of rapport you establish determines the degree of compliance you obtain from the interviewee.” You can also build rapport by enhancing the interviewee’s self-image. Expressions of genuine interest and empathy, positive recognition, easy eye contact, and appropriate positive silences also help build and maintain rapport.” (Yeschke, 2003, pgs 72-73)

There are two main conditions of listening: the passive (inattentive) and the active (attentive). The first step in empathizing is to listen and attempt to grasp the meaning of what is said. The important tactic of active listening requires attentiveness and concentration, acceptance, detachment, and patience.

Yeschke (2003) asserts there are the following sub-skills involved in active listening.

1. *Attentiveness and Concentration.* There is a close connection between active listening and intuition; active listening helps you sense meanings that are not revealed in words alone. The development of rapport is built upon a foundation partly make up of your ability to show that you are listening. Your attentiveness implies acceptance and encourages the interviewee to say more.
2. *Acceptance.* The listener who exhibits non-judgmental understanding, who provides empathic responses, encourages others to continue to communicate. If you are receptive, understanding, warm, responsive, interested, and involved, children will probably enter a dialogue with you.
3. *Detachment.* You may need to investigate crimes that are so horrible that they shake you to your very core or turn your stomach. As you investigate crimes that would anger any normal citizen, you may feel distracted by intense internal dissonance, and absence of internal harmony (Bennis et al. 1973). Don't become so angry that you want to seek revenge on behalf of the victim.
4. *Patience.* Inexperienced interviewers often rush from one question to another without waiting for an answer. They fail to understand that patience is a necessary component of active listening. Be alert to both concrete and abstract information. Concrete, objective explanations paint a clear picture of the event or situation. Abstract, subjective comments are emotional, non-specific, and often misleading. Strive to obtain concrete information, but accept that the child will also express emotion and make many subjective comments. (Dexter 1970).

Authority and Neutrality in the Investigative Interview

Adults interviewing children are in a natural power position over children. Police and child welfare professionals are also powerful representatives of authority to children. These issues should not be ignored in interviews. In its simplest form, power is the ability to control, influence, or cause others to do what you want them to do. It can be expressed negatively or positively. Because the misuse of their authority carries serious potential consequences, investigators have a great responsibility to exercise their power thoughtfully. (Yeschke, 2003)

The Misuse of Authority

Some interviewers exercise their authority aggressively all the time, rather than assertively and only when necessary. These authoritarians demand absolute obedience without regard for the individual rights of others (Bennis et al. 1973). They expect to be treated like gods, and often are, because of the power they hold to affect the lives of others. Power misusers lack and awareness of their real selves. Authoritarians wield their power in such as way as to make children feel helpless, impotent, and fearful, forcing them on the defensive (Bennis et al. 1973)

The Positive Application of Authority

“The authoritarian interviewer’s negative use of power arises from his or her feelings of insecurity and inadequacy. Proficient interviewers, on the other hand, use power in positive ways as they strive toward personal growth and self-affirmation. They are

empowered with self-appreciation, vision, and purpose. Personal motivation is based upon the principle that you are the end result of what you want to be. Success comes from inner strength, conscious willpower, and an unwavering determination to succeed. With these you can develop courage; enthusiasm, confidence, and belief in you own ability.” (Yeschke, 2003. pgs 91-92)

Case Study

Here is an example illustrating the value of restrained authority. This case, involving an eight-year-old girl who was reportedly molested by a thirty-seven-year-old family friend, illustrates what a skilled investigator can do. With her parents and a female social worker present, a male law enforcement investigator interviewed the child. The following extract is from the tape-recorded interview.

Q. 75: What happened?

Child: It sorta hurted when I did.

Q76: It did? Did it sting?

Child: No

Q77: Okay, how did it hurt? Can you describe it?

Child: Well it sorta did sting.

Q 78 Okay, did you tell your mom that?

Child: I just told her it hurted when I went to the bathroom.

Q79: Has it ever hurted like that before when you went to the bathroom?

Child: Yeah

Q 80: Was there a reason why it hurted like that before?

Child: Un-huh.

Although the child did not use proper grammar in response to questions 75 and 78, the interviewer did not correct her. To help cement a close relationship, the investigator even repeated the child's terminology in question 79 and 80. No doubt the child heard how the investigator worded the question and on some level of awareness felt closer to him. We can only imagine how the child might have felt if the investigator has corrected her.

(in Yeschke, p. 93-94)

“Bones”

Questions asked often are designed to reveal the elements of the complete incident. Yeschke (2003) uses the metaphor of bones on a skeleton. These semi-structured questions work together, much as the bones of the body make up a whole skeleton. In the same way that muscle and tissue surround our bones, all of the details of the incident and the interviewee's involvement surround the central facts of the incident. The semi structured questions you use in this phase of the interview are designed to reveal, through an interviewee's pattern of responses, whether he or she is lying or telling the truth.” (p. 127)

1. *The Narration Question.* At some logical point during the primary phase, ask the child to tell you what happened- what her or she knows of the incident under investigation. Allow the child unrestricted recall, then ask specific questions to uncover details. All the while, take notes to show that you are attentive.
2. *The “Trust” Question.* This question usually takes the form, “Who comes to mind that you trust?”
3. *The “Verification” Question.* Ask questions to verify what someone has said about the alleged abuse.
4. *The “Instruction” Question.* What have your parents told you about sex? Is a question for children old enough to understand “Good touch/Bad Touch”

5. *The “Consequences” Question.* If the things you say happened are true, what should happen to him or her.
6. *The “Kind to Do It” Question.* Your next question might be “What kind of person do you think would do something like this?”
7. *The “Why It Happened Question.* Then you might ask, “Why do you think a person would do this sort of thing to you?”
8. *The “Expanding Inquiry” Question.* Has anyone else ever done this to you?
9. *The “Willingness” Question.* Would you be willing to ___ can be used for younger children.

H) Medical Considerations of Child Sexual Abuse

Although the primary focus of the present dissertation relates to the psychological issues of clinical interviews, medical sexual abuse issues will be briefly identified in this section.

Finkel and Giardino (2002) have also written a comprehensive book on the medical evaluation of child sexual abuse. The authors are careful to acknowledge the multidisciplinary nature of the evaluation of sexually abused children. A chapter focusing on the multidisciplinary team approach, psychological impact of sexual abuse, the mental health evaluation of child and adolescent victims, and the myriad legal issues involved serve to place the medical evaluation in its proper perspective as one piece of a very complicated process.

Research Questionnaires

McNary and Black (2003) have created the Child Abuse Potential (CAP) Inventory. It is a widely used measure of child maltreatment risk in adult caregivers. It is a self-report instrument composed of 160 agree-disagree items that takes about 20 minutes to complete, and incorporates a Physical Abuse scale (composed of six subscales), along with three validity scales. Using the recommended criterion for Physical Abuse scores to classify respondents as “at-risk” for abuse. The CAP Inventory has a high sensitivity in that it accurately classifies individuals who have physically abused their children as “at-risk.” Specificity, or the ability to classify individuals who have not physically abused their children as “not at-risk,” is slightly lower. As a result some individuals who have not abused their children may be incorrectly classified.

Questionnaires to Assess Past and Current Experiences of Abuse.

Kooiman, Ouwehand, and ter Kuile (2002) are psychiatrists from the Netherlands. They validated a simple questionnaire to be completed by adult respondents for the assessment of sexual and physical abuse during childhood and later life. Here is their questionnaire:

1. Has anyone ever touched your sex organs in a sexual manner and against your will?
 - No __
 - Yes; if yes, how old were you *when it first happened*?
 1. less than 6 years old.
 2. 6 years old or older, but less than 12 years old.
 3. 12 years old or older, but less than 16 years old
 4. 16 years old or older.

2. Has anyone ever forced you to touch his or her sex organs in a sexual manner and against your will?
 - No __
 - Yes; if yes, how old were you *when it first happened*?
 1. less than 6 years old.

2. 6 years old or older, but less than 12 years old.
3. 12 years old or older, but less than 16 years old
4. 16 years old or older.

3. Has anyone ever tried to force you to have sexual intercourse against your will?

- No ___
- Yes; if yes, how old were you *when it first happened*?
 1. less than 6 years old.
 2. 6 years old or older, but less than 12 years old.
 3. 12 years old or older, but less than 16 years old
 4. 16 years old or older.

4. If you had one of the above experiences, have you ever discussed it with anyone?

If yes, with whom?

1. with a relative
2. with boyfriend(s) or girlfriends(s)
3. with non-medical workers,
(for example: teachers, medical workers, priest, minister)
4. with medical workers
(for example: GP, specialist, social worker, psychologist, psychiatrist)

5. Have you unintentionally or intentionally been treated by someone in such a way that you sustained a physical injury. (For example: beaten, stamped on, kicked or pushed? Injury means, for example: bruises, welts, broken nose, broken teeth, and loss of consciousness). If yes, how old were you *when it first happened*?

1. less than 6 years old.
2. 6 years old or older, but less than 12 years old.
3. 12 years old or older, but less than 16 years old
4. 16 years old or older.

7. Have you ever experienced something that is not listed above and which you have thought was inappropriate? If yes, how old were you *when it first happened*?

1. less than 6 years old.
2. 6 years old or older, but less than 12 years old.
3. 12 years old or older, but less than 16 years old
4. 16 years old or older.

8. If you have had one of the above experiences, would you like to talk to someone about it?

- No
- Yes, with _____
- Don't know
- Not applicable

Have you answered all the questions? Thank you

EMDR (Eye Movement Sensitizing and Reprocessing)

Although it is beyond the scope of this investigation, EMDR, (Eye movement desensitizing and reprocessing) is one particularly noteworthy therapeutic treatment which is focused on the gathering of valid information relative to alleged child abuse. The process, which is described in Sapiro and Forrest (1997) as follows:

In the first phase of EMDR treatment, the therapist takes a thorough history of the client and develops a *treatment plan*. The phase is vital because EMDR can bring up high levels of emotion, and there are some people for whom EMDR is not physically appropriate.

The second phase of EMDR treatment is *preparation*; one of the primary goals of the preparation phase is to establish a relationship of trust between the child and the therapist. To keep the processing going here during the preparation phase, the clinician explains the theory of EMDR, how it is done, and what the person can expect during and after treatment. Finally, the clinician teaches clients a variety of relaxation techniques for calming themselves in the face of any emotional disturbance that may arise during or after a session.

Assessment is the third phase of EMDR treatment, during which the clinician identifies the aspects of the target to be processed. The first step is for the child to select a specific picture or scene from the target event (which was identified during Phase 1) that best

represents the memory. Then the child chooses a statement that expresses a negative self-belief associated with the event.

Phase 4 is called *desensitization* because it focuses on the child's disturbing emotions and sensations as they are measured by the SUD (subjective units of discomfort) ratings. This phase encompasses all of the child's responses (including memories, insights, and associations that may arise during the sessions) as the targeted event changes and its disturbing elements are resolved.

The fifth phase of EMDR treatment is called *installation* because the goal is to "install" and increase the strength of the positive belief that the child has identified to replace his or her original negative belief. A positive cognition "I am now in control" is strengthened and installed.

Body scan is the sixth phase of EMDR. After the positive cognition has been strengthened and installed, the therapist asks the child to bring the original target event to mind and see if she notices any residual tension in his or her body. If so, these physical sensations are targeted for reprocessing.

The seventh phase of EMDR treatment is called *closure*. It ensures that children leave at the end of each session in better shape than they were in at the beginning.

The final phase of EMDR treatment, called *re-evaluation*, takes place at the beginning of each therapy session after the first. The therapist checks to make sure that the positive results achieved have been maintained, identifies any new areas that need treatment, and continues facilitating processing of the additional targets. The re-evaluation phase is vital to determine the success of the treatment over time. Shapiro and Forest, 1997) note; “Fortunately, in EMDR therapy it is not necessary to know whether a memory is historically accurate or not. It is only necessary to reprocess images that are disturbing to the child. The memory may be accurate, or the product of vicarious traumatization, or outright error. Regardless of the validity, the goal is to remove its negative influence on the client.”

I) The Development of *Testaments* as a Pilot Project

The Testament Tool: Design and Development

The purpose and design of *Testaments* was to create an effective and practical tool for the communication and investigation of alleged child sexual abuse for use by child welfare and police professionals. It was designed to approach investigations through a systematic process whereby investigative teams and the alleged child victim communicate at a level of understanding and in a manner sensitive to the background, age and experience of the child. The cards assist the alleged victim to disclose their experience of abuse while the Statement of Witness Form enables the victim to move their experience into a formal statement which is required by the Police and the criminal judicial system.

