

INTERVIEWING CHILDREN CHILD SEXUAL ABUSE SHORT VERSION

COA STANDARDS ADDRESSED

- ❖ G7.1.05
- ❖ G7.2.02
- ❖ G7.2.03
- ❖ G7.3.01
- ❖ G7.3.04
- ❖ G7.3.06

These standards are addressed in each section of the training module.

DCFS COMPETENCIES ADDRESSED

- ❖ 101-10
- ❖ 100-01
- ❖ 202-5
- ❖ 203 (all)
- ❖ 204 (all)

These competencies are addressed in each section of the training module.

TIME: This training is designed for a one and a half hour time slot. It is designed for an audience other than DCFS and is designed to be presented off-site. If the audience is primarily DCFS and the training is being presented at a MidSOUTH Site, feel free to improvise and amend as appropriate. There is more material in the participant Manual than is addressed directly in the Trainer Outline. The trainer should feel free to pick and chose among the Participant Manual in order to meet the needs of the group.

Training Objectives

- ◆ Participants will receive an introduction into the complexities of interviewing children.
- ◆ Participants will receive information about developmental issues in interviewing.
- ◆

Materials

- Flipchart and markers for the trainer or a white board
- Participant manuals
- Handouts

I. Introduction

A. Objectives

- Determine the group expectations of training.
- Set out the training objectives.
- Tailor the training to meet the group's needs.

B. Icebreaker exercise (to meet objective 1)

Due to time limitations, keep the introductory session brief. Ask the group members to look at the first page of that Participant Manual (WIIFM) and jot down a couple of things they were hoping to learn from the training. Then ask them to share their expectations.

Processing:

Process the exercise by highlighting common concerns among group members. Focus on the concerns about interviewing children and whether group members have had common problems when interviewing children. If there are expectations that are clearly out of the scope of the presentation, explain that we will not be able to cover that material today.

Refer participants to the Participant Manual, page 2, Self Preparation, and ask them to take a few minutes to read over and answer the questions on that page.

1. Stress that there are no “right” or “wrong” answers to these particular questions because everyone has different styles.
2. Give participants permission to jot notes rather than write long narratives.

Allow several minutes for participants to complete this page as individuals. Then, ask for volunteers to share their thoughts, ideas and strategies.

Completing the exercise

- List strategies on the whiteboard. Verbally, or with different color markers, highlight common themes.
- Verbally reinforce the concept of pre-planning – such as developing a list of questions, deciding who to interview first, selecting an appropriate location.
- Acknowledge and honor comments by workers relating to difficult types of child maltreatment.
- Address other issues not noted in this list that may arise with the group.
- Review agenda (page 3 Participant Manual) and training objectives (page 4 Participant Manual).

II. Stages of Sexual Molestation**A. Objectives**

- Know the stages of a molestation
- Know the tasks the perpetrator accomplishes in each stage
- Know the progression of sexual acts common in molestation
- Know physical and behavioral indicators of child sexual abuse

B. Group exercise

Lead a group discussion (small or large group) to cover the ways in which an offender accomplishes the tasks set out in the Participant Manual (pages 5 & 6). Give examples from your practice. Ask group members to list behaviors in which perpetrators can/do engage to build trust, violate boundaries, proceed with sexual interaction, etc. The issues in each stage are highlighted on pages 5-7 in the Participant Manual.

C. Cover the progression of sexual acts (page 7, Participant Manual)

- Not all offenders go “all the way”
- Detected earlier in the cycle
- Early detection increases the “problem” of no medical evidence
- Knowing the progression is an important part of interviewing so that grooming behaviors are recognized.

D. Small group exercise. (If the group is large, delete this exercise and cover the material in lecture format.)

Consider dividing the group into small groups. Assign each group an age range. Ask group members to generate a list of behaviors that might be indicative of sexual abuse. Use the experience of group members to stimulate discussion.

- Use the information in the Participant Manual to summarize the discussion of behavioral indicators

III. Purpose and Stages of an Interview**A. Objectives**

- Understand the fact-finding nature of the interview.

