

The Differences Between Forensic Interviews & Clinical Interviews

March 2000



Native American Topic-Specific Monograph Series

Purpose

The purpose of the Native American Topic-Specific Monograph project is to deliver a variety of booklets that will assist individuals in better understanding issues affecting Native communities and provide information to individuals working in Indian Country. The booklets will also increase the amount and quality of resource materials available to community workers that they can disseminate to Native American victims of crime and the general public. In addition to the information in the booklet, there is also a list of diverse services available to crime victims and resources from the Department of Justice.

Acknowledgments

The Center on Child Abuse and Neglect (CCAN) acknowledges the assistance of the many consultants who contributed their expertise in the preparation of this series of monographs. These materials were developed and reviewed by individuals with diverse backgrounds, expertise and experience in victim services, legal experience, and mental health providers.

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Project Staff

Project Director/Editor - Dolores Subia BigFoot, Ph.D., CCAN OUHSC

Project Coordinator - Lana Grant, CCAN OUHSC

Project Staff - Janie Braden Denton and Lisa P. Rhoades, CCAN OUHSC

Program Manager - Cathy Sanders, OVC, OJP, DOJ

The Differences Between Forensic Interviews & Clinical Interviews

Introduction

This monograph addresses the different purposes and goals of two distinct types of interviews that children may participate in during an investigation of abuse or during treatment. The issues addressed here are the same in all parts of the United States and are not specific to any geographic area, economic background, or cultural society. For specific information on dealing with culturally sensitive issues in the Indian community, please see another monograph in this series entitled, *Interviewing Native Children in Sexual Abuse Cases*. For increasing the cultural competency of investigators, please refer to the *Cross Cultural Factors in the Investigation of Child maltreatment Cases* monograph.

Historical Background

In cases of suspected child maltreatment, information provided by the child is critical to the investigation and to making decisions regarding the safety of the child. The dynamics of sexual abuse have made the child's report of events essential to evaluating the situation and to prosecuting (and/or adjudicating) the case. Physical evidence in cases of child sexual abuse often is unavailable (Sattler, 1998). Further, child sexual abuse rarely has witnesses and has a code of secrecy (Bross, 1987). The hands of police officers, child protective workers, parents, and anyone who cares about children are tied without direct information from the child. They need this direct information as they attempt to determine whether or not children have been harmed and are in need of protection.

This need for accurate information from children places great importance on their testimony as well as a heavy burden on those who obtain the information. Charges of child mistreatment are serious. Failing to identify and respond to child mistreatment can have serious consequences on the health and well-being of the child. In turn, false accusations or charges, and especially false prosecutions, of child sexual abuse are damaging to the lives of the accused and their family. Further, the whole process of an investigation itself can have a harmful impact on the child's mental health and the child's ability to recall details of the event. The damaging parts of the investigative processes include repeated interviews (particularly with many interviewers), multiple court appearances, and insensitive interviews (Saywitz & Goodman, 1996). Thus, everyone who interviews children on child protection matters must be aware of the importance of using strategies that gain *accurate* disclosures and prevent harm to the children.

Given the great importance placed on children's testimony in child abuse cases, a critical question is whether or not children can provide accurate information about events that they have experienced. As is true with all witnesses of events, there are errors in the information provided by children. The last decade has seen a great deal of disagreement regarding children's memory and the accuracy of their testimony in child maltreatment cases (see Ceci & Bruck, 1995; Myers, 1998; Saywitz & Goodman, 1996).

Concern has been raised that innocent individuals have been convicted because of inaccurate information provided by children due to developmental issues of the child, to pressure that parents have placed on the child, and to repetitive, leading, or otherwise inappropriate questioning by the interviewer (Ceci & Bruck, 1995). Children may provide inaccurate information for a variety of reasons, including:

- (a) answering questions in a way to please the interviewer,
- (b) failing to understand the questions asked,
- (c) having their memory impacted by repeated, leading questions,
- (d) failing to remember the events and guessing, or
- (e) deliberately misleading the interviewer for personal gain.

