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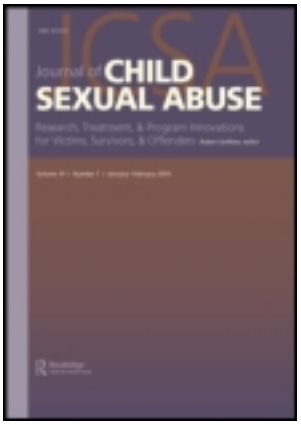

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A Call for Field-Relevant Research about Child Forensic Interviewing for Child Protection

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FUTURE DIRECTIONS

A Call for Field-Relevant Research about Child Forensic Interviewing for Child Protection

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This article reviews some sensitivity versus specificity imbalances in forensic investigations of child sexual abuse. It then proposes the development or further testing of additional approaches for those children who do not respond to the current, single-interview National Institute of Child Health and Human Development (NICHD) protocol. Although there are other interview protocols based on similar principles, the NICHD protocol has the strongest evidence base in both field and laboratory studies to elicit detailed and accurate information from children. Adaptations of the NICHD protocol or additional approaches need to be developed and tested for nondisclosing, partially disclosing, or recanting children, very young children, children with developmental disabilities, and children whose sexual abuse allegations are evaluated in the context of custody or visitation disputes.

KEYWORDS child sexual abuse, child forensic interviewing, nondisclosing children, child custody evaluations

INTRODUCTION: THE CHILDREN WE ARE MISSING

Absent from the chapter on forensic child sexual abuse evaluations by Steve Herman in the Kuehnle and Connell volume that is the focus of this special issue is a sense of urgency about intervening to rescue children who are

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being victimized by ongoing child sexual abuse or rape (Herman, 2009). Specificity is emphasized above sensitivity. It has been well established that physical evidence of child sexual abuse, even in cases of penetration, is rare (Frasier & Makoroff, 2006; Kellogg, Parra, & Menard, 1998). Other forms of hard corroborative evidence are available only in a minority of cases (Herman, 2009). Children's statements are often all we have to determine the facts of a case and, when necessary, to take action to protect children from ongoing sexual abuse. In this special issue, Lyon and colleagues argue for the probative value of children's statements. This paper supplements their work by proposing additional interview approaches. Because even Herman (2009) acknowledges that "hard" corroborative evidence is available in only a minority of cases, it is essential that those in child protection expand and improve child forensic interviewing so that children who have summoned the courage to disclose sexual abuse can be rescued rather than abandoned by the authorities to further sexual assault. This paper focuses primarily on child protection, so some of what is now known about the short- and long-term effects of sexual victimization on children and adult survivors will be briefly reviewed.

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THE IMPACT OF CHILD SEXUAL ABUSE

Sexually abused children and adult survivors experience a range of psychiatric and behavioral problems, from minimal impacts to pervasive and disabling lifelong effects. Children who report more severe abuse (attempted or completed intercourse) are eight times more likely to experience depression than are nonabused children (Fergusson, Horwood, & Lynskey, 1996). Women with histories of childhood sexual abuse (CSA) are three to five times more likely to experience depression than nonabused women (Putnam, 2003). Children who have been sexually abused have higher rates of post-traumatic stress disorder than do those who have experienced other forms of maltreatment or trauma (Berliner, 2011; Dubner & Motta, 1999). In severe early childhood abuse cases of all kinds, brain development is affected so that both brain size and IQ are significantly reduced (Cohen, Perel, DeBellis, Friedman, & Putnam, 2002). Self-destructive behaviors, including drug dependence and alcoholism, are very strongly correlated with a history of CSA (Shin, Edwards, Heeren, & Amodeo, 2009). A history of CSA almost triples the risk for drug dependence in adult women (Kendler, et al., 2000). Sexual abuse alone increases the risk for adolescent drinking behavior almost as much as polyvictimization (Shin et al., 2009). The problematic sexual behaviors specific to CSA result in increased risk for HIV exposure, earlier pregnancies, revictimization, adult sexual offending, and prostitution (Andrews, Corry, Slade, & Issakids, & Swanston, 2004; Jesperson, Lalumiere, & Seto, 2009; Fargo, 2009; Noll, Shenk, & Putnam,

2009; Putnam, 2003; van Roode, Dickson, Herbison, & Paul, 2009; Widom & Ames, 1994).

