



# THE ADVISOR

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

## SPECIAL ISSUE

### CHILD INTERVIEWS: CURRENT RESEARCH AND PRACTICE

—by Dave Corwin

Reliable and effective interviewing of children in cases of suspected child maltreatment is one of the most important challenges in the field today. Indeed, our ability to identify accurately and subsequently protect abused children often pivots on the quality and apparent reliability of our efforts to obtain information from children. As sources of critical information, child interviews are both a primary basis for professional decision making and a frequent target for criticism and attack. Because reliable interviewing is as controversial as it is important, *The Advisor* is dedicating this issue to child interviews. Our goal is to provide an overview of the current scientific and clinical information on interviewing.

Also in this issue is the first set of guidelines from APSAC's professional guidelines task forces to be approved for circulation to the membership for review and comment. Lucy Berliner, MSW, Chair of the APSAC Task Force on the Evaluation of Suspected Sexual Abuse in Young Children, has put considerable effort into assembling these proposed guidelines. Developed from a lengthy and detailed questionnaire completed by experts in the field, and submitted to ongoing revision through the mail and at the open Task Force meeting in San Diego, these proposed guidelines represent an evolving consensus among the many experienced clinicians who participated in their formulation and refinement. The guidelines reflect the position that psychosocial evaluators must be guided primarily by their concern for the mental health needs of children and families.

The next step in the process of refining these guidelines is for you to provide your written input to the Task Force and Guidelines Committee. After

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## NEWS

### NOMINATING COMMITTEE SET FOR FALL ELECTIONS; AMICUS BRIEF FILED BEFORE U.S. SUPREME COURT; MEMBERSHIP INCREASE IMPRESSIVE IN FIRST QUARTER

—by Theresa Reid

#### Nominations to Board Sought

This Fall, APSAC members will replace one-third of the existing Board. The Nominating Committee is seeking your input regarding qualified candidates for the openings. The Committee will be chaired by David Chadwick. Other members include Linda Blick, Dave Corwin, Jon Conte, and Lucy Berliner.

According to the by-laws, the Committee is to consider members' input as it nominates at least two candidates for each of the available slots on the Board. By-laws direct the Committee to "consider geography, ethnicity, and fair representation of all relevant disciplines in its deliberations and selections."

If you wish to nominate someone directly, you can do so by getting 5% of the regular membership to sign a petition nominating your candidate. Currently, 5% of the regular membership is 60 people. If our membership drive goes as well as we hope, however, by Fall 5% might be 75 or more.

If you wish to *recommend* one or more people for consideration, please send their names to David Chadwick by the first of July. Nominations by petition must be submitted no later than August 1 for verification in time for the election.

#### APSAC Files Amicus Brief

APSAC has filed an *amicus* brief before the U.S. Supreme Court in the case of *Idaho vs. Laura Lee Wright*. In the case, the Idaho Supreme Court overturned a conviction for child sexual abuse because the doctor on whose testimony the conviction was largely based knew about the charges before his examination of the child, did not have his interview with the child on videotape, and, in the Court's opinion, used leading questions.

The issues before the U.S. Supreme Court, then, are (1) Should professionals involved in suspected cases of child sexual abuse be kept ignorant of the charges in the case? (2) Should all interviews with children suspected of being abused be videotaped? and (3) Do leading questions destroy the reliability of hearsay evidence?

Because affirmative answers to these questions would so dramatically restrict our ability to prosecute suspected offenders, APSAC's Executive Committee agreed that APSAC should file a "friend of the court" brief in the case. The goal of a "friend of the court" brief is not to argue one side or the other, but to present to the Court background information about current knowledge and practice so that it can make a better-informed decision.

John Myers, JD, Executive Editor and Legal Editor for *The Advisor*, took the responsibility for writing and filing the brief. Gail Goodman, Ph.D., and Karen Saywitz, Ph.D., provided substantial input during the writing process. APSAC's Executive Committee had the opportunity to make revisions before the brief was filed on March 2.

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*Opinions expressed in The Advisor do not reflect APSAC's official position unless otherwise stated.*

## PRACTICE

### DEVELOPMENTAL CONSIDERATIONS FOR FORENSIC INTERVIEWING

—by Karen J. Saywitz

An interview can be the first step to recovery for a victim of abuse. Unfortunately, however, the interview sometimes becomes an intrusive experience in which powerful adults try to pry words from frightened children. Reliable and effective interviewing of suspected victims of child abuse requires knowledge of both child development and the forensic context. Equally important, to enhance trust and lessen anxiety an interviewer must convey empathy.

Children are not a homogeneous group. Children of different ages vary in language and memory ability, cognitive and social skills, and emotional maturity. Moreover, individual children may be delayed or advanced for their age in one or more of these areas. Consequently, the interviewer must mold the interview to the child's stage of development. Because young children reason idiosyncratically and create their own explanations for their experiences, interviewers cannot assume that children understand an experience, a question, or even a word in the same way an adult would. When adults ask questions in language too complex for young children to comprehend regarding concepts that are too abstract for them to understand, both the child and the interviewer are likely to be frustrated and perplexed. The use of developmentally sensitive techniques is essential to obtaining reliable information from young children.

Empathy, based on understanding the situation from the child's point of view, is equally essential. Children are accustomed to familiar nurturing adults, such as parents or teachers. You can assume that an interview with a stranger in an unfamiliar setting will be an anxiety-provoking situation for the average child. Children might be ambivalent, or even frightened, about talking to you. Perhaps they have been threatened not to tell. Children are unlikely to know why they are being questioned about painful and embarrassing experiences and, used to familiar adults who often ask questions to which the adults already know the answers, children may be geared to supply only minimal responses. They do not automatically understand the unique demands of the forensic context. They have little understanding of the abstract justice sys-

tem and cannot use the "big picture" to put their feelings in perspective on their own. Empathic comments will lessen the child's anxiety and help establish a minimum level of trust. One of the best ways to show empathy is to acknowledge explicitly the child's feelings using simple comments such as, "I wonder if it is hard to talk to a stranger about something that is hard to talk about."

A great deal more can be done, however, to ensure that an interview elicits reliable information with a minimum of discomfort to the child.

### ***Building Rapport and Observing Developmental Level***

***Setting the Stage.*** Young children's thinking is dominated by the "here and now" and by their immediate environment. They reason on the basis of what they see. Children spend a great deal of mental energy adapting to the environment in which the questions are asked. Thus, the interviewer needs to reserve a quiet, private place, and give children time to familiarize themselves with the room in a nondemanding playful atmosphere. In this way the child will be free to give full attention to the questions being asked.

