Our Vision & Mission

Making the world safer for children by eradicating child abduction, sexual abuse and exploitation.

We advocate, train and collaborate to protect the world’s children.
Objectives

List reasons why a child may delay disclosing abuse, or recant the allegation

Recall the differences between a first responder interview and a forensic interview

Recall 3 helpful techniques to use when talking to children who are disclosing abuse

Recall common errors in talking to suspected victims of sexual abuse
8 year old boy tells his teacher that his 20 year old uncle made him “suck” on his (uncle’s) penis and the uncle told him a hidden camera had videotaped the whole thing.

What do we know about cases like this?
Myth or Reality?

A child’s disclosure of sexual abuse is arguably the most important aspect of the case.
Myth or Reality?

When a child discloses abuse, they almost always give a purposeful and complete disclosure.
The Disclosure

Accidental vs. Intentional

Often incomplete

- Why?
  - Child anxious about response
  - Responder doesn’t ask the question
  - Stress inhibits memory
  - Too many experiences to describe
  - Fragmented memories
Children often make up stories about being abused. For attention, revenge......
How do false allegations occur?

Child intentionally fabricates abuse
Adult intentionally manipulates the child
Adult misinterprets child’s words/actions
Adult inadvertently suggests abuse
Poor interviewing technique
False Allegations of Abuse

Canadian study found 4% false allegations for all types of abuse
  ◦ Children and custodial parents least likely to fabricate
  ◦ Custody issues associated with increased rate: 12%

Interview technique is critical
  ◦ Best done by trained interviewer

Young children can be suggestible

Trocme and Bala, 2005
If a child was abused, they would tell someone immediately.
Disclosure Rates

Studies of adults:
- 55-69% did not disclose during childhood
- 5-13% reported to authorities
- 10-46% only disclosed at time of survey
Time to Disclosure

1481 F, 1145 M
National probability sample
Phone interview
CSA before 18 years
Median age at time of abuse: 9.7 years

Finkelhor, 1990
Why would a child delay telling someone?

- Fear
- Unaware of victim status
- Loyalty to offender
- Keep offender out of trouble
- Guilt
- Benefits
- Hopelessness
- Shame
10 yo boy: “If I told, I’d get in trouble. I wasn’t supposed to go over to his house.” (neighbor)

6 yo boy: “He said if I told anyone, he’d kill me.” (15 yo step-brother)

14 yo girl: “How could I tell? He had a video of me getting raped—he’d put that on the internet.”

5 yo girl: “He said that if I told anyone, he’d go to jail and I’d never see him again.” (father)
Predictors of Disclosure Rates

- Gender
- Age
- Cultural/Ethnic differences
- Relationship to Offender
- Level of maternal support

London, 2007
Myth or Reality?

If a child said it didn’t happen, it didn’t happen.

Even if he made a disclosure last week.
Denial and Recantation

Estimated rates vary with research study

- Difficult to measure
- Denial of abuse 6%-72% (Bradley; Sorenson)
- Recantation 4-23% (Bradley; Malloy)
  - Factors associated with recantation:
    - Younger age of victim
    - Abused by parent figure
    - Had no support by nonoffending caregiver

It does occur. Frequency is controversial.

8 yo girl disclosed ongoing severe abuse by her father. In her forensic interview she provided details about things she couldn’t have known without having had the experience. Police arrested the father. One week later the mother brought the child back to the police: “She’s got something to tell you.” Child recanted her statement and said she’d lied because she was angry at the father.

Police discovered the mother had taken the child to visit the father in jail the day prior.

Why do you think the mother acted this way? Why did the child recant?
Police located a collection of pornographic pictures and eventually identified the 10 yo male victim. Eventually they identified the offender, who was arrested. The offender confessed to the allegations and verified that the 10 yo boy was the child in the pictures.

Child repeatedly denied any sexual victimization when interviewed.

Why do you think the child denied the allegations?
Children as young as 3 or 4 years can tell us about their abuse.
Memory

We reconstruct our memories

Parts of memories may be inaccurate

Misinformation can lead to inaccurate, false memories

Memories start very young

Lieb, 1997
Childhood Memories

Young children:
- Remember less
- Lack ability to construct coherent narratives
- May recall different things on different occasions
- Lack detail

Memories for stressful events may be stronger

Lieb, 1997
Suggestibility

Young children most vulnerable

What factors increase the risk?