B. Purpose of the Interview

1. Forensic vs. therapeutic – Use this discussion time to highlight the difference between forensic interviews and therapeutic interviews. Emphasize that forensic refers to “use in court.” The forensic interview must be done in a manner that will survive scrutiny by a court.
2. Fact-finding – not to “prove” something is true
3. Generate a range of possibilities – from exactly as stated only more so to completely false with all variations in between

- C. Stages of an Interview – cover material on pages 8 & 9 in the Participant Manual and then move to specific strategies

IV. Engagement Strategies

- A. Objectives
 - Understand the importance of interviewing a supportive adult before the initial interview with the child, whenever possible.
 - Learn techniques to use in the engagement phase of the interview.
 - Observe and engagement session of an interview.
 - Practice the skills discussed and observed.
- B. Tasks of the engagement stage
 - Focus on need to get the child used to giving narrative answers
- C. Tools and techniques
 - Handout 1 –Tools
 - Handout 2 – Developmental Factors in Interviewing Pre-schoolers

V. Fact Finding Stage

- A. Objectives
 - Learn some techniques to transition between engagement and fact-finding.
 - Know the different types of questions to use and the value/limitations of each.
 - Review a structured interview protocol
 - Practice the fact-finding stage of an interview (time allowing)

The fact-finding stage of the interview focuses on finding out the answers to the Big W's once the child has disclosed an abusive or neglectful act. The tasks of the fact-finding stage are set out in the Participant Manual.

- B. Transition questions

There is no tried and true way to transition from engagement to fact-finding. Refer participants to the Participant Manual. There is a page that sets out two questions and another technique that may help move the interview from one point to another.

Do you know why you're here?

Do you know why I am here? (If you have come to where the child is) This probing question may be used fairly early in the interview. Some children who have made a purposeful disclosure to someone else may be ready to tell the investigator. Children who have been given permission to tell the investigator their story by a supportive adult may also respond to a question of this type. If the child does not disclose, go back to engagement strategies. If the child does move into disclosure do not forget to get some of the factual information you would otherwise be asking in the engagement stage.

Who brought you here?

Ms/Mr. _____ asked me to talk to you. What did Ms./Mr. _____ tell you we would be talking about? (If you have gone to where the child is and the child has already talked with someone else)

This probing question may encourage children to tell the investigator what they have already told another adult. If the child does move into disclosure do not forget to get some of the factual information you would otherwise be asking in the engagement stage.

Referencing the complaint

In order to use this technique, the interviewer needs to have talked with someone who has knowledge of the complaint – the reporter or supportive adult. The interviewer gives the child back a little piece of the information that the interviewer has from the reporter. For example, in the Jamie tape, the interviewers said, “We have talked to your mother and she told us something about one of your neighbors. We need to talk to you about that.”

Be prepared to give another example from personal experience about referencing the complaint. Point out to participants that this technique is very directive. It is a technique to be tried after other, more open-ended probes have failed.

- C. Types of questions
 - 1. Range
 - 2. Developmental considerations

- D. Tools
 - Handout 3 – Guidelines for Using Anatomically Detailed Dolls
- E. Developmental considerations in lying
 - Handout 4 – Developmental Consideration in Lying About Sexual Abuse

VI. Closure

- A. Objectives
 - Know the tasks of the closure stage
- B. Review of tasks



Indicators of Child Sexual Abuse Interviewing Strategies

Participant Manual

U·A·L·R

School of Social Work

WHAT'S IN IT FOR ME?

We are going to be spending some time discussing interviewing children.
What are three things you were hoping would get covered or addressed?

1.

2.

3.

SELF EVALUATION

Before focusing on skills, techniques and strategies to improve investigative interviewing, you need to look inside yourself and ask some questions. Take a few minutes and think about the questions below. Jot down your thoughts and answers.

- How do I plan for an interview?
- What prejudices, attitudes, or ideas do I have that could weaken the interview or affect my ability to communicate?
- Is there a type of child abuse with which I have a difficult time dealing?
- Can I handle the truth? Do I really want to discover “the crime?”
- How do I deal with my thoughts and feelings about the pain and trauma involved in child abuse (to the victim, to the perpetrator, to myself)?
- Have I considered that the problem may be different from the original complaint?
- How do I prepare myself to communicate with a child on a child’s level?
- How well developed are my overall communication skills?
- How do I structure the investigative or assessment interview?
- What do I know about the dynamics and nature of child abuse, children’s development, and the factors which impact risk to the child?

