Extended Forensic Evaluation When Sexual Abuse Is Suspected: A Multisite Field Study

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A subset of children referred due to suspected sexual abuse require more than one interview for professionals to reach an opinion about the veracity of allegations. The National Children's Advocacy Center's forensic evaluation model was designed for that specific group of children. The multisite study of the model reported here followed a 2-year pilot study. Professionals in 12 states adopted the model and collected data for 2 years on a total of 147 participants. In 44.5% of the cases, a credible disclosure was obtained, with 73% of these cases supported in the legal system. The forensic evaluation procedure yielded clear information to be used in child protection and prosecutory decisions in 64% of the cases (combining cases with credible disclosures and abuse unlikely findings). Finally, the study examined the effects of the length of the evaluation and of the case and child characteristics on evaluation outcomes.

Reluctance to disclose sexual abuse is so powerful that many victims maintain silence until adulthood (Finkelhor, 1979; Herman, 1981; Russell, 1986). Children's direct comments have revealed that the decision to disclose was extremely difficult to make (Berliner & Conte, 1995), and researchers have documented children's reluctance quantitatively (Lawson & Chaffin, 1992). Due to this overwhelming reluctance, for many children, sexual abuse disclosure is a process, not an event (DeVoe & Faller, 1999; Sorenson & Snow, 1991). Frontline investigative-interviewing protocols are generally designed to respond best to the subset of abused children in the active phase of the disclosure process. Another subset of abused children

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may be experiencing fear or embarrassment; they may be too young to understand the context of a single interview, or they may be in a tentative disclosure phase. These children may need time and safety with a professional to disclose facts for use in protection, prosecution, and treatment-planning decisions (Berliner & Conte, 1993; Bourg et al., 1999; Carnes, Wilson, & Nelson-Gardell, 1999; Elliott & Briere, 1994; Gonzalez, Waterman, Kelly, McCord, & Oliveri, 1993; Keary & Fitzpatrick, 1994; Steinmetz, 1997). This study was designed to test the efficacy of an extended forensic evaluation model that was designed as a fact-finding procedure for children who, if they were abused, are reluctant to disclose or who are too young or frightened to give clear details in a single interview of whether abuse actually occurred. In addition to testing the general efficacy of the forensic evaluation model, the study was designed to examine how the pace of the evaluation and case characteristics might affect evaluation outcomes.

BACKGROUND

Controversy has arisen over the appropriateness of clinical professionals' participating in child abuse investigations. Issues have been raised that forensic practice may run counter to traditional clinical training (Conte, 1992; Melton, 1994) and that an assessment approach must be developed that will withstand the sometimes competing demands of clinical efficacy and legal scrutiny (Gries, Goh, & Cavanaugh, 1996; Keary & Fitzpatrick, 1994; Kellogg, Chapa, Metcalf, Trotta, & Rodriquez, 1993). This study sought to examine these challenges in the real world context of child abuse investigations. The forensic evaluation model examined here was designed to be conducted by licensed mental health clinicians, who have had specialized training on accumulated research knowledge of the following: forensically appropriate interviewing techniques (e.g., Faller, 1996; Myers, 1992, Myers, Goodman, & Saywitz, 1996; Poole & Lamb, 1998; Walker, 1999); developmental factors including language, memory, suggestibility, and sexual behaviors of children (Campis, Hebden-Curtis, & Demaso, 1993; Deaton & Hertica, 1993; Fivush, 1993; Hewitt, 1998; Hewitt & Friedrich, 1995; Lyon, 1996; Saywitz & Camparo, 1998; Sivan, 1991; Steward, Bussey, Goodman, & Saywitz, 1993; Walker & Warren, 1995); and factors pertaining to credibility assessment of children's statements (Bekerian & Dennett, 1995; Conte, Sorenson, Fogarty, & Dalla Rosa, 1991; Faller, 1988; Lamb et al., 1997; Lyon, 1995; Pence & Wilson, 1994; Raskin & Yuille, 1988; Wood, Orsak, Murphy, & Cross, 1996).

Some consensus on how to interview children has been achieved through research and practice over the past 10 years. Most child interview protocols (e.g., American Professional Society on the Abuse of Children, 1997; Bourg et al., 1999; Hewitt, 1998; Poole & Lamb, 1998; Sorenson, Bottoms, & Perona, 1997; Steinmetz, 1997; Yuille, Hunter, Joffe, & Zaparniuk, 1993) are designed to include phases. Many protocols include an information-gathering interview with the alleged nonoffending caregiver performed by a representative of a multidisciplinary team, followed by a session with the child that includes rapport building, developmental assessment, various techniques for focusing the child on the topic of concern, specific questioning and clarification regarding the allegations or suspicious factors, and closure. These phases consistently appear in the protocols, although recommendations vary regarding the emphasis and timing of the phases.