The project entitled, *Testaments Phase I* was funded by Health Canada, Family Violence prevention Division. The Testament prototype included a set of thirty (30) Testament cards, Form of Evidence and Instructional Handbook. The set of Testament cards are 4"x4" reproductions which involve the use of art work, illustrations and photographs as well as statues of the human body, male and female, both child and adult. The selected art work, illustrations and photographs are publicly recognized as were selected from different ethnic groups to ensure that this tool applies to different cultural backgrounds and different socio-economic backgrounds. The cards were selected based on their multiplicity of concrete responses and their usefulness was tested in the pilot evaluation. A sample of the Testaments cards is in Appendix B.

The Form of Evidence was designed to record comprehensive interviews with alleged victims and suspects. It is used with the Testament Cards to provide a formal non-partial statement to record the tool's communication and investigation effectiveness when used by investigators. The Handbook was written to instruct investigators in the purpose, nature and use of Testaments.

There are four standard parts to a comprehensive interview. Part I obtains the factual information as it relates to the alleged victim or suspect's person at the point of interview. Part II obtains a statement outlining the alleged crime given by the alleged victim or suspect being interviewed who acknowledges the statement is true as written by signing the bottom right hand corner of the page or by acknowledging that they have been knowingly video taped. Part III allows the alleged victim or suspect to communicate

during the interview about his/her circumstance, feelings and attitudes and to do this in a responsible and constructive manner allowing the victim or suspect to draw their own correlations, if any to the alleged crime. Part IV obtains sensory related evidence as well as providing questions related to the alleged crime that may be overlooked during the first part of the interview.

Purpose of Design

Testaments was designed as a practical tool to be used by child welfare and police services when interviewing alleged victims of crime, more specifically the crime of assault, and suspects. The Testaments cards are to be used with the Form of Evidence to provide a recorded, comprehensive interview. The use of the cards redirects the alleged victim and suspect being interviewed away from focusing on the interviewing investigators. It redirects him/her to focus on a neutral third party, the cards, while allowing the interviewer to continue to direct questioning. The following eight core principals and considerations were built into the design and development of Testaments.

1. Overcomes Communication Barriers

Often it is difficult for an alleged victim and/or suspect to articulate, recall or disclose the details of an alleged crime. The investigative team is responsible for obtaining this information. In order to do this they need to be equipped with the proper communication tools to assist them to do their job and to assist the alleged victim and /or suspect to recount the events of the alleged crime. Deeply conceptual people or those who are traumatized find it difficult to break down their thoughts coherently and then present

them in logical order. The investigative team who are the interviewers, are responsible for directing the interview to assist the alleged victim and /or suspect to relay the facts as they relate to the alleged crime.

A tool is needed to assist those who find it difficult to disclose information and to help them to do so in a comfortable, non-intimidating way. Child victims of crime must have an opportunity presented to them to enable them to look at their own individual thoughts and express them without trying to justify their thoughts or feelings. An investigative tool is needed to alleviate the feeling of being judged or criticized or “assessed” by the investigative team. They must feel that the investigative team is truly interested in what he/she has to say and is therefore more responsive to the questions.

2. Overcomes Barriers to the Truth

There is no ‘right or wrong’ answer and there is no ‘yes or no’ answer to each question used in a well-designed tool. The answer is derived from the alleged victim’s own experience and understandings. No two people can consider each question and have exactly the same responses. The responses to each question will be specific to each person being interviewed because each person’s perception is different; therefore each person’s perception of each question is different. What each person perceives is based on their own perception of life: what is right and wrong, what is acceptable or unacceptable, what is deviant or non-deviant behavior, what are their own likes and dislikes, how they see the family, how they see friendship, how they see relationships, how they see power, how they see authority and more.

Each person is a composite of their own life experiences and each composite is different with its own individual configuration. Therefore each perspective and each interview will be exclusive to each person being interviewed. In this way, each person discloses their own personal truth and this cannot be imitated or mimicked or faked. The answers come from inside each person being interviewed and cannot be rehearsed beforehand. Questions must be designed to request a personal response. For instance; each person has his/her own personal response to art; his/her own conceptual understanding of its meaning; his/her own interpretation of what is seen or communicated in the picture. This means that no two people would perceive, understand or communicate the same thing or have the same response to the same picture. Art can provide alleged victims and suspects and opportunity to explain what they choose to explain in their own words.

3. Overcomes Age and Disability Barriers

It is often difficult to interview a very young child or a person of modest intellect who has a limited knowledge of words, a limited understanding of language and a limited ability to communicate. A well-designed tool would provide them an avenue to communicate at the level at which they are comfortable and this in turn provides evidence that not have otherwise been obtained. Questions presented need to be very simple and directed to the alleged victim for his /her direct personal response. Each question would represent some aspect of life that is only manifested by the personal interpretation of the person who sees it. For instance, the same question may mean joy to some and pain to others. What some consider fun others consider dreary. Again these are personal interpretations and personal reflections. Any and all parallels to the alleged crime are to

be drawn by the alleged victim. It is not up the investigative team to lead, but merely to ask the question.

It is the very nature of communication through art that allows it to be tailored specifically to the viewer. This flexibility and versatility is what allows art to be an effective form of communication between any two people. A person's disability has no bearing on the effectiveness of how they relate to art. A person who is hearing impaired, cannot speak or is physically disabled can still view art and communicate in sign language or write their responses. Art is a useful investigative tool and can be used with all disabled persons except for those who are legally blind. As long as a person is able to communicate, however elementary, art can be used to obtain evidence.

4. Overcomes cross-cultural Barriers

Art can be selected to reflect all cultures and all ways of life without stereotyping or discriminating. Art can be selected for their deep communication about an aspect of life that is true for all people regardless of race, color or creed. However, to ensure the comfort and feeling of acceptance by all alleged victims during the interview, art could include people from various races. This consideration would assist the alleged victim feel he or she is being fairly treated while focusing on the greater purpose of the interview, which is to communicate the facts as they relate to the alleged crime.

5. Personalizes the Interview

Standard forms and standard interviews are essential in order to obtain information that is relevant to the crime. For this reason an investigative tool must incorporate all questions currently being asked during interviews by the investigative team. Equally important during every interview is the ability to obtain the personal disclosure of the alleged victim. This can be difficult to obtain. The use of art can help to personalize the interview for each alleged victim by asking questions only he or she can answer. There is no proxy answer. This gives the alleged victim an opportunity to disclose information related to the alleged crime from their perspective and from their personal intellectual and sensory recollection. No other person feels the way they do; or the way they did during the alleged crime.

6. Does Not Lead the Alleged Victims or Suspects

The premise for developing an innovative tool is to establish a method whereby an investigative team could interview an alleged victim and obtain evidence without leading the victim. It is important to design a tool chosen for its ability to elicit multiple responses depending on the viewer's own interpretation. For example; art can be selected based on its acceptance and acknowledgment by the public that it is appreciably a piece of art. In this way it is clear that the art is not created specifically for use with a hidden agenda.

The purpose of art as a possible tool is the ability inherent in art to act as a comfortable medium for communication with which to assist the alleged victim to provide evidence;

regardless of age or cultural background. Again, art represents something different to each viewer and for this reason the question that accompanies art can be designed to provide the alleged victim with the opportunity to personalize each picture from their own perspective. This alleviates any prior coaching before the interview or the use of pat answers by the alleged victim. Since it is impossible to coherently respond to a series of art with pat answers, this response mechanism becomes self-evident.

7. For Use by Both the Alleged Victims and/or Suspects

It is important to establish that both the alleged victim and the suspect are treated equally during the interview by the investigative team. One way to ensure there is no bias or sympathies toward either the alleged victim or the suspect is to ask each one exactly the same questions in exactly the same order with a communication tool that prohibits rehearsed answers. The same form of evidence gathering and the same art and responding questions, used in the same order. Therefore the questions themselves do not predetermine guilt or innocence, nor can they be cited as biasing the jury, nor can they be called discriminatory or prejudicial, nor can they be called racist or unfair. A tool must be designed to treat every crime as just that – an alleged crime; to treat every alleged victim as just that – an alleged victim; and to treat every suspect as just that – a suspect. Art as an investigative tool is able to assist in providing quality and comprehensive evidence that only the alleged victim and/or suspect can provide.

8. Removes All Possible Bias towards Alleged Victim and/or Suspects

Part I of any interview requires the investigative team to be aware of the necessary cautions when interviewing. It also establishes factual information such as the name, address and personal information of the alleged victim and/or suspect. Then the investigative team is responsible for observing if there appears to be physical harm and /or unusual emotional behavior and/or substance abuse. A tool must be designed that requires the investigating teams to record the same kinds of observations regarding physical harm, emotional harm and substance abuse for both the alleged victim or the suspect. A request for medical records is made for both the victim and the suspect.

Investigative teams are well aware of the Canadian Charter of Rights and Freedoms and the rights of alleged victims and/or suspects as legislated in respective provinces or by aboriginal law. However, too often alleged victims and /or suspects are truly not aware of their rights and this can affect the outcome of a court case. Therefore, seven already practiced cautions used by various police services need to be incorporated into the design of the tool to ensure that these cautions are made known to the alleged victim and /or suspect. All cautions as they pertain to the alleged victim or suspect must be read before proceeding. Cautions are read to both the alleged victims and the suspects. These cautions ensure that anyone who is being interviewed by an investigative team understands his or her rights. This ensures there is no coercion or manipulation during the interview process. The interviews are viewed as a means of obtaining information, not as a means of determining guilt or innocence.

Part II is disclosure of the alleged violation. It can be written by the alleged victim and /or suspect or written verbatim by the police officers or investigative team as told by the alleged victim and /or suspect. Again, the cautions are made clear to the alleged victims an/or suspects at this time and each page of the alleged violation is to be signed by the person being interviewed as well as by each police officer and social worker present during the interview. Currently, most interviews in urban centers are video taped to provide a more accurate record. An investigative tool must utilize the same form for adults and children regardless of age, background or disability except for total blindness on the part of the alleged victim and/or suspect being interviewed. This means that the form itself is not biased in its design toward age, background or disability but is designed to ensure that each person being interviewed is treated equally.

Part III of an investigative tool can incorporate the use of art wherein the alleged victim or suspect is not pressured into responding within a time limit to the question as it relates to each picture. The pace is determined by the alleged victim and /or suspect.

Part IV takes into account questions that relate directly to the alleged crime based on sensory recollection, which the alleged victim and/or suspect would not otherwise think about. During the interview, it is up to the investigating team to act as the observers. The interview is the time to obtain information about the alleged crime according to the alleged victim or suspect; it is not the time to ascertain the guilt or innocence of the alleged victim and/or suspect. The investigative team is better served if they postpone analysis of the evidence obtained till after the interview is completed. A well-designed

tool would be designed to ensure that the investigating team remain objective during the interview process. For instance; it is impossible for an investigative team to second-guess the responses to the sensory related questions in Part IV. The design of the tool must ensure that objectivity and attention to detail are paramount during the interview.

Part II; Using the Form of Evidence

Instructions to the Interviewers

Incorporates Current Cautions to Alleged Victims and Suspects

Police officers and social workers are well aware of the Canadian Charter of Rights and Freedoms and the rights of alleged victims and/or suspects as legislated in respective provinces or by aboriginal law. However, too often alleged victims and /or suspects are truly not aware of their rights and this can affect the outcome of a court case. Therefore, seven already practiced cautions used by various police services are incorporated into the Form of Evidence to ensure that these cautions are made known to the alleged victim and /or suspect. These are clearly marked in Part I, B of the Form of Evidence and Part IV of the Form of Evidence. All cautions as they pertain to the alleged victim or suspect must be read before proceeding.

Police and Social Workers Act as Objective Observers

During the interview, it is up to the investigating police officer(s) and social worker(s) to act as the observers. The interview is the time to obtain information about the alleged crime according to the alleged victim or suspect; it is not the time to ascertain the guilt or

innocence of the alleged victim and /or suspect. Police officers and social workers will be better served if they postpone analysis of the evidence obtained till after the interview is complete.

The Form of Evidence is designed to ensure that the investigation police officer and/or social worker remain objective during the interview process. It is impossible for a police officer or a social worker to second guess the response of an alleged victim or suspect to a Testament card. It is impossible for them to second guess the responses to the sensory related questions in Part IV. The entire Form of Evidence as it relates to the Testaments tool ensures that objectivity and attention to detail are paramount during the interview.

Police and Social Science Evidence are Consolidated

The Form of Evidence which is used with the Testament cards records responses to 4 in. X 4in. pictures. These responses to pictures can be used as evidence and are provided directly by the alleged victim and /or suspect. As with all evidence, it is up to the defense counsel and/or crown to determine how the evidence is to be introduced and for what purpose.