However, those who have expressed the most concern about inaccurate information have agreed that when appropriately interviewed many children over the age of six years can accurately recall events. If over the age of 12 years of age, they may provide as accurate information as adult witnesses, "...much

of the time children's statements are reliable and credible...." (*emphasis in original text, p. ii, Ceci & Bruck, 1995*).

How can interviewers gain the essential information needed from children? This booklet provides guidelines and strategies for interviewing children in a manner that can enhance the accuracy of the provided information. Other materials are available to address the cultural sensitivity issues of interviewing (See the monograph on *Interviewing Native Children in Sexual Abuse Cases*). However, this article deals specifically with the differences between clinical interviews and forensic interviews. The goals and procedures for forensic interviews will be discussed in contrast to clinical interviews. In forensic interviews, an environment must be created in which the child feels safe enough to disclose sensitive information. The child must also understand the need to disclose truthful information, rather than stating what they believe the interviewer wants them to say. Strategies to create such an environment will be provided. Interviewing children in child protection matters is a specialized skill that requires expertise in the child development, memory, suggestibility, child clinical issues, cultural sensitivity issues and the impact of different types of interview strategies on the answers provided by the child. This booklet introduces the reader to these critical issues.

Difference between forensic and clinical interviews.

A variety of professionals who interview children include child protective service caseworkers, police officers, district attorneys, and mental health practitioners. Mental health professionals have to be particularly careful about their different roles. There are responsibilities and roles required in forensic interviews that are very different from those practiced in clinical service. The purpose of the interview, role of the interviewer, relationship between the child and interviewer, and the format and type of questioning distinguishes forensic from clinical interviews. Table 1 lists areas of distinction between forensic and clinical interviews.

Table 1: Contrasting Forensic and Clinical Interviews*

Forensic Interviews	Clinical Interviews
Goal: to obtain information as reliable and accurate as possible	Goal: to assess and provide treatment of symptoms
Fact-finding focus – accurate recollection of events important	Therapeutic focus – Attributions and perceptions of events important
Objectivity, neutrality, avoidance of biases	Empathy, therapeutic alliance, support of Client
Court is the client	Child is the client
Consent to obtain outside information and disclose information is obtained and understood prior to proceeding with the interview	Client's consent required to seek external verification of information and to provide information to outside sources
Interviews are formal and restrictive	Interviewing strategies are variable
Confidentiality restricted	Traditional confidentiality
Competency of client questioned	Competency of client not the primary concern
Recorded	Private

*Adapted from Bonner & Chaffin (1998); Silovsky (1996); Steinmetz (1995)

The primary goal of the forensic interview is to gain **"facts"** for the child protection investigation. Forensic interviews are conducted for the judicial system and governed by rules of evidence. The court, not the child, is the client. The forensic interviewer must maintain a neutral, objective stance with the goal to facilitate the child's recall of previous events they witnessed and/or experienced. In forensic interviews, the interviewer questions and tests the child's competency. The interviewer must ask him/herself if the child can give accurate information and if the information given is truthful.

In contrast, clinical or therapeutic interviews are conducted directly to promote the **well-being** of the client (i.e., the child). The purpose of the clinical interview is therapeutic in nature. The interviewer is attempting to establish harmony or an understanding with the child, understand the child's perception of their world, evaluate their emotional and behavioral adjustment, and develop means to improve the child's adjustment. Information provided in the clinical context is confidential. The therapist is in part an advocate for the child, who is their client. As a result, the therapist may develop (or be perceived as having developed) a biased, rather than objective perception of the case.

Forensic Interviews

To gain facts for the investigation through forensic interviews, care must be made in the preparation for the interview, the setting, the manner of interaction between the interviewer and the child, the types of questions used in the interview, the structure of the interview procedures, and the strategies used to prepare the child.