As documented in a recent publication that reviews findings from a path-breaking 23-year longitudinal, multigenerational study about the impact of sexual abuse on female development, intrafamilial CSA has especially pervasive and severe negative sequelae (Trickett, Noll, & Putnam, 2011). The authors write that the "deleterious sequelae" to these sexual abuse victims occur across a "host of biopsychosocial domains," including earlier onsets of puberty, a wide range of psychiatric diagnoses, cognitive deficits, sexual revictimization, teen motherhood, and abuse and neglect of their own children (p. 453).

When CSA is not experienced by a young child as violent or painful, it still leaves a residue as the developing child learns that what came disguised as affectionate attention from a loving caregiver was instead sexual exploitation. The consequences can leave CSA survivors bewildered, avoidant, and profoundly distrustful about adult love and sexuality (Finkelhor & Browne, 1985). Childhood sexual victimization is also linked to intensely disabling feelings of shame that negatively affect the interpersonal relationships of victims well into adulthood (Feiring & Taska, 2005; Kim, Talbott, and Cicchetti. 2009).

The costs of child abuse are borne not only by victims and their families but also by society. A conservative estimate of direct and indirect costs of all forms of child abuse per year comes to $103.8 billion in 2007 dollars (Wang & Holton, 2007).

There are now evidence-based treatments for children and their caregivers to address the symptoms and behaviors associated with a history of child sexual abuse victimization and other childhood adversities (Cohen, Mannarino, & Deblinger, 2006; Deblinger & Heflin, 1996; Foa, Chrestman, & Gilboa-Schechtman, 2009), but children cannot be treated if the abuse is not discovered. In addition, some children rescued from CSA do well even without treatment if they have protective factors in their lives such as supportive nonoffending parents (Collishaw et al., 2007; DuMont, Widom, & Czaja, 2007; Jaffee, Caspi, Moffitt, Polo-Thomas, & Taylor, 2007).

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FALSE POSITIVES OR FALSE NEGATIVES

In his chapter, Herman focuses on the danger of false positives, drawing on three papers from the 1990s that he states show that "hard corroborative evidence" is "quite common" in child sexual abuse cases (Herman, 2009, p. 258). Of the 677 cases examined in these three papers, Herman states that corroboration was available in 218, or just under one-third of cases (DiPietro, Runyan, & Frederickson, 1997; Dubowitz, Black, &

Harrington, 1992; Elliott & Briere, 1994). At 35% in the DiPietro and colleagues study and 37% in the Dubowitz and colleagues study, the "hard" corroborating evidence for CSA was limited to medical evidence. DiPietro and colleagues characterized their physical findings of 35% not as "hard" or "diagnostic" but as "suggestive of sexual abuse" (p. 138). The Dubowitz and colleagues medical findings were established before the extensive research of the 1990s altered much of the previous science about physical findings of CSA (Frasier & Makoroff, 2006). Current research shows that diagnostic medical evidence occurs in fewer than 10% of CSA cases (Frasier & Makoroff, 2006). In the third paper Herman cites, Elliott and Briere (1994) cited a lower corroborating evidence figure of 29.6%, which included not only medical evidence (16% of cases) but also offender confession, witnesses, and other evidence such as pornography. Herman fails to mention that in the Elliott and Briere sample, one-third of the children for whom external evidence of CSA existed either denied or recanted that they had been sexually abused, which, as Elliott and Briere pointed out, raises a troubling issue of "potential false negatives" (p. 275) during investigations.

Herman focuses, however, on false positives. He writes, "False positive error rates in forensic interviews are too high for these interviews to be used as the basis for making validity judgments about children's reports of CSA" (p. 261), and "*No legal decisions in child protection, civil, or criminal contexts should be based solely on an evaluators' judgment that an uncorroborated allegation of CSA is likely to be true"* (p. 261, italics in original). Because Lyon and colleagues critique Herman's arguments about false positives in another paper in this special issue, only the ethical issues Herman raises are covered here (refer to Everson, Sandoval, Berson, Crowson & Robinson, this issue, for a further rebuttal of Herman's criticisms of current forensic practice).