RECOGNIZING CHILD SEXUAL ABUSE INTERVIEWING STRATEGIES AGENDA

- I. Introductions**
 - A. Speaker
 - B. Course objectives

- II. Dynamics of Child Molestation**
 - A. Molestation vs Rape
 - B. Stages of molestation
 - C. Progression of sexual acts

- III. Physical and Behavioral Indicators**
 - A. Physical indicators (developmental perspective)
 - B. Behaviors associated with abused children

- IV. Interviewing**
 - A. Self preparation
 - B. Stages of an interview

- V. Recanting**
 - A. How frequent
 - B. Structuring for safety

- VI. Lying, False Memories and Issues De Jour**
 - A. Lying vs Coaching
 - B. Lying from a developmental perspective
 - C. The issue of false memories

COURSE OBJECTIVES

Participants will:

- ❖ Know the physical indicators of sexual abuse
 - ❖ Know behaviors frequently exhibited by sexually abused children
 - ❖ Understand the dynamics of child molestation
 - ❖ Learn strategies for interviewing children
 - ❖ Be familiar with conditions that lead children to recant a valid disclosure
 - ❖ Be familiar with the controversy around children lying about sexual abuse and around false memories of sexual abuse
 - ❖ Address group member issues related to interviewing children.
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STAGES OF SEXUAL MOLESTATION

Much of child sexual abuse is a molestation rather than a rape or forcible contact (not rape as legally defined in the criminal code).

Child sexual molestation frequently passes through the following stages:

- Engagement
- Sexual Interaction
- Disclosure
- Recanting/Suppression

Some professionals list secrecy as an incest state. However, for purposes of this discussion secrecy is assumed to be a dynamic that permeates all stages.

Engaging - Key Issues <ul style="list-style-type: none">• Building Trust• Favoritism• Alienation• Boundary Violations Sexual Interaction <ul style="list-style-type: none">• Progression• Place• Time• Bribes, threats, punishment, guilt - to maintain the secret	Disclosure <ul style="list-style-type: none">• Accidental vs. Purposeful• Crisis Recanting/Suppression <ul style="list-style-type: none">• System mobilizes to maintain status quo• Overt/covert pressure• Victimization by “helping” systems
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BEHAVIORS IN THE STAGES of MOLESTATION

List Behaviors

Engagement

- Building trust

Disclosure

- Accidental vs. purposeful

- Favoritism

- Alienation

- Generates a family crisis

- Boundary violations

Sexual Interaction

- Progression of sexual acts
(See next page)
- Place
- Time
- Bribes
- Threats
- Guilt

Suppression

- Family system mobilizes to maintain the status quo
- Overt and covert pressure on the victim to retract the disclosure
- Re-victimization by the “helping” systems.

PROGRESSION OF SEXUAL ACTS

Nudity

Disrobing

Genital Exposure

Observation of the child

Kissing - Lingered, Intimate

Fondling

Masturbation

Fellatio

Cunnilingus

Digital Penetration of Anus or Vagina

Dry Intercourse

Vaginal and/or Anal Intercourse

FORENSIC INTERVIEWING - What Does THAT Mean?

Forensic: _____

Interview Characteristics:

-
-
-
-

Other Notes:

STAGES OF THE INTERVIEW

ENGAGEMENT

Purposes of this stage:

- Gain the child's trust
- Get the child used to providing narrative answers to questions
- Assess the child's communication/language skills
- Assess the child's comfort level, possible fears or other feelings

FACT-FINDING

Purposes of this stage:

- Determine if the alleged event(s) occurred
- Get as much detail as possible (including details to support a determination that the alleged event did not occur)

CLOSURE

Purposes of this stage:

- Give the child an opportunity to ask questions
- If maltreatment was disclosed
 - Reassure the child he/she was right to tell
 - Establish that it was the adult's fault (not the child's)
 - Discuss next steps

ENGAGEMENT STAGE INTERVIEWER'S "TASKS"

GOALS:

- Put the child at ease.
 - Convey an attitude of helpfulness.
 - Provide an opportunity for the child to provide narrative answers to questions.
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THINGS TO DO/ASK

- Introduce yourself.
- What do you do/why are you there?
- Determine child's feeling about/expectations of the interview.
- Find out how many places the child calls "home."
- Find out the names/relationships of people in the child's home(s).
- Find out the names of pets, friends, teachers, relatives who are important in the child's life.
- Ask questions about known events – things to which you know the answer.
- Set and **practice** the interview "rules."
 - Tell only things that are true.
 - Correct the interviewer if he/she makes a mistake.
 - **If the child does not know the answer, it is OK to say "I don't know."**