The extended forensic evaluation model examined in this study spreads the phases of a forensic interview with the child over time. The first session in the model is devoted to gathering relevant information from nonoffending caregivers without the child present. The model incorporates social, behavioral, and clinical assessment of the child to determine any treatment needs. It has been designed as a forensically sound fact-finding procedure that assists the investigation and as a clinically sound assessment procedure that serves as a foundation for planning any needed treatment.

A challenge for conducting research on this model involved the method of determining outcomes. Because sexual abuse is a crime that typically occurs in secret, ground truth is known only by those involved in the incident. Therefore, determining the outcomes of a fact-finding model involves using multiple measures and careful analysis to decrease the likelihood of false positives or negatives. Based on the credibility assessment literature noted above, a desk guide was created (Carnes et al., 1999; Steinmetz, 1997), reflecting the salient factors identified by researchers. Evaluators used this guide to assess the findings of the evaluation and to determine outcome categorization. Further scrutiny was applied to cases classified as abuse likely. These cases were assessed for factors external to the evaluation process that have been identified as corroborative factors in the literature, including perpetrator confessions and/or other legal findings, medical evidence, and age-inappropriate sexual behavior (Cavanaugh Johnson & Friend, 1995; Faller & Corwin, 1995; Friedrich, 1990, 1993; Palusci et al., 1999; Sorenson & Snow, 1991).

PURPOSE AND RATIONALE

This study had several goals. First, it sought to assess the model's efficacy as a fact-finding procedure and to examine its usefulness in the legal system in multiple jurisdictions (in a 2-year pilot project in Huntsville, Alabama [Carnes, Wilson, & Nelson-Gardell, 1999], disclosures obtained through the evaluation model were supported in court proceedings in 71% of the cases). Second, recognizing that some abused children may require more than one opportunity to disclose, the project was designed to examine that process and to explore that possibility. Finally, the study explored the effects of case variables on outcomes, including child factors such as age, race, and gender and case factors such as custody disputes, abuse history of the nonoffending caregiver, and domestic violence.

METHOD

Participants

Participants were children who came to the attention of participating agencies due to suspicions of sexual abuse and who did not make clear statements to refute or confirm those suspicions during a single investigative interview. Children who came to the attention of participating agencies were eligible for participation when the child did not disclose abuse to investigators but exhibited behaviors or other indicators strongly suggestive of victimization (e.g., developmentally inappropriate sexualized behaviors or diagnostic medical evidence), when the child did not disclose abuse to investigators but had allegedly disclosed to some other person, or when the child made a statement in an initial interview that was unclear or suggestive of abuse but lacked the clarity necessary to rule out alternative hypotheses or to make prosecutorial and/or child protective decisions. For example, if a child said Uncle Harry touched my tee-tee and gave no clarifying details, the case could have been referred for forensic evaluation.

The cases were reviewed following the initial forensic interview by multidisciplinary teams of professionals representing child protection, law enforcement, prosecution, mental health, and medicine. The professionals at those team review meetings evaluated the cases and formed a consensus regarding whether further information was needed from the alleged child victims to proceed with prosecutory or child protective decisions. Although their qualifications and training probably varied, they were the professionals legally responsible for the decisions and the ones who were required to judge whether they required more information to act. The variety of disciplines with various forms of expertise that were represented at those review meetings increased the breadth of perspectives that were considered. Informed consent was obtained from parents or guardians and informed assent from children ages 10 to 17. Approximately 10% to 15% of cases initially interviewed for sexual abuse suspicions were referred for a forensic evaluation. This percentage was obtained post hoc with available information on approximately half the cases in the study.

Evaluators who participated in the study were all mental health professionals. The researchers provided a 2-day training to these individuals on the forensic evaluation model and on the data collection process for the project. At the training, each step of the model was discussed in detail, and specific tools and techniques were provided to help standardize the procedures to be used. A 225-page manual on the extended forensic evaluation model was provided to evaluators. This manual also described the procedures in detail and contained worksheets and guidelines for each stage of the model. The free provision of the training to evaluators served as an incentive for participation in the project. The training was made available on several different occasions to those evaluators who expressed an interest in participating in the project. Most evaluators were employed by children's advocacy centers, and some were drawn from other types of agencies. Participating agencies are listed in the acknowledgements for this article.

The training process continued beyond the formal 2-day training session. The authors fielded phone calls throughout the 2-year process to provide technical assistance to the evaluators. Written updates were provided to all participants as issues emerged about various details of the model, so that all could have the benefit of the same technical assistance. Two update meetings were held for participants during the data collection phase. These meetings provided further training on the model and data collection procedures.