***Creating the Context.*** Knowing what to anticipate reduces anxiety. Let children know where their parents will be waiting, and provide a brief sketch of how you will spend the time together. Tell children why you are asking all these questions, and what will happen to the information they provide. Failing to inform them in age-appropriate language of the limits on confidentiality can have disastrous effects on this and on subsequent interviews if children feel betrayed later. It's important to explore what children have been told by others about the interview to alleviate unrealistic fears and expectations.

***Evaluating Children's Speech and Language.*** As you're engaged in these preliminaries, listen carefully to the number of words in children's sentences and syllables in their words. This helps you match your language to the child's language. In general, the younger the child, the shorter the sentence and the fewer syllables per word.

In addition, you need to adapt your vocabulary to fit the child's. To young children, a case is something you carry papers in, a hearing is something you do

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# PRACTICE

## TYPES OF QUESTIONS FOR CHILDREN ALLEGED TO HAVE BEEN SEXUALLY ABUSED

—by Kathleen Coulborn Faller

In the last five years, doubt about accusations of sexual abuse has resurged. One of the arguments skeptics have put forth is that evaluators induce false positives (accounts or affirmations of sexual abuse when none has occurred) by the way they question children (Wakefield and Underwager, 1988). That is, evaluators hope to find sexual abuse, and children, wishing to gratify the evaluators, provide socially desirable responses, which support an allegation of sexual abuse in cases where victimization has not occurred.

Although existing research suggests that children are seldom led into making false accusations by inappropriate questioning techniques (Clarke-Stewart, as cited in DeAngelis, 1989; Goodman, 1988; Goodman, Hirschman & Rudy, 1987; Goodman & Reed, 1986), nevertheless the prudent professional should use questions that facilitate the child's disclosure, rather than questions that suggest particular responses (i.e., leading questions). In the discussion that follows, types of questions will be defined and guidelines for questioning children will be suggested. The goal of this approach is both to lessen the vulnerability of evaluations to challenges because the questioning is leading, and to decrease the risk of false positives. These suggestions are based upon the author's clinical findings and experience (see Faller, 1988; Faller, forthcoming b).

Although the focus of this discussion is on questioning, in many cases, especially those involving young children, the evaluator is not relying solely on the child's verbal responses in the interview. Questioning is done in conjunction with the use of anatomically explicit dolls or other media.

### *Types of Questions*

Five types of questions will be discussed: (1) general questions, (2) focused questions, (3) multiple choice questions, (4) questions requiring a yes or no answer, and (5) leading questions. These questions are listed in ascending order from least leading to most leading. They are also in descending order, from those more likely to those least likely to elicit responses from children in which we can have confidence (see chart, p. 5).

**1. General questions.** A general question is one that inquires in a non-specific manner about the individual's

state of mind or circumstances. Examples might be a query about how the child has been feeling lately or why the child is coming to see the interviewer. Such questions are very appropriate with an adult, for example a rape victim, and might well elicit a description of the problem for which the client is seeking help. General questions are much less likely to elicit desired information from children. The typical response of a child to the question, "Why are you here?" is "I don't know" or "I forgot". As a rule, children will need more specific questions than adults to elicit descriptions of what is troubling them.

**2. Focused questions.** Focused questions are directed toward possible contexts of sexual abuse, but are open-ended. Several types of focused questions can be used with children who have been sexually abused. Some target the possible offender, others body parts, and still others the circumstances of the sexual abuse.

*Person-focused questions.* Person-focused questions are directed toward significant people in the child's life, including the alleged offender. The evaluator asks these questions about the important people in the child's life, usually beginning with persons who have positive relationships with the child and delaying discussion of the possible offender until close to the end of this line of questioning. If there is more than one possible offender, or if one of the involved parties is likely to suggest that the perpetrator is someone else (e.g., an older brother rather than the father), the evaluator should ask about all relevant persons. The child is asked questions such as the following:

"How do you get along with your mom/dad?"

"What sorts of things do you do with your mom/dad that you like?"

"Is there anything she/he does that you don't like?"

If so, "What don't you like?"

"Is there anything your mom/dad does to your body that you don't like?"

As the reader can see, the initial questions are neutral and later ones more germane to possible abuse. If the evaluator elicits material indicative of sexual abuse, further questions will explore the allegation through focused questions as well as other types of questions described below.

*Questions focusing on the body parts.* Another type of focused question relates to the child's experience with or knowledge about body parts. Such questions flow most naturally from the child's identification and naming of body parts, using anatomically explicit dolls or pictures. The following are examples of focused questions that might elicit relevant information:

*Questions Related to the Penis*  
(assuming the offender is a male)  
"Who has one of those?"

If the child responds, "My brother," ask if anyone else has one.

"What is it for?"

If the child answers that it's for going pee, ask if it does anything else.

"Did you ever see one?"

"What do daddies (men) do with it?"

"Does it ever do things you don't like?"

If so, "What?"

"Did you ever touch one?"

If so, "Whose?"

*Questions Related to the Vagina*  
(assuming the victim is a female)

"Who has one of these?"

"What do you do with yours?"

"Do you know how yours got hurt?"

"Has anyone ever touched yours?"

"Has anyone ever done anything to yours?"

"Has anyone ever tried to touch yours?"

"Has anyone ever wanted to put something in yours?"

If so, "What?"

Questions about body parts should of course be varied according to the sex of the alleged perpetrator and victim. However, it is a good idea to ask the child questions about both male and female private parts. Often the contrast between the child's responses related to the alleged offender's genitalia and a non-offending parent are enlightening. In addition, a substantial percentage of children are sexually abused by more than one person (Faller, forthcoming a) and sometimes by adults of both sexes (Faller, 1987). Thus, it is prudent to ask about all private parts.

*Questions focusing on the circumstances of the sexual abuse.* Focused questions about the circumstances of the sexual abuse can relate to the environmental circumstances, how the offender characterizes the abuse, or how the offender induces the child not to tell.

*Continued next page*

Possible questions include:

"What do you do when you stay up late at night?"

"Do you ever play games with your dad?"

If so, "What kind of games?"

"Do you have any secrets in your family?"

If so, "What secrets?"

The evaluator will usually have some idea of the circumstances of the alleged sexual abuse which will guide the kind of focused questions to be asked.

Often the possible circumstances of the sexual abuse must be asked about in several different ways before relevant information is elicited. A large percentage of children will be reluctant to reveal the negative things that happen, for example, "at grandpa's" or "at night," and will say "I don't know," "I don't remember," or will relate neutral or positive events. Children may need to become convinced that the interviewer really does want to know, or that the advantages of telling outweigh the disadvantages.