Preparation for the Interview

The first step of interviewing a child occurs before the interviewer even sees the child. The interviewer must clearly define the purpose in the interview and the professional role. Ethical guidelines in psychology require professionals to clarify their role in child maltreatment cases. They must avoid multiple relationships, specifically in not conducting forensic evaluations and providing therapy for the same family (Committee on Professional Practice and Standards, 1998). In preparation for the interview, the forensic interviewer must clarify and focus on the goals of the interview. The specific role of the interviewer should not only be clear to the interviewer, but also to others directly involved in the case including the child and the family. Consent to obtain outside information and to release information to appropriate authorities (e.g., the district attorney) must be understood by all parties before proceeding with the interview.

The interviewer must be aware of how other people in the child's life have also questioned the child. Even though professionals in child protection have tried to reduce the impact of multiple interviews through improved coordination, many children have repeated interviews. Each of these interviews may impact later reports of events. To improve the interview, gathering information from previous disclosures from the child and other information about the alleged incident is crucial. Determine what the child has disclosed, if anything, and to whom, when, where, and under what condition or context. If possible, determine the manner in which the child has been questioned before and how they responded to the questions. In some cases, the previous questioning may have hindered the child's ability to accurately recall events so that another interview would not be beneficial. This may occur in cases of young children (under six years of age) who have been repeatedly questioned by a number of individuals who used leading questions (Ceci & Bruck, 1995).

In contrast some interviewers, however, prefer not to have any information about the case prior to interviewing the child. These professionals are concerned that information related to previous disclosures may bias the interviewer and increase the use of leading questions. Indeed, considerable caution must be maintained in use of any information known prior to interviewing the child. However, aspects of children's development, memory, responses to questions, and attention span supports the need of having background information regarding the case prior to meeting the child. Research on children's ability to recall events they experience suggest that young children do not provide many details to open-ended questions (Saywitz, 1996). Parents experience this every day with their children, as they often complain that when they ask their children, "What happened in school today?" the response is very short (e.g., "We played," "We worked," "Nothing.>"). More focused questions have been found to assist children in providing details (e.g., "Tell me what happened in Mrs. Jones' reading group today.>"). Information about the child's life can help in forming more focused questions. Without focused questions, there may be limited details provided by the child and it may require more time for interviewing, which taxes children's attention.

Obtaining demographic and social information about the child and the family is recommended, including the child's full name, age, nicknames, ethnicity, culture, religion, adjustment at home and at school, and the composition of the family. Knowing the names the child uses for members of the family and other people will facilitate understanding the child's description of events. Determine if the child has any disabilities that may require changes in the interviewing process (e.g., speech/language disabilities, hearing or vision deficits). The interviewer needs to have experience with the culture of the child and the family and be fluent in the language of the child. It is recommended that the interviewer obtain this information prior to interviewing the child, usually from a primary caregiver. Only in appropriate circumstances, if language is a problem an interpreter may be necessary. However, the interpreter needs to be well-trained in providing the specific questions and to understand not to elaborate or embellish the responses.

Preparation can reduce the need for additional interviews. Repeated interviews are not advised. After multiple interviews, many children may provide less and less details and may even take back information. With young children, multiple interviews may increase their susceptibility of changes in their memory of the situation (Ceci & Bruck, 1995). An example may help illustrate this. Children often hear stories from family members, about things they did when they were younger. These stories may be repeatedly told. The child may begin to believe they have memories of this event and confuse "memories" with "family stories." Further, multiple interviews have been avoided to respect children's wishes to not be questioned repeatedly.

Interviewing Environment: Facility and Interview Room

Providing a child-friendly atmosphere is important to reduce the child's initial anxiety about the interview. Many child advocacy centers (centers to conduct multidisciplinary interviews) are located in facilities with reception areas designed for children, including toys, games, books, stuffed animals and child-size tables and chairs. The interview room itself should also be child-friendly (e.g., furniture sized appropriately). However, toys, games, and many other objects in the interview room can be distracting to the child and interfere with the interview process (Raskin & Esplin, 1995). Items that are helpful in the interview room include crayons or markers, paper, and child-size table and chairs.