Design

The investigators used an experimental comparison group design applying random assignment to treatment conditions. When an eligible participant came to the various agencies for forensic evaluation, random assignment to either a four- or eight-session format of the model was made. The four-session model involved an interview with a nonoffending caregiver and then three sessions with the child. The eight-session model involved an interview with a nonoffending caregiver and seven sessions with the child (see appendix). These sessions explored specific areas of inquiry (i.e., developmental assessment, social and behavioral assessment, or abuse-focused

questions). If the child provided adequate information to inform the investigative team about the veracity of the report before the conclusion of the assigned number of sessions, the evaluator had the option to terminate the evaluation at that point. An abbreviated, narrative description of the model is in the appendix.

Random assignment was made through the use of a die. If the die came up odd (one, three, or five), then the child was assigned to a four-session model; if the die came up even (two, four, or six), then the child was assigned to an eight-session model. Cases were also randomly assigned through the use of a die among trained evaluators if two evaluators were available at a site. If more than two evaluators were available, then each interviewer was assigned a number. The assigned number for each interviewer was written on identical cards, and a card was blindly selected after thorough shuffling by a disinterested party.

Data Collection Procedures

Evaluators completed a data collection instrument for each child they evaluated, which provided demographic information about the child and the child's living circumstances and information about the sexual abuse allegations and about the techniques used during the evaluation, along with the product of the use of the technique. The outcome of the evaluation was documented as the dependent variable for the study. Also included on the questionnaire was the Forensic Evaluation Critical Analysis Guide that was used to assist the evaluator in assigning an outcome.

RESULTS

Data were analyzed using formalized statistical procedures as well as a process analysis. Univariate statistical analysis included descriptive statistics, measures of correlation suitable for use with nominal and ordinal level data, and cross-tabulations with accompanying use of the chi-square statistic, when appropriate. Statistical Package for the Social Sciences was used for analysis. The process analysis was a qualitative review of the data on a case-by-case basis concerning certain themes.

Descriptive Analysis Results

The original sample consisted of 147 children from the age of 2 through 17 (M = 6.26). Females made up 68.7% of the sample; 104 (70.7%) were Caucasian, 26 (17.7%) were African American, and 17 (11.5%) were other or unknown ethnicity. Twenty-two professionals at 18 agencies contributed data. Two agencies were located in the western United States, two in the Midwest, three in the Northeast, and the rest in the Southeast.

Outcome categorization and interrater procedure. The dependent variable or outcome of the evaluation process was measured at the nominal level and was a result of a decision-making process regarding the veracity of the allegations that precipitated the evaluation. A desk guide designed to critically assess the credibility of children's statements was used to help evaluators categorize the evaluation outcomes. The guide included categories such as details disclosed, developmental appropriateness, affective observations, behavioral checklist results, corroborative information, and assessment of possible alternative explanations and motivational factors (Carnes et al., 1999). At the end of the guide was a list of outcomes from which the evaluator chose after consideration of all the factors embedded in the guide. The guide is not an empirically normed scale, but all of its elements were drawn from the literature on credibility assessment. It does not have known psychometric properties; however, it served to assure that the evaluators were using similar empirically based criteria to categorize outcomes. A summary of the possible outcomes for this study is located in Table 1.

From the original sample of 147 cases, 10 were eliminated prior to statistical analysis through an interrater review process. Two of the authors independently reviewed every case to determine whether the evaluator had provided adequate documentation (via the desk guide) to support the conclusion. Approximately 20 cases were identified for further review. Then all four authors examined those cases more closely and made independent decisions regarding the adequacy of the documentation to support the conclusion. Then the raters discussed their opinions and made a decision on each case. Thus, 10 cases were eliminated prior to statistical analysis due to inadequate documentation to support the conclusion.

Adherence to the model. To monitor adherence to the model, each data collection packet had individual pages for each session completed, on which the evaluator checked off the techniques that were used for each session. Evaluators were provided with a glossary that provided detailed descriptions of the various techniques to be reported. The pattern of technique usage that emerged clearly appears to support the notion that evaluators attempted to adhere to the model under study.