**3. Multiple choice questions.** Multiple choice questions should be considered if the child does not respond to focused questions. Multiple choice questions are more likely to be asked about the context of the victimization rather than the sexual behavior. In addition, when asking multiple choice questions, the interviewer tries to anticipate all the possible choices and pose them for the child, to avoid putting the child in the position of having to choose between two or more wrong answers. Thus, if the child responds that she has touched a penis, but does not answer when asked whose, the evaluator should ask whether it was her dad's, her uncle's, or someone else's, not merely whether it was the father's or the uncle's. The following are some examples of multiple choice questions:

"Did it happen before you went to bed or after you went to bed, or both?" If the child does not respond to the question, "What were you wearing?", the interviewer might ask if the child was wearing her day clothes or night clothes. If the child says "I don't know" when asked how many times the abuse happened, the evaluator could ask if it happened one time, two times, or lots of times.

It is preferable to elicit responses to focused questions than to use multiple choice questions. However, some children have a great deal of difficulty describing their sexual abuse and need

more directed questions. A good indicator that the child is describing a genuine experience is when the child puts the response into her own words rather than using one of the response choices. An example would be a child who, when asked if she was wearing her day clothes or night clothes, replies that she had on her pink nightie with the blue bow.

**4. Questions requiring a yes or no answer.** Somewhat less preferable are questions that require the child to answer yes or no. Such questions should be used when other, more open-ended questions do not elicit responses. Some critics have argued that yes-no questions suggest affirmative answers. However, this need not be the case. The evaluator can just as easily ask questions that expect a negative response as ones where the reply is anticipated to be positive.

Nevertheless, if yes-no questions are used, the evaluator should be alert to a pattern of answers that is either all positive or all negative. The former may signal social desirability responses, and the latter may indicate the child does not want to answer or is being oppositional. At times it is a good strategy to interject a question that should elicit a reply opposite to the child's pattern of responses: for example, ask a question whose response is "Yes" ("Did you come here with your mom today?") when the child is providing only "no" answers. The child's answer to the question then provides a context for discussing why the child is persistently giving negative responses.

Sometimes a child contradicts earlier statements, usually by denying earlier assertions of sexual abuse. It is appropriate to raise this issue with the child. For example, the evaluator may say, "Is that what you told your mother?" when, for example, the child denies that grandfather did anything. Many children will respond by saying no, and then the evaluator asks what the child told her/his mother. Following such a reply, the evaluator asks which statement is true.

Examples of yes-no questions are as follows:

"Was your mother there?" An evaluator might ask this question when

"Where was your mother?" did not elicit sufficient information.

"Did your father do something to your pee-pee?" If the child answers affirmatively, the interviewer can revert a more open-ended question, "What did he do?"

"Did he touch your sister's private, too?"

"Did he tell you not to tell?"

**5. Leading questions.** Highly leading questions are usually not appropriate when an evaluator is trying to find out what happened from a child. Much more than yes-no questions, leading questions indicate the desired answer. The following are examples of leading questions:

"He put his finger inside your pee-pee, didn't he?"

"She told you to say it was your brother, not your father, who did it. Isn't that right?"

"Didn't he want you to suck his dick?"

"Haven't you lied to your parents before?"

#### *A Strategy for Questioning Children*

Although some children will readily describe their sexual victimization, such children are the exception rather than the rule. Therefore, the evaluator expects to have to ask numerous questions and sometimes closed-ended ones. Nevertheless, the evaluator always strives to use open-ended questions, resorting to closed-ended ones only when open-ended ones do not elicit information, and returning to open-ended questions once a particular issue has been resolved. Moreover, in forming conclusions based upon interview data, the greater the proportion of closed-ended questions, the less confidence the evaluator may place on the information elicited from the child. Nevertheless evaluators need to appreciate that children may provide very accurate accounts in response to leading questions, and that in some cases, especially with young children, directive, and at times, leading questions are necessary.

When should the evaluator desist questioning a child in situations where no confirming evidence is forthcoming? This varies depending upon what other evidence suggests sexual abuse, for example medical evidence, a prior statement, an eyewitness, or the child's affect when denying abuse.

If the evaluator has good cause to believe something has happened, but the child is inhibited from revealing it, the evaluator may stop asking about sexual abuse and focus on why the child cannot disclose. A useful introductory question is, "Is this stuff hard to talk about?" and, if the response is affirmative, the evaluator asks why. The evaluator then tries to assuage the child's fears, if it is honest to do so. A second strategy is to try to communicate to the child why it

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# PRACTICE

## ARE ANATOMICAL DOLLS TOO SUGGESTIVE?

—by Mark D. Everson and Barbara W. Boat

The use of anatomical dolls in the assessment of sexual victimization of young children has become standard practice in many settings (Boat and Everson, 1988; Conte et al., 1988). The use of anatomical dolls in such evaluations, however, has become increasingly controversial, culminating in recent court decisions in California severely limiting the admission of evidence from anatomical doll interviews (e.g., *In re Amber B.* [1987] and *In re Christine C.* [1987]).

At the heart of the controversy is the belief that anatomical dolls may be overly suggestive to young children (e.g., Terr in Yates and Terr, 1988a and b; Yuille, 1988). According to this position, the anatomical novelty and sexual explicitness of the dolls are likely to induce even normal, non-abused children to have sexual fantasies and to act out in sexually explicit ways which might then be misinterpreted as evidence of sexual abuse. This problem can be exacerbated by certain interviewer errors such as asking highly leading questions, posing the dolls in sexual positions, or verbally reinforcing sexualized play (Underwager et al., 1986; White, 1986).

The possibility that anatomical dolls are suggestive is a concern that doll users must take seriously. Fortunately, a growing body of research bears directly on this critical issue. This research can be categorized under three questions about the dolls' suggestiveness:

### **1. Does the use of anatomical dolls as interview aids or props lead young children to make false allegations of sexual abuse?**

Goodman and Aman have addressed this question directly in their oft-cited study of the impact of anatomical dolls on children's recall (Goodman and Aman, in press). Eighty 3 and 5 year-old children experienced a brief individual play session with a man. During the session they played a series of games including a version of "Simon Says" in which the man asked the child to touch parts of the child's own body (e.g., ear, toes) and also to touch the man's knee while the man touched the

child's knees. A week later the child was questioned by a woman about the play session, under one of three experimental conditions: with anatomical dolls as props, with regular (non-anatomical) dolls as props, and with no dolls as props. In the two doll conditions, the dolls were available during the questioning and the child was encouraged to use the dolls to show what had happened in the play session.

The children were asked a series of specific questions about possible "abuse" during the play session, modeled after questions that might be asked in a sexual abuse investigation. The questions were: "Show me where he touched you," "Did he keep his clothes on?" "Did he touch your private parts?" "Did he ask you to keep a secret about your private parts?" and "Did he put anything in your mouth?" In addition, the children were asked three misleading questions about possible abuse: "He took your clothes off, didn't he?" "He kissed you, didn't he?" and "How many times did he spank you?"