FACT-FINDING STAGE

INTERVIEWER'S TASKS

GOALS

- Determine whether the child has been abused or neglected.
 - Be able to say with a relative degree of surety that the child is safe.
 - What is *YOUR* goal
-

THINGS TO DO/ASK

- Think of ways to transition from engaging to fact-finding.
- Try “probes.”
- Concentrate on the Big W's – Who, What, When, Where and How (yes, it's not a W but...)
- Avoid “Why” questions. This type question may feel blaming. The child may not know why the offender did something and may try to guess at the offender's motivation.
- Be attuned to evidence of pressure, coercion, secrecy and threats.
- Be attuned to the possibility of other types of maltreatment than the one in the report being assessed/investigated.
- If the allegation was sexual abuse, look for evidence of progression from less intrusive to more intrusive acts.
- If the allegation is physical abuse, be attuned to signs that the abuse is escalating in severity and/or frequency.
- Do not assume that the abuse was painful, that the child is angry with the abuser, that the child wants to be away from the abuser

WHAT DO YOU SAY AFTER YOU SAY HELLO?

Transitioning from stage to stage in an interview is an art, not an exact science. The interview is trying to focus the child's attention on the abuse content (if indeed the child was abused) without putting words into the child's mouth or suggesting an answer to the child.

Set out below are some 'probes' that may help in the transition. These probes are listed from least directive to most directive. They are used after rapport has been established.

PROBE #1

Do you know why you are here? Use this question if the child has been brought to you for the interview.

Do you know why I am here? Use this question if you have gone to where the child is – home, a room at school where the child is already seated, etc.

PROBE #2

Who brought you here? What did Ms./Mr. ____ tell you we would be doing? What did Ms./Mr. ____ tell you we would be talking about? Use this question if the child has been brought to you for the interview – to your office, to a room at the school where you are already seated, etc.

Ms/Mr. ____ asked me to talk to you. What did Ms./Mr. ____ tell you we would be talking about? Use this question if you have gone to where the child is – home, a room at school where the child is already seated, etc.

REFERENCING THE COMPLAINT ALLEGATION

In order to use this technique, the interviewer needs to have talked with some one who has knowledge of the complaint – the reporter or supportive adult. The interviewer gives the child back a little piece of the information that the interviewer has from the reporter.

HIERARCHY OF QUESTIONS IN FACT-FINDING PHASE OF THE INTERVIEW

Free Narrative and Other Open-Ended Questions

Free narrative questions are used at the beginning of the interview, after the topic has been introduced, to encourage children to describe events in their own words.

Examples: “Tell me everything you can about that.” (In an actual interview, use the noun, not “that”.)
“Start with the first thing that happened and tell me everything about it you can, even things you don’t think are important.”

Open-ended questions allow children to select the specific details they will discuss. Open-ended questions encourage multiple word responses.

Examples: “You said he took you into a room. Tell me about all of the things that were in that room.”
“You said, ‘That other time.’ Tell me about that other time.”

Specific but Non-leading Questions

Specific but non-leading questions ask for details about topics that children have already mentioned. Use these questions only when the details are important, because children often try to answer specific questions even if they do not know the relevant information.

Examples: “Do you remember what you were doing when he came over?”
“What was he wearing when that happened?”

Closed Questions

Closed questions provide only a limited number of options. Multiple choice and yes-no questions are closed questions. Multiple choice questions – particularly when they have more than two options- are preferable to yes-no questions because they permit a wider range of responses.

Examples: “Did that happen in the kitchen, in the bathroom or some other place?”
“Was your mom home when that happened.”

Explicitly Leading Questions

Explicitly leading questions suggest the desired answer or contain information the child has not yet volunteered.

Examples: “You told your mom you were afraid of him didn’t you?”
“Did he have his clothes on when he touched your pee-pee (when the child has not mentioned genital touching)?”

Source:
Poole, D. and Lamb, M. Investigative Interviews of Children, American Psychological Association, Washington, D.C. 1998

CLOSURE STAGE INTERVIEWER'S TASKS

GOAL

- Give the child an opportunity to ask questions of the interviewer.
- Be sure the child understands what will happen next.

THINGS TO DO/ASK

- Answer any questions the child has as honestly as you can. (There may be some things you do not know the answer to.)
- If the child disclosed maltreatment reassure him/her they did the right thing to tell.
- If the child disclosed maltreatment, reassure him/her they are not at fault and they are not in trouble.
- Do not make promises you cannot keep or that are out of your control.
- If the child did not disclose, thank him/her for talking to you and helping you figure things out.