First, it was noted that evaluators consistently conducted the first session with the nonoffending caregiver, therefore, none of the child-focused techniques

TABLE 1: Outcome Category Descriptions

Abuse Likely	*Abuse Unlikely*	*Unclear*
The child disclosed sexual abuse. This disclosure can be validated based on criteria in the desk guide.	The child disclosed sexual abuse. The child appears to have been coached, pressured, or shaped to make a disclosure that cannot be validated by the criteria in the desk guide.	The child did not disclose sexual abuse. Behavioral or other indicators exist that are congruent with those present in abused children, and no alternative explanations have been found for these indicators.
	The child disclosed sexual abuse. It appears the disclosure may be based on personal motives of revenge, secondary gain, or attempts to help someone else. The disclosure cannot be validated by the criteria in the desk guide.	The child made a problematic sexual abuse disclosure. Due to developmental limitations or mental or emotional disturbance in the child, the disclosure cannot be validated by the desk guide criteria.
	The child did not disclose sexual abuse. After analysis of all factors, there is low or no remaining suspicion that abuse may have occurred.	The child made a problematic sexual abuse disclosure. The fundamental allegation may be valid, but it appears that efforts to coach or shape the child led to additional allegations that cannot be validated based on the desk guide criteria.

were used during Session 1. For the eight-session condition, general assessment activities were most heavily used during the first two sessions with the child and tapered off as the sessions became more focused on the topic of concern. Touching or body parts inventory techniques peaked at Sessions 4 and 5 and then tapered off, as expected. Focused questions were used most frequently during Sessions 5, 6, and 7 as recommended in the model. Use of detail clarification techniques (drawings, cognitive interviews, and narrative elaboration) increased later in the evaluations, as evaluators sought increased elaboration of details disclosed. Prevention and body safety discussions were reserved primarily for the final sessions as suggested in the model. Similar patterns were observed in the four-session condition.

Conceptualizations of the dependent variables. Two conceptualizations of the dependent variable or outcome of the evaluation were identified and recoded as variables for the analysis. The first conceptualization was coded as abuse likely, unclear, or abuse unlikely. This operationalized the actual decision that the evaluator made. The second conceptualization was coded as either successful or not successful. Successful evaluations were defined as those in which information was obtained that contributed to decision making on the part of child protective services agencies and criminal and family courts. The successful category included decisions that were coded abuse likely or abuse unlikely. The not successful category consisted of unclear cases in which the evaluation did not produce factual information that could be used confidently to help inform legal and protective decisions.

Abuse likely cases. As discussed above, 10 of the 147 original cases were eliminated due to inadequate documentation. In 61 (44.5%) of the 137 valid cases in the sample, evaluators were able to gain credible disclosures from children that could help investigators continue the investigation and could serve as direct evidence for triers of fact. For these cases, the evaluator believed the child's statements to be credible, based on the factors in the critical analysis guide.

Abuse unlikely cases. There was a wide variety of cases in the abuse unlikely category ($n = 26$, 19%). Of these, 5 children appeared to have been exposed to an overly sexualized environment but did not appear to have been overtly abused. Although no criminal act was identified, these children and families were clearly in need of services. In 4 cases (3% of the sample), it appeared evident an adult had initially coached a child to make a false statement of abuse. A variety of other circumstances existed in this category, including experimentation with age mates, impulsivity and boundary issues, and initial misinterpretation of innocuous activities. Some of the cases were in need of continued intervention, although there was insufficient evidence to conclude that abuse had occurred.

Outcome unclear. This group of cases ($n = 50$, 36%) remained unresolved. In 13 cases, it appeared difficult for evaluators to confidently confirm or rule out suspicions of sexual abuse due to multiple forms of family dysfunction and abuse. Another 10 unclear cases were those in which diagnostic medical evidence existed but there was no statement from the child (6 of these 10 cases were reported to authorities by medical personnel). These cases were particularly concerning due to the risk represented by the physical condition. Sexualized behaviors were the primary concern in 7 of these unclear cases, but the children made no verbal disclosure. Developmental limitations inhibited resolving 6 of the cases involving children who ranged from 3 to 4.5 years of age. Of these children, 4 made statements that suggested sexual abuse, however, due to limited language and cognitive development, the evaluators were unable to form an opinion about their credibility.

Evaluation success. The evaluation was considered a success if the evaluator was able to provide clear information to investigators regarding the likelihood or unlikelihood of abuse. The evaluation failed to achieve success if the outcome was unclear. In 87 cases (64%), the forensic evaluation achieved the goal of gathering additional facts to aid the investigative process.

Inferential Analysis Results

Pace of the evaluation. First, a binomial test was used to support the contention that random assignment to treatment conditions (four or eight sessions) had been implemented at the remote data collection sites. The four-session condition included 62 evaluation reports, and the eight-session condition included 82. The total sample was 147. Out of the 147, 3 were not included in the binomial test (although for most other analyses, 137 cases were used due to missing data). These 3 cases were not included in this analysis because the evaluator did an unusual number of sessions (e.g., 6 or 11), and it was not clear which condition had initially been implemented. The binomial was conducted based on a 50% split between the two conditions, as one would expect with random assignment. The test was not statistically significant ($p = .113$), supporting the notion that random assignment had been used by the data collection sites.