The use of anatomical dolls as interview props was not found to decrease the accuracy of the children's responses to the abuse questions. Regardless of their age, the children interviewed with anatomical dolls did not make any more errors on the specific or misleading abuse questions than the children interviewed either with regular dolls or with no dolls. The three-year-olds, on average, did prove to be less accurate in all three interview conditions than the 5 year olds. However, the vast majority of errors they made on the abuse questions occurred in response to the two "private parts" questions, a term many 3 year olds did not understand. When asked the more understandable question, "Show me where he touched you," none of the children indicated their genitals. Nor did any of the children in the study provide spontaneous comments or elaborations that would suggest that sexual abuse had occurred.

Goodman and Aman's results suggest that the use of anatomical dolls as interview props does not lead young children to make false reports of abuse — even under conditions of suggestive

questioning.

### **2. When exposed to anatomical dolls, are normal, sexually naive young children prone to engage in explicit sexual play with the dolls?**

The answer to this question depends upon one's definition of "explicit sexual play." We recently completed a study of over 200 children drawn from a general pediatric clinic population (Everson and Boat, 1989). The children ranged in age from 2 to 5 years and represented a wide socioeconomic distribution. The children were seen in a structured anatomical doll session which included a review of body parts and functions and free play with the dolls both in the presence and in the absence of the adult interviewer.

Touching and exploration of the doll genitalia was a common behavior, occurring in over 50% of the children at each age. However, explicit sexual play in the form of apparent demonstrations of vaginal, oral or anal intercourse (i.e., penile insertion, sexual placement with "humping" motions, mounting a doll's genitals) occurred in only 6% of the total sample (12 out of 209 children).

This low incidence rate of explicit sexual play is consistent with the findings of seven prior studies in which non-referred, presumably non-abused children were observed with anatomical dolls. The studies include: August and Forman (1986), Cohn (1988), Gabriel (1985), Glaser and Collins (1989), Jampole and Weber (1987), Sivan et al. (1988), and White et al. (1986). The studies varied in session format from free play sessions in a preschool setting to highly structured interviews with an adult, and the children ranged in age from 2 years to 8 years. Summarizing across all seven studies, exploration of doll genitalia was fairly commonly observed, but less than 2% of the non-referred children in these studies enacted apparent sexual intercourse between dolls or between a doll and themselves (5 of 332 children). Such play was rare even though four of the studies included conditions in which the child was left alone with the dolls, minimizing the likelihood of the pres-

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# PRACTICE

## BEYOND VOCABULARY: ASKING UNDERSTANDABLE QUESTIONS

—by Gina Richardson

Eliciting accurate information from sexually abused children is one of the most difficult tasks facing investigators, therapists, attorneys, and others who work with these young victims. Interviewers are often puzzled by inconsistencies which crop up in children's accounts of abusive incidents, and are worried that such discrepancies will jeopardize the children's credibility and thus the appropriate resolution of the case. Attempts to trace such inconsistencies to their source have led to a greater awareness of how cognitive and psychological factors may influence children's statements. However, the ways in which the language of the interviewers' questions can contribute to children's inconsistencies have been largely ignored.

Interviewers are quick to acknowledge the importance of adapting their language to that of the children. Interview guidelines and protocols typically include language advice, much of which is excellent. But the existing advice does not meet all of the real language needs of interviewers.

Much currently available advice is based on the assumption that language is equivalent to words, and if the child can provide contextually appropriate definitions for each word in the sentence, the child can understand the sentence. However, a wealth of linguistic research on language acquisition establishes that this is not necessarily true. While understandable vocabulary is certainly a starting point for understandable language, it is not a guarantee. The purpose of language is more than just to name entities and ideas, it is to express the relationships among them, both within and across sentences. The variations in how these relationships can be conveyed, within the rules of our language, can be quite difficult to acquire.

The purpose of this article is to show how more specific advice about language, covering a broader range of linguistic issues, can help interviewers phrase questions in ways that are less likely to induce "inconsistencies" in children's accounts of abusive incidents (see also Shuy, in press). The examples given are taken from actual interviews and courtroom tes-

timony. All names and identifying information have been changed.

The following exchange is one example of how sentence structure, rather than lack of ability to define words, resulted in a ten-year-old girl's improper response to a CPS worker's question:

Q: Promise me to tell the truth.

A: I'm sure you will!

The child's confusion in this example cannot be explained by vocabulary problems. At least one study shows that most children can provide legally acceptable definitions of "promise" by the age of 5 (Saywitz & Jaenicke, 1987). The problem is that the CPS worker's sentence is an exception to the "minimum distance principle," a rule of English syntax by which the person or thing acting is the person or thing mentioned closest to, and in front of, the verb (Chomsky, 1969). If we follow this rule, pairing off the subjects and verbs that are closest to each other, we usually interpret a sentence correctly. For example:

Tell Bill to read the book.

(you tell) (Bill to read the book)

An accurate paraphrase for this sentence is *You tell Bill that he should read the book*. But if you attempt to interpret the CPS worker's question using the minimum distance principle, you come up with an incorrect interpretation:

Promise me to tell the truth.

(you promise) (me to tell the truth)

Children may not learn until at least the age of ten how to interpret "promise" sentences accurately. To be safe, interviewers should always word questions so that actors and actions are explicitly grouped.

### DO NOT SAY:

Tell Bill to read the book.

### DO SAY:

Tell Bill *that he should* read the book.

### DO NOT SAY:

Promise me to tell the truth.

### DO SAY:

Promise me *that you* will tell the truth.

Although the sentence "Promise me that you will tell the truth," has eight words, its more explicit syntax makes it easier to understand than "Promise me to tell the truth," which has only six. Although many interviewing protocols recommend using short sentences, this is one example that reveals that the shorter sentence is not always the clearer one.

Here is another example of a subtle

misunderstanding that is potentially very damaging to a child's credibility. The following exchange took place between a judge and a four-year-old girl during the competency examination at trial:

Q: Do you recall a time when you went to the hospital?

A: (Witness shakes head in the negative) My daddy took me there.

At first glance the child appears to contradict herself—she claims that she does not remember an incident, then proceeds to give information about it. Such a statement could certainly raise doubts as to whether the child retains an independent memory of events. But the child is actually making a perfectly consistent statement. A close examination of the sentence structure reveals why:

Do you recall *a time when* you went to the hospital?

The child thinks the judge is asking for the date or the time of her trip to the hospital. When she cannot supply that bit of information, she offers what alternative information she can—that her father was the one to take her there. The child's answer is perfectly consistent: *I don't remember the date or the time that I went to the hospital, but I remember that my daddy took me there*.

This kind of mistake is not limited to preschoolers. The seven-year-old girl in the following example misinterprets a similar question during her trial testimony:

Q: Do you remember the day that you saw Bud give Janie the massage?