WHEN THE CHILD RECANTS

Life in the Home

- Secrecy
- Helplessness
- Learning to live with it: betrayal, objectification, distrust of own perceptions, self-blame, learning how to “be good,” protection of the family

How Children Tell

- Small percentage actively disclose – clear, purposeful decision to tell someone
- Greater % tell in bits and pieces
- Developmental considerations
- Some never tell or do not tell until adulthood

Reasons to Recant a Valid Disclosure

- Pressure from the perpetrator
- Pressure (overt or covert) from the family
- Negative personal consequences
- Negative consequences for the perpetrator
- System influences – multiple interviews by different interviewers, multiple courts, quality of the interaction with system personnel

Implications for Intervention

- Recanting should not equal automatic disbelief of original disclosure – how good was the original interview(s) and investigation
- Deserves careful evaluation

Structuring for Safety (Physical and Emotional)

-
-
-

DO CHILDREN LIE ABOUT SEXUAL ABUSE?

Considerations

- ❖ Differentiate lying from mistakes, misinterpretations of innocent acts and or coaching

- ❖ Developmental perspective on lying
 1. Why would a child lie about sexual abuse (motivation)?

 2. What do you have to do to make up a good lie (making it believable)?

 3. Are children cognitively able?

IS IT A FALSE MEMORY?

- ❖ Could be a workshop by itself
- ❖ How good was the interviewer?
- ❖ How many times was the child interviewed?
- ❖ What is the pattern of the child's information over several interviews?

JEOPARDY IN THE COURTROOM **INTERVIEWERS' "CLIFF NOTES"**

I. Jeopardy assumptions, focus and bias

Page x in preface: emphasize the negative aspects, focus disproportionately on children's weaknesses

Page x in preface: disproportionate "dissection" of sexual abuse cases; especially day-care cases (Multiple victim/multiple perpetrator cases)

In "Conclusion" chapter state their assumptions that most interviewers are leading and bring a preconceived bias to believe the child to the table

Assumption: (Real life interviews are almost always more leading and suggestive than these experiments)

II. Backlash Research (Ceci and Bruck)

A. Sam Stone (3-6 years)

Stereotyping is the issues (impact of negative stereotyping)

Total interviews=5, total time 4 ½ months

1. Control group with neutral interview **very accurate response 4 ½ months out**
2. Discussion of Sam experiment: one month of preconditioning to set the stereotype of Sam the Klutz; day after show torn book (few claimed to have seen Sam do it); 4 leading suggestive interviews, 5th at one month out, nearly two thirds report Sam as the doer, drops when asked if saw do (rather than think do), including extraneous details

B. Mousetrap (20/20)

1. 10 leading, suggestive interviews
2. Consistent through about 4 interviews
3. After 4th, some began changing story, again with some of those being able to add lots of detail

III. How to Defend

A. Page 296: one or two leading questions does not result in false report

B. Same page: takes long exposure to leading and suggestive techniques

C. Page 298: speaks to strengths of children's memories (to deny, granted but would the reverse not also be true)

D. Know other literature that supports the need for the types of techniques that Ceci and Bruck label suggestive when interviewing this age group (yes/no; forced choice; directed questions)

E. Sample of the Other Side - Saywitz research

IV. Grains of Truth

- A. Bad interviewing can result in bad information
- B. Multiple interviews, especially by multiple interviewers, have a point of diminishing return
- C. Need to be able to construct our interviews in a way that will survive challenge
- D. Need to be familiar with literature, because more and more attorneys are

HANDOUT 1

TOOLS

Basic Tool Kit

- Blank paper
- Markers or colors – primary colors

Expanded Tool Kit

- Blank paper
- Markers or colors – primary colors
- Simple trick (like hand silhouettes)
- Quick game or deck of cards
- Body diagrams
- Anatomical dolls

Engagement Stage

- Blank paper
- Markers or colors – primary colors
- Simple trick (like hand silhouettes)
- Quick game or deck of cards

Fact-Finding

- Blank paper
- Markers or colors – primary colors
- Body diagrams
- Anatomical dolls ??????????
Use with caution and only with the prosecutor's approval (for Victim Witness Coordinators)

HANDOUT 2

DEVELOPMENTAL CONSIDERATION IN INTERVIEWING PRE-SCHOOLERS

Information provided and developed by
Sandra Hewitt, Ph.D

Who: Most children age 3-6 have this concept

“Who sleeps at your house?”