Eliminating child interviews as probative evidence would certainly solve the problem of false positives against adults wrongly accused of CSA, but it would do nothing to solve what may be the even greater problem of false negatives (Lyon, 1995, 2007). Adults will be safe. Children will not. If the child interview is only "soft" evidence on which no legal decisions can be based without hard corroboration, then many children who are being sexually abused and who try to disclose will not be protected from further abuse, their abusers will not be stopped, and other children may well be put at risk.

In a section on ethical implications, Herman appears to argue that evaluators are in greater danger of inflicting harm by substantiating false allegations than in failing to substantiate a true case, because, as he writes, "Ethically, if the available evidence is insufficient to substantiate a true abuse allegation, this is not the fault of the evaluator or investigators, assuming they made diligent, but unsuccessful, attempts to corroborate the allegation"

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(p. 257). Herman argues that, by contrast, the evaluator is not the one who is harming the child by not substantiating because, "When a sexually abused child comes to the attention of the authorities, the major harm to that child has already been done, and this harm was caused by the perpetrator of the abuse" (p. 257). He does go on to argue, "Substantiating a true abuse allegation *may* [italics in original] protect the abused child from future abuse, prevent the perpetrator from abusing other children, and satisfy society's need to punish child molesters, however, it may do little to mitigate any harm that has already been caused to the child" (p. 257). One can debate the ethical issues about whether an evaluator inflicts harm when he or she fails to protect a child who has provided evidence of ongoing child sexual abuse when that evidence is limited to a full, detailed disclosure by that child given to an investigator in a well-done forensic interview. Even if Herman's estimates on corroborative evidence are accurate at one-third of all cases or 52% of those regarded as true (and, as argued, most current researchers find much lower rates of hard corroborative evidence), Herman's recommendations would leave half or two-thirds of children unprotected after they have been interviewed.

There is also an ethical issue about the failure to protect possible subsequent victims when true cases are not substantiated absent corroboration. Because many child molesters have more than one victim, with means for male-target victims reported at 150.2 and medians at 4.4 per perpetrator, other children may become targets when a disclosing child of actual child sexual abuse is not believed and action is not taken in the absence of corroborative evidence (Abel et al., 1987). Finally, Herman's statement that substantiating a true allegation "may do little to mitigate any harm that has been caused to the child" can be challenged. A well-established treatment for sexually abused children and their nonoffending caregivers is now available, with more than 15 studies (eight of them randomized controlled trials) establishing the effectiveness of this treatment (Trauma-Focused Cognitive Behavioral Therapy, or TFCBT) in "mitigating" the impact of child sexual victimization (Cohen, Deblinger, Mannarino, & Steer, 2004; Cohen et al., 2006; Deblinger & Heflin, 1996). Through the efforts of the federally funded National Child Traumatic Stress Network, mental health agencies throughout the United States have received or are receiving training in TFCBT, and a process to establish national certification for TFCBT providers is near completion. For therapists with a master's degree or above, a TFCBT training webinar is available at the Medical University of South Carolina website: http://tfcbt.musc.edu.

We should put at least as much energy and effort into avoiding false negatives (sensitivity) as false positives (specificity) in decisions about child sexual abuse allegations. Both cause harm. However, if, as the social psychological literature suggests, humans empathize more readily with others who resemble themselves (Dietz, Blackwell, Daley, & Bentley, 1982; Smith &

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Firenze, 2003), it is possible that adults more readily feel the pain of the adult victim of a false positive than with the child victim of a false negative. A balanced perspective should focus equally on preventing both potentially tragic outcomes.

As Lyon and colleagues demonstrate in the article that appears in this issue, and as Herman acknowledges, we now have evidence-based principles to interview children and adolescents effectively, and these are best summarized in the various versions of the NICHD protocol by Michael Lamb and his colleagues, and in an abbreviated version by Thomas Lyon (Lamb, Hershkowitz, Orbach, & Esplin, 2008; Lyon, 2005). This paper calls for the development and study of additional approaches and protocols to reach those children not fully served by existing protocols. These may include very young children, children with developmental disabilities, children so traumatized or conflicted that they are unable or unwilling to disclose in the standard single-interview evaluations now most widely available, recanting children, and children for whom child sexual abuse allegations first arise in the context of parental separation with custody or visitation disputes. Emma, whose case vignette introduces this special issue, is a young child in a potential custody dispute whose safety and welfare may well have been better served if interviewers had other evidence-based interview methods available. The following recommendations for additional approaches or protocols apply to many children across these categories, and where they do not, this will be indicated.

