



**TRAINING MATERIAL
FOR CRIMINAL JUSTICE
AND LEGAL
PROFESSIONALS
ON THE FORENSIC
INTERVIEWING
OF CHILD VICTIMS OF
SEXUAL ABUSE**

2022



ENCLAVE

Enhancing the capacity of legal & justice
professionals on forensic interview procedures
for child victims and witnesses of violence



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WP3. Training Material for Criminal Justice & Legal Professionals on the Forensic Interviewing of Child Victims of Sexual Abuse

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Introduction

a. OBJECT

The European project ENCLAVE “*Enhancing the capacity of legal and justice professionals on forensic interview procedures for child victims and witnesses of violence*” is a research project in collaboration with five EU Member States: Belgium (BE), Estonia (EE), Greece (EL), Italy (IT) and Spain (ES). It is a continuation of the RE-TREAT project (JUST-AG-2019/JUST-JACC-AG-2019) “*Reshaping treatment approaches towards victims of sexual violence within criminal proceedings*”; a European project aimed at boosting procedural and organisational changes in the criminal proceedings within the justice systems in Greece, Italy and Spain to improve their responsiveness to particular needs of victims of sexual crimes (RE-TREAT Project, 2022).

The ENCLAVE project focuses on the treatment of children victims and witnesses of sexual violence regarding the implementation of the Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime (the Victims’ Rights Directive) and of the forensic interview protocol in the five European justice systems. This project aims at:

- Increasing the capacity and knowledge of legal and justice professionals in EU civil, criminal and fundamental rights instruments addressed to children victims of witnesses of abuse;
- Getting professionals of different disciplines, namely legal and justice professionals and engaged staff in victim support organizations working with children victims of abuse, familiar on mutual collaboration regarding the protocol for forensic interview, aiming to maximize the mental welfare of children;
- Preventing secondary victimization and re-traumatization of children victims and witnesses of abuse, and
- Improving mutual trust between legal and justice professionals in cross-border judicial co-operation through mutual training and knowledge.

b. METHODOLOGY

In terms of building the capacity of justice and legal professionals, the consortium firstly assessed the needs of professionals from the participating countries, by conducting interviews. Based on the existing literature and the findings of the Needs Assessment Report, the consortium developed a comprehensive training set of materials on the practical aspects and tips on the application of legal framework concerning the forensic interview procedure for child victims and witnesses of abuse, relevant for the whole EU and in line with Directive 2012/29/EU. This training material will be translated and adapted to correspond to the national context of the participating countries, including, among others, information about the:

- Status of child victim and witness of abuse: international, regional, EU and national regulation
- Victims'/witnesses' rights regarding forensic interview & criminal procedure: EU framework, national legislation;
- Forensic interviews procedures: national procedure, comparative applications;
- Role of different legal and justice practitioners in the process of forensic interview with children;
- Role of victims' assistance organizations, and
- Improvement of the efficiency of procedures.

Partners will organize a series of regional/national trainings with criminal justice & legal professionals in their respective countries. Feedback from participants will be collected in order to apply corrections and improvements to the training material, but also to assess the impact of the trainings on participants (changes in knowledge and perceptions). Finally, the material will be updated based on feedback received by participants in the national/regional trainings.

c. STRUCTURE

The path to finding the essential truth is winding and time-consuming. Minor victims of sexual abuse are still asked countless times to describe the suffering of their abuse to professionals in the mental health services and the Criminal Justice System without having received - in their majority - any relevant

training. Often, the amateurish approach leads to contamination and distortion of memory, creating excessive anxiety which negatively affects any attempt to recall important details that could strengthen the victim's credibility and a wrong formation of judicial judgment. On the basis of long-term experience on the issue, modern societies put to the test of practice the problematic and the principles of child-friendly services and above all of child-friendly Justice. International Organizations such as the United Nations, the World Health Organization, the Council of Europe and others put as the forefront of their strategy for the defense of children's rights, the implementation of innovative actions that are in harmony with the above principles, and more specifically with the Victim's Directive.

At the international level, the best practice for interviewing tminor victims of abuse is considered to be the use of a structured or semi-structured interview ("Forensic Interview") in the context of which the professional follows a specific protocol of actions from the beginning to the end of the process. International literature has shown that the use of a Forensic Interview Protocol improves victims' memory, increases the volume of information and produces longer and more informative responses (Price, Ahern & Lamb, 2016).

The goal of this training material is to acquire specialized knowledge in issues related to the forensic interviewing of minor victims and witnesses of abuse. It is aimed at all those professionals involved in investigating allegations of minors.

After detailed reference is made to the process of the disclosure of the abuse, special emphasis is placed on the way the forensic interview is conducted according to the internationally accepted as reliable Protocols. It was also considered appropriate for this guide to include sections on the judicial examination of particularly vulnerable victims such as minors with special needs and minors from a different cultural context.

As the field of Forensic Interviewing is extremely broad, it was not possible for the guide to cover everything. However, it aspires to be a useful knowledge tool for professionals to protect children from re-victimization and protect their rights.

Chapter 1 - Exploring the disclosure of child sexual abuse

The word "disclosure" denotes the significant difficulty that the minor victim faces in trying to speak out, bringing to light the abuse that the offender forces him/her to keep as a hidden and dark secret and do not reveal. It is an arduous and complex process that has been described as traumatic especially by pre-school children, children of minority ethnicities, and by minor victims who have not had the expected family support, as well as by older children, such as teenagers. The process of disclosure entails an active and fluid character in the sense of constant change and evolution, a position that is confirmed both by the different stages it involves (pre-disclosure, disclosure, post-disclosure) and the interactions that take place with the people involved (e.g. pre-trial officers, psychologists, social workers, lawyers, judicial officers, caregivers, school personnel, etc.).

1.1 Child sexual abuse accommodation syndrome (CAAS):

Disclosure of a child abuse is not just an act but a dynamic process with individual stages in which the child tries to share the suffering of his/her victimization. Indeed, in 1983, the psychiatrist Roland Summit first mentioned in an article the existence of a 'syndrome' of non-disclosure, extended across the following five phases:

- a) Secrecy,
- b) Creating a feeling of despair, helplessness and powerlessness,
- c) Entrapment and accommodation,
- d) Delay in disclosure the content of which is not convincing, and
- e) Retraction.

The existence of the first two elements is considered fundamental to the diagnosis of the non-disclosure syndrome of the breach.

(a) The secrecy

In the majority of cases the abuse takes place when the child is alone with the offender, who stresses to the minor that any disclosure will have dire consequences for both of them and their loved ones.

(b) The feeling of despair helplessness and powerlessness

Adults often have heightened expectations of children, for example that they can protect themselves, without regard to the fact that children are totally subordinated to authority relationships, feeling helpless and powerless (Summit, 1983). The offender takes advantage of the fact that minors have learned to obey their elders and express their love to them, especially when they are their caregivers.

(c) Entrapment and accommodation

For the victim facing a seemingly irreversible situation in which he/she feels trapped and unprotected, acceptance may seem as the only solution. In order to reconcile, it is easier to blame one and to suppress unpleasant and painful experiences through repression.

(d) Delayed disclosure

The majority of victims do not disclose the abuse for as long as it takes place. As a rule, those who decide to speak out do so after a considerable delay. The failure to seek help in a timely manner and the often contradictory and confusing way of recounting the makes it difficult to understand the victim's experience.

(e) The retraction

Immediately after disclosure, the child often can be confronted with the distrust of others, the lack of support and the excessive upset that has been caused. Thus, he/she may retract/withdraw his/her initial allegations in an attempt to repair the "damage" and restore balance to the relationships. Fear of both the

break-up of the family and the offender's behavior in the future, feelings of shame and the inability to cope with the overwhelming stress caused by the involvement of children in the Criminal Justice System mechanism e.g. testimonies at the police station, the investigating judge, in the courtroom), together with the lack of support, are amongst the most important reasons that justify this unstable behavior. This justifies the need to incorporate knowledge of trauma from clinical psychology to correctly interpret the behavior and statements of the child victims.

It should be noted here that due to the dynamic and multi-level nature of the disclosure process, not all stages may be followed.

The important thing is for practitioners to gain knowledge of both the characteristics of the syndrome of sexual abuse concealment and those factors that play a dominant role in the concealment of the abuse. Only in this way will they understand the multidimensional nature of the disclosure process, understand the reactions and feelings of the child, and respect the need to protect the child.

1.2 Factors affecting the process of disclosure

There are many factors that seem to significantly influence the disclosure of the traumatic event, such as:

- **Age**

Younger children have it harder/ more challenging to perceive that they are being abused, they consider adults behavior as normal, and they do not have an understanding of the severity of what they are experiencing. They often disclose spontaneously but find it difficult to testify and their reports might be brief, vague and general. Victims are better able to testify after the age of 4 years, when their cognitive memory mechanism has started to develop. The likelihood of revealing the truth increases significantly with age. Older children, if they disclose, reveal the abuse they suffered late, yet deliberately and intentionally. Feelings of shame and social impact remain a significant inhibiting factor.

- **Gender**

Girls and women are the ones who suffer most from this type of crime. However, boys might disclose their sexual abuse with greater difficulty and reluctance than girls due to the intense insecurity of stigmatization and social marginalization. Importantly, men who have experienced childhood sexual abuse experience more psychosocial problems than women.

- **The offender - victim relationship**

In the majority of cases, children victims are abused by someone they know. About one third of children have known their offender throughout their life, while in about one fifth of cases the offender is the father or stepfather (Davies et al., 2013; Gekoski et al., 2016). It is particularly important to note that the child refuses or is reluctant to talk when the offender is a close family member. This has an important impact in relation to numerous rights (e.g., right to complain on their own behalf, right to legal assistance, right to accompaniment, etc.). Feelings of loneliness, confusion, embarrassment, shame, anger as well as guilt, overwhelm the majority of child victims when they decide to share the "suffering" of the abuse they suffered at the hands of the intimate offender. The victim, realizing that he/she risks both the relationship with the person on whom he/she depends on, his/her mental health, becomes trapped. Eventually, he/she may enter an "avoidance phase" and activate a self-protection mechanism, repulsion. It has been said that repulsion "is the art of knowing how not to know".

- **The cultural context**

Minors belonging to vulnerable social groups (migrants, refugees, destitute, etc.) might be more discouraged to disclose the traumatic event, feeling even more helpless, defenseless and weak. In addition, the likelihood of disclosure is significantly reduced in societies where issues related to sexual activity are considered taboo and are likely to lead to isolation of the whole family.

- **Fear of retaliation**

The offender often threatens retaliation if what happens is made public. Mostly, he/she intimidates the victim by saying that he/she will harm their loved ones, especially their mother. Threats against those he particularly loves are much more effective than threats against him/her, since the offender has shifted responsibility for the safety and protection of his/her family members to him/her.

- **The anxiety of having negative reactions from parents**

In the majority of cases, the victim on the one hand significantly delays disclosure of his/her sexual abuse, and on the other hand is wracked with guilt as he/she is often accused by parents (e.g. that because of this they will suffer severe punishment, such as imprisonment). Thus, the majority of child victims refuse to inform the police in case the offender is the parent. Children are particularly afraid of the parents' reactions, especially in cases of incest, and believe that they may be punished as liars. Parents' deterrent and distrustful behavior reinforces feelings of shame and with it the decision to hide the abuse. In USA, only one in two children is believed by at least one parent and one in four children are pressured to drop the charges. On the other hand, children who are believed and receive a positive and supportive response after disclosure are less likely to develop severe psychopathology as a result of their sexual abuse.

- **The feeling of complicity and responsibility**

Victimized children believe that they are largely responsible for their abuse. More specifically, it is common for the abusive situation to be progressive and for the relationship to be sexualized little by little; leading to a normalization of the victim who feels that he/she has "collaborated" in the abusive situation, even though it is not true. As a consequence, it is a common response to "self-blame" for the abuse they have suffered and take some or often all of the blame for the suffering they have endured. This feeling is more pronounced in younger children but also in girls, to whom the offender usually transfers the responsibility, stressing that they caused it.

- **Risk factors**

Offenders look for children who are trustworthy, particularly vulnerable, exploiting the shortcomings