It is recommended that the interview be conducted with the child only (no caregivers, family members, etc.). The presence of family members during the interview can disrupt the interview process and may accidentally modify the information provided by the child. Some children may be hesitant to separate from caregivers for the interview, particularly preschoolers. In these cases, sessions may be needed to build rapport with the child before the interview can be conducted. At times, allowing the child to carry a transitional object into the interview room can facilitate the child's ability to separate from the caregiver. A transitional object is an object important to the child that can provide comfort in new situations, such as a special teddy bear. Car keys of the caregiver have been found to be useful objects, as this can reassure the child that the caregiver will not be leaving during the interview.

In multidisciplinary approaches, one member of the team will be designated the interviewer (e.g., the child protection caseworker or police officer) with the other members of the team watching behind a one-way mirror. This reduces the need for multiple interviews, as the interviewer can consult with the team members before and during the interview (e.g., during breaks or with a microphone in the interviewer's ear) and the other professionals will know the information directly.

➤ Record of the Interview

As the information from the interview will be used in the legal system, the forensic interviewer must determine how the information will be recorded. The interview may be videotaped, audiotaped, or a written account of the interview can be completed during and immediately after the interview. Videotaping allows the recording of all the details of the interview (Sattler, 1998). Videotaping the interviews in coordination with all professionals involved (e.g., child protection caseworkers, police officers, and district attorneys) may prevent the need for multiple interviews with the child (Stephenson, 1992). In some states, children's videotaped interviews may be admissible in court and prevent the need to have the child testify. With videotaped interviews, the forensic team can analyze the questions given

and can determine whether leading or otherwise inappropriate questions were used.

However, not everyone supports the use of videotaping as the recording device (Stern, 1992). For example, the child protection caseworkers may focus on examining every second of the taped interview, rather than on all the information about the case. In our current video-age world, greater weight may also be placed on the video than on other important evidence. A child's disclosure of abuse is a part of a process, not a single event (Berliner & Elliott, 1996). Information about abusive experiences is revealed over time and often is disclosed to more than one individual. Videotapes of one interview will likely give that interview greater weight than other evidence, including other disclosures. For example, a child may spontaneously disclose to a grandmother and provide important, distinguishing details (e.g., a child stating, "Uncle Jimmy made me kiss his pee-pee and it hurt my mouth and yucky, salty stuff came out."). The child may then fail to provide these details later in the taped forensic interview. The information in the spontaneous disclosure is critically important, but may be given less weight than the videotaped interview in the jury's examination of the evidence.

The decision of whether or not to videotape forensic interviews of children is still undecided. What is recommended is that the forensic team have a standard policy for recording the information gained in interviews (e.g., videotape, audiotape, writing the information in the report) and using it for each case. The recording of the information should include the questions asked, as well as the exact words the child used to answer the questions. If the forensic team chooses to maintain a written, rather than tape recorded account of the interview, it is recommended that one of the professionals behind the one-way mirror be designated to record the detailed information. When recording an interview, consent will be needed from the legal guardian and assent from the child is recommended.

➤ Communicating with Children

The way the child is interviewed can influence the child's disclosure of information. The approach of the interviewer, the wording of the questions, and the interviewer's verbal and nonverbal communication can impact how the child interprets and responds to the questions. Many children do not spontaneously disclose experiences of abuse. For example, in one sample of preadolescents who had been diagnosed with a sexually transmitted disease, more than half of the youngsters did not disclose any sexual contact (Lawson & Chaffin, 1992). Children may not disclose due to fears (such as fears of being punished, of not being believed, of being separated from their family, and of rejection) (Sattler, 1998). They may also be hesitant to disclose due to ambiguous feelings about the abuser and to limited understanding of appropriate/inappropriate interactions between adults and children. Thus, the interviewer must provide conditions that encourage accurate disclosure by the child.

Approach of the Interviewer with the Child. Intimidation and aggressive questioning obviously should be avoided when interviewing children, as this has been found to raise children's anxiety and interfere with their providing accurate information (Saywitz & Goodman, 1996). Intimidation or aggressive questions can lead to less information being provided, questions may be avoided, or the child may be misled by the aggressive questions (Steinmetz, 1995b).

