Issues in Sexual Abuse of Children

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TOPICS
• 1) Illustrative case of the real world of forensic interviewing
• 2) Discussion of the state of forensic interviewing
• 3) The process of disclosure of sexual abuse
• 4) Current practice of extended assessments
• 5) Comprehensive family assessments

Case Example: Ellen, age 4
History

• Dad is a convicted, registered sex offender, who was incarcerated for 7 years.
• Mom didn’t think he did it because he said he was innocent.
• He is alleged to have sexually abused Ellen and her older sister, Terry.
• Terry told mom when she was 4.
  – Terry did not disclose in a CPS forensic interview
  – The CPS case was denied.

More History

• Girls continued with unsupervised visits.
  – Mother did nothing to stop visits.
• Girls caught naked on top of each other.
• Ellen told her mother, “Daddy licks our butts,” which mother reported to CPS.
• Ellen said nothing in a structured forensic interview by CPS & police.
• Terry said, “Our dad touches.”

Family Situation

• There are two daddies, Daddy Randy (alleged offender) and Daddy Phil (mom’s current boyfriend).
• Both daddies are substance abusers.
• There is also Phillip, Phil’s son (whom I didn’t know about).
• Mom has difficulties managing the girls.
Watch the video
Issues that the video vignette raises

• Interviewers often do not have enough background information to artfully interview the child, especially young children.
• Rapport building in a forensic interview.
  – Children are usually talking to a total stranger about something that is shameful and secret.
• Truth or lie exercises.

Determining the Child’s Ability to Differentiate Truth from Lies

• TRUTH VS. LIE TASK (A1)
  • Here's a picture. Look at this animal--what kind of animal is this?
  • OK, that's a [child's label].
  • LISTEN to what these boys say about the [child's label]. One of them will tell a LIE and one will tell the TRUTH, and YOU'LL tell ME which boy tells the TRUTH.
  • (point to boy on the left) THIS boy looks at the [child's label] and says "IT'S a [child's label]."
  • (point to boy on the right) THIS boy looks at the [child's label] and says "IT'S a PUPPY."
  • Which boy told the TRUTH? (correct answer is boy on the left.)

Lyon & Saywitz, 1999:
Competency to Take Oath

• In emergency care; Los Angeles County
• 96 children, ages 4-7
• S.A. 7%; P.A. 33%; neglect 90%
• Af-Am. 50%; Hisp. 25%; white 25%
• 1/2 children scored below 70 on PPVT-R; On average, 1.5 years behind.
• Asked: to 1) define truth & lie, 2) difference, & 3) given 4 examples.

Lyon & Saywitz, 1999:
Competency, contd.

• By 7 years, only about 1/2 could define truth & lie & the difference between truth & lie.
• All 4 examples right: 80% of 6 & 7 year olds.; 50% of 5 year olds.
• >90% of 6 & 7 year olds’ responses were correct.
• >80% of 5 year olds’ responses were correct.
Lyon & Saywitz—What about the 4 year olds?

• Only 30% of 4 year olds got all 4 examples correct.
• 4 year olds did very well in identifying truthful statements but poorly in identifying lies.
• Need to not identify the adult interviewer as possible liar.
• Email—tlyon@law.usc.edu or go to the website of USC Law School and Lyon’s personal site.

INTERVIEW PROTOCOLS/STRUCTURES

• Flexible Interview
  – Faller
  – National Children’s Advocacy Center
• Semi-structured
  – Memorandum of Good Practice—UK
  – CornerHouse Protocol (RATAC), Minneapolis; National Center for the Prosecution of Child Abuse
• Scripted
  – 10 Step Investigative Interview—Thomas Lyon, USC
  – National Institute of Child Health and Development (NICHD) Protocol
  – Stepwise Interview—John Yuille, UBC

Additional issues the video vignette highlights

• Whether to use media in a forensic interview.
• Questioning strategies.
  – Invitational (Tell me all about your mom.)
  – Focused (Who’s they?)
  – Direct (Is the back a wrong place?)
• Relying on the child’s affect to determine if the child is truthful.
Disclosure of Sexual Abuse: Is it an Event or a Process?