“Who puts you to bed?”

“Who gives you a bath?”

“Who fixes your food?”

What: Most children age 3-6 have this concept

“What do you watch on TV?”

“What do you like to eat?”

“What is your name?”

If children do not reliably answer who and what questions, it is unlikely that there can be a forensic interview.

Where: This concept is still developing in pre-school years; concept can be simple or complex

Simple: “Where is your shoe?”

“Where is your nose?”

Complex: “Where do you live?”

“Where is your mommy?”

When: Most pre-schoolers do not have temporal concepts. These are the children who ask, “Is it tomorrow yet?”

DO NOT ask for dates/times.

Be very careful about asking questions about the number of times things happened other than one or more than one time (children this age do not have a true concept of enumeration).

CHECK the child’s understanding of before/after concepts before you ask questions. With this age group it may be better to avoid questions such as “Did it happen before or after your birthday?”

SOME children age 3-6 can associate the abuse to a near event but be sure they have the concept before putting much stock in the answer.

How Many: Most pre-school age children do not have true enumeration. Lack of this concept means they cannot reliably report if an event was the first time nor can they reliably report how many times something happened.

Phrase questions, “Did *it** happen one time or more than one time?”
Refer to the “it” by name rather than the pronoun. For example (after a disclosure of genital touching) “Did John touch your pee-pee one time or more than one time?”

Touch: Most pre-school age children have the simple concept of touch. Test it by directing the child to “Touch your nose.” “Touch the wall.”

Young children may not generalize the command to touches in general. For example, a young child may not think of a “kick” as a touch.

Body Parts: Find out from the caregiver the names the child uses. Then don not be surprised if the child uses a more graphic or colloquial term. Names may be idiosyncratic, or may be non-specific (bottom for any part of the genital area).

Yes/No This type of question is OK if followed up with “show me” or “what happened next” questions. Beware of response sets – yes to everything; not to everything. Response sets refer to the tendency to give the same answer to a line of similar style questions. Avoid asking a series of back-to-back yes/no questions.

Directed: This type of question is not only OK, but will probably be required to focus children in this age range. It is hard for pre-schoolers to respond to open-ended, free-style questions because of retrieval difficulties.

Size: Do not ask for measurements. Children in this age range may be able to tell if a person was taller or fatter than another person. Be aware that children may acquire bigger with older.

Egocentricity:
Children assume you know all the people and places in their worlds in the same way they know them. Sort out the relationships with care in the interview with the supporting adult.

Validity Check:
Repeat back to the child what you heard them say. Let them know they can correct you if you make a mistake. However, do not count on the child to monitor your errors.

Pronouns: Young children may have a good concept of male/female but confuse gender pronouns. Avoid pronouns in interviews when possible. Use the person’s name.

HANDOUT 3

**ANATOMICALLY DETAILED DOLLS
“RULES” for USING DOLLS**

DO

- Interview the reporter face-to-face whenever possible.
- Interview the child within 24 hours of the report and sooner, if possible.
- Introduce yourself; take time to engage.
- Introduce the dolls only **after** there has been disclosure of sexual material.
- Be sure the child knows the dolls are different (have “parts”).
- Introduce the dolls clothed.
- Let the child pick the dolls to represent different people. If the child cannot engage in representational play this tool will not work. Try something else and/or assess whether child has the skills and concepts to be interviewed.
- Have the child use the dolls to demonstrate something he/she has told you.
- Ask for explanation/clarification.

DON'T

- Have the dolls lying around where the child will be interviewed (especially unclothed).
- Introduce the dolls before disclosure except when doing a body parts inventory. When using the dolls for an inventory, redress them after the body parts have been named. *Consider using anatomical drawings instead of dolls for this purpose.*
- Interact/demonstrate sexual acts with the dolls yourself.
- Read too much into normal play; go beyond the limits of the research.
- Forget to ask for clarification/explanation.