A friendly approach to the child can build rapport (a trusting relationship) and the information provided by the child may be more accurate. Interviewers who use rapport building approaches such as smiling, making *brief* eye contact, and conducting the interview at the child's level (rather than from above them) have been found to obtain more accurate information than "unfriendly" interviewers who do not smile, who make constant eye contact or who do not ask rapport building questions about the child (Goodman, Bottoms, & Schartz-Kenny, 1991). However, when smiling, nodding, and making eye contact, the interviewer must be careful not to inadvertently reinforce one type of response. The interviewer should use a neutral tone of voice and facial expression, as children may be impacted by the verbal and non-verbal feedback they receive from the interviewer. For example, if the interviewer has a shocked facial expression after the child reveals details of the abuse, the child may misinterpret the situation to believe he or she said something "wrong" and then stop disclosing information.

Other rapport building approaches include asking questions about the child's interests, activities, and friends. The interviewer can also use this time of rapport building to informally evaluate the child's

language skills and intellectual or cognitive development. To evaluate the child's speech and language skills, the interviewer can ask themselves: Do you understand what this child is saying? Is the information provided clear? How many words are used in a sentence? How complex is the language that is used? In the forensic interview, details about the event are critical to obtain. Informal evaluation of the child's understanding of color, size, location, and time can be useful. Crayons, a paper bag, and a ball can be used to assess color identification, number concepts, and position (e.g., in, out, under, on, etc.) (Starks & Samuel, 1995). With regard to time concepts, assess the child's knowledge and understanding of the days of the week, months of the year, seasons, and sequence of events (e.g., before and after).

When asked questions by adults, children often attempt to determine what would be the "right" answer. In addition to utilizing a child-friendly approach, specific instructions can reduce effects of the authoritative adult-child relationship. Children are often socialized to believe that adults are the authority. They may respond to adult's questions with answers they think the adults want to hear. When using the following type of preparation for the child, the information provided by the child may be more accurate and the child may be more resistant to suggestibility (Reed, 1993; Saywitz & Snyder, 1993). The following instructions are recommended:

1. It is okay to say that you do not remember. Please do not guess at answers.
2. It is okay to say that you do not know the answer to the question.
3. If you do not understand the question, please tell me and I will reword the question.
4. I may ask the same question multiple times. This does not mean you gave the wrong answer the first time. I may not have remembered your answer and will ask you again. I want to know what you remember.
5. It is okay to correct anything I say, (Saywitz et al., 1992; Starks & Samuel, 1995).

When providing these instructions, allow the child to practice these strategies by asking questions that are unrelated to the investigation. For example, after providing instruction number 3, the interviewer may ask, "How many gigibots are in a doodlemaker?" to which the child can say, "I don't understand that question!" Give these instructions before asking any specific questions about the events of concern.

As a final note, during clinical assessments and therapy sessions, behavioral techniques are often used to increase cooperation with the tasks. Reinforcements such as stickers, baseball cards, and candy may be used. However, **these must be avoided in forensic interviews**. The use of these strategies may directly influence the information the child provides. Children may answer questions in a manner they believe the interviewer wants them to respond rather than reflecting their memory of the events. Even if the child's report is not directly influenced by the reinforcements, the defense attorneys may emphasize that possibility and taint the interview for the jury.

Memory and suggestibility. Every time a child is interviewed there is potential for influencing their memory. This is not unique to children; adults are also influenced by the information provided in the questions that are asked. However, age does appear to affect memory. By the age of about 11 years old, children appear to remember events about as well as adults (Saywitz & Goodman, 1996). However, children as young as age 2 years can remember central important events, but are not as able at providing specific details (Saywitz & Goodman, 1996). Preschool children also appear to be more vulnerable to leading and repeated questions (Ceci & Bruck, 1995). Leading questions should never be used in interviews, particularly with preschoolers. A more detailed discussion of types of questions to ask is provided below. Accuracy of information provided by preschoolers can be maximized by using the approach to the interview discussed above (neutral, non-authoritative, non-judgemental stance), asking about central events, and using developmentally appropriate questions.