- Research suggests that for most children, disclosure is a process.
- When there is an outcry that is referred to authorities, children in active disclosure are at the end of a process that leads to disclosure.

Active disclosers

- Child is ready to tell,
- Willing to talk with an interviewee,
- Willing to acknowledge event,
- But the ability to provide forensic description is influenced by age, cognitive & verbal abilities, temperament

Reluctant disclosers

- Discovery of the sexual abuse may have been accidental.
- Young age, close relationship with the offender, and an unsupportive caretaker are correlated with reluctant disclosure and recantation.
- Can be difficult to establish rapport or difficulty may arise with transition to abuse related phase of the interview
Sexual Abuse Disclosure

**EVENT or PROCESS?**

Adapted from the work of Mark Everson

- 1. Narrative account
- 2. Like a crime report
- 3. Child forthcoming
- 4. Requires a single interview
  - a. A few open ended questions
- 5. Standard protocol
- 1. Gradual unfolding
- 2. Like a confession
- 3. Child hesitant, avoidant, retracts
- 4. Requires multiple interviews
  - a. Many questions-continuum
- 5. Flexible use of modules

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**EVENT or PROCESS?**

- 6. Forensic skills
  - a. Introduction
  - b. Competency
  - c. Elicit disclosure
  - d. Non-leading questions
  - e. Avoid media or use after disclosure-(not anatomical dolls)
- 6. Clinical skills
  - a. Rapport building
  - b. Support
  - c. Pacing
  - d. Vary questions by child age & needs
  - e. Use media & vary use depending upon child’s needs

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**Reasons for Disclosure Failures**

- Nothing happened.
- Child does not know he/she has been abused.
- Child does not understand interview expectations.
- Child too young for formal interview.
- Interviewer is not using questions that trigger recollection.
More Reasons for Disclosure Failures

- The event is not salient.
  - Remote, happened in the past.
  - Unremarkable, for example fondling over the clothing.
  - Too many other traumas/abuse experiences and therefore the sexual abuse was not significant to the child.

- Child does not want to talk about the abuse.
  - Avoidant of a distressing/painful topic.
  - Thinks admission indicates he/she is bad.
  - Embarrassed.
  - Ashamed.
  - Told not to tell.
  - Fear the consequences of telling.
  - Fear the unknown.

Practice Implications: Strategies to Overcome Disclosure Failures

- The reason for the disclosure failure should govern strategies to overcome them.
- Always bear in mind, the child may not have been abused.
- If the child knows what the interviewer is interested it, but doesn’t want to talk, it is unlikely that more direct questions will facilitate disclosure.
Strategies to facilitate disclosure
• Extend rapport-building
• Use focused questions.
• Use more questions.
• Ask about context first, then the abuse.
• Use media.
• Determine why the child isn’t telling.
• Try to persuade the child of the utility of telling.

Extended Assessments
• The child is interviewed more than once by a single interviewer and given an opportunity over time to develop some trust in the professional who asks the child to divulge information the child often has been admonished to keep secret.
• To date, the National Children’s Advocacy Center has trained over 1,000 professionals on conducting extended assessments.
• Research suggests the optimal number of sessions is 6.