HANDOUT 4

DEVELOPMENTAL CONSIDERATIONS IN LYING ABOUT SEXUAL ABUSE

Source: Salter, A. (1988). *Treating child sex offenders and victims*. Newbury Park, CA: Sage Publications

I. Do Children Lie

- A. Absolutely, and by about the age of 2 ½ to 3 years old.
- B. Usually lie to get out of trouble. (Adults probably do this too!)
- C. To lie to get a person in trouble (in this case sexual abuse) the child must:
 - Have enough information about the mechanics of the sexual act to convince someone who has had sex that he/she has had sex too.
 - Be consistent in a story over time, complete with appropriate feelings to go along with the content.
 - Be able to sort the universe of “bad things” to figure out that child sexual abuse is one of the worst things that can be said about an adult (understand the cultural and social significance of sexual abuse)

II. Preschool Children

- A. Line between fantasy and reality is thin, but most know the difference between real and pretend
- B. Accurate reporters of things experienced with the five senses
- C. Can be taken in by a cultural myth
- D. Do not have the capacity for abstract thought
 - Difficult to understand cultural/social significance; stay consistent; etc
 - Can be manipulated by an unscrupulous adult with an ulterior motive

III. Latency Age

- A. Line between fantasy and reality is firmly drawn
- B. Still too concrete to appreciate the strategy of a false report for revenge
- C. Accurate reports of sensory information

IV. Adolescence

- A. Have the capacity for abstract thought
- B. Peer pressure not to be different and sexual abuse is very different (implications for teenagers in residential settings and false reports)
- C. Self-consciousness of adolescents

FREQUENTLY ENCOUNTERED MEDICAL TERMS IN SEXUAL ABUSE CASES

Anterior: at or toward the front

Approximate: to bring near

Attenuate: to make thin

Bump: a swelling, lump or bulge

Distal: farthest from the center or portion of attachment

Erythema: the appearance of redness

Fourchette: a small fold of skin at the posterior end of the vulva

Friable: easily crumbled or cracked

Hemorrhage: the escape of blood from a blood vessel

Hymen: the thin mucous membrane that usually closes part of the opening to the vagina

Iatrogenic: caused by medical treatment

Introitus: entrance to the vagina

Labial adhesions: the labia minora are joined at the posterior fourchette

Motile: capable of exhibiting spontaneous movement; motile sperm

Neovascularization: fine network of red blood vessels

Notch: a concave or V-shaped cut or indentation in an edge of a surface; in this case, the hymenal rim

Perineum: the small area between the anus and the vulva in the female or between the anus and the scrotum in the male

Petechia: a small hemorrhagic spot in the skin

Physiologic: characteristic of normal or healthy functioning

Posterior: at or toward the rear

Proximal: situated near the center of the body

Scarring: a white area on the hymen or posterior fourchette

Sphincter: a ring-shaped muscle that surrounds a natural opening in the body and can open or close it by expanding or contracting

Synechia: bridges of scar tissue

Trauma: bodily injury, wound or shock

Vesicle: a small membranous cavity or sac, or cyst; especially a small, round elevation of the skin containing serous fluid; a blister

Vulva: the external genital organs of the female, including labia majora, labia minor, clitoris and introitus to the vagina

ASSESSMENT OF PRE-VERBAL CHILDREN (18- 36 Months)

1. Ideally involves a team approach with input from DCFS and qualified mental health provider
2. In Arkansas, very few mental health providers are involved in the initial assessments for child sexual abuse
3. Requires knowledge of child development
4. Wide range of skills in this age range – depending on environment and heredity
5. One task: Assess “interviewability” along a continuum
 - **Unable to interview (Stage 1)**
 - Little language
 - Language is unintelligible
 - Important concepts are absent (who, what, where, touch)
 - Random play
 - **Transitional (Stage 2)**
 - Able to learn concepts of who, touch
 - Able to learn names of all body parts
 - Representational play
 - **Able to Interview (Stage 3)**
 - Intelligible speech
 - Sufficient language
 - Concepts present
 - Representational play
 - Responsive to interviewer
 - Can handle typical one-shot forensic interview

DO YOU REALLY GET IT?

<u>Words</u>	<u>Age Used in Speech</u>	<u>Mastery of Concept</u>
Here/there	3-4 years	6 or older
Come/go	3-4 years	7-8 years
Bring/take	3-4 years	7-8 years
Ahead/behind	Avoid using with children under 7	7-10 use with caution; really develops in early adolescence
Ask/tell	3 years	7-10 years
Before/after	2-3 years	7 –8 years
More/less	2-3 years	6 or older (comparison)
Touch	3 years	7 or older before can generalize different types of touches and understand that touch includes several types of contacts
Counting	2-5	9-10 before develops a real sense of number and enumeration (first, second, third)
Age	Size+ age Bigger + older	Early teens
Truth and lie	4-5 years	9 or older (Some adults never get it!)