Developmentally appropriate questioning. Interviewers must be well educated on children's cognitive development and the impact development can have on interpretation of questions and responses provided. In general, avoid complex or other confusing questions (see Table 2). Even with the preparatory instructions, children may attempt to answer questions that they may not fully understand. Indeed, the child may not even be aware that he/she did not understand the question. A variety of responses to complex questions can occur (Walker, 1995). Part of the question may be isolated and

answered. For instance, when asked “What were you wearing when he touched you?” the child may focus on the last part of the question and respond “At night.” Repeating the end of the question or guessing at an answer are other strategies children use to respond to complex questions. Use simple and clear questions as much as possible.

Table 2: Developmentally Appropriate Questioning

Developmentally Appropriate Questioning *
<ul style="list-style-type: none"> • Avoid complex, compound, and confusing questions • Avoid pronouns • Avoid double negatives • Pay attention to time references • Use concrete words • Avoid legal terminology • Have children give their definition of words • Avoid “Do you remember...?”, “Imagine....” • Avoid using the word “story” • Be alert of literal translation of words

*Adapted from Walker (1995).

When interviewing young children, pronouns should also be avoided. Preschoolers confuse gender specific pronouns (e.g., he/she) as well as “it” and “that.” An example of a poor use of pronouns is “What else was happening when he was doing that?” Although it may seem redundant, repeating the names and situations rather than using pronouns can reduce confusion (e.g., repeat what child said, “Johnny’s hand went under your skirt.” And then ask for more information, “Tell me what happened next.”) Also, avoid double negatives as it will be unclear if the child is correctly interpreting the question.

Specific descriptive words are less likely to be misinterpreted than abstract words or words that reflect broad concepts. For example, young children may not know what the word “weapons” means, but may know what guns and knives are. Avoid legal terms because these words can be easily misinterpreted (Walker, 1995). “Jury” may be defined as “something that Mom wears around her neck” (i.e., “jewelry”). “Court” has been interpreted as a basketball court (Walker, 1995). Children do not necessarily know who the “accused” is. Further, they may not be aware that words can have more than one meaning. If unsure how the child has interpreted a word, ask him or her to define the word (e.g., “Tell me what _____ means?”). Children provide their own vocabulary in their disclosures. They often have their own words for people and for parts of their body. In a clinical setting educating children on correct terminology could be a goal, however, this is not usually recommended in the forensic interview. The interviewer will need to verify the meaning of the words used by the child.

Children can be very literal in their interpretation of words and questions (Saywitz & Eells, 1993). Children may have one word to describe a place or person and may not understand that different words could mean the same thing. “Preschool” and “daycare” may not be the same thing for children. Although children often use words to describe their kinship (e.g., grandmother, aunt, uncle), they may not know what the word means in regards to their relationship with that person (e.g., that their maternal grandmother is their mother’s mother). Further, the labels children use may not reflect their relationship accurately (e.g., calling an uncle who is close to their age “cousin”).

Time concepts can be particularly difficult for children to understand and to estimate (Saywitz & Eells, 1993). Reciting words that describe time (e.g., the days of the week, the months of the year) does not mean they understand the concept or can estimate the time of day or the year something happened. This does not mean the interviewer has no way to gain estimates of time from children. The more meaningful the concept is for the child, the more likely they will be able to answer the question. The names of the months or seasons of the year are abstract. Holidays (e.g., Christmas), events (e.g., their birthday), and the weather (e.g., snow on the ground) make time more concrete and facilitate children’s ability to provide information about time. The same types of strategies can be used for time of the day (e.g., “Was it dark outside?”). Keep in mind that length of time is relative. A long time ago for a child may be a short time for

an adult. A child stating that the “bad touching happened a long, long time ago” could mean last month. Children may also not be accurate in estimating age. Young children will often focus on one feature of the person (e.g., height of the person) to guess at age. That is, a taller person will be estimated as being older. Estimating the frequency of events can also be difficult for children. The experiences of child maltreatment may not be discreet events for the child. If the child was sexually abused twice in one night, is that two abuse experiences or one?