The use of the Testament cards and the accompanying Form of Evidence provides a new resource for obtaining evidence, in particular sensory-based evidence that has been previously unrecorded during the interview process. Until now, there has been no established format or method to record it and therefore it could not be presented as

substantiated evidence even though the judicial system is appraised of its critical nature to the dynamics of all alleged crimes.

Alleged Victims and Suspects are Interviewed on Equal Ground

The Form of Evidence provides the same questions for the alleged victim that it provides for the suspect. The Form of Evidence requires the investigating police officer and/or social worker to record the same kinds of observations regarding physical harm, emotional harm and substance abuse for both the alleged victim or the suspect. A request for medical records is made for both the victim and the suspect.

Cautions as they pertain to legislated federal, provincial or aboriginal human rights are read to the alleged victim and suspect.

In Part II, the alleged victim and the suspect both have the option to write their own brief outline of the alleged crime or have the investigating police officer write it for him or her. The alleged victim and the suspect are both required to sign their statement regarding the alleged crime indicating that what is written is true. If the alleged victim or suspect chooses not to sign Part II statements, the police officer should indicate their refusal to sign on the bottom right hand corner of each page.

Part III, The Nature of the Alleged Crime requires the use of The *Testaments* cards. The first five cards are lettered A to E and are to be used in alphabetical order with the corresponding question listed on the Form of Evidence. Space is provided for the answers which are to be written verbatim. Please do not change the question. Consistency is

essential to establishing an unbiased approach to obtaining evidence; therefore it is important to ask the questions exactly as they are written. If there is no response, indicate there is no response. If their response is crying, screaming, shouting or profanities and the like make note of these things; indicate the time and for how long this response occurred.

Beside each question, to the left, is a box in which the investigator can indicate the exact time each question was asked or the video or audio meter readings. Please note that at the bottom right hand corner of each page the initials of the alleged victim or suspect being interviewed are requested to confirm that the responses as written are true and these are to be witnessed by the investigator.

It is imperative that the cards numbered 1-24 are asked in numerical order. This ensures that there is no bias during the interview toward either the alleged victim or the suspect.

If the alleged victim or suspect desires to hold onto a card and does not want to return it or responds oddly to a card; please indicate these things on the response sheet. If the alleged victim or suspect asks to review a card for a second time or wants you to shuffle back, please comply. Indicate this request and record what takes place and what is spoken as it relates to the card. Indicate at which point in the series of cards it is requested and at which point in the series of cards it is returned. When this is completed, continue the interview as though you were not interrupted. Please indicate if he or she wants to know the name of the artist or photographer who is the responsible for the card. Please note the name of the artist or photographer of each picture and copyright is listed in back of the

handbook. Please use your discretion in disclosing this information. Always refer to the cards by either the alphabet or by the number. Do not make reference to the contents of the picture.

In Part IV, questions 1-6 provide a series of questions that give the alleged victim and/or suspect an opportunity to reflect on the alleged crime by tapping into their sensory recall. For instance what he/she keeps seeing over and over in his /her mind about the incident; any noises he/she may have heard. It is to be explained to the alleged victim and/or suspect being interviewed that questions 7-18 are being asked specifically as they relate to the alleged crime. Please read the caution(s) to the alleged victim and /or suspect being interviewed. Ask him or her to sign the caution(s) before continuing the questioning. If you choose to use Part IV, use the entire series of questions. Do not use them in random order and do not use only a few of the questions. It is also important to ask the questions in numerical order.

It is important to remember that when using the Form of Evidence and the Testaments cards, that they be used consistently each and every time they are used. This ensures that the contents of the Form of Evidence with the Testaments cards can be used as evidence, which is one of its express purposes.

Alleged Victims and Suspects are treated as Individuals with Equal Rights

Cautions are included throughout the Form of Evidence. Cautions are read to both the alleged victims and the suspects. These cautions ensure that anyone who is being interviewed by a police officer and/ or social worker understands his or her rights. This ensures there is no coercion or manipulation during the interview process. The interviews are viewed as a means of obtaining information, not as a means of determining guilt or innocence.

Comprehensive Interview

The four-part Form of Evidence is designed to obtain evidence on four different levels.

Part I obtains the factual information as it relates to the alleged victim or suspect's person at the point of interview.

Part II obtains a statement outlining the alleged crime given by the alleged victim or suspect being interviewed who acknowledges the statement is true as written by signing the bottom right hand corner of the page. This disclosure is also signed by the police officer and/or social worker present during the interview who witnessed the disclosure of the statement.

Part III allows the alleged victim or suspect to communicate during the interview about his/ her circumstance, feelings and attitudes and to do this in a responsible and

constructive manner allowing the victim or suspect to draw their own correlations, if any to the alleged crime.

Part IV obtains sensory related evidence as well as providing questions related to the alleged crime that may be overlooked during the first part of the interview.

Testaments Cards Provides Evidence Only the Alleged Victim or Suspect Could Provide

The questions corresponding with each Testaments card is designed to request a personal response to the card. Each person has his/her own personal response to art; his/her own conceptual understanding of its meaning; his/her own interpretation of what is seen or communicated in the picture. This means that no two o people would perceive, understand or communicate the same thing or have the same response to the same picture. The Testaments cards gives alleged victims and suspects and opportunity t o explain what they choose to explain in their own words.

J) Three Case Studies using Testaments

Case Study #1 Jonathan

Date of Interview	2004/10/31
Total Time	1.0 hour
Alleged Victim	Male age 7 years

Ms. W. advised that she suspected that her son, Jonathan age 7 may have been sexually abused by her husband. Her concerns were based both on a sexually specific drawing her

son had recently made and his comment to her that “a bee came in the window at night.” It went under his underwear and stung him. He indicated on his rectum. He stated his mother and father were asleep at the time then later stated his mother was not at home. Police and child welfare services were contacted and indicated that there was not sufficient information to warrant a formal investigation for possible sexual abuse.

The following charts are divided into three sections. The first section is the *Testaments* card number indicating which picture was shown and the corresponding question asked. Column two is the child’s response to the question written verbatim. The last column are any comments the interviewer has in later reviewing the child’s communication and/or observed behavior.

Here is the interview with Jonathan using the *Testaments Cards*.

Case Study #1 Jonathan

Card No. & Question	Child’s Response	Author’s Comments
A. How do you feel when you look at this picture?	That’s a horn, a horn. That’s how I feel it is	
B. <i>Male</i> . What do you think of this picture? B. <i>Female</i> . What do you think of this picture?	I think this is an angel. It is an angel too, they are both angels.	
C. What does this picture look like to you?	It looks like a woods.	This is a bizarre answer. There are no woods in this picture. I believe he is referring to the small bush around the shed. He thinks you can still hide in open places. Like the bathroom. There is a whole house and one place to hide; the bathroom.
D. What do you think this is a picture of? How do you feel when you look	A fire, a forest fire. Fire.	

at this picture?		
E. <i>Male</i> . Does anything in this picture bother you? Why does it bother you? _____	No. (shakes head) this picture is of Jesus. _____	
E. <i>Female</i> . Does anything in this picture bother you? Why does it bother you?	No	
1. When do you think this picture was taken? How can you tell?	In the woods. Cause there're woods here and houses here and a campsite close to the woods and the sky is blue.	This is woods, that's the point, he sees both pictures as woods. Associates camping with family outings.
2. What do you think these kids are feeling? Is there anything that makes you feel like that? Do you think these kids are friends? Do you think they tell each other secrets? Do you have friends like this?	Fine. No. Yes. Yes. Yes I do. At my school	He said kids are feeling "fine". In fact these kids are having a terrific time. His emotions are controlled, guarded, numbed and desensitized. Usually children have extreme feelings for example they often feel extreme anger or extreme happiness. However, if they have experienced unpleasant feelings as a result of their experience they often learn to dull feelings and guard feelings so they don't feel pain. By his answer to part (E) we don't know if he has friends like this or if he just knows kids who are like this.
3. How do you feel when you look at this picture? Why do you think you feel that way? Do you know anyone else that makes you feel like that when you look at them?	Happy, it's a mother monkey in the woods and a baby monkey. Cause they got enough bananas, enough fruit. No.	These gorillas could be mates but he sees a mother/child relationship. There are no bananas in the picture but he sees the gorillas are fat. He sees a mother with a mean, tough, in charge look and the mother goes before the baby. The baby gorilla he sees as secure with enough food and provision. This circumstance is happy for him but he answered "no" to feeling that himself. He is saying he does not feel secure. This picture for him is a picture of security.
4. What is happening in this picture? Why do you say that?	Two people are getting married. I could tell, they are swimming and hugging each other in the pool.	This is important as evidence. He does recognize that this picture is appropriate. He recognizes it is an appropriate male/female relationship of two people together willingly, they are willing partners.

5. What are the things in this picture that you like? Why do you like them? What are the things you don't like in this picture? Why don't you like them?	All different types of signs. Cause all different types of signs an because there is a bridge in Toronto. Nothing I don't like.	He is identifying with the picture. We don't know why he singled out the bridge in Toronto.
6. What do you think is happening in this picture? How does it make you feel?	Going on a plane trip. Fine.	To him it is a picture of going away. He has no separation anxiety. No sense of looking back.
7. Does anything in this picture bother you? What do you like about this picture?	No, it's just a fruit there. That there is so much fruit, that there is so much fruit.	
8. How do you feel when you look at this picture? Why?	Still fine. There is a little girl visiting her Grandmother in a wheel chair.	"Still fine" he has a sense of anticipation about his feelings. He is waiting for a picture of question to jolt him. His answer has no feeling, no compassion, i.e. the grandma can't walk or the little girls must feel sad etc. he remains consistent with the way he's answered the questions.
9. What do you think this picture is about? When you look at this picture, how do you feel?	It's just about ladies, four different types of ladies. Still fine.	He looks at the superficial representation of the picture. The faces all look the same so he looks at the external pieces.
10. Who do you think is in this picture? Can you tell me what you think they're doing? Do you like this picture? Why or Why not?	God, Jesus, Jesus Christ. Just standing on the beach. He's still standing their too. Yes. It's a very good picture.	Everyone is sad yet he says it is a very good picture. He likes the man because he is humble looking.
11. Can you tell me what you think the people in this picture are feeling? Why do you say that?	Two people feel mad and one person is happy. Because this picture looks nice.	To him this picture is nice because it is real. It is the way it really is, Dad is happy the kids are sad. It appeals to him because there is no dishonesty in the picture. It is the way it really is, it's real.
12. How old do you think this child is? What do you think this child is looking at?	Younger than seven. I don't know. I don't know what the child's liking at its just a nice picture.	He says it's nice, he identifies with the picture.
13. What kind of mother do you think this woman is? Why? Do you like that? Does it remind you of your mother?	A nice mother, cause she put her children in the water. Yes. Yes.	He sees this as good. Mother is a nice mother who does not abandon him in dangerous places. Father may be doing this but mother is still there.
14. What does this picture look like to you? Does it make you feel anything	Sea things, sea plants. Fine, still	"fine still" – he is saying I'm still managing my emotions. He does not see the emotion i.e. anger in

when you look at it? Have you felt like that before? When?	Yes, all the times. Sometimes in the summer, sometimes when we go to our cottage, times like that.	this picture. His emotions are dull. He has been dealing with this himself.
15. Do you like this picture? How would you make this picture better?	Yes, it's just a pile of different face, a bunch of different costumes. It's already better.	He sees "change faces, change costumes." Father is all nice but has different costumes. He may look all nice but that's just a costume. It's the face that tells if fine or not, not the words. <i>In speaking with his Dad he will respond to his father's face not the words that he speaks.</i>
16. Do you know what this says? (If yes) Have you ever felt like this? Why? When?		
17. Is this a happy picture? Why do you say that?	Yes. Because there is two penguins and one baby.	To him this picture is very personal. It is two parents taking care of one. That would be happy for him, two the same. He did not use gender nor did he mean his mother and father but two caring parents.
18. What do you think the man is doing? Why? What do you think his eyes are saying? How does that make you feel?	Giving apples away to other people. Cause the other people need food. Give the other people some food. Fine still fine.	The man in the picture is not indicating that he is giving anything away. He is concerned about others even though there is only one in the picture who he sees as having lots. He sees if you are equipped to do so, take care of other people. <i>(This is one of his nice qualities one would see if he wasn't so guarded).</i>
19. Is somebody helping somebody in this picture? Why do you say that?	Yes. Two people feeding each other.	He sees the two as equal. Each responsible for feeding each other. He did not distinguish the child from the adult. He has been forced to mature. He sees the world this way and does not distinguish children from adults. <i>(This was also observed with #11)</i>
20. Is this baby happy? Why or why not?	Half happy, half sad and half mad. Happy – cause his dad is helping him. Sad- because he has a sad face. Mad – cause he is not sure if he should go in the men's bathroom or	He sees the dad is helping the child. He is sad because the baby needs help. He is mad because he doesn't know if it is safe to trust the dad. He is happy someone is willing to help him but he doesn't

	not.	like the terms.
21. Do you like this picture? Why? How does it make you feel? Does it remind you of anywhere?	Yes, it's in a far away place. Like a church. Still fine. No.	He thinks it's nicer in a far away place. Nicer to be away from where he is. He does not know where.
22. What are the mother and child doing in this picture? How do you feel when you look at this picture?	Looking out the window. Still fine.	He is not threatened by the picture.
23. What do you think these two girls are doing? What do you feel when you look at this picture? Would you like to meet these two girls? Why?	Playing. Still fine. No, cause some people bug me.	These two girls bug him. They look serious and he doesn't want to get serious.
24. What do you think the girl is doing in this picture? Why do you think she's doing that? Do you think there is real milk in the bottle?	Feeding a baby calf. Because the baby calf is hungry. Yes.	He still thinks he should be able to trust the provider. He believes the provider wouldn't intentionally hurt or deceive him. He does not perceive or understand malintent.