FUTURE DIRECTIONS AND APPROACHES

The child forensic interviewing field has developed a solid scientific foundation in the past 15 years. Interviewers now have available one well-established, evidence-based child forensic interviewing approach, the National Institute of Child Health and Human Development (NICHD) protocol (Sternberg et al., 1997; Lamb et al., 2008; Kuehnle & Connell, 2009) that both Lyon and Herman endorse. However, the "rigid" adherence to the protocol that Herman recommends must be tempered by both Lamb's and Lyon's recognition that flexibility is essential and rigid adherence to scripted protocols will not reach every child. Both Lamb and Lyon suggest the development and testing of additional protocols and approaches to better interview the children such as Emma who do not respond to the NICHD protocol in its current form (Brown & Lamb, 2009; Lyon & Ahern, 2011). In addition, other interview methods that embody interviewing principles similar to those in the NICHD, such as John Yuille's Stepwise Interview, and the flexible guidelines taught at the National Child Advocacy Center, are still widely trained and used.

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REPEATED INTERVIEWS AND EXTENDED INTERVIEW PROTOCOLS FOR RELUCTANT OR RECANTING CHILDREN

Everson and Faller call for a balanced perspective, so that not only are false allegations minimized, but also so that action can be taken to assist sexually abused children who have problems disclosing (see Everson and Faller, this issue). Brown and Lamb (2009) write, "Although the dangers of eliciting false reports from children have been discussed widely, little attention has been paid to an equally serious issue—children who have experienced abuse but do not disclose" (p. 309). Lamb and his colleagues (2008) mention the "motivational factors that make many children—more than a third of suspected victims and unknown numbers of children about whom no suspicions have been raised—reluctant to report abuse" (p. 17). Indeed, there exists consensus among researchers that many sexually abused children fail to disclose or tell only partially during a single interview (London, Bruck, Wright, & Ceci, 2008; Lyon, 2007). Statistics from Israel show that about a third of suspected victims do not disclose during interviews, in some cases perhaps because the child has not been abused, and in some cases perhaps because an abused child fails to disclose during the formal interview. A review of five years of Israeli cases (all interviewers in Israel use the NICHD protocol) revealed that children of all ages are less likely to disclose or allege abuse when the suspected perpetrator is a parent (Hershkowitz, Horowitz, & Lamb, 2005). Emma, the child in the introductory vignette, does not disclose in response to the NICHD protocol, but neither did the overwhelming majority in that Israeli study, which showed that girls aged three to six years old disclosed or alleged abuse in only 16.7% of cases when the allegation concerned a parent or parent figure and boys in only 12.3% of cases. A recent U.S. study found that that 18% of children did not disclose during formal interviews in cases where there was suspect confession (Pipe et al., 2007). Another U.S. study showed a recantation rate of 20% in dependency court cases where there was confirming medical evidence of child sexual abuse (Malloy, Lyon, & Quas, 2007).

Second interviews can also help partially disclosing children provide new details. In the only field study to date, Hershkowitz & Terner (2007) found that during a second interview using the NICHD protocol, children added 14% new details that were central to the allegations and 9% additional contextual details. Because this was a field study, the accuracy of information children provided in both interviews could not be independently assessed.

Are repeated interviews suggestive? La Rooy, Lamb, and Pipe (2009) reviewed the literature and concluded that repeated interviews are not in themselves suggestive, but they can "maximize the effects of suggestive interviewing" (p. 355), and that second interviews are more likely to provide accurate information when there are not long delays between interviews

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(LaRooy & Lamb, 2008). However, clear guidelines need to be established for decisions about when to stop an interview with a reluctant child and when more than a single interview is appropriate (Hershkowitz et al., 2006).

Faller, Cordisco-Steele, and Nelson-Gardell (2010) summarize the current state of knowledge about repeated interviews or extended assessments as follows: "Research is needed to further clarify the criteria for extended assessments, more clearly articulate the number of sessions required, and define sequencing and techniques and strategies to be employed during an extended assessment" (p. 584). Brown and Lamb (2009) report that modifications to the NICHD protocol are now being developed and evaluated for reluctant children. To fully serve these children, protocols need to be developed and tested for repeated interviews (Faller et al., 2010). Updating and further research on the six-session National Child Advocacy Center extended forensic interview should also be considered (Carnes, Wilson, & Nelson-Gardell, 1999; Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001). Finally, there is as yet no research about how best to interview children who have disclosed child sexual abuse and then recant (Lyon & Ahern, 2011).