One specific type of interviewing strategy, cognitive interviewing, was developed to enhance children’s recall of events (Saywitz & Goodman, 1996). The cognitive interview strategies are designed to enhance memory retrieval by accessing associated and multisensory information. The child may be asked to mentally reconstruct the context of the situation, recall events from various perspectives, and provide information in different sequences (Saywitz & Goodman, 1996). An example of a cognitive interviewing strategy would be to ask the child to picture the place in his/her mind and describe all the details of the place, including what could be seen, smelled, touched, and heard (Starks & Samuel, 1995). Saywitz, Geiselman, and Bornstein (1992) evaluated the effectiveness of cognitive interview strategies as a retrieval aid and found improvements over standard police interviews. The greatest improvements were found when the children were allowed to practice the retrieval aids prior to using them for the specific interview.

Regardless of strategy, when asking children to remember events, avoid using the words “story” or “pretend.” Reality focus is important to a forensic interview. Instead of prompting the child to tell a “story” (which can be misinterpreted as telling a lie), asking the child to “picture” something in his or her mind can help the child reconstruct the event.

Types of questions. The use of broad, open-ended questions are recommended when conducting forensic interviews (APSAC, 1990; U.S. Department of Justice, 1996). Open-ended questions ask the respondents to provide their own answers to broad questions (e.g., What happened?). No specific details are provided in the question, nor are there limits to the possible responses. Focused questions provide specific context but does not provide specific abuse information (e.g., asking, “What happens when daddy gives you a bath?” if it has already been established that dad gives the child a bath.) Open-ended and focused questions contrast with leading questions, which give specifics in questions that may lead the child to answer in a certain manner (e.g., asking “Daddy touches your pee-pee in the bath, doesn’t he?”). Leading questions should never be used in forensic interviews, particularly with preschoolers.

Table 3: Types of Questions Used in Interviews

Types of Questions
<ul style="list-style-type: none"> • Open-ended questions • General questions • Focused questions • Multiple choice questions • Yes or no questions • Leading questions

Other questions limit the choice of answers, such as multiple choice questions and questions in which the answer is yes or no. Children may tend to choose the last choice in multiple choice questions. Further, children tend to answer affirmatively to yes/no questions. If multiple choice or yes/no questions are used in a forensic interview, follow with an open-ended question or command (e.g., “Tell me more about that.”, “What happened next?”) to gain the answer in the child’s words and vocabulary. Questions that start with “did,” “is,” and “do” limit the answers of the respondent, whereas questions that start with “what,” “who,” “when,” and “where” prompt the respondents to give their own description of events. “Why” questions may be misinterpreted as accusatory and may not be answerable by the child.

As stated earlier, young children remember the central events much better than specific details. However, details are often critical to the forensic case. Children may not provide the details needed when

only open-ended questions are used. They may not even disclose the central event. This was found in an evaluation of types of questions used to interview children after a medical examination (Saywitz, Goodman, Nicholas, & Moan, 1991). For one group of children, their genitals were touched by the doctor during the medical examination. When asked open-ended questions about the examination, only 22% of those who had their genitals touched during the medical exam revealed this. When asked focused questions, the percentage of children who revealed the touching of genitals rose to 86%. With the use of focused questions, three children (2.6%) inaccurately reported that their genitals were touched during the examination. Two of these children gave no other details, whereas one child reported details of genital touching even though she was not touched during the examination. Thus, use of focused questions increases disclosures of children, but also may slightly increase the risk of a false positive (an inaccurate disclosure). Appropriate preparation of the child, use of developmentally appropriate questions, and use of open-ended questions can minimize the risk of inaccurate disclosures.