Based on the *Testaments* cards and my conversation with Jonathan and his mother here are seven conclusions about Jonathan's well being.

1. Jonathan was honest and consistent in his responses. Throughout the set of thirty Testament cards he kept his emotions controlled, dulled and under guard. He has a sense of anticipation that his emotions are going to be jolted and he must maintain control.
2. His idea of what is safety is a mother who is in charge tough, goes before him and is mean towards anything that might harm him. He does not see his own mother as being like this.
3. Jonathan does recognize intimacy between an adult male and an adult female who are both willing partners as being appropriate.

4. He looks at the superficial representation of relationships. He has no separation anxiety and no sense of looking back. He thinks it's nicer in a far away place; nicer to be away from where is although he does not know where.

5. He likes sad pictures because they are real to him and there is no dishonesty in the picture. It is the way it really is, it's real. Dad is happy, the kids are sad. He does however recognize and like and adult make when he sees that he is humble as he understands Jesus to be.

6. Jonathan sees a nice mother is one who does not abandon him in dangerous places. His father may be abusing him but mother is still there.

7. He does not distinguish a child from an adult but sees the two as equal and equally responsible for caring for the needs of the other. He has been forced to mature.

Four additional therapeutic recommendations follow:

1. Jonathan experienced emotions that resulted in unpleasant feelings. As a result of the experience he now keeps himself desensitized, dulled, guarded and in control of his emotions to avoid feeling pain. Clearly, whatever problems he has he has been dealing with them himself. He anticipates that his emotions will be jolted and tries to maintain control. He does not trust that his emotions will be respected and taken care of. He does not feel emotionally safe.

He is a child who has been forced to mature. He is happy his Dad helps him. Sad that he needs help and mad that he doesn't know if it is safe to trust his Dad. He is happy someone is willing to help him but he doesn't like the teams. He does not feel physically safe.

2. Jonathan still thinks he should be able to trust the provider. He believes the provider wouldn't intentionally hurt or deceive him. He does not perceive or understand malintent.

3. Jonathan believes that if you are equipped to do so you take care of other people. He is not afraid of his father. He will protect his father from anyone who he thinks is angry at him. He thinks his father just makes mistakes and he feel responsible to take care of him.

4. Should Jonathan make a direct disclosure of sexual abuse by his father it would be most helpful to ask him if he thought his father meant to hurt him or just made a mistake? Jonathan will excuse the behavior. He will not make any disclosure if he thinks the person with whom he is speaking is angry at his father or that his father will be in trouble.

Case Study #2 Tara

Date of Interview 2004/10/31
 Total Time 1.5 hour
 Alleged Victim Females age 9

Tara (age nine) and Brittney, (age six) are sisters. Their mother believed that both daughters had been sexually abused by their maternal step-grandfather. Another male child (age two) is physically disabled. He is not believed to have been abused.

According to mother her step-father's behavior in their home is "unhealthy and unacceptable." She reports that his comments and opinions are overbearing and promote violence. His business decisions "lack morals or ethics" and she is leered at and sexually harassed. By her account, Step-grandfather is allowed to treat her, her husband, the children and their home without due respect or healthy boundaries. Neither parent has been assertive and given him boundaries for his behavior while in their home.

Consequently the family has just let him stampede over them.

Ms. T. met with police and child welfare services. However her children made no disclosure of any sexual abuse and the matter was closed as an "unfounded" investigation.

Card No. & Question	Child's Response	Comments
A. How do you feel when you look at this picture?	Like I want to play the instrument.	Child is very experiential wants to touch and experience things.
B. <i>Female</i> What do you think of	(Looks embarrassed) Nothing,	She does have repercussions. She

<p>this picture?</p> <p>_____</p> <p>B. <i>Male</i> What do you think of this picture?</p>	<p>nothing really. I don't know, I don't know, it's hard. (studies picture a long time).</p> <p>Nothing</p>	<p>is embarrassed about her sexuality and doesn't see the innocence. She doesn't feel so innocent.</p>
<p>C. What does this picture look like to you?</p>	<p>Like um... I seen this before but I don't know where I've seen it. Um, like a forest sort of a forest around a house.</p>	
<p>D. What do you think this is a picture of? How do you feel when you look at this picture?</p>	<p>Fire, Dad. I don't know what else.</p>	
<p>E. <i>Male</i>. Does anything in this picture bother you? Why does it bother you?</p> <hr/> <p>E. <i>Female</i>. Does anything in this picture bother you? Why does it bother you?</p>	<p>This sort of does (points to penis but doesn't touch it, wipes finger on her pants) Cause, I don't like looking at them. When I change my brother's diaper it's OK, but I cover him cause I think he is going to pee on me.</p> <p>Nothing</p>	<p>She is trying to distinguished differences between an adult body and a child's body. She can control her little brother's body but not an adult male's body.</p>
<p>1. When do you think this picture was taken? How can you tell?</p>	<p>A long time ago when I wasn't born. Because we don't have much trees all around houses and we don't have these things. (points to wagon).</p>	
<p>2. What do you think these kids are feeling? Is there anything that makes you feel like that? Do you think these kids are friends? Do you think they tell each other secrets? Do you have friends like this?</p>	<p>Happy Playing in the park Happy Ya, I think so, I'm just guessing. That tell secrets? One. She was told not to pick flowers but she did and told me not to tell, but I'm going to tell my mom I think. My friend across the street wasn't sure. I said if your not sure why don't you ask before you pick them. But she said "no" and she hid them in a bush.</p>	<p>Her explanation seems to be of right and wrong and a sense that secrets are wrong and should be told if they are wrong. The person she would think to tell is her mother.</p>
<p>3. How do you feel when you look at this picture? Why do you think you feel that way? Do you know anyone else that makes you feel like that when you look at them?</p>	<p>Sort of scared, if I see a real one. Cause I think they can hurt you or kill you or something.</p> <p>No</p>	<p>Associates the gorilla with Grandfather. No one makes her feel threatened. She still feels safe whatever happened hasn't made her feel unsafe.</p>
<p>4. What is happening in this picture? Why do you say that?</p>	<p>I don't know, I really can't see, can't see the picture. All I can see is they're sitting in the water hugging. That's all I can see. They are sitting on this part, I can't really see the</p>	<p>What is important to her is the context. Where they happen to be and who it's between. Grandfather is part of their relationship. She wants to see where they are, if this is OK. She</p>

	picture cause it's all fuzzy and there is a part behind them.	is trying to establish her boundaries of what she thinks is acceptable. What's acceptable between two people is unacceptable between two other people.
5. What are the things in this picture that you like? Why do you like them? What are the things you don't like in this picture? Why don't you like them?	Apples, butterflies, light, trees, and people and the reindeer. Cause apples good, light good the trees give you oxygen and the reindeer I like. It's neat and people you like except some I don't like. That highway you can go under it an over it like a highway. The chicken can bite you, the grapes I don't like they're yuky.	The chicken looks mean, she can't trust mean. She associates mean with being stern. She likes all the things that would not harm her. She picks out all the things that won't harm her. Maybe she does not like messy food (grapes). She looked at all inanimate things. Is a controlling person. May be seen as responsible but likes to have her environment controlled.
6. What do you think is happening in this picture? How does it make you feel?	Going away from somebody. Sad. Sort of mad Nothing else.	The boy has an empty face, waving good-bye. Dissociation sad and mad. Is sad, an unhappy feeling - then angry she can't be with the person.
7. Does anything in this picture bother you? What do you like about this picture?	Nope. Apples and the branches and the leaves.	
8. How do you feel when you look at this picture? Why?	Sad. Cause someone's in a wheelchair that's all.	"somebody" in a wheelchair. For her the circumstance is sad.
9. What do you think this picture is about? When you look at this picture, how do you feel?	Looks like cartoon people. Happy, the people look funny in it.	Not realistic to her.
10. Who do you think is in this picture? Can you tell me what you think they're doing? Do you like this picture? Why or Why not?	I don't know. Standing and freezing. Touching the father's leg and standing there freezing. No. Cause the people are freezing outside, that's all.	Both this child and her sister said the boy was touching father's leg. She doesn't like that it makes no difference. The boy is looking for help and it makes no difference.
11. Can you tell me what you think the people in this picture are feeling? Why do you say that?	Two are feeling sad and one is feeling happy. Because the two the person is smiling and two are mad or something.	She sees no difference in child an adults. Sees only three people, age has no barring for her. <i>This makes it more dangerous for her to be near grandfather unsupervised. She is too mature in her head.</i>
12. How old do you think this child is? What do you think this child is looking at?	She looks three or four or two. Jewelry, she is looking at jewelry cause I think she likes jewelry.	She sees jewelry as a "wow". May not have a lot of spontaneous outbursts of "wow". May not experience complete abandon, keeps her emotions in check.
13. What kind of mother do you	Nice, cause you get to go in this	A weird answer. She has to do

think this woman is? Why? Do you like that? Does it remind you of your mother?	without your bathing suit on and I'm not allowed to do this. Ya, only if no jelly fish in it. No.	everything properly. There is always something, the "downside". Others reminding of the bad things that can happen to you.
14. What does this picture look like to you? Does it make you feel anything when you look at it? Have you felt like that before? When?	Fire. Sad, ya. When Cashway burned down. (her Grandfather worked for Cashway)	She shared her grandfather's feeling, he worked at Cashway when it burned.
15. Do you like this picture? How would you make this picture better?	Ya, except this part, his heard is weird (male bottom left). All look fine except this one, (same) If that guy wasn't in it.	Associates old male face with grandfather. Old and male. If Papa wasn't here it would be a nice picture. <i>(I can't substantiate this observation but I feel it is correct)</i>
16. Do you know what this says? <i>(If yes)</i> Have you ever felt like this? Why? When?	N/A	
17. Is this a happy picture? Why do you say that?	Yep. Because it looks like their making a heart but it's not a heart really. I think they're happy. Cause the baby's not stolen.	Sees happy but there're not intimate. Intimate is the "with part" the interdependency. There are many ways one can be stolen – hearts can be stolen, innocence can be stolen but the baby is still a baby. Suggests a lack of intimacy in her own family, care but not intimacy.
18. What do you think the man is doing? Why? What do you think his eyes are saying? How does that make you feel?	Picking apples and peaches. Cause I can see the apples the red apples and the peaches. He is old, I can tell, he's old. I don't know.	She is saying he is old feel sorry for him; understand me, old eyes asking me to excuse the behavior. This child has undo attention to crippled and old. In between is normal. Disabled and old you excuse their behavior as a disability. Never blame. She thinks that's wrong to blame so she makes excuses. To say "I don't like this" that's not even an option.
19. Is somebody helping somebody in this picture? Why do you say that?	Ya. Cause this lady, lady or man is giving this girl a bowl of water	She associates responsibility and care giving with adults, thinks adults would do things that would be helpful not hurtful.
20. Is this baby happy? Why or why not?	No. Cause he has a sad face, that's all.	This child does not have a sad face it's a smug face, even fight in it and more. She wouldn't see smug as it is not in her.
21. Do you like this picture?	Ya.	She sees a place of peace.