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DEVELOPMENTAL SCREENING

If developmental screening is necessary for investigative or forensic purposes (many courts want it done for preschoolers or those with developmental disabilities), there are no standardized, well-researched structured protocols for this screening. A brief scripted supplement for a standard protocol should be developed and tested for use when indicated, including guidelines for when and to whom (age ranges, developmental level) it should be administered.

INTERVIEW AIDS

The use of media aids in child forensic interviews remains a contested issue, and because of the mixed results to date, more research about the potential usefulness and suggestiveness of drawings and dolls should be undertaken, making use of optimal questioning strategies similar to those in the NICHD protocol rather than using the closed, leading, and misleading questions that have characterized much of the research to date (Pipe & Salmon, 2009).

The American Prosecutors Research Institute's *Finding Words* manual (Walters, Holmes, Bauer, & Vieth, 2003) provides guidelines for the use of anatomical dolls as demonstration aids following verbal disclosure; most other national trainings no longer include anatomical dolls as part of their

basic forensic programs. The standard versions of the NICHD protocol contain no scripts for the use of media during interviews.

Although much of the early research focused on the dolls, researchers have studied drawings very extensively in the past decade, primarily in laboratory rather than field studies, with mixed results (Katz & Hershkowitz, 2010; Pipe & Salmon, 2009). Issues about whether and how to use anatomical drawings remain contested, with at least one major national training program still training interviewers in the Cornerhouse RATAC (rapport, anatomy identification, touch inquiry, abuse scenario, closure) protocol that routinely introduces anatomical drawings before the abuse inquiry so that the child can be asked to name body parts (Walters et al., 2003) and other experts cautioning against the use of anatomical drawings because of their potential suggestiveness (Lyon et al., current issue).

At least two recent field studies by researchers affiliated with the NICHD team offer a promising middle ground for use of the drawings to help children retrieve additional information about an event following disclosure (Aldridge et al., 2004; Katz & Hershkowitz, 2010). In their 2004 paper, Aldridge and colleagues published a structured protocol to use with a gender-neutral human figure drawing to elicit additional details to be used only after exhaustive questioning of children. They tested this approach on 90 4- to 13-year-old alleged child sexual abuse victims after NICHD verbal questioning had been completed. For all age groups, 18% of the total forensically relevant details obtained from children were obtained only when the drawing was used after full verbal questioning had been completed. The drawing was especially useful with the youngest children (aged 4 to 7), who gave 27% of the total details in the interview only with the drawing, contrasted with 12% of additional detail obtained from the 11- to 13-year-olds.

The authors caution that these additional details "came with a price" (p. 309). The drawings require use of more focused recognition prompts, and recognition rather than free recall prompts are generally associated with higher error rates from witnesses. In addition, because this was a field study, the accuracy of the information obtained could not be independently corroborated.

Katz's intriguing recent doctoral dissertation under the supervision of NICHD researcher Hershkowitz (Katz & Hershkowitz, 2010) deals with these recognition memory issues by having children create freehand drawings following full disclosure, followed by standard NICHD questioning while the child refers to the drawing. One hundred and twenty-five children aged 4 to 14 who had experienced single incidents of nonfamilial child sexual abuse were randomly assigned to drawing and no drawing groups. In the drawing group, after trained interviewers had exhaustively probed children's memories about the alleged event, they were given paper, a pencil, and an eraser and told to draw what happened. After 7 to 10 minutes, interviewers then

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said, "You've told me earlier what happened to you and now you've drawn it. The drawing is right here in front of you. Now please tell me everything that happened to you from the beginning to the end. You can also look at the drawing if you want" (pp. 173–174). Children in the nondrawing condition were also asked to tell everything a second time. In both conditions, the interviewers then continued to use NICHD sequential questioning strategy, focusing first on open questions and then moving gradually to more focused ones. Children in the drawing condition added 48% new information in response to open-ended prompts, whereas those in the nondrawing condition added 27% new information. In response to closed questions, children in both conditions added similar amounts of new information, which meant that the use of freehand drawings stimulated more additional detail from free recall than from recognition memory. This result is important because a generation of research has established the greater accuracy of children's free recall responses to open questions versus their recognition memory responses to more focused questions. Finally, even young children, whose pictures were often scribbled, provided large amounts of forensically relevant information after having made their drawings.