Conclusion

This monograph has focused on the forensic interview portion of the investigation into suspected child maltreatment. For a complete and thorough investigation, additional evaluation of the child may be required, such as a developmental evaluation and an assessment of the child's emotional and behavioral adjustment (AACAP, 1997). Further, interviews with the family members and alleged perpetrator as well as gaining other external information (e.g., criminal investigation of the scene) are necessary for a complete forensic investigation. The forensic investigative team will need to evaluate the validity of the interview and related evidence in making forensic decisions. When examining the "truthfulness" of the child, it is critical to understand the ways children disclose sexual abuse incidents and important cultural factors. For example, failure to make eye contact with the interviewer and failing to be forthcoming with many details in the initial interview does not necessarily indicate deception. Training in child development, the effects of child abuse, communication strategies of children, cultural issues, and the disclosure process is required for expertise in forensic interviews in suspected child maltreatment cases. Interviews conducted in the context of an interdisciplinary team allows the integration of professional expertise needed to conduct a thorough investigation.

Author

Jane F. Silovsky, Ph.D.
University of Oklahoma Health Sciences Center
P.O. Box 26901 CHO 3B 3406
Oklahoma City, OK 73190

Jane F. Silovsky, Ph.D. is an Assistant Professor at the University of Oklahoma Health Sciences Center, Department of Pediatrics, Center on Child Abuse and Neglect. She conducts treatment outcome research for children affected by child maltreatment, including children who have experienced or witnessed family violence and children who are demonstrating sexualized behavior. Dr. Silovsky is a member of the American Psychological Association and the American Professional Society on the Abuse of Children. She can be reached at (405) 271-8858.

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RESOURCES

Office for Victims of Crime

810 Seventh Street, NW
Washington, DC 20531
(202) 307-5983
<http://www.ojp.usdoj.gov/ovc>

Office for Victims of Crime Resource Center

Box 6000
Rockville, MD 20849-6000
800-627-6872
<http://www.ncjrs.org>

Center on Child Abuse and Neglect

CHO 3B-3406
940 NE 13th Street
P.O. Box 26901
Oklahoma City, OK 73109
<http://pediatrics.ouhsc.edu/ccan>

Bureau of Indian Affairs

Office of Tribal Services
1849 C Street, NW, MS 4603
Washington, DC 20240
(202) 208-2721
<http://www.doi.gov/bia>

Office of Justice Programs

American Indian and Alaska Native Desk
810 Seventh Street, NW
Washington, DC 20531
(202) 616-3205

Tribal Law and Policy Institute

P.O. Box 460370
San Francisco, CA 94146
(415) 647-1755
<http://www.tribal-institute.org>

U.S. Department of Justice

Office of Tribal Justice
10th and Constitution Ave., NW, Room 1509
Washington, DC 20530
(202) 514-8812

American Indian Development Associates

Ms. Ada Pecos Melton
7301 Rosewood Court, NW
Albuquerque, NM 87120
(505) 842-1122

National Congress of American Indians

1301 Connecticut Avenue NW, Suite 200
Washington, DC 20036
(202) 466-7767
<http://www.ncai.org>

National American Indian Court Judges Association

1301 Connecticut Avenue, NW
Washington, D.C. 20036
(509) 422-6267
<http://www.naicja.org>

Native American Rights Fund

1506 Broadway
Boulder, CO 80302
(303) 447-8760
<http://www.narf.org>

National CASA Association

100 W. Harrison St., North Tower #500
Seattle WA 98119
1-800-628-3233
<http://www.casenet.org>

National Children's Alliance

1319 F Street, NW, #1001
Washington, DC 20004
(800) 239-9950
<http://www.nncac.org>

Colorado State University

Tri-Ethnic Center
C138 Andrews G. Clark
Ft. Collins, CO 80523
(970) 491-0251

Northern Plains Tribal Judicial Institute

University of North Dakota Law School
Box 9000
Grand Forks, ND 58202
(701) 777-6176
<http://www.law.und.nodak.edu/lawweb>

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