A: No, but I know that he did.

Q: How do you know?

A: Because I was in there, I was—I was in there.

Again, it is the wording of the question, *do you remember the day*, which causes the child to interpret the question as asking for the date of the event. Her statement is perfectly consistent: *No, I don't remember the date of the event, but I was in the room when it took place*. (Her *in there* is probably an attempt to substitute *there* for *in the room*.) To avoid the problem, the interviewer can reword the question so that the time expression is eliminated, or begin the question with "did."

### DO NOT SAY:

Do you recall a time when you went to the hospital?

*Continued on page 10*

# PRACTICE

## STRATEGIES FOR COPING WITH AVOIDANT CHILDREN

—by Deborah Davies & Donna Montegna

Conducting forensic interviews with sexually abused children can be both rewarding and challenging. Often, despite the best efforts of the interviewer to reassure and comfort the child, a history is difficult to obtain. Children employ a variety of defenses to block the interviewer's questions. These include distracting and interrupting the interviewer with irrelevant questions or comments, acknowledging that they have a problem with someone but "forgetting" the details, or stating that they don't know what happened. Some children become hyperactive, aggressive, fearful or dissociative. Others may completely deny a prior history of molestation.

Many factors may contribute to children's reluctance to disclose their molestation. These include the closeness of the child's relationship to the perpetrator, the period of time over which the molestation occurred, the amount of secrecy surrounding the molestation, and the degree of violence or threat used to coerce the child's compliance. Children often have many fears regarding the consequences of their disclosure, fears that must be addressed before an interview can be successful.

The most important point to remember is that resistance reveals great anxiety. Confronting children regarding their physical condition, their prior statements about molestation, or their behavior in the interview will only intensify their anxiety and cause them to shut down. To avoid being further emotionally traumatized, avoidant children must be handled in a gentle, sensitive, and caring manner.

The following are some strategies that may be helpful in working with avoidant or resistant children.

1. First, and repeatedly, take time to reassure children that they are not in trouble, that they have done nothing wrong, and that nothing they feel or say will make you embarrassed, upset, or critical of them. This seems obvious to the interviewer, but an anxious and

fearful child requires frequent reassurance.

2. Help the child retain a sense of control. One way to do this is to enable the child to gain emotional distance from the disclosure by using third party communication techniques such as puppets, play telephones, stuffed animals, or dolls. You may want to identify a doll as the alleged perpetrator and have the child tell the doll directly what happened that the child didn't like. Or you can use a puppet to question a young child, providing some relief from the pressure of one-on-one questioning by the interviewer.

Another way to help children retain a sense of control is by providing choices. Children may want to draw pictures rather than talk. Although you need to let them know that they'll need to do both, you can give the child the option of which to do first, and when.

3. Recognize that children may only be able to give small amounts of information at a time, and allow periods of non-directed play between statements about molestation. This provides children with the opportunity to manage their anxiety, and lets them check out and monitor the interviewer's response to the disclosure. Respecting the child's pace may seem time-consuming and tedious, but can result in a more effective interview.

4. Sometimes children are able to provide peripheral details about the molestation before divulging specifics. For instance, the child may be able to state with whom they had a problem, where they were and how old they were when the problem occurred, etc. Perhaps the child witnessed the molestation of another child. If so, questioning the child about what happened to the other victim may be helpful. Often children are able to describe the experience of another and then proceed in disclosing their own victimization. Questioning about less threatening subjects like peripheral details and others' victimization helps the child

gradually work into talking about his or her own molestation.

5. Sometimes, interviewers attempt to deal with avoidant children by repeating questions. Do not ask the same question over and over. This may seem to the children like badgering, and result in their becoming more entrenched in denial and avoidance, while giving rote answers designed simply to end the questioning. If you must repeat a question, change your vocabulary or the way you phrase the question.

6. If children are behaving hyperactively, attempt to structure their activity. Ask them to show you how high they can jump. If children are being aggressive, direct their aggression toward an inanimate object, such as a pillow or large stuffed animal. Children have very few opportunities to express their anger in a socially acceptable manner. Providing them with a structured and controlled outlet for this emotion can be therapeutically valuable, and useful in learning the causes of their behavior.

When none of these strategies work, simply terminating the interview may be the best option. Never act disappointed or frustrated: children should not be made, even inadvertently, to feel as though they have failed in some way by not talking about molestation. Their task has been much more difficult than yours. Ask if they have any questions for you, and thank them for participating in the interview.

*Deborah Davies, LCSW, and Donna Montegna, LCSW, work at the Center for Child Protection, Children's Hospital and Health Center, San Diego, CA.*

## CLASSIFIED

**Support Groups** for adult survivors of sexual abuse. Led by Licensed Clinical Social Worker. Hinsdale & Chicago locations. Phyllis Spinal, 708-323-1066.



With APSAC in the lead, several other major organizations have signed on to the brief, including the National Organization for Women, the American Medical Association, the American Academy of Pediatrics, the National Association of Counsel for Children, the Support Center for Child Advocates, and the Rhode Island Office of the Child Advocate.

The case went before the Court on April 18. If you would like to see a copy of the brief, please write or call the Chicago office. APSAC can be proud to have been in the forefront on an issue of such importance to the field.

#### Details on Benefits Increases

Regarding your JIV subscription: if you're already a subscriber to JIV, you won't be double-billed. You simply won't be billed for that portion of your dues that pays for the JIV subscription. If you are inadvertently billed for JIV when you already subscribe, just write or call the office, and we'll send you a new bill or a refund.

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Please feel free to call the office if you have any questions.

#### Membership Drive

Membership increased at the rate of nearly 800 new members per year in the first quarter of 1990. A total of 199 members joined in January (72), February (60), and March (67). That's a great improvement over last year, when we signed up 500 new members.

We hope that the ongoing membership drive and the formation of state chapters will result in an even stronger showing in the second quarter.

Once again, every member who signs up 10 new members by July 1, 1990, receives one year's free membership.

Here's how it works:

\* Call the Chicago office for a supply of brochures, if you need them. Or xerox the membership application from the back of this newsletter.

\* Tell your colleagues about APSAC. Urge them to join. If several of you work together, you may be able to take advantage of the new institutional memberships for 5 or more people. (See the application.)

\* Have everyone you recruit write your name clearly at the top of his or her application.

We'll keep tabs on the number of people who sign up under your name, and award you free membership for one year when that number hits 10. Every new member gives APSAC an important boost. Thanks ahead for your help!

At right is a list of APSAC members by state. The seven states enrolling the most new members this quarter were CA (45), OH and IL (9 each), MA (8), AZ (7), and GA and MD (6 each).

Remember that APSAC is now actively fostering State chapters. Members are already organizing in NC, MA, PA, OH, NV, AK, HI, and AZ! For information see your Winter Advisor or call the office.