The next comparison, pace of session in relationship to the dependent variable conceptualizations, was done using cross-tabulations and chi-square. With regard to the outcome of success or nonsuccess, the chi-square test was not significant.

Case characteristics. Age, gender, and race were all tested against both outcome variables without any statistically significant associations being observed.

Abuse-related case characteristics. Five variables were tested with chi-square, only one of which showed any statistical significance. The five variables were offender relationship, contact with offender during the evaluation process, custody issues current during evaluation, prior disclosure of the abuse to someone before the evaluation, and exposure to domestic violence. Only offender relationship showed statistical significance; it did so with both conceptualizations of the outcome variable. Significance regarding the abuse likelihood variable was $p < .01$ ($\chi^2 = 16.798$). Significance regarding the success or nonsuccess variable was $p < .01$ ($\chi^2 = 11.556$). The cross-tabulation showed fewer than expected biological fathers and more than expected stepfathers, boyfriends, or other male relatives in the abuse likely category as well as the success category.

Process Analysis Results

Corroborative factors external to the evaluation. Follow-up information was obtained for 49 of the 61 cases in the abuse likely category. For the remaining 12 cases in the abuse likely category, follow-up data were unavailable. These data were collected from evaluators at the end of the study period and represented a snapshot of the case status at that point in time. For the 49 cases with follow-up data, 43 (88%) had at least one corroborative factor. At the end of the study period, law enforcement had obtained confessions in 26% of the cases, criminal convictions had been obtained in 10% of the cases, family or civil courts had ruled for protection in 35% of the cases, indictments had been obtained with trials pending in 20% of the cases, and medical evidence (classified by the medical professional as diagnostic of sexual assault) was present in 12% of the cases. A total of 73% of the abuse likely cases with follow-up data were supported in the legal arena. This finding replicates results of the pilot study, in which 71% of the evaluations contributed to successful legal findings.

Outcome by session. Examining the disclosures by session, in the eight-session condition, 51% of the new disclosures had been obtained by the fourth session, 77% by the fifth session, and 95% by the sixth session. No new disclosures occurred in the seventh session, and only two new disclosures occurred in the eighth session. Table 2 illustrates the cumulative percentages of new disclosures for the four- and eight-session conditions.

TABLE 2: Cumulative Percentages of New Disclosures for the Four- and Eight-Session Conditions

	Cumulative New Disclosures (%)	
Session	*Four-Session Condition*	*Eight-Session Condition*
1	NA	NA
2	20	2
3	30	21
4	100	51
5		77
6		95
7		95
8		100

NOTE: NA = not applicable because the child was not seen.

LIMITATIONS

Research in the field of child maltreatment presents many challenges. This study was no exception. Although the evaluation procedures were discussed in training, described in a manual, and clarified through various in-person and written follow-up procedures, there is still a lack of strong independent information confirming that the interviewers followed the procedures. Although the reported spread of the various evaluation techniques across the evaluation time span suggests they followed the procedures, no independent corroboration exists, leaving the question open about whether the recommended extended forensic evaluation process was followed. Future research needs to address this issue in its design.

As was pointed out earlier in this article, it is impossible to know ground truth. This is another major limitation of the study. Although legal corroboration exists for a majority of the abuse likely cases, we cannot know for sure how often the interviewers' judgment coincided with the truth of the situation.

Another limitation unique to this study has to do with the method of data collection. Almost all of the data collected for the study were filtered through the perceptions of the evaluators. This limits the reliability of many of the variable measurements.

A limitation encountered often in the social sciences concerns the level of measurement. It is often necessary to measure variables at a nominal level. The dependent variable of this study is an example of this difficulty. This limited level of measurement presents serious challenges with regard to data analysis and interpretation. The limitation is magnified by the size of the sample. Despite concerted efforts to maximize the sample size, it is still inadequate for any of the more sophisticated multivariate analysis techniques.

DISCUSSION

The study appears to support the efficacy of this model of gathering factual information from children who are unable or unwilling to provide investigative interviewers with sufficient information to form critical child protection or criminal justice decisions in a single interview. The model yielded useful information to rule out abuse or conclude that abuse had probably occurred in 64% of the cases referred to the study. The study also supported the notion that some abused children may require multiple opportunities to disclose sexual abuse experiences. All children judged to be in the abuse likely category required more than one interview opportunity to adequately describe the abuse, and some required as many as eight opportunities (counting the original investigative interview). Clearly, a single-interview model would leave some children at risk that were not prepared or able to describe the abuse in the first interview. In this study, 44.5% of the children were assessed in the abuse likely classification, and that classification was corroborated in 88% of the cases for which such information was available. None of these children would have been protected nor the person who abused them held accountable with a single-interview model. This supports the existing research describing the reluctance of abused children to disclose (Lawson & Chaffin, 1992).