Because of these very promising results, it is hoped that further field research using freehand drawings on repeated events of child sexual abuse (as well as on other forms of childhood trauma and maltreatment) will produce results that can enhance children's witness capacity.

Children with Developmental Disabilities

It is well established that children and adults with disabilities experience higher rates of abuse than those without and that when questioned skillfully are capable of providing accurate information to investigators (Lamb et al, 2008). NICHD researchers have developed and are field testing a version of the protocol to interview both adults and children with developmental disabilities (Lamb et al., 2008). Changes include a longer rapport-building phase, provision of more interviewer support throughout the interview, shorter and simpler questions, a slower pace, and more frequent use of second interviews.

Additional Protocols

Lamb and colleagues have called for research on narrative elaboration and cognitive interviewing in the field, especially with children who have a history of trauma (Brown & Lamb, 2009). Because disclosures adequate for protection are especially challenging with young children (and even more so for the purposes of prosecution), adding narrative elaboration techniques to the interviewer toolkit for either single or extended interview protocols may increase the number of children protected during the crucial early years

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until about age seven when the brain and nervous system are developing and ongoing child sexual abuse can be especially damaging (Putnam, 2006). For older children and for adults, the cognitive interview has a robust evidence base and shows promise for children of school age and older in helping them report additional information. Field research on the cognitive interview is still needed with children interviewed after long delays between event and investigation and about traumatic events (Brown & Lamb, 2009).

Narrative elaboration is not a complete interview protocol but it could well be incorporated into standard protocols, when preschoolers or those with developmental delays are being interviewed. The narrative elaboration technique (NET) provides pre-interview training by using pictures to cue information retrieval. One advantage of these cue cards is that they limit the kinds of questions interviewers ask to those that young children or those with developmental delays can answer; the cue cards focus on "who, where, what happened, what was said, what was felt" and avoid the more difficult questions about "when, why, how long, how many times." Children are first trained to talk about neutral experiences using the cards and are then questioned about the topic of concern using the cards again (Saywitz & Snyder, 1993, 1996). In laboratory studies, NET helps children with mental retardation and preschoolers report events more completely, with no increase in errors or reports of false events (Camparo, Wagner, & Saywitz, 2001). NET is also effective for older children (aged eight to nine) with long delays after an event (Brown & Pipe, 2003). The NET still needs to be researched in field studies of actual abuse and criminal allegations. Brown and Lamb (2009) write that the full NET or components of it may help children of all ages, including those with cognitive delays, "report more forensically relevant details about experienced events" but add that further research is needed (p. 304).

The five-stage cognitive interview (CI) was developed for adult witnesses by Fisher and Geiselman (1992) and subsequently adapted for children by Saywitz and others (Fisher & Geiselman, 1992; Saywitz, Geiselman, & Bornstein, 1992). Some studies have included children as young as four. The CI probed recall component could be incorporated into standard protocols such as the NICHD after open questioning has invited a full, but not sufficiently detailed, disclosure (Brown & Lamb, 2009). Probed recall (cognitive reinstatement) contains mnemonic techniques to aid retrieval of information from memory. After adult witnesses have reported everything they can remember using free recall in response to open questions, they are guided in context reinstatement by picturing themselves at the place of the event and asked what they saw, smelled, heard, felt, tasted, thought, and then who was there, and what was said. They are then asked to describe the event completely again from the beginning to the end, then from the end to the beginning, and finally from a different perspective, such as that of another person who was also present.

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Adaptations must be made for children. Children as young as seven can do the reverse order with supportive scaffolding provided by the interviewer. It is generally agreed that imagining the event from another perspective is not recommended for forensic interviews with any child or adolescent witness because it departs from real reporting about real events. Finally, because of the potential suggestiveness of cognitive reinstatement, the probed recall portion of the CI should not be used to elicit a disclosure from children or adolescents but only to trigger recall of greater detail post disclosure after free recall has been exhausted.

In many laboratory studies with adult witnesses, the CI significantly increases the amount of information reported, with no decrease in accuracy. Results with children have been mixed but generally positive, with improved recall and increased resistance to suggestion or with an increased, but still proportional, number of errors (Brown & Lamb, 2009).