### APSAC MEMBERSHIP BY STATE

CA	200	ME	15
IL	89	LA	13
NY	74	DC	12
MA	70	IN	12
NC	63	KS	12
TX	46	MO	12
FL	39	MS	12
WA	37	CT	10
PA	30	IA	10
WI	30	KY	10
CO	29	NH	10
OH	28	NM	10
VA	28	HI	9
AZ	27	UT	8
MD	27	SC	7
OK	26	NE	6
MN	25	RI	6
GA	24	AK	5
NJ	23	VT	4
AL	22	AR	3
MI	22	ND	3
TN	21	WY	3
NV	18	DE	2
OR	18	WV	2
ID	16	MT	1

States with no members: South Dakota. Members with no states: 10 (Canada), 2 (Scotland), 1 (Australia), 1 (Guam), 1 (Israel).  
TOTAL: 1,246

## TRAINING TAPES ON INTERVIEWING

The Chesapeake Institute has a series of three tapes entitled *Investigative Interviewing Techniques in Child Sexual Abuse Cases*. "Jamie" depicts an interview of a 9-year-old child. "David" is a police interview of a perpetrator. "Anne" is a CPS/police joint interview of a child. Cost: \$325 each or \$750 for the complete series. The Chesapeake Institute, 11141 Georgia Av., Suite 310, Wheaton, MD 20902. 301-949-5000. *Children's Institute International* has a tape entitled "The Clinical Interview." Cost: \$200. CII, 711 S. New Hampshire, Los Angeles, CA 90005. 213-385-5100.

The Center for Child Protection at Children's Hospital in San Diego has two tapes entitled "Interviewing the Young Child" and "Evaluating Developmentally Disabled Victims of Sexual Abuse." Cost: \$175 each. 8001 Frost St., San Diego, CA 92123. 619-576-5803.

## ONGOING APSAC TASK FORCES

### Evaluation of Suspected Sexual Abuse in Young Children

Lucy Berliner, MSW, Chair  
Harborview Medical Center  
325 9th Av.  
Seattle WA 98104

### Assessment and Treatment of Perpetrators of Child Sexual Abuse

Judith Becker, Ph.D., Chair  
N.Y. State Psychiatric Institute  
722 W. 168th St.  
New York, NY 10032

### Medical Evaluation of Suspected Child Abuse

David Chadwick, MD, Chair  
Children's Hospital  
Center for Child Protection  
8001 Frost St.  
San Diego CA 92123

### Psychological Maltreatment

Stuart Hart, Ph.D., and Marla Brassard, Ph.D., co-Chairs  
Indiana University  
Office for the Study of the Psychological Rights of the Child  
902 W. New York St.  
P.O. Box 647  
Indianapolis IN 46223

### Peer Review of Expert Testimony

Anna Salter, Ph.D., Chair  
1 Court Street, #340  
Lebanon NH 03766

**DO SAY:**

Do you remember *going* to the hospital?

**DO NOT SAY:**

Do you remember the day that Bud gave Janie the massage?

**DO SAY:**

*Did you ever see* Bud give Janie a massage?

Some misunderstandings, then, result from syntax that gives the child mixed messages about what specific information is being sought. Other misunderstandings are not due to the structure of particular questions but to the topic flow of the interview—what topics are to be discussed and in what order. It seems simplistic to point out that for any conversation to be successful the participants have to know what topic they are discussing, but topic specification seems to be a surprisingly easy point to overlook during an interview. A comparison of one attorney's questions to two child victims at trial illustrates this point. The first example shows the attorney's questions to an articulate twelve-year-old girl:

Q: Janie, do you remember Bud ever touching you in a way that made you uncomfortable?

A: Yes.

Q: Do you remember the first time

he ever did anything like that?

Notice how in his first question the attorney introduces the general category of "uncomfortable touch." In his second question he narrows this general category down to a specific incident in an age-appropriate way, *the first time*. The twelve-year-old is able to focus her attention on the relevant incident and begin an appropriate narration.

But note how the same attorney handles the same situation with his very next witness, a seven-year-old girl:

Q: Okay, do you remember if Bud ever touched you in a way that you didn't like?

A: Yeah.

Q: Okay, would you tell the jury what you remember about that?

A: He—we were going out to the truck, he was—when we sat down he was—

Here, the attorney starts his topic the same way that he did with the twelve-year-old, by introducing the general category of "touch that you didn't like." But rather than using his next question to narrow the focus in some age-appropriate way, he immediately asks the child to begin telling about "that." "That," however, occurred on two separate occasions, and the attorney fails to

tell the child which occasion she is to describe.

Her response is quite revealing. The child identifies the two different incidents throughout the testimony as *standing up, outside, by the truck* and *sitting down in the kitchen*. In all other instances she keeps the two incidents distinct, always discussing *the truck* as part of the first incident and *sitting down* as part of the second. So, either this is the only point in her testimony where she confuses the two incidents—or she is trying to fulfil the attorney's rather vague request by trying to narrate both events at once, or mentioning both in an effort to choose between them.

Of course, interviewers performing investigative interviews cannot immediately refer to specific abusive incidents, since that is the information the interview is designed to elicit. But as the child begins to disclose more information and specific incidents begin to take shape, the interviewer should find some way to specify uniquely each event or category of events (when individual incidents have merged). Sometimes the child will provide a label that can be used to specify a topic, such as *I was wearing my pink nightgown*. Other common ways to specify topic include

*Continued on page 13*

**5-DAY TRAINING INSTITUTES ON CHILD ABUSE ASSESSMENT AND TREATMENT**

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and  
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**SPECIAL OFFER TO APSAC MEMBERS**

**NEBRASKA LAW REVIEW** (V. 68 [1989], nos. 1 & 2) article, "EXPERT TESTIMONY IN CHILD SEXUAL ABUSE LITIGATION," by John E.B. Myers, JD; Jan Bays, MD, FAAP; Judith Becker, Ph.D.; Lucy Berliner, MSW; David L. Corwin, MD; and Karen Saywitz, Ph.D.

A comprehensive review of the state of the art and the law, with major sections on "The admissibility of expert testimony," "Expert testimony based on novel scientific principles," and "Categories of expert testimony on child sexual abuse." Opening and closing overviews bring the issues into clear focus.

145-page bound reprint. *Sale to benefit Apsac.* Call the office for details.