Why? How does it make you feel? Does it remind you of anywhere?	Happy Nope, it's neat that's all.	She does not know where there is a place of peace.
22. What are the mother and child doing in this picture? How do you feel when you look at this picture?	Watching out from a window. Sad cause it looks like there are poor.	She is not looking at their faces. The baby is healthy. Poor has to do with their environment. She may associate happiness with material comforts. Maybe she feels poor.
23. What do you think these two girls are doing? What do you feel when you look at this picture? Would you like to meet these two girls? Why?	Sitting down and talking. Happy. Ya, cause they look like they're very nice. The girl is sharing grapes. I see them in her hand.	She is not afraid of intimacy.
24. What do you think the girl is doing in this picture? Why do you think she's doing that? Do you think there is real milk in the bottle?	Feeding the goat. Because the goat had nothing to eat or drink. Ya, milk, like babies would drink, milk that you warm up.	She is very trusting.

Based interviews with Tara and her mother and the responses to the *Testament* cards here are six of my conclusions.

1. Regarding any possible sexual interference her response to the Testaments cards suggests she has repercussions. She is embarrassed about her sexuality and doesn't see her innocence. She doesn't feel so innocent. Her comments suggest she is trying to distinguish differences between and adult male body and a child male body. She identifies more with an adult female body than and innocent child female body.
2. What is important to Tara is context. She is trying to establish her boundaries of what she thinks is acceptable. What's acceptable between two people is unacceptable between two other people. She sees no difference in child and adults thereby age has no barring

for her. This makes it much more of a concern for her to be with her step-grandfather without supervision.

3. In the current relationship between Tara and her Step-Grandfather there is real danger for Tara and had it continued she would be really marked. Tara is very responsible and controlling. She likes to control her environment and makes excuses to make unacceptable behavior OK in her head. This is the same dynamic as seen in many battered wives. They want to maintain control over their circumstance for if they admit that their circumstance is out of control they also have to admit they are a victim.

4. In *Testaments* card number 18, Tara was asked what she thought the man's eyes were saying. Her response suggested she saw "an old man" who was communicating to her "feel sorry for me, understand me." In short, she saw old eyes asking her to excuse the behavior.

5. Tara has undue attention to crippled and old. For her, in-between is normal. She believes that with person's who are disabled and old you excuse their behavior as a disability. In addition, she thinks that it is wrong to blame them so she makes excuses. To say "I don't like this." To an old or disabled person is not even an option.

6. Tara sees herself as being more mature and more responsible than others. She is too mature in her head. She feels more able to take care of the old and disabled and she chooses to carry their burdens for them.

Three clinical concerns relative to this case.

1. This is a difficult circumstance for the parents. If Brittany is denied all access to Step-Grandfather she will think what has happened to her is wrong and this will begin to weigh heavily on her. However, if Step-Grandfather begins to lure and leer at Tara or exploit her misunderstood belief that the old and disabled are not responsible for their behavior she will be in danger while in his presence. Tara needs to learn to be just a child and to understand that each person is responsible for the choices they make.
2. Clearly, Grandfather should not see Brittany or Tara without adequate supervision. At no time should he be permitted to bath, change, be permitted in the children's bedrooms or otherwise be alone with them. He may be visiting the children and sharing activities with them so he can indulge himself. Supervision should not be left to the grandmother to oversee. Like Tara, she may excuse unacceptable behavior or make it OK for herself.
3. It is the parent's responsibility to establish what is acceptable behavior with their children and to set boundaries for any person to be allowed in their home. As boundaries are established Tara may argue that special consideration be given to her step-grandfather. It would be most helpful to be firm in this matter and teach Tara that this decision is not her place, nor is it her responsibility. In this way Tara will begin to learn her own boundaries. The parents need to intercede now so as not to start the cycle whereby Tara is attracted to abusers.

Case Study #3 Brittney

Date of Interview 2004/10/31
 Total Time 1.0 hour
 Alleged Victim Females age 6

Card No. & Question	Child's Response	Comments
A. How do you feel when you look at this picture?	I don't know	Is saying I don't want to know.
B. <i>Female</i> . What do you think of this picture? <hr/> B. <i>Male</i> . What do you think of this picture?	(quiet, shrugged) I don't know (quiet) I don't know	
C. What does this picture look like to you?	A farmer's house.	
D. What do you think this is a picture of? How do you feel when you look at this picture?	Fire. I don't know	
E. <i>Male</i> . Does anything in this picture bother you? <hr/> E. <i>Male</i> . Does anything in this picture bother you? Why does it bother you?	No. No.	She is not intimidated by sexuality. Whatever may have gone on she didn't know any better and Papa did not make it seem like anything was wrong. It has not disturbed her sexuality. She has not felt intimidated or wrong. Parents should not make it disturbing. Move on.
1. When do you think this picture was taken? How can you tell?	I don't know.	
2. What do you think these kids are feeling? Is there anything that makes you feel like that? Do you think these kids are friends? Do you think they tell each other secrets? Do you have friends like this?	Sand No I don't know No, (shakes head "no") Tara has friends looks like that, (points to smallest child) No	She is saying she does not tell secrets, but her sister tells secrets.
3. How do you feel when you look at this picture? Why do you think you feel that way? Do you know anyone else that makes you feel like that when you look at them?	I don't know (shrugged)	Has not felt this kind of intimidation.

4. What is happening in this picture? Why do you say that?	There is a guy and a girl. Cause, they are both together.	It does not matter the age difference.
5. What are the things in this picture that you like? Why do you like them? What are the things you don't like in this picture? Why don't you like them?	I don't know No Don't like that boy. Cause. Looks ugly in the picture.	The boy looks intimidating, no warmth in him, he is being forceful and pushing his way out of the picture. He is bossy and overbearing. That is ugly to her. The boy look ugly and scared.
6. What do you think is happening in this picture? How does it make you feel?	A boy. I don't know what happened. I don't know. It doesn't make me feel anything.	She does not relate to people she doesn't know. She was taught this.
7. Does anything in this picture bother you? What do you like about this picture?	No. I don't know.	
8. How do you feel when you look at this picture? Why?	I don't know. (shrugged) I don't know.	
9. What do you think this picture is about? When you look at this picture, how do you feel?	Girls. I don't know why I think there is girls here. I don't know, I don't know.	She can't distinguish as girls, they are people without emotions. She does not see the secrecy. Keeping a secret is like going to the bathroom or her. She doesn't behave secretly. It's for her a normal part of life. With disabled family members there are things you just don't say.
10. Who do you think is in this picture? Can you tell me what you think they're doing? Do you like this picture? Why or Why not?	Mother, father and a little boy. I don't know what they're doing. He is touch his dad. Cause I don't like it. No	The child is reaching out to father and there is no help. Each one is crippled in and of themselves, not able to give, to comfort and give any nurturing. She doesn't like that.
11. Can you tell me what you think the people in this picture are feeling? Why do you say that?	Happy Cause they are smiling.	She does not know what being happy is. As long as Mom is happy we are happy. She doesn't want to get mommy upset. It doesn't matter if we aren't smiling.
12. How old do you think this child is? What do you think this child is looking at?	Ten A tiger	She is connecting fear with being pounced on by something bigger, overbearing. This is not the face of a child looking at a tiger. This child may have a lot of hidden fear.
13. What kind of mother do you think this woman is? Why? Do you like that? Does it remind you of your mother?	I don't know, cause Uh ha Uh ha	She is saying she doesn't know her mother. (<i>discretion, is required people can't bear to hear some things. Just tell her the points she needs to know.</i>)
14. What does this picture look like to you? Does it make you feel anything	Fire No	

when you look at it? Have you felt like that before? When?	No	
15. Do you like this picture? How would you make this picture better?	No I don't know.	
16. Do you know what this says? (If yes) Have you ever felt like this? Why? When?	N/A	
17. Is this a happy picture? Why do you say that?	Ya. I don't know	She likes these penguins as she feels protected.
18. What do you think the man is doing? Why? What do you think his eyes are saying? How does that make you feel?	Putting groceries away, cause he has apples and peaches. I don't know (shrugged)	
19. Is somebody helping somebody in this picture? Why do you say that?	Ya Cause there is a little girl and someone else.	
20. Is this baby happy? Why or why not?	No Cause	
21. Do you like this picture? Why? How does it make you feel? Does it remind you of anywhere?	Ya cause Happy No	She likes the peace in this town. It's a peaceful picture.
22. What are the mother and child doing in this picture? How do you feel when you look at this picture?	Looking out the window. I don't know	
23. What do you think these two girls are doing? What do you feel when you look at this picture? Would you like to meet these two girls? Why?	Eating apples I don't know No, cause	She does not want to meet these girls as she does not want to be intimate or share her secrets.
24. What do you think the girl is doing in this picture? Why do you think she's doing that? Do you think there is real milk in the bottle?	Feeding her goat Cause she has the bottle with milk in it. Ya.	She sees real milk as she is very trusting.

Based on interviews with Brittney and her mother and the responses to the Testaments cards here are two of my conclusions.

1. Brittney is not going to tell any secrets so she needs to take a stand for herself. The stand she has taken is that she will never tell anybody her secrets unless she can tell her Mom first. Everyone else can just be sad because she loves her mom dearly. Brittney will only tell her secrets if her mom will not be unhappy and not fall to pieces. She is only happy when mom is happy.

2. Any abuse she may have felt has had no repercussions. She does not look at feelings. The child is well adjusted. She is very trusting. A relationship can't be overbearing with her as she doesn't like it. She thinks everyone is making a big "to do" about her Papa and should just let it go.

Here are three additional clinical recommendations in this case.

1. Brittney has no repercussions and has her innocence. She is not intimidated by sexuality. Whatever may have gone on she didn't know any better and step-grandfather did not make it seem as if anything was wrong. It has not disturbed her sexuality. It is important that the parents "move on" and do not create a circumstance that creates a problem. Her relationship with her step-grandfather was like "skipping", it is just not going to weigh heavily on her persona. She does not know any other way.

2. If Brittney does tell her mother that sexual abuse did happen the mother needs to remember that the child's perception is her truth. It will cause harm to her child if she tries to change her perception. I would suggest the parents respond to any possible future disclosure by simply saying, "that was not nice." The child still loves her step-grandfather.

3. It would be helpful to teach Brittney what is nice and what is not nice, what is right and what is wrong and not use step-grandfather as an example. In addition, Brittney needs to have boundaries established to ensure that her grandfather does not help her with bathing, dressing, or reading bedtime stories in her bedroom. One suggestion might be to tell Brittney that now she is getting bigger so more responsibility for these tasks is required of her. Brittney should understand that only her parents help her with personal matters. It is mother's responsibility to get step-grandfather out of Brittney's picture of helping her with any personal care.

Summary

This Chapter has focused on providing specific interviewing guidelines. Three case studies have been presented. The development of a pilot project called Testaments created by the author has also been presented. Chapter Five features concluding recommendations.

CHAPTER FIVE, CONCLUDING RECOMMENDATIONS

The World Report on Violence and Health

Marcellina Mian, of the University of Toronto, is the current president of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) an international organization in support of worldwide endeavors to prevent child maltreatment. She reports the following nine recommendations from the World Report on Violence and Health that are pertinent to the future of global child abuse.

1. Create, implement, and, monitor a national action plan for violence prevention.
2. Enhance capacity for collecting data on violence.
3. Define priorities for, & support research on, the causes, consequences, costs, and prevention of violence.
4. Promote primary prevention responses.
5. Strengthen responses for victims of violence.
6. Integrate violence prevention into social and educational policies, and thereby promote gender and social equality.
7. Increase collaboration and exchange of information on violence prevention.
8. Promote and monitor adherence to international treaties, laws, and other mechanisms to protect human rights.
9. Seek practical, internationally agreed responses to the global drugs trade and the global arms trade. (2004)

The World Report on Violence and Health provides an opportunity to inform and unify efforts on child maltreatment prevention. Such efforts provide an opportunity to act in formulation or supporting prevention strategies to keep all children safe (universal

interventions), support those who may be at risk of maltreatment (selected interventions), and succor those who have been maltreated (indicated interventions).

Clearly, in investigating alleged child sexual abuse what is needed is a greater acceptance and recognition by the courts relative to the value of projective testing. The benefit of the design of *Testaments* is that there is less interpretation by the interviewer. Direct communication and actual use of the suspect or alleged victim's own words both for and against themselves is accurately recorded. What is shared through the tool are questions such as how they see their world, security, trust, relationships, sexuality, gender, safety and their own capacity and or willingness for social interest. Many potential suspects are adeptly able to manipulate information when interviewed by police services.

This study appears to indicate that a more honest profile of suspects are revealed by their own responses to the questions. Based on over twenty-five years of conducting investigative interviews the investigator has been astonished at some of the actual content that has been stated in such interviews. Rather than a feeling of guilt or remorse many of the suspects appeared to be proud of their misdeeds.