INTERVIEWER MANNER

The NICHD protocol is used universally in Israel. An enormous archive is available there on audiotape, but because it has been studied primarily through the use of transcripts of audiotaped interviews, the research supporting it has not evaluated how facial expressions, bodily posture, and other nonverbal interviewer behaviors could affect children's responsiveness. Researchers have established that young children report more on free recall and are less suggestible when interviewers are warm and friendly rather than cold, authoritarian, or condescending (Bottoms, Quas, & Davis, 2007; Davis & Bottoms, 2002). A future research project for laboratory and field research on videotaped interviews using the NICHD protocol and adding coding for interviewer manner could be informative.

PEER REVIEW AND SUPERVISION

Even those children who respond to the NICHD protocol will not be interviewed competently if trained interviewers do not implement it well. Ingoing fidelity to this protocol is achieved only with regular support. It has now been shown that interviewers trained in the NICHD protocol fail to fully implement its questioning strategies unless there is ongoing peer review and supervision. In one U.S. study, even after six months of supervision, interviewers returned to more closed questions and asked them earlier in interviews after peer review ended (Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002). Most American jurisdictions, even those that use the NICHD protocol, have not established the ongoing supervision and peer review that is necessary to maintain evidence-based interviewing (Brown & Lamb, 2009;

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Herman, 2009). Israel has established and still maintains bimonthly peer review/supervision for child forensic interviewers. Perhaps a delegation of U.S. experts should visit them to study how this has been achieved, funded, and maintained.

CHILD SEXUAL ABUSE ALLEGATIONS IN THE CONTEXT OF CUSTODY DISPUTES

Child sexual abuse allegations in the context of custody disputes are not directly addressed in the 2009 Kuehnle and Connell book, but the family court is a legal arena in which child protection through adequate evaluation is essential, whereas evidence-based child interviewing protocols are relatively uncommon, and many abused children may be missed.

In the United States, most divorcing couples with minor children settle their cases without custody disputes so that only about 10% dispute custody in the courts. In Canada as well, "Most parents who separate resolve disputes about their children without going to court" (Bala & Schuman, 1999, p. 195).

We lack current national research data for the United States about how custody-disputing families differ from the great majority of families who settle out of court. Are custody disputes mere gambits in the divorce wars, or do they arise because many parents who contest custody are motivated by genuine concerns about children's safety? Older U.S. research about false allegations of child sexual abuse in contested custody cases nationwide found that in the tiny minority of custody access cases where child sexual abuse allegations arose, 14% were believed to be false (Thoennes & Tjaden, 1990). As with subsequent studies in Australia and Canada, the U.S. researchers also found that children and families were badly served because the family courts, child protection system, and the dependency courts were poorly coordinated.

Australian researchers reviewed court records of 200 randomly selected families in which child abuse allegations were made in the Family Court of Australia in custody access cases (Brown, Frederico, Hewitt, & Sheehan, 2000, 2001). Although neglect is the most common form of child maltreatment reported to the authorities in Australia, the most common forms of child abuse found in these custody access cases were sexual and/or physical abuse (70%). Much of this abuse was severe. There were also high rates of substance abuse and partner violence. Only 22.5% of these abuse cases were previously known to the child protection authorities, and 70% of the cases were substantiated. It is significant that false cases appeared to be no more common than in noncustody or access circumstances; 9% of the custody-disputing cases were found to be false, which is the same incidence found in the general Australian child protection system. The authors conclude that this research "indicates that child abuse within de facto and

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legal marriage breakdown is real, that it is abuse of a serious kind, that child abuse is a major aspect of family courts' workload, [and] that family courts do not deal well with the children, but that they can improve" (Brown et al., 2001, p. 858). The Family Court of Australia has now established Project Magellan to improve coordination among the various systems that serve custody disputing families where there are abuse allegations (Brown, 2002).

Trocme and Bala (2005) examined a representative sample of child maltreatment cases in a national Canadian study and compared those that involved custody or access disputes with those that did not. They used the clinical judgment made by the investigating child welfare worker and found that rates of intentionally false allegations were higher in the custody or access subsample (12%) than in the total sample (4%). They also found that intentionally false allegations of neglect were far more common than intentionally false allegations of abuse, and noncustodial parents (mostly fathers) were far more likely to make intentionally false allegations (43% of false allegations) than were custodial parents (mostly mothers, 14%). However, for child sexual abuse, custodial parents were the source of 19% of the false reports of child sexual abuse and noncustodial parents 16%, with neighbors, relatives, and others responsible for the remaining false CSA reports. The authors note that a limitation of the study is that the determination of falseness was made by the investigating child welfare workers, which at least one U.S. study has shown may approach these cases with a nonsubstantiation bias (McGraw & Smith, 1992).