- Peripheral, irrelevant details of event
- Leading or suggestive questions
- Use of props and cues in very young children
- Bystander status
- Original memory is weak
- Interviewer authoritarian, intimidating
- Repeated questions
- Asking child to imagine an event

Lieb, 1997
Language & Development: 3-5 years

May be able to provide information on:

- Who
- What (where on body touched, etc)
- Where it occurred
- If event happened one time or >1 time

Usually cannot:

- Tell how many times event occurred
- Provide reliable sequence of events
- Tell when something happened

Kellogg, in Jenny, 2011
Language & Development: 6-11 years

May be able to provide information on:

- More details about abuse event
- Idiosyncratic details (smell, taste)
- Relative frequency of events (daily, weekly, etc)
- Age abuse started/stopped
- Physical and behavioral symptoms
- Can correct mistakes introduced by misleading questions

May **not** be able to:

- Provide exact dates of events or correct sequence
- Precise timeframes for symptoms
- Understand abstract concepts

Kellogg, in Jenny, 2011
Language & Development: 12-17 years

May be able to provide information on:
- More idiosyncratic details (smell, taste)
- Better info on times, duration of events

May **not** be able to:
- Understand abstract concepts consistently
- Understand adverse consequences of abuse (ex. STI)
- May sensationalize
- May feel embarrassed, reluctant to talk
The Forensic Interview

Not the same as the first responder ‘’interview’’. 
First Responder ‘Interview’

Usually child makes disclosure

Your goals:
- Provide reassurance and support
- Obtain enough information to decide if abuse/exploitation *may* have occurred.
  - Don’t need to be *certain* of abuse.
  - Don’t need to know specific details.
  - Ask as few questions as possible.

Make necessary report
First Responder Needs to Know...

Is there a reasonable suspicion that abuse/exploitation occurred?

Is the child safe right now?

Will the child be safe if he/she goes home today?

Does the child need immediate medical/mental health evaluation?
Forensic Interview

Designed to obtain information relevant for investigation

- Determine *if* abuse occurred
- Who, what, where of events
- Is a structured interview
- Developmentally-appropriate
- Legally defensible

Part of a multidisciplinary process
Ideal conditions

Trained interviewer
Child-friendly environment
Minimal number of interviews
Privacy
Multidisciplinary participation
Typical Structure of Interview

I. Introductory phase
   Ground rules, expectations

II. Rapport-building phase

III. Substantive phase (questions about possible abuse)

IV. Conclusion of interview
Goals

- Minimize suggestibility
- Maximize free recall

Obtain comprehensive, accurate statement
Types of Questions

- Open-ended
- Leading
- Specific/Direct
- Suggestive
- Multiple Choice
- Yes/No
Open-Ended Questions

Invites free narrative
Most reliable form of questioning

Samples:

“Can you tell me about that?”

“Tell me some more about…”

“What happened next?”
Specific/Direct Questions

• Provide more direction than asking for free narrative
• Easier for younger children

“You said you heard something. Do you remember what it was?”

“What did it feel like?”

“You mentioned you were sleeping. Where were you?”
Open-ended questions

↓

Specific/Direct
The “Yes/No” Questions

Invites single word answer, not narrative

May try to please by saying, “Yes”

May be biased to one answer (always says, “No”)

Child may guess when doesn’t know
Leading and Suggestive Questions

May lead to misinformation
Child’s desire to please
Try to avoid these, even when talking to adults

“When did Mr. ___ touch you?”

“I’ll bet that hurt, didn’t it?”

“What did he say he’d do to you if you told?”
Child complains of genital pain. Mother says, “Who touched you?”

“Tell me all about …..”

“Did it hurt?”

“Didn’t you tell him to stop?”

“What did he say after he was done?”

“So, then what happened?”

“How many times did it happen?”

“Were you in the bedroom, the living room or somewhere else?”
Interview Techniques

Age-appropriate language
Simple questions (1 idea per question)
Short sentences with easy words
Don’t correct or interrupt
Clarify terms
No jargon or legal terms
Story may be incomplete
Trauma-Informed Approach

Sexual abuse/exploitation causes traumatic stress

Trauma can lead to variety of behaviors, reactions

Talking can trigger memories, stress

Need to take steps to
  ◦ Ensure child feels safe
  ◦ Minimize re-trauma
Common Interview Errors

Failure to build adequate rapport with child
Failing to assess developmental abilities
Assuming child interprets sexual experiences in same way as adult
Focusing only on behavior of alleged offender
Repeating questions when don’t get expected answer
Reinforcing child for giving expected answers

Mart, 2010
What Happens After the Interview?

Child needs support from others
Offer medical exam
Assess for traumatic stress, may need therapy
Need to ensure child is safe
Ensure any other at-risk children are safe
Need to gather evidence
  ◦ Corroborate details of interview
  ◦ Interview alleged offender
  ◦ Interview other potential victims, witnesses

Build case for prosecution if feasible
Conclusions

In cases of suspected sexual abuse:

◦ Child’s statement is critical
◦ Even young children can provide information
◦ Care needs to be taken when asking questions
◦ Need victim-centered approach
THANK YOU.

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