For instance, while viewing *Testament* card #8, a picture of a young child holding the hands of an elderly female in a wheelchair one suspect laughed a sinister sounding laugh and commented, "What's that old lady doing with that young girl?"

He appeared to have some sexual arousal evidenced by his massaging the front of his pants as he viewed this picture for a longer period of time than the previous cards.

Many child victims were able to communicate the loss of trust, being abandoned in dangerous places, failing to have a parent who protected them and fears of being bullied or being around anything overbearing. This provides invaluable supportive evidence to the facts of the case.

Testaments is designed for creating an effective and practical tool for the communication and investigation of alleged child sexual abuse for use by child welfare and police professionals. The pilot evaluation of the tool supported *Testaments* as a communication and investigation tool for child sexual abuse. It allows alleged child abuse victims to use the tool in their own individual way, without boundaries, without restricting expression or subject matter and without using play therapy techniques or connecting to an anatomical reproduction which may suggest activity they have seen or imagined or heard. My construct validity is that it is based on a model and has face value based on its usefulness.

The pilot evaluation identified the concept and design of *Testaments* in providing improved means to access evidence which is admissible in a court of law through:

- A. Precise and accurate evidence
- B. Honest memory recollection which is in context and without distortion
- C. Beneficial, quality information for the victim and for the investigators
- D. Professional, systematic interviewing of alleged child abuse victims.

As noted in Chapter 4, the design of *Testaments* is a communication and investigation tool that by its design has such benefits as:

- A. Overcoming age and disability barriers
- B. Transcending cross-cultural barriers
- C. Personalizes the interview
- D. Avoiding leading the alleged victim or suspect

Testaments is culturally fair. It can be equally effective with alleged child abuse victims of all socio-economic backgrounds, all cultural backgrounds and all forms of disability. The four main cultural groups, Caucasian, Black, Asian and Aboriginal are represented in the cards. Differing social-economic backgrounds including urban and rural life-styles are illustrated. Disabilities are also represented.

The design of the *Testaments* tool makes it possible to develop a parallel tool in Braille for the blind. As well, it is designed to overcome many of the complexities inherent in multi-victim/multi-suspect abuse cases.

**Three Key Recommendations for improved investigations and how Testaments
meets these Recommendations.**

1. Limitations in Communications

The social work and police professionals and the judicial system must be sensitive to the child's need for honesty, respect, and understanding without compromising the obtaining of evidence. The child needs to feel safe. Front-line professionals need to help ensure the child feels safe and thus allow the investigation team to do their work with integrity while establishing the truth and the truthful evidence.

The judicial system fails when it does not have the communication tools it requires to ensure that the truth, and the depth of the truth, is extracted. It is not just what an alleged child abuse victim says, but how it is said and when it is said that is equally important to obtaining critical evidence. The child's perception before, during and after the event also contributes to establishing evidence to show whether or not the child was impaired by the threat of pain, drugs or alcohol.

Trust must be manifested through the interview process. A tool must ensure credible, comprehensive, documented interviews by an assigned team. A tool must have the adaptability to ensure every child within a sex ring can independently offer their own evidence which could not be from another source. A communication and investigation tool that meets this bottom line is needed.

2. Limitations in Investigations

In determining the historical and chronological facts of a child sexual abuse incident, social work professionals use therapeutic interviewing and police services use their interrogation skills.

A tool, which does not have its origin in play or art therapy, playing or acting out, which may lead to speculation based on observation, is required to obtain admissible evidence.

What is required is an investigative tool designed to overcome the obstacles in obtaining factual evidence in child sexual abuse cases. What is required is a new way to: interview objectively; source the truth of the alleged incident in context; and provide a comprehensive witness statement, which gives a complete record of the child's testimony in all areas of the investigation.

The key to effectiveness of a communication and investigative tool is simplicity both for the investigative team and the alleged child victim. Simplicity that is designed to approach investigations through a systematic, objective process whereby the investigative team and the alleged child victim communicate at a level of understanding and in a manner sensitive to the age of the child, experience of the child, sex of the child, cultural background of the child.

A more formal, systematic interview would enable the alleged victim to more through his or her alleged sexual abuse incident in a way that offers the required formal and factual

testimony and evidence. Testimony and evidence must be obtained without leading the alleged victim, without assessing behavior, and without restricting testimony. The formal reporting of this testimony and evidence can be used by social work and police professionals within the judicial system.

A systematic approach to completing the victim witness statement is required in a way that obtains the truth of the alleged incident, the depth of the alleged assault, the intimate nature of the alleged assault, and allows for a credibility assessment of the child's statement, which is not based on observation. Rather, is designed to allow the investigative team to do their job and obtain full and honest disclosure of the alleged abuse without compromising the alleged child victim's sense of integrity and establishing trust between the investigative team and the alleged victim. A systematic approach reinforces to the child fairness, understanding, respect and the knowing that they are being heard in the proper context of the alleged incident. What is required is a tool that is designed to effectively serve the needs of the criminal judicial system and also designed to effectively serve the needs of the child.

3. Interviewing for Evidence must be Precise, Accurate, Honest and Admissible

To be effective, evidence must be factual and accurate. The current prejudice against credibility of a child's statement revolves around the issue of children's memory and the methods of securing an accurate account of the alleged incident.

Incongruency and reality distortion are real dangers in using the current communications and investigative tools to obtain evidence. It may “create” memory that the child adopts what is not rooted in fact. This endangers the use of testimony in a court of law.

Violations can be of such an intrusive nature that a child is so traumatized that they are not willing to recall and relive the abuse. Current tools such as the doll house, the anatomical dolls, puppets, drawings and other play toys do not reflect the increasing violence.

Putting a crime in context also means that in addition to extracting information on the actual alleged assault; that information on the assailant or assailants or alleged co-victims also needs to be obtained. This may further complicate a child’s recall and testimony. This is extremely important in alleged multi-victim and multi- suspect child sexual abuse cases which usually involve allegiance to the alleged assailants and co-victims, and well rehearsed testimony.

What is required is a tool designed to prohibit the impact of these alliances in testimony and prevent false testimony while appropriating detailed information from each of the alleged victims. With a proper communication and investigation tool it is essential that the testimony of each alleged victim cannot be duplicated since it is sourced from within each child’s own repertoire, perceptions and frame of reference to the tool. In addition, since real memories are qualitatively different than invented or coached memories, information provided can be analyzed for validity.

Summary

The lack of appropriate investigative tools continues to result in “almost half of the current allegations of abuse classified as “unfounded”, that is, nothing is done about them.” According to Yuille “We need to improve the interview and assessment procedure so that action rather than inaction is out most likely response when a child reports sexual abuse.” (1988)

A tool is needed to be designed, developed and implemented to obtain all available and truthful evidence in a systematic way. A tool is required to maximize the effectiveness of both interviewing and evaluation techniques by providing admissible evidence based on obtaining factual information in an accurate context. Obtaining this evidence is done without any “suggestibility: on the part of the investigative team. Although members of the investigative team control the process and the actual systematic order of questioning, the alleged child victim needs to handle the content and outer boundaries of testimony without suggestibility. What is also required is tool with a built-in cross-referencing system to further extract truthful and admissible evidence.

This research has renewed the author for proper investigative interviews that overcome communication barriers and bias that are currently an intrinsic part of the investigation of crimes of assault.

Testaments as a modern day communication and investigation tool is both timely and necessary. The number of allegations that are not investigated fully due to a lack of

information provided by an alleged victim; the increasing complexity of many crimes of assault; the requirement of audio and video recorded interviews in most jurisdictions; internet pornography, international sex trade of children; and recent litigation and judgments awarded on the grounds of inadequate or biased investigative techniques; are evidence of the need.

In closing the gap between reported cases of child sexual abuse and convictions for this social requires a tool which: Allows alleged child abuse victims to use the tool in their own way, without boundaries, without restricting expression or subject matter and without using play therapy techniques or connecting to a play tool which may suggest activity they have seen or imagined or heard.

Further, what is required is a communication and investigation that is equally effective with alleged child abuse victims or suspects of all socio-economic backgrounds, all cultural backgrounds and all forms of disability.

Victims of crime, suspects and investigative teams need a systematic way to ensure that the alleged victim and suspect can: Tell only the truth. Tell the truth in the accurate context of the crime. Recount all pieces of evidence that can be used in court. Know that they are being heard and that justice will prevail. *Testaments* is an innovative method.

BIBLIOGRAPHY:

Achenbach, T. M. , & Edelbrock, C.S. (1983). *Manuel for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington: Department of Psychiatry, University of Vermont.

Achenbach, T., & Howell, C. (1993). *Are American children's problems getting worse? A 13 year comparison*. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32(6), 1145-1154

Ainsworth, M. et al., (1978). *Patterns of attachment*. Hillsdale, NJ: Erlbaum.

Allan, J., & Berry, P. (1987). Sandplay. *Elementary School Guidance & Counseling*, 21, 300-306

American Educational Research Association, American Psychological Association & National Council on Measurement in Education (1999). *Standards for educational and psychological testing*. Washington, D.C.: American Educational Research Association.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., Text Rev.). Washington, Dc: Author.

American Psychological Association, Division of Counseling Psychology, Committee on Definition (1956). Counseling psychology as a specialty. *American Psychologist*, 11, 282-285

American School Counselors Association (1988). The school counselor and child abuse/neglect prevention. *Elementary School Guidance and Counseling*, 22, 261-263.

Ammerman, R., Van Hasselt, V., Hersen, M., McConigle, J., & Lubetsky, M. (1989). Abuse and neglect in psychiatrically hospitalized multi-handicapped children. *Child Abuse and Neglect*, 13, 335-343.

Archer, R.P., & Slesinger, D., (1999). MMPI-A patterns related to the endorsement of suicide ideation. *Assessment*, 6(1), 51-59

Arthur, R., & Erickson, E. (1992). *Gangs and schools*. Holmes Beach: Learning Publications.

Axline, V. (1947). *Play therapy: The inner dynamics of childhood*. Boston: Houghton Mifflin.

Axline, V. (1969). *Dibs: In search of self*. Boston: Houghton Mifflin.

Bays, J., & Chadwick, D. (1993). Medical diagnoses of the sexually abused child. *Child Abuse and Neglect*, 17, 91-110.

Bennett, W. (1993). *The index of leading cultural indicators* (Vol. 1.). Washington, D.C.: Empower America, heritage Foundation, and Free Congress Foundation.

Boehm, A. & Itzhaky, H. (2004) *The social marketing approach: a way to increase reporting and treatment of sexual assault*. *Child Abuse & Neglect*, 253-265.

- Booth, S. M. (1990). Interviewing the parents. In R. K. Oates (Ed.), *Understanding and managing child sexual abuse*. Philadelphia: W. B. Saunders.
- Botash, Ann (200) *Sexually abused children-medical examinations*: Baltimore, Maryland, The John Hopkins University Press.
- Botch, Ann. (2000) *Evaluating Child Sexual Abuse*. Case Studies video. Baltimore: The Johns Hopkins University Press.
- Botch, Ann. (2000) *Evaluating Child Sexual Abuse: Education Manual for Medical Professionals*. Case Studies video. Baltimore: The Johns Hopkins University Press.
- Bourke, M.L., & Donohue, B. (1996). Assessment and treatment of juvenile sex offenders: An empirical review. *Journal of Child Sexual Abuse*, 5(1), 47-70
- Boylan, Jeanne, *Portraits of Guilt, The Woman Who Profiles The Faces of Americas's Deadliest Criminals*, (2001), Pocket Books, Simon & Schuster, Inc. New York, NY
- Bradley, L. J., & Gould, L.J., (1993). Individual counseling: Creative interventions. In A. Vernon (Ed.), *Counseling children and adolescents* (pp.84-117) Denver, CO: Love Publishing.
- Briere, J. (1996). *Trauma Symptom Checklist for Children (TSCC)*: Professional manual. Odessa, FL: Psychological Assessment Resources.
- Brody, G. H., et al, (2001). The influence of neighborhood disadvantage, collective socialization, and parenting on African American children's affiliation with deviant peers. *Child Development*, 72, 1231-1246.
- Brown, S., (2003) *International Journal of Child Abuse and Neglect*.
- Burton, L. (1995). *Using a dog in an elementary school counseling program*. *Elementary School Guidance and Counseling*, 29 (3), 236-240.
- Bury, A.S., & Bagby, R.M. (2002). The detection of feigned uncoached and coached Post Traumatic Stress Disorder with the MMPI-2 in a sample of workplace accident victims. *Psychological Assessment*, 14 (4), 472-484.
- Butcher, J. N., Williams, C.L., & Graham, J.R., et al. (1992). *Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A: Manual for administration, scoring, and interpretation*. Minneapolis: University of Minnesota Press.
- Carmichael, K.D. (1994). *Sand play as an elementary school strategy*. *Elementary School Guidance & Counseling*, 28, 302-307.
- Carter, R.B., & Mason, P.S. (1998). The selection and use of puppets in counseling. *Professional School Counseling* 1 (5), 50-53.
- Chambers, W. J., et al., (1995). The assessment of affective disorders in children and adolescents by semistructured interview: *Archives of General Psychiatry*, 42, 696-702
- Cohen, R. J., & Seardlik, M.E. (2002). Psychological testing and assessment: *An introduction to test and measurement* (5th ed.). Boston: McGraw Hill.