The extended evaluation model appears to require more than four sessions (three with the child) to achieve the rapport and safety features for some children to disclose information to a professional. Examination of disclosures by session suggests that eight sessions (seven with the child) may be more than enough. In the eight-session model, although children continued to provide enhanced and repeated disclosures of information on the seventh and eighth sessions, only two new disclosures were made during those sessions. An optimal evaluation length would increase the likelihood of getting maximum potential information while minimizing the number of sessions necessary. An evaluation length of six sessions (five with the child) emerges as potentially the best pace. This practice would allow most reluctant children the time and safety needed to disclose abuse if it has occurred and would control suggestibility risks, stress on the family, and cost of the intervention. See the appendix for a comparison of the four- and eight-session models and a proposed six-session model.

The majority of case variables examined (e.g., domestic violence, custody issues, and child factors such as age, race, and gender) produced no significant effects on evaluation outcomes. It is likely that a

mix of variables exists for each case, affecting outcomes in a complex fashion that this study could not detect. Some of the nonsignificant effects are interesting in their own right. The child's age, race, and gender had no significant effects on evaluation outcomes, suggesting general applicability of the model. Evaluation results were not significantly affected by the presence of domestic violence that existed in 43% of the cases. The presence of a custody dispute did not affect evaluation results, perhaps indicating the usefulness of an evaluation extended over time for fact finding when there is hostility between parties.

A high percentage (46.7%) of the sample was age 5 and younger. Special care was taken to train evaluators to be cautious of the known suggestibility factors of preschoolers, and evaluators returned data that indicated they delayed focused questions until later sessions. However, without electronic records and multiple raters to evaluate those records, it is difficult to demonstrate that measures for decreasing the suggestibility risks for preschoolers were practiced by the evaluators. Future studies of this model should investigate more closely its effectiveness in gaining disclosures from preschoolers in a nonleading fashion. The model appears to have value in evaluating preschoolers for several reasons: Very young children may be too frightened to disclose true abuse to a stranger, and an extended evaluation provides time and safety so that trust can be developed; their language may be better understood after several interactions than at a one-time 30-minute interview; and an extended model gives professionals time to observe dynamics that may emerge with the family that could temper findings and recommendations.

CONCLUSION

In the context of this study, it is important that the results of the evaluation are not only accurate and useful to investigators but also that they are acquired in ways acceptable to the courts. The model sought to take the requirements of the courts and the cautions of the research into account. Although the number of cases actually tested in the courts is too small to draw generalizable conclusions, we discovered no cases in which a family or criminal court excluded information obtained in the evaluation.

The model is not a magic bullet, and evaluators were unable to provide clear information on the credibility of the allegations in 36% of the cases. Still, in the end, the model appeared to meet the test of providing investigators and triers of fact with useful information, in the majority of cases, in a way that is built on the research about investigative interviewing and child development and is respectful of the requirements of civil and criminal courts.

APPENDIX
National Children's Advocacy Center Forensic Evaluation Model (Abbreviated)

This is a brief summary of the model. For a more detailed description, contact the National Children's Advocacy Center (NCAC).

The multidisciplinary investigative team refers a child to the NCAC intervention program for forensic evaluation when the child does not disclose abuse to investigators but exhibits behaviors or other indicators strongly suggestive of victimization, when the extent or nature of abuse is not disclosed by the child during the initial investigative interview by law enforcement or by the Department of Human Resources, or when the information gathered in the initial investigative interview needs further clarification.

The purposes of the forensic evaluation are the following: to determine the likelihood that the child has been abused and to identify suspected perpetrators; to gather forensically sound facts necessary for child protection and law enforcement officials to understand what, if anything, has happened; to allow the child to disclose over time in a nonthreatening environment and to assess the extent and nature of the alleged abuse; to gather information regarding the child's social and behavioral functioning to make treatment recommendations; and to establish a foundation for effective treatment if needed.

Collection of Background Information

Prior to beginning the evaluation, case information is collected from law enforcement, child protective services investigators, and any medical professionals involved in the case. The evaluator then interviews the alleged nonoffending caregiver, gathering information pertaining to the following: family history and dynamics, current family composition, names and relationships of any other significant individuals in the child's life, child's social and developmental history, care routines, access to sexual information, family names for body parts, and the nonoffending caregiver's understanding of the current allegations or concerns. The nonoffending caregiver completes two behavioral checklists at this initial session: the Child Behavioral Checklist (Achenbach, 1988) and the Child Sexual Behavior Inventory (Friedrich, 1997). The evaluator gains appropriate permission and obtains the same checklist information from any other significant caregivers and teachers involved with the child.