Sites Conducting Extended Assessments
• National Children’s Advocacy Center
• A number of CACs in California
• UM Family Assessment Clinic
• Harvard University Children’s Hospital
• University of North Carolina Childhood Trauma and Treatment Center
• San Diego Children’s Hospital Chadwick Center for Child Protection
Research


NCAC Multi-site data: Four versus Eight Sessions

<table>
<thead>
<tr>
<th></th>
<th>Credible Disclosure</th>
<th>Non-</th>
<th>Non-Credible Disclosure</th>
<th>Unclear</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>four sessions</td>
<td>18</td>
<td>15</td>
<td>3</td>
<td>25</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>29.5%</td>
<td>24.6%</td>
<td>4.9%</td>
<td>41.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>eight sessions</td>
<td>43</td>
<td>7</td>
<td>1</td>
<td>25</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>56.6%</td>
<td>9.2%</td>
<td>1.3%</td>
<td>32.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td>61</td>
<td>22</td>
<td>4</td>
<td>50</td>
<td>137</td>
</tr>
<tr>
<td></td>
<td>44.5%</td>
<td>16.1%</td>
<td>2.9%</td>
<td>36.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Techniques used by interviewers (N=137)

<table>
<thead>
<tr>
<th>Techniques used by interviewer</th>
<th>Number of cases interviewer employed technique</th>
<th>Percentage of technique use that was positive</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touch education results positive</td>
<td>190</td>
<td>33.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Abuse focused questions results positive</td>
<td>111</td>
<td>62.9%</td>
<td>43.0%</td>
</tr>
<tr>
<td>Narrative elaboration results positive</td>
<td>17</td>
<td>61.8%</td>
<td>45.2%</td>
</tr>
<tr>
<td>Anatomical doll results positive</td>
<td>14</td>
<td>78.6%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Anatomical drawing results positive</td>
<td>19</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Hand drawing results positive</td>
<td>45</td>
<td>34.1%</td>
<td>42.8%</td>
</tr>
<tr>
<td>General Assessment results positive</td>
<td>124</td>
<td>12.8%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Cognitive interview results positive</td>
<td>48</td>
<td>65.9%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Prevention education results positive</td>
<td>81</td>
<td>36.4%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Combination of techniques results positive</td>
<td>22</td>
<td>63.6%</td>
<td>49.2%</td>
</tr>
<tr>
<td>Other technique results positive</td>
<td>34</td>
<td>33.1%</td>
<td>40.7%</td>
</tr>
</tbody>
</table>

Needs Survey: Online

- Invitations sent via email to members of American Professional Society on the Abuse of Children, National Children’s Alliance list, and National Children’s Advocacy Center list
- Survey took about 20 minutes
- Survey open from July 2010-November 2010
- Total responses=1919
  - Completers=932
  - Partial=989
Children Encountered by Respondents who Need Extended Assessments

- Number of children in a year
  - Mean=13 children
  - Median=6 children
  - Mode=10 children

- Percentage of cases in a year
  - Mean=20%
  - Median=10%
  - Mode=10%

Do you actually encounter children/adolescents who could benefit from an extended assessment in your work? [Completers]

<table>
<thead>
<tr>
<th>Case or Child Characteristics</th>
<th>Freq</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some pre-school children</td>
<td>762</td>
<td>84.1</td>
</tr>
<tr>
<td>Some children/adolescents for whom child maltreatment is suspected but who have not made an actual disclosure</td>
<td>709</td>
<td>78.3</td>
</tr>
<tr>
<td>Some children/adolescents who deny sexual abuse when there is other persuasive evidence (medical indicators, audio or video evidence, offender confession)</td>
<td>843</td>
<td>93.1</td>
</tr>
<tr>
<td>Some children/adolescents with developmental (mental, physical, or sensory) disabilities</td>
<td>766</td>
<td>84.6</td>
</tr>
<tr>
<td>Some children/adolescents with mental health problems</td>
<td>714</td>
<td>78.8</td>
</tr>
<tr>
<td>Some children/adolescents who present with cultural barriers to communication and/or disclosure</td>
<td>729</td>
<td>80.5</td>
</tr>
</tbody>
</table>
### Case or Child Characteristics