Regional U.S. studies add useful, if partial information. In Elliott's and Briere's (1994) examination of 399 children aged 8–15 at a single sexual abuse evaluation center in California, they found no higher rates of false allegations when custody was disputed. Faller and DeVoe (1995) examined a sample of 215 cases of child sexual abuse allegations during divorce in a single Midwestern university-based clinic. Of the 45 false or possibly false cases, the clinic classified 10, or 4.7%, as "knowingly made false allegations" (p. 9). In cases where Faller's Michigan clinic coded child sexual abuse as "likely," the domestic relations court made rulings for no contact or supervised visitation in 60.3% of cases, but 37.2% of children were left with unprotected contact with the alleged CSA perpetrator in the cases the clinic had coded as "likely." Those cases in which the allegation came from the mother rather than from other sources were less likely to result in protection of the child from the accused.

Because so much previous literature has focused on higher rates of false allegations in the context of custody disputes, it is worth asking whether there might also be higher rates of true allegations in this context. Faller and Devoe (1995) have identified three reasons why this may be so: "The breakup of a marriage may be the precipitator of disclosure of child sexual abuse, and marital disruption may increase risk for sexual abuse. . ." or

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"parents may choose to divorce when they discover sexual abuse" (p. 20). In addition, single-parent households in the immediate aftermath of parental separation can be chaotic, high risk environments in which parental supervision may be compromised, and the children may be exposed to and left unsupervised with numerous other people including new sexual partners of the parents (Wallerstein & Kelly, 1980).

As Brown and colleagues (2000, 2001) suggest for Australia and Faller shows for Michigan, family courts are not always doing an adequate job in protecting children in these high-risk cases. The "best interests of the child" standard should include systematic risk assessment protocols. If family courts have a central role in child protection, then their investigators need training in evidence-based interview methods designed to elicit full and accurate information from children at potential risk. But, as Faller (2000) has noted, "Personnel in the social service and legal systems that address situations of divorce usually have no particular expertise in investigating child maltreatment" (p. 16).

The situation could be remedied with development and research of a structured protocol for custody evaluators, using established NICHD principles and including standard risk and safety assessment questions. Much of this work has already been accomplished by Karen Saywitz and her colleagues (Saywitz, Camparo, & Romanoff, 2010), who outline 10 principles to interview children in custody cases, drawing heavily on the NICHD research but omitting questions about safety or risk. These principles could be reformatted into a structured protocol, risk assessment questions incorporated, and training programs established to improve practice nationwide in social service and legal systems that deal with custody and access disputes.

Children may be at heightened safety risks for all forms of child maltreatment, including child sexual abuse, following parental separation, so that systematic risk assessment screening as a standard part of child custody evaluations should be considered. "No fault" does not guarantee "no risk." The focus on the possibility of false allegations or parental alienation in custody and access disputes (Bernet et al., 2008), a focus that has often included an implicit antimother bias, can obscure what may well be the more common problem of heightened risk for child maltreatment in the context of separated parents. Research results about the rate of deliberately false allegations of child sexual abuse in custody and access disputes is mixed, but no study finds that rates are very high.

CONCLUSION

Because unrecognized and untreated child sexual abuse constitutes a major public health problem, it is essential to expand the range of interviewing methods to reach those children not yet fully served by the single fully

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evidence-based protocol. NICHD protocol developers recognize this challenge and are working to expand the protocol to better interview reluctant children and developmentally delayed children. This paper recommends protocol development and testing for very young preschoolers, for children with developmental disabilities, for reluctant children or those who recant, and for children interviewed in the context of custody and visitation disputes. There is also a need for improved, standardized and fully funded peer review structures for agencies, child advocacy centers, and police departments who conduct the majority of child forensic interviews in the United States so that evidence-based principles are implemented with fidelity. Finally, family and domestic relations courts must expand the training for custody evaluators to incorporate principles already well established to assess for risk or maltreatment.

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