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**Table 1: Research Studies of Characteristics of Incest Fathers 1978-1988**

Author(s)	Incest Fathers (N)	Source <sup>a</sup>	Controls Source and Type
Abel, Becker, Murphy, and Flanagan (1981)	6	OPT	1.OPT/Child Molesters
Baker (1985)	20	OPT	1.OPT/General
Bennett S. (1985)	34	OPT	1.COM/Convenience (Matched)
Berkowitz (1983)	20	OPT	1.COM/Convenience
Brandon (1985)	20	OPT	1.PROB/Child Molesters 2.COM/Convenience
Cammarata (1984)	7	OPT	1.OPT/General 2.COM/Convenience
Feltman (1985)	31	OPT <sup>b</sup>	1.PROB/Daughters
Fredrickson (1981)	32	OPT	1.OPT/Clinical 2.COM/Church Groups
Heath (1985)	28	COM <sup>b</sup>	1.COM/Sex Assault Victims 2.COM/Convenience
Herman (1981)	40	OPT <sup>b</sup>	1.OPT/Daughters
Kirkland and Bauer (1982)	10	CPS	1.COM/Convenience (Matched)
Langevin, Handy, Day, and Russon (1985)	34	IP	1.IP/Child Molesters 2.COM/Convenience
Langevin, Paitich, Freeman, Mann and Handy (1978)	27	IP	1.IP/Sex Offenders 2.COM/Convenience
Lee (1982)	39	OPT	1.OPT/Physically Abusive Fathers 2.Norms
Mandel (1986)	18 <sup>c</sup>	OPT	1.OPT/General 2.COM/Convenience (Matched)
Marshall, Barbaree, and Christophe (1986)	21	OPT	1.OPT/Child Molesters 2.COM/Convenience
Olson (1982)	15	OPT	1.OPT/General (Matched)
Panton (1979)	35	P	1.P/Child Molesters 2.Norms
Parker and Parker (1986) and Parker (1984)	56	P/OPT/IP	1.P/Non-incest 2.OPT/General 3.IP/Patients (Matched)
Paveza (1987)	34	OPT	1.COM/Random (Matched)
Pelto (1981)	48	OPT	1.OPT/General 2.COM/Convenience
Quinn (1984)	11	OPT	1.OPT/General 2.COM/Convenience
Quinsey,Chaplin and Carrigan (1979)	16 <sup>c</sup>	IP	1.IP/Child Molesters
Saunders, McClure and Murphy (1986) and (1987)	41	OPT	1.Norms
Scott and Stone (1986)	62	OPT	1.COM/Convenience (Matched)
Strand (1986)	21	OPT	1.OPT/General 2.COM/Random
Truesdell, McNeil and Deschner (1986)	30 <sup>c</sup>	OPT <sup>b</sup>	1.Norms
Wickes and Madigan (1985)	21 <sup>c</sup>	OPT/COM <sup>b</sup>	1.COM/Convenience
Wieder (1985)	15	OPT <sup>b</sup>	1.OPT/General 2.COM/Convenience (Matched)

- a. OPT = Outpatient Therapy  
 IP = Inpatient Psychiatric Setting  
 CPS = Child Protective Services  
 P = Prison  
 COM = Community Sample  
 PROB = Probation

- b. Data for these studies was obtained through interviews with daughters or wives of the incestuous fathers.  
 c. Sample includes from 10-40% other incestuous abuse (e.g. grandfather, uncle, mother)

# CONFERENCES

May 21 - 25. *19th Annual Child Abuse Symposium. Keystone Resort, Colorado. Sponsored by the C. Henry Kempe National Center.* Call Marilyn Lenherr, 303-321-3963.

May 29 - 31. *Governor's Conference on Victim Services and Public Safety—A Cross-disciplinary Commitment to Service.* Anaheim, CA. Sponsored by the Office of Criminal Justice Planning. Call 916-324-9100.

May 31 - June 1. *Psychological Trauma.* Cambridge, MA. Sponsored by the Harvard Medical School and Massachusetts Mental Health Center. Call 617-432-1525.

June 8 - 10. *Seasons of Growth '90—An Annual Gathering for Adult Women Survivors of Abuse.* Augusta, ME. Sponsored by "Looking Up." Call Lina Dunning, 207-626-3402.

June 10 - 13. *National Conference for Women in Corrections and Juvenile Justice.* Charleston, SC. Sponsored by Department of Correctional Services. Call 606-622-1497.

June 21 - 25. *Second Annual Eastern Regional Conference on Multiple Personality and Dissociation.* Alexandria, VA. Sponsored by Mount Vernon Hospital's Department of Psychiatry and Behavioral Medicine. Call Liz Nance, 703-664-7109.

July 18 - 20. *Child Sexual Abuse: Clinical Intervention with Victims & Offenders.* Grand Rapids, MI. Sponsored by Forensic Mental Health Associates (Dunedin, FL), Kent Co. Michigan Council for Prevention of Child Abuse and Neglect, YWCA, Sexual Abuse Treatment Center, and Planned Parenthood Centers of West Michigan. Call Jill Warren-Gertiser, 616-454-4673.

August 1 - 3. *National Conference to Abolish Corporal Punishment in the Schools.* Sponsored by NCPA. Little Rock, AR. Call 312-663-3520.

August 15 - 17. *Sexual Abuse Treatment Symposium.* Breckenridge, CO. Sponsored by Meta Resources. Featured presenters: Kee MacFarlane, Barbara Boat, and Mike Lew. Call Barbara Murdock, 404-256-3910 or 404-390-9318.

August 19 - 23. *Joining Hands to Heal the Child: National Convention of the*

*National Association for Children of Alcoholics.* Chicago. Call 714-499-3889.

September 1 - 6. *International Conference on Child Abuse and Neglect.* Hamburg, Germany. Write c/o Hamburg Messe und Congress GmbH, Congress Organization, PO Box 302480, D-2000, Hamburg 36, Republic of Germany.

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APSAC Discounts Available:  
October 29 - November 1. *Midwest Conference on Child Sexual Abuse and Incest.* Madison, WI.

November 19 - 21. *APSAC & the Tennessee Network for Child Advocacy Conference.* Nashville.

**LOOK FOR DETAILS IN NEXT NEWSLETTER.**

## BEYOND VOCABULARY (Continued from page 7)

the order of the incidents (first, second, etc.), location (by the truck, in the kitchen), instrument used (candle, machine), or the game abuse was disguised as (playing doctor, playing house).

The examples here only scratch the surface of the kinds of misunderstandings in children's accounts that are due to child-adult language differences. Problems also occur with prepositions, causatives, referencing, topic maintenance, and many other aspects of language. A more thorough understanding of how language works and how it is acquired can give interviewers a better chance of avoiding problems that are predictable, and of developing more effective clarification strategies for problems that are unexpected.

*Gina Richardson, M.S., is a Ph.D. candidate in linguistics at Georgetown University.*

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## Advanced Workshops on the Etiology and Integrated Treatment of

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ence of an adult inhibiting such fantasy play. (Refer to Everson and Boat, 1989 for a more complete review of these studies.)