**Appropriate for Extended Assessment (n=905) [Slide 2]**

<table>
<thead>
<tr>
<th>Description</th>
<th>Freq</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some children/adolescents who make bizarre maltreatment allegations</td>
<td>707</td>
<td>78.1</td>
</tr>
<tr>
<td>Some children/adolescents with extensive child welfare system histories</td>
<td>632</td>
<td>69.8</td>
</tr>
<tr>
<td>Some children/adolescents whose reports of maltreatment are inconsistent over time (including recantation)</td>
<td>696</td>
<td>76.9</td>
</tr>
<tr>
<td>Some cases where there are multiple types of maltreatment, multiple suspects, and/or multiple instances of maltreatment</td>
<td>802</td>
<td>88.6</td>
</tr>
<tr>
<td>Some children/adolescents who appear to have been highly traumatized by maltreatment</td>
<td>752</td>
<td>83</td>
</tr>
<tr>
<td>Some children/adolescents who exhibit concerning sexualized and/or sexually predatory behaviors</td>
<td>720</td>
<td>79.5</td>
</tr>
</tbody>
</table>

### Contexts of Cases

**Appropriate for Extended Assessment (n=904)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Freq</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some children/adolescents reported to Child Protective Services</td>
<td>845</td>
<td>93.4</td>
</tr>
<tr>
<td>Some children/adolescents in cases reported to law enforcement</td>
<td>837</td>
<td>92.5</td>
</tr>
<tr>
<td>Some children/adolescents involved in the domestic relations court (divorce/custody cases)</td>
<td>667</td>
<td>73.7</td>
</tr>
<tr>
<td>Some children/adolescents who are possible maltreatment victims in cases involved in criminal court</td>
<td>784</td>
<td>86.7</td>
</tr>
<tr>
<td>Some children/adolescents seen in mental health settings because of concerns about child maltreatment</td>
<td>725</td>
<td>80.1</td>
</tr>
<tr>
<td>Some children/adolescents seen in medical center programs because of concerns about child maltreatment</td>
<td>704</td>
<td>77.8</td>
</tr>
<tr>
<td>Some children/adolescents seen at Children’s Advocacy Centers because of concerns about child maltreatment</td>
<td>827</td>
<td>91.4</td>
</tr>
</tbody>
</table>

### Does your community have the resources for conducting extended assessments?

- **No**: 50.6%
- **Yes**: 28.43%
- **Not Sure**: 20.93%
Additional Recent Research

Conclusions
• A 3-6 session extended assessment model is most supported by the research to date.
• Extended assessments should be considered for children who do not disclose in a single interview, when there is other evidence suggesting sexual abuse or child or abuse characteristics which make a single interview insufficient.
• There is an increasing body of research supporting the efficacy of extended assessments.

Comprehensive Family Assessments
• Comprehensive assessments are costly and time-consuming (2 months minimum).
• They should be reserved for complex cases.
  – Cases with repeated reports but no satisfactory disposition.
  – Cases with lengthy involvement with the Child Welfare System.
    • Should parental rights be terminated?
    • What kind of plans should be made for children?
  – Cases with competing findings.
  – Cases involving multiple types of child maltreatment and other problems.
Comprehensive Family Assessments

- Should be child-focused and family-friendly.
- Should assess multiple domains of child and caretaker functioning.
- Should integrate current functioning and past history.
- Should be multidisciplinary and conducted by a team of professionals
- Should engage the family and not just be something “done to” the family.

Domains of Inquiry

- Attachment issues,
- Trauma,
- Mental health functioning,
- Safety,
- History of maltreatment,
- Parental substance abuse,
- Exposure to violence in the home,
- Medical needs,
- Educational needs/background, and
- Cultural issues.

A Model for Comprehensive Family Assessments

- Review of background materials about the family,
- Two interviews with each child
- Caretaker interviews of about 2 hours
- Observations of parent child and family interactions
- Psychological testing of children and caretakers
- Medical exams of children and medical consultation,
- Collateral contacts
- Consultation meeting to process all of the information from the assessment and make recommendations.