Child Sessions

Based on the results of the multisite project, the recommended number of sessions with the child is five. The child sessions are designed to be approximately 50 minutes long and approximately a week apart. The evaluator is flexible with these parameters and aware of the needs of the child

and the case and schedules the sessions accordingly. The demeanor of the evaluator is casual, friendly, and kind, liberally using reflective listening. Research indicates such an approach enhances memory, decreases suggestibility, and is most helpful to children and families (Berliner & Conte, 1995; Bourg et al., 1999; Goodman & Clarke-Stewart, 1993; Poole & Lamb, 1998).

The sessions are described in a specific order here and begin with more general activities moving into more abuse-specific techniques over time. The model is not a cookbook for doing an evaluation exactly the same way every time. Experienced evaluators use it as a set of empirically based techniques built into an empirically based structure and take a flexible approach within the basic structure adjusting according to the child and case circumstances. Specific forensic interviewing techniques are built into later sessions of the model, however, sometimes children make spontaneous disclosures in earlier sessions, and when this happens, the evaluator moves into the detail clarification mode to gain more information about the disclosed events.

Rapport Building

The first stage of the evaluation is rapport building. The goals are to establish the context of the evaluation and the role of the evaluator, to establish a precedent for narrative responses, to begin assessing the child's developmental status, and to establish a comfortable relationship with the child.

Developmental Assessment

The two primary goals of developmental assessment are to determine the child's capacity for giving specific, credible accounts of events and to begin to learn about the domains that challenge our ability to enter the child's world (e.g., the child's affective or expressive capabilities and the ways in which the child perceives connections between events, people, and places). The evaluator assesses the following content areas as appropriate: knowledge of basic life facts (i.e., date of birth, address), speech and language (length of words and sentences, idiosyncrasies of speech, basic understanding of prepositions), social relatedness, ability to use a model to represent self, ability to establish time frames, knowledge of colors and quantities, vocabulary and knowledge of feelings, and understanding of truth and lies. The assessment is woven into child-friendly activities and practice interviews about neutral events. Specific techniques for tailoring the evaluation were drawn from the developmental assessment literature.

Social and Behavioral Assessment

Social and behavioral assessment is accomplished through review of behavioral checklists and developmentally appropriate in-session activities with the child. The Child Behavior Checklist (Achenbach, 1988) and the Trauma Symptom Checklist for Children (Briere, 1996) provide information on the child's behavioral functioning. The empirical literature generally does not support the notion that children display consistent psychological responses to sexual abuse (Berliner & Conte, 1993); in fact some researchers have demonstrated the presence of significant individual differences in abused children (Black, Dubowitz, & Harrington, 1994). Therefore, these checklists are not used to attempt to discriminate abused from nonabused children. However, they are useful to assess general behavioral functioning of the child and to help formulate treatment recommendations. The Child Sexual Behavior Inventory (Friedrich, 1997) measures children's sexual behaviors. Developmentally inappropriate sexual behavior is the only behavioral indicator that has been empirically shown to discriminate between abused and nonabused children (Friedrich, 1993). The instrument is not used as a sole indicator, but the results are considered along with the larger picture obtained with the full evaluation.

In-session activities include exploration of the child's self-understanding and self-esteem. Perceptions of others in the child's environment are explored. The child may be asked to discuss people he or she likes or dislikes being with and may be asked his or her favorite and/or least favorite thing about various people. The evaluator discusses both alleged nonoffenders and alleged offenders. Daily activities and routines are explored, a particularly useful technique with preschool children, who are better able to describe commonly repeated events than specific events (Poole & Lamb, 1998; Sivan, 1991). Additional developmentally tailored activities are described elsewhere (Carnes, 2000).

Focusing on the Topic of Concern

Moving into more specific questioning, the evaluator remains neutral and maintains a hypothesis-testing approach (Poole & Lamb, 1998), using open-ended neutral prompts whenever possible. The evaluator uses a variety of means to introduce the topic of concern, moving from more general to more specific. The main principle is to introduce the topic of abuse in a general way, without specifically stating the allegations. Some techniques are described here, the usefulness of which depend on the child's developmental stage and cognitive acumen and the case circumstances.

Life Context Questions

The evaluator uses questions that focus the child's attention on possible contexts of abuse, such as care routines, substance abuse, discipline in the home, or critical times or events during which the abuse may have occurred.

Abuse Context Questions

The evaluator may raise the topic by talking generally about privacy, safety, and/or problems in the home (Morgan, 1994). Another possible approach is to discuss secrets, those that are good and not so good (or yucky to a small child).

The "touch survey" technique (Hewitt, 1998; Hewitt & Arrowood, 1994) may be used with young children to assess the types of touch they have experienced and their feelings related to those touches.