Although only 6% of our total sample demonstrated explicit sexual play, the frequency of such play was significantly related to the child's age, socioeconomic status (SES), and race, and somewhat to the child's gender. In fact, over 20% of the 4 to 5 year old, low SES, black males in our sample demonstrated apparent sexual intercourse of some type during our sessions.

We believe that our research, together with the seven prior studies in this area, offers substantial evidence that anatomical dolls do not induce young, non-abused, sexually naive children to engage in explicit sexual play. But our research suggests that the dolls may provide sexually knowledgeable children with at least implicit permission as well as an easy vehicle for revealing their sexual knowledge.

### 3. Following exposure to anatomical dolls, do young children engage in more sexualized behavior or play?

We addressed the question of whether anatomical dolls might have delayed impact on the behavior of children by conducting follow-up interviews of 30 mothers whose children had been exposed to anatomical dolls (Boat, Everson, and Holland, in press). The children ranged in age from 3 to 5 years and had been subjects in our normative study of 209 children described above. The interview occurred about 2 weeks after the doll session. Mothers were asked in general terms about any changes in their child's behavior that they attributed to their child having participated in the doll session as well as specific questions about changes in sexual curiosity and sexual play since the session.

Twenty-three percent of the children were reported as displaying a heightened awareness of sexual body parts (e.g., a 4-year-old boy asked how boys and girls differ; a 4-year-old girl asked when she would get pubic hair). None of the children were reported to have begun playing with toys or regular dolls in a sexual way or to add genitals to their drawings of people. Only one child was described in any way as "acting out sexually" a 3-year-old boy who took his clothes off while playing with a little girl his age. As his mother explained, "He thought since he took the dolls' clothes off, it was okay to take his own

clothes off."

Neither this child's mother nor any of the other mothers had any concerns about the behavior of their children after exposure to the dolls, nor did they report any behavior that might be misconstrued as an indication that sexual abuse had occurred.

Are anatomical dolls too suggestive? The research evidence thus far offers a strong and reassuring "no." The one study (McIver and Wakefield, 1987) that is sometimes cited as proof of the suggestibility of the dolls is methodologically flawed and difficult to interpret. Nonetheless, more research is needed on this controversial issue, especially in replicating the Goodman and Aman study using a larger, demographically more diverse sample as a test of the generalizability of their important findings. Perhaps a target event to be recalled could also be devised that is a closer analogue to sexual abuse than a play session (e.g., a normal genital examination).

At this point, we can be confident in our continued use of anatomical dolls in sexual abuse evaluations, especially if we adhere to the excellent recommendations of Myers and White (1989). First, doll users should be prepared to describe how and why the dolls were used in a particular case. Second, we should be familiar with the research on the dolls and be sure that our use of them falls within acceptable practice in the field. Third, we should be aware of the limits in the use of anatomical dolls and acknowledge that they are interview aids rather than a litmus test for sexual abuse.

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does not mean that the child understands number concepts. Instead, try some activity that requires counting: Ask the child to hand you four pennies from a row of ten.

Obviously, if a child cannot count objects, he or she will be unable to count events in time. But counting events is still more difficult than counting pennies: Pennies are discrete units, but determining where one event begins and another ends can be difficult. If a sex act happened twice in one night, is that counted as one time or two? The adult must specify the exact physical activity to be counted: "How many times did he put his finger in your ear?"

In a forensic interview, eliciting the time and place of an event as well as a description of the participants and actions is often crucial. Some other tasks for measuring relevant skills are as follows:

**Locations/Positions.** Before asking about specific locations, such as "Were you beside or in front of the car?" "Were you on top of or beneath him?" check whether the child understands prepositions: correct usage and understanding develops gradually. For example, ask the child to put the red block beside (or beneath) the blue block.

**Telling Time.** Test a child's ability to tell time on a digital as well as an analog clock. Find out if they understand the days of the week, months of the year, seasons, hours, minutes, and so forth.

**Body Parts.** Find out what words children use to refer to their own and others' body parts, including genitals. Point to the parts on drawings or dolls.

**Measurement.** Find out whether children can accurately estimate weight in pounds, height in feet and inches, and whether they can label ethnic groups accurately. Use yourself as an example or use magazine pictures ("How tall am I?").

**Eliciting Information**

When a child does not possess the skills to answer a particular kind of question, use alternative methods of questioning. For example, a child under seven or eight may not be able to tell time, but can provide the name of the television show he was watching when the event began. The interviewer can reconstruct the time and date from a television guide. The key is to ask about something meaningful to the child. When young children cannot state someone's age in years, ask whether the person was old enough to be a grandparent, a mommy, or a teenager. To avoid misinterpreting responses, ask for children's reasoning processes as well.

Preschoolers often think the tallest person is the oldest person because they tend to focus on one aspect of information at a time. They focus on height to indicate age and fail to process information about hair color or wrinkles as indications of age as well. Ask "What makes you think he was old?" "Did he have any hair?" "What color was his hair?" These examples highlight the need for creativity and knowledge of child development to elicit accurate information from children.

The extent to which leading questions influence children's reports has been widely discussed. While there are age differences in suggestibility, there are also limits on what can be suggested to a child. Space prohibits a review of this literature. However, experts tend to agree about a few general principles:

- \* Begin by seeking the most general, spontaneous rendition in response to open-ended inquiry, such as "Tell me what happened?"

- \* Follow the child's lead, helping the child to continue a narrative by repeating what he/she just said: "So he took you to the blue house." Prompt with "What happened next?"

- \* Move to open-ended questions about general categories of information: "What can you tell me about the way the person looked? Is there anything about the weather that day you can remember?"

- \* When children suspected of being in danger fail to respond to these general probes, direct and sometimes leading questions are used at the discretion of the interviewer. However, responses to specific yes/no or multiple choice questions are difficult to interpret. Follow up by asking children to elaborate: "Tell me more." Otherwise, one cannot be certain children understand and respond to a question as it is intended.

Beginning with general open-ended questions and moving towards more specific ones creates a hierarchy of confidence in children's answers.

**Closure**

If children have become upset, this is a time to help them regain their composure. Enhance their self esteem by complimenting them on doing a good job at something that was hard for them to do. Be sure to praise the children for their *effort*—working *hard* during the interview—and for the *content* of what they say.

Finally, be sure to dispel any misperceptions that may have arisen. Give children a turn to ask any questions they may have. This is a time to empathize with realistic fears, correct unrealistic expectations, and offer strategies for

copings with anticipated anxiety-provoking situations. The interviewer should set the stage for future interactions. Tell children what will happen next. In an age-appropriate fashion, educate them about the various steps of the legal, health and mental health systems.

Developmental sensitivity and empathy will facilitate eliciting more accurate information with less stress for children.

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