- Costello, A. J., et al., (1984). *Development and testing of the NIMH Diagnostic Interview Schedule for Children on a clinical population*: Rockville, MD: Centre for Epidemiological Studies, National Institute of Mental Health.
- Cramer, P. (1999). Future directions for the thematic apperception test [Electronic Version]. *Journal of Personality Assessment*, 72(1), 74-92.
- Collings, S., *Unsolicited interpretation of child sexual abuse media reports*. (2002). *Child Abuse and Neglect* 26, 1135-1147
- Conway, M. et al (2004), Childhood and adult sexual abuse, rumination on sadness, and dysphoria. *Child Abuse & Neglect* 28 393-410.
- Garbarino, J., & Shortt, F. (1989). *What children can tell us*. San Francisco. Jossey-Bass.
- Chadwick, David. (2002). Why is sexual abuse declining? *Child Abuse & Neglect* 26, 887-888.
- Child abuse, parts 1 and 11 (1993, Special supplement). *Harvard Mental Health Letter*, 1-6
- Child abuse, part 111. (1993). *Harvard Mental Health Letter*, 10 (1), 1-5
- Davis, Gordon, (1997). Writing the doctoral dissertation. Hauppauge, N.Y. *Baron's Educational Services*.
- Cresswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Dalenberg, C. & Palesh, O. *Relationship between child abuse history, trauma, and dissociation in Russian college students*. *Child Abuse & Neglect* 28, 461-474.
- Deblinger, E., McLeer, S.V., & Henry, D. (1990). Cognitive behavioral treatment for sexually abused children suffering from post-traumatic stress: *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 747-752.
- Derogatis, L. R. (1977). *The SCL-90-R: Administration and scoring procedures manual*. Baltimore: Clinical Psychometric Research.
- Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- Everson, M.D., et al (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry*, 59, 197-207.
- Exner, J. (1995) *Issues and methods in rorschach research*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Exner, J. (1995). *Rorschach workbook for the comprehensive system*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Feldman-Summers, S., & Pope, K. S. (1994). The experience of "forgetting" childhood abuse: A national survey of psychologist. *Journal of Consulting and Clinical Psychology*, 62, 636-639.
- Fink, L.A., et al., (1995). Initial reliability and validity of the Childhood Trauma Interview: *American Journal of Psychiatry*, 152, 1329-1335.

- Finkel, Martin & Giardino, Angelo. (2002) *Medical Evaluation of Child Sexual Abuse*. Thousand Oaks, CA, Sage Publications.
- Finkelhor, D., & Williams, L. (1988). *Introduction, study design and incidence*. Beverly Hills, CA. Sage.
- Finkelhor, D., (1979). *Sexually victimized children*. New York: The Free Press
- Finkelhor, D., (1986). *A sourcebook on child sexual abuse*. Beverly Hills, CA. Sage
- Finkelhor, D., (1987). *The trauma of child sexual abuse*. *Journal of Interpersonal Violence*, 2, 348-366.
- Finkelhor, D., Hotaling, G., Lewis I.A., and Smith, C., (1990) Sexual abuse in a national survey of adult men and women: Prevalence, Characteristics, and Risk Factors, *Child Abuse and Neglect* 14 191-228.
- Finkelhor & L. Williams (Eds.), *Nursery crimes: Sexual abuse in day care*. Newbury Park, CA: Sage.
- Follette, Victoria, Ruzek, Josef, and Abueg, Frances. (1988). *Cognitive Behavioural Therapies for Trauma*. New York: Guilford.
- Fraser, B.G. (1981). Sexual child abuse: The legislation and the law in the United States. In P. B. Mrazek & C. H. Kempe (Eds.), *Sexually abused children and their families*. Oxford: Pergamon.
- Furniss, T. (1990). Common mistakes and how to avoid them. In R. K. Oates (Ed.), *Understanding and managing child sexual abuse*. Philadelphia: W. B. Saunders.
- Fanetti, M., & o'Donhue, W. (1998a). *The development of a new structured interview for child sexual abuse*. NIMH-Funded Research Grant No. 1R43MM57194-01
- Garbarino, James (1992) *What children can tell us: Eliciting, interpreting and evaluating information from children*: San Francisco, CA Jossey-Bass.
- Gardner, Richard (1996) *Clinical Evaluation of Alleged Child Sex Abuse in Custody Disputes: Innovations in clinical practice*, 7, 61-76. Sarasota, Fla: Professional Resource Associates.
- Gardiner, R. A., (1975). *Talking, feeling, and doing game*. New York: Creative Therapeutics.
- Gil, E. (1991). *The healing power of play: Working with abused children*. New York: Guilford (p. 33). Northvale, NJ: Jason Aronson.
- Gilligan, C. (1994). In a different voice: Womens's conceptions of self and morality. In B. Puka (ed.), *Caring voices and women's moral frames* (pp. 1-37). Cambridge, MA: Harvard University Press
- Ginott, H. G. (1994). In C.E. Schaefer & H. Kaduson (Eds.), *The quotable play therapist: 238 of the all-time best quotes on play and play therapy*. Northvale, NJ: Jason Aronson.
- Gladstone, G., Parker, G., Wilhelm, K., & Mitchell, P. (1999). Characteristics of depressed patients who report childhood sexual abuse. *American Journal of Psychiatry*, 156, 431-437.

- Goleman, D., (1995) *Emotional Intelligence*, New York: Bantam /Doubleday.
- Greene, R.L. & Schinka, J.A. (1995,1997). Emerging issues & methods in personality assessment. Mahwah, NJ: Lawrence Erlbaum Associates.
- Green, A. (1993). Child sexual abuse: Immediate and long-terms effects and intervention. *Journal of the American Academy of Child an Adolescent Psychiatry*, 32, 890-902.
- Grossman, Cathy (2004) Report 4,500 priests accused of abusing youth since 1950. USA Today, Feb. 17, 2004, p. 4A
- Hall, T, M., Kaduson, H.G., & Schaefer, C.E., (2002). Fifteen effective play therapy techniques. *Professional Psychology: Research and Practice*, 33 (6), 515-522.
- Hazen, A. et al (2004), *Intimate partner violence among female caregivers of children reported for child maltreatment*. *Child Abuse & Neglect* 28, 301-319.
- Herjanic, B., & Reich, W. (1982). Development of a structured psychiatric interview for children: *Journal of Abnormal Child Psychology*, 10,307-324.
- Hershkowitz, I. et al (2004), *Interviewing youthful suspects in alleged sex crimes*. *Child Abuse and Neglect* 28, 423-438.
- Heyink, J. W., & Tymstra, T. J. (1993). The function of qualitative research. *Social Indicators Research*, 29, 291-305.
- Hindman, Jan. (1998) *Just Before Dawn*. Ontario, Oregon: Alex Andrea.
- Hodges, K., The development of a Child Assessment Interview for research and clinical use. *Journal of Abnormal and Child Psychology*, 10, 173-189.
- Holmes, W.C. and Slap, G.B. (1998). Sexual abuse of boys. *Journal of the American Medical Association*, 280, 1855-1862.
- Horowitz, M. J., Wilner, N., & Alvarez, W. (1979). Impact of Event Scale: A measure of psychosomatic stress. *Psychosomatic Medicine*, 41, 209-218.
- Hynan, D., (2003) Forensic Child Evaluations. *In Innovations in clinical practice*: Sarasota: Florida: Professional Resource Press, pgs 63-81.
- Hyman, D., (1998). Interviewing children in custody evaluations. *Family and Conciliation Courts Review*, 36, 466-478.
- Hyman, D., (2002). Child health and safety factors in custody evaluations. *Journal of Forensic Psychology Practice*, 2, 73-80.
- Irwin, E. C. (1991). The use of a puppet interview to understand children. In C. E. Schaefer, K. Gitin, and A. Sandgrund (Eds.), *Play diagnosis and assessment* (pp. 617-642). New York: John Wiley & Sons.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, 7, 113-136.
- Jones, L. M., & Finkelhor, D., (2003). Putting together evidence on declining trends in sexual abuse: a complex puzzle. *Child Abuse and Neglect* 27 (2003) 133-135

- Jones, L.M., Finkelhor, D., & Kopiec, K. (2001). Why is sexual abuse declining? A survey of state child protection administration. *Child Abuse and Neglect*, 25 (9), 1139-1158.
- Jones, D. P. H. (1990). Talking with children. In R. K. Oates (Ed.), *Understanding and managing child sexual abuse*. Philadelphia: W. B. Saunders.
- Justice of Canada, (2005). *Canadian Criminal Code*, www.justice.gov.on.ca May 3, 2005
- Kaslow, N., Rehm, L., & Siegel, A. (1984). Social –cognitive and cognitive correlates of depression in children. *Journal of Abnormal Child Psychology*, 12, 605-620.
- Keat, D. (1990). *Child muldimodal therapy*. Norwood, NJ: Ablex.
- Kempe, C. H., & Helfer, R. E. (1972). *Helping the battered child and his family*. Philadelphia: J. B. Lippincott.
- Kendall-Tackett, K., Williams, L., & Finkelhor, D. (1993). Impact of sexual abuse on children: *Psychological Bulletin*, 113(1), 164-180.
- Kooiman, C. G., Ouwehand, A .W. and ter Kuile, M. M. (2002) The Sexual and Physical Abuse Questionnaire (SPAQ) *Child Abuse and Neglect* 26 939-953.
- Kovacs, M. (1983). Interview Schedule for Children (ISC): *Form C and follow-up form*. Unpublished manuscript, University of Pittsburg.
- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage Publications.
- Kvam, Marit , (2004) *Sexual abuse of deaf children*. *Child Abuse & Neglect*, 241-251.
- Ladson, S., Johnson, C.F., & Doty, R. E. (1987). Do physicians recognize sexual abuse? *American Journal of Diseases of Children*, 141, 411-415.
- Lamb, M. E. (1994). The investigation of child sexual abuse: *Child Abuse and Neglect*, 18, 1021-1028.
- Lamb, M. E., Sternberg, K. J., Orbach, Y., Hershkowitz, I., Horowitz, D., Differences between accounts provided by witnesses and alleged victims of child sexual abuse (2003) *Child Abuse and Neglect* 27 1019-1031.
- Landreth, G. L. (1993). Child-centered play therapy. *Elementary School Guidance & Counseling*, 28 (1), 17-29.
- Lang, Stephanie(2004) Interviewing as a Research Method. Unpublished paper, Capella University.
- Lazarus, A. (1990). Multimodal applications and research: A brief overview and update. *Elementary School Guidance and Counseling*, 24,243-247.
- Lee, Joseph et al, (2002) *Developmental risk factors for sexual offending*. *Child Abuse & Neglect* 26, 73-92
- Leitenberg, H. et al (2004) *Individual differences among undergraduate women in methods of coping with stressful events*. *Child Abuse and Neglect* 28, 181-192.
- Loftus, Elizabeth, (2000). *Witness for the Defense and Eyewitness Testimony*, University of Washington: MacKeith Press.

- Loftus, Elizabeth F., and James M. Doyle. *Eyewitness Testimony*. New York: Kluwer Law Books, 1987.
- Martin, G. et al (2004) *Sexual abuse and suicidality: gender differences in a large community sample of adolescents*. *Child Abuse & Neglect*, 28, 491-503.
- Martens, R. (1987). Science, knowledge and sport psychology. *The Sport Psychologist*, 1, 29-55.
- Maxwell, J. A. (1992). Understanding and validity in qualitative research. *Harvard Educational Review*, 62(3), 279-300.
- Maxwell, J. A. (1996). *Qualitative research design: An interactive approach*. Thousand Oaks, CA: Sage Publications.
- McNary, Scot & Black, Maureen. (2003), "Use of the Child Abuse Potential inventory as a measure of treatment outcome." 459-461, *Child Abuse and Neglect*, Department of Pediatrics, University of Maryland School of Medicine. Baltimore, MD, USA
- Metzler, Ken (1997) *Creative Interviewing*, Needham Heights, MS.: Allyn and Bacon.
- Mian, M., (2004) International Society for the Prevention of Child Abuse (ISPCAN) and worldwide endeavors to prevent child maltreatment. *Child Abuse & Neglect* 28.
- Millon, T., (1994). Millon Clinical Multiaxial Inventory (Form Vi). Dekalb, IL: Psytec.
- Moeller, T., Bachmann, G., & Moeller, J. (1993). The combined effects of physical, sexual, and emotional abuse during childhood; *Child Abuse and Neglect*, 17, 623-640.
- Moos, R. H., & Moos, B.S. (1986). *Family Environment Scale manual*. Palo Alto, CA: Consulting Psychologists Press.
- Moran, P., Vuchinich, S. & Hall, N., (2004) *Associations between types of maltreatment and substance use during adolescence*. *Child Abuse & Neglect*, 28, 565-574.
- O'Donhue, W.T., & Elliot, A. N. (1992). A model for the clinical assessment of the sexually abused child. *Behavioral Assessment*, 13, 325-339.
- O'Donhue, W.T., & Fanetti, M. (1996). Assessing the occurrence of child sexual abuse: *Aggression and Violent Behavior*, 1(3), 269-281
- Oates, Kim (1996). *The spectrum of child abuse*. New York. Brunner/Mazel. New York, New York.
- Oates, Kim (2004) *Sexual abuse and suicidal behavior*. *Child Abuse & Neglect* 28 487-489.
- Olson, D., Bell, R., & Portner, J. (1982). *FACES 11: Family Adaptability and Cohesion Evaluation Scales*. St. Paul: Faculty of Social Sciences, University of Minnesota.
- Paradise, J. (1989). Predictive accuracy and the diagnoses of sexual abuse: A big issue about a little tissue. *Child Abuse and Neglect*, 13, 169-176.
- Patton, Michael, (2003) *Qualitative evaluation & evaluation methods*. Thousand Oaks, California: Sage.
- Patton, Michael, (2003), *Qualitative designs and data Collection*,
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage Publications.

- Patton, M. Q. (1997). *Utilization-focused evaluation: The new century text* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Payne, M.A. (1996). *Some effects of sex, age, and household structure on family drawings of Barbadian children*. *The Journal of Social Psychology*, 136(5), 567.
- Perkins, D. & Jones, K (2004) Risk behaviors and resiliency within physically abused adolescents. *Child Abuse & Neglect*, 547-563.
- Piaget, J., (1963) *The origins of intelligence*. The Jossey-Bass Social and Behavioral Science Series. New York. Norton.
- Pledge, Deanna (2004) *Counseling Adolescents and Children*. Belmont, CA: Brooks/Cole
- Poole, D. A., & Lamb, M.E. (1998) *Investigative Interviews of Children*. Washington, Dc: American Psychological Association.
- Pope, K. S., & Feldman-Summers, S. (1992). National survey of psychologists' sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology: Research and Practice*, 23 (5) 353-361.
- Putman, F. W. (1988). *Child Dissociative Checklist* (Version 22). Unpublished manuscript, National Institute of Mental Health, Washington, DC.
- Rankin, Paul T. The Measurement of the Ability to Understand Spoken Language. Ph.D dissertation, U of Michigan, 1926.
- Rind, B., Tromovitch, P. and Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual assault using college samples, 124, 22-53.
- Roberts, R. (2004) *The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring*. *Child Abuse & Neglect* 28 525-545.
- Rogers, C., et al (2004) *The impact of individual forms of childhood maltreatment on health behavior*. *Child Abuse & Neglect*, 28, 575-586.
- Rogers, Richard (2001) *Handbook of diagnostic and structural interviewing*. New York: Guilford Press.
- Salter, A. C. (1992). Epidemiology of child sexual abuse. In W. O'Donohue & J. Geer (Eds.), *The sexual abuse of children: Theory and research*. Hillsdale, NJ: Erlbaum.
- Schaefer, C., & Cangelosi, D. (Eds.). (1993). *Play therapy techniques*. Northvale, NJ: Aronson.
- Schaefer, C. (Ed.) (1993). *The therapeutic power of play*. Northvale, NJ: Jason Aronson.
- Schaefer, M., & Roberge, L. (1976). Sexual exploitation. In R. E. Helfer, & C. H. Kempe (Eds.), *Child abuse and neglect: The family and the community*. Cambridge, MA: Ballinger.
- Scher, C., et al (2004) *Prevalence and demographic correlates of childhood maltreatment in an adult community sample*. *Child Abuse and Neglect* 28, 167-180
- Seitz, Jay. (2003) A cognitive-perceptual analysis of projective tests in children.
[www.york.cuny.edu/~seitz/analysis.htm?](http://www.york.cuny.edu/~seitz/analysis.htm)

- Sgroi, S., Blick, L., & Porter, F. (1982). A conceptual framework for child sexual abuse. In S. M. Sgroi (Ed.), *Handbook of clinical interventions in child sexual abuse*. Lexington, MA: Lexington Books.
- Shapiro, Francine (1997). *EMDR: The breakthrough therapy for overcoming anxiety, stress, and trauma*. New York: Harper Collins.
- Simons, R. L., et al. (2002). Community differences in the association between parenting practices and child conduct problems. *Journal of Marriage and Family*, 64, 331-345.
- Sokolovsky, M. (1996). Case study as a research method to study life histories of elderly people: Some ideas and a case study of a case study. *Journal of Aging Studies*, 10(4), 281-302.
- Sterrnback, S. (Ed.). (1991). *Sandplay studies*. Boston, MA: Sigo Press.
- Stewart-Brown, Sarah (2003), Invited Commentary: Maltreatment in childhood and future health, 27, 834. *Child Abuse and Neglect*, Health Services Research Unit, Department of Public Health, University of Oxford University, Oxford. UK
- Summit R.C., The child sexual abuse accommodation syndrome. *Child Abuse and Neglect* 1983; 177-192.
- Swanston, Heather et al. (2002). Further abuse of sexually abused children. *Child Abuse & Neglect* 26 115-127. Department of Psychological Medicine, The Royal Alexandra Hospital for Children. Westmead, NSW, Australia.
- Swanston, Heather et al. (2003). *Nine years after child sexual abuse*: Department of Psychological Medicine, The Royal Alexandra Hospital for Children. Westmead, NSW, Australia.
- Sweeney, D. S. (1997). *Counseling children through the world of play*. Wheaton, IL: Tyndale House Publishers.
- Tackett, Kathleen, (2002). The health effects of childhood abuse. *Child Abuse & Neglect* 26, 715-729. Family Research Lab, Social Science Centre, University of New Hampshire, NH, USA
- Tennessen, J., & Srrand, D. (1998). *A comparative analysis of directed sandplay therapy and principles of Ericksonian psychology*. *The Arts in Psychotherapy*, 25 (2), 109-114.
- Thompson, Charles & Rundolph, Linda (2002) *Counselling Children*; Belmont, CA. Brooks/Cole)
- Toronto Star, (2005) *Incurable abusers test courts*. May 3, section A. p. 7)
- Trocme, N., Fallon, B., MacLaurin, B., & Copp, B. (2002). *The changing face of child welfare investigations in Ontario: Ontario incidence studies of reported child abuse and neglect* (OIS 1993/1998). Toronto, ON: Center of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.
- Tyler, K., & Cauce, A. M., *Perpetrators of early physical and sexual abuse among homeless and runaway adolescents*; *Child Abuse and Neglect* 26 (2002) 1261-1274.
- U.S. Department of Health, Education, and Welfare. (1995). *Child abuse and neglect: A report on the status of research*. Washington, DC: U.S. Government Printing Office.

- Vygotsky, L., (1978) *Mind in society: The development of higher psychological processes*. The Jossey-Bass Social and Behavioral Science Series. Cambridge, MA: Harvard University.
- Walker, Lenore (2000) *The battered woman syndrome*. New York: Springer.
- Weisz, J. R., Weiss, B., Suwanlert, S., & Chaiyasit, W. (2003). Syndromal structure of psychopathology in children of Thailand and the United States. *Journal of Consulting and Clinical Psychology*, 71, 375-385.
- Weller, E.B., (1999). *Children's Interview for Psychiatric Syndromes*. Washington, DC: American Psychiatric Press.
- Wheat, R. (1995). Help children work through emotional difficulties – sand trays are great! *Young Children*, 51, 82-83.
- Witt, P.H., Bosley, J.T., & Hiscox, S. P. (2002). Evaluation of juvenile sex offenders. *Journal of Psychiatry & Law*, 30, 569-592.
- Wolfe, V.V. (1985). *Parent Impact Questionnaire*. Unpublished assessment instrument. Available from Vicky Veitch Wolfe, Ph.D., Department of Psychology, Children's Hospital of Western Ontario, 800 Commissioners Rd., E., London, ON, N6A 4G5
- Wolfe, V. V., & Birt, J. (1995). The psychological sequelae of child sexual abuse. In T. H. Ollendick & R.J. Prinz (Eds.), *Advances in clinical child psychology* (Vol. 17, pp. 233-263). New York: Plenum.
- Wolfe, V. V., & Birt, J. (1997). Child sexual abuse. In E.J. Mash & L.G. Terdal (Eds.), *Assessment of childhood disorders* (3rd ed., pp. 569-623). New York: Guilford Press.
- Wolfe, V. V., & Gentile, C., (1992) Psychological assessment of sexually abused children. IN W. T. O'Donhue & J. H. Geer (Eds.), *The sexual abuse of children: Theory, research and therapy* (Vol. 2, pp. 143-187). Hillsdale, NJ: Erlbaum.
- Wolfe, V. V., & Gentile, C., Michieni, T., Sas, L., & Wolfe, D. (1992). The Children's Impact of Traumatic Events Scale: A measure of post-sexual abuse PTSD symptoms. *Behavioral Assessment*, 13, 269-281.
- Wolvin, Andrew D., and Carolyn G. Coakley. *Listening*. 4th ed. Madison, WI: Brown and Benchmark, 1993.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-228.
- Yeschke, Charles (2003), *The art of investigative interviewing*. *Investigative Interviewing*, Burlington, MA: Butterworth Heinemann.
- Young, Mark. (2001), *Learning the art of helping*. Upper Saddle River, N.J. Prentice – Hall
- Yuille, J. C. (1988), *The Systemic Assessment of Children's Testimony*; Canadian Psychology, Volume 29:3.

Appendices

Appendix A

Internet Resources

A. Qualitative Research Methods

1. QUALRS-L@listserv.uga.edu: Qualitative Research for the Human Science.
2. QUANET@listserv.bc.edu: Qualitative Research in Management and Organization Studies.
3. QUAL-L@scu.edu.au: Qualitative Research List, initiated by Penn State, to subscribe, send this message to listproc@scu.edu.au: subscribe QUAL-L firstname lastname.
4. EVALTALK@bama.ua.edu: American Evaluation Association (AEA) Discussion List; to subscribe, send this message to listserv@bama.ua.edu:
5. METHODS@cios.org: A list for social science research methods instructors; to subscribe, send this message to comserve@cios.org: join methods yourname.

B. Websites for Child Counselors

1. American Counseling Association www.counseling.org
2. American Psychological Association www.apa.org
3. CACREP, Council for Accreditation of Counseling and Related Educational Programs www.counseling.org/cacrep

C. Websites for the Counseling Process

1. American Counseling Association, www.counseling.org/
2. American Psychological Association, www.apa.org/
3. ASCA Homepage www.schoolcounselor.org/
4. Clinical Social Work Federation, INC. www.cswf.org/

Websites for Counseling Children with Special Needs

KidSource Online-Violence and Young Children's Development
[www.kidsource.com/kidsource/content2/Violence and Youth.html](http://www.kidsource.com/kidsource/content2/Violence%20and%20Youth.html)

National Committee to Prevent Child Abuse www.childabuse.org/

Child Abuse Resources

Child Abuse and Neglect: The International Journal. 1205 Oneida St. Denver, Col. 80220

Child Abuse Review: Newcomen Centre, Guy's Hospital, St. Thomas, London SE19RT England.

ISPCAN and its Partners: <http://ispcan.org/resources.htm>

Journal of Child Sexual Abuse: The Hawthorn Press, 10 Alice press, Binghamton, N.Y. 13904

Centre for the Protection of Children and Infants Website: www.cecw-cepb.ca

Marc Tourigny, researcher in the sexual abuse field, University of Sherbrooke, Quebec: marck.tourigny@usherbrooke.ca