Discussion of Types of Touching and Body Parts Inventory

These techniques are useful for focusing a child on the topic of concern, particularly younger children.

Escalating the level of inquiry, the evaluator may ask specific questions about a suspected individual but not mention abuse. Then, questions about abuse, but not about suspected individuals, might be raised.

Finally, if necessary, the evaluator may ask questions pertaining to the allegations or concerns related to abuse, without stating specific details, and then ask the child to elaborate. The evaluator may open this subject by saying, "I understand something may have happened to you. Please tell me everything that happened, from beginning to end."

Gaining More Specific Detail

When children disclose abuse, they may at first provide skeletal descriptions due to anxiety or developmental limitations. They are more likely to make errors of omission than commission; therefore it is helpful for evaluators to offer supports such as memory retrieval cues and props (Steward, Bussey, Goodman, & Saywitz, 1993). Several techniques are useful for gaining more specific details that will increase the credibility of the disclosure and enhance the ability to make the most accurate decisions on protective and prosecution issues.

Cognitive interviewing (Saywitz, Geiselman, & Bornstein, 1992) and narrative elaboration (Saywitz, Snyder, & Lamphear, 1996) techniques may be employed to gain more detailed narratives from children who have made a sparse disclosure.

The child can create freestyle drawings to demonstrate any verbal descriptions of abuse. Evaluators should ask the child to describe in detail what has been drawn. Especially with younger children, the content and meaning of the drawing may not be readily apparent. Adult interpretation of a child's freestyle drawing is not appropriate in this context. Using drawings in combination with verbal disclosure has been shown to increase quantity and credibility of detail, especially for school-age children (Brennan & Fisher, 1998; Butler, Gross, & Hayne, 1995).

Models such as dolls or drawings may be used for disclosure clarification, as demonstration aids, and/or as a means to conducting a body parts inventory. Evaluators may choose to start with dolls or drawings without anatomical detail and, if necessary to aid the child in describing the experience, proceed to detailed models (e.g., Groth, 1984). Anatomically detailed dolls are to be used with caution and only when absolutely needed to assist the child's communication regarding a verbally disclosed event and then strictly following the guidelines for use of the dolls established by the American Professional Society on the Abuse of Children (1995). Evaluators should proceed in accordance with their own jurisdictional issues pertaining to anatomical dolls.

Test Credibility

Several areas affecting the credibility of the child's statement can be examined before concluding the evaluation. Unusual or improbable elements may exist for a variety of reasons, including perpetrator attempts to confuse or frighten the child, traumagenic memory distortion, and various psychological coping mechanisms of the child (Everson, 1997). Some research has shown that statements containing bizarre or improbable elements may be even more likely in more severely abused children (Dahlenberg, 1996). The evaluator should gently challenge the improbable elements and should seek additional detail to clarify the child's statements.

Closure

At the last session, the evaluator does closure work with the child, including final review and clarification of any abuse disclosures made. The evaluator also summarizes the forensic evaluation experience with the child and discusses any plans for a therapy referral. Regardless of whether a disclosure has been made, the evaluator discusses body safety issues with the child. The evaluation is closed with neutral topics and a supportive tone from the evaluator. The child is provided with a means to contact the evaluator in the future.

(continued)

Appendix Continued: Extended Forensic Evaluation: Four-, Six-, and Eight-Session Versions

Session	*Four-Session Variation*	*Six-Session Variation*	*Eight-Session Variation*
1	Nonoffending caregiver interview Collect Achenbach (1988) and Friedrich (1997) information Child is not present	Nonoffending caregiver interview Collect Achenbach (1988) and Friedrich (1997) information Child is not present	Nonoffending caregiver interview Collect Achenbach (1988) and Friedrich (1997) information Child is not present
2	Rapport building Developmental assessment Social and behavioral assessment Introduce rules of the interview	Rapport building Developmental assessment Introduce rules of the interview	Rapport building Developmental assessment Introduce rules of the interview
3	Introduce topic of concern Proceed with all focused-interviewing techniques	Social and behavioral assessment	Social and behavioral assessment
4	Provide additional opportunities for disclosure or fill in information gaps Provide safety and prevention information Close with the child	Begin abuse context exploration Introduce topic of concern Begin least specific interviewing strategies	Begin abuse context exploration
5		Use full range of interviewing strategies, proceeding from less to more specific	Introduce topic of concern Begin least specific interviewing strategies
6		Provide additional opportunities for disclosure or fill in information gaps Provide safety and prevention information Close with the child	Use full range of interviewing strategies, proceeding from less to more specific
7			Provide additional opportunities for disclosure or fill in information gaps
8			Provide safety and prevention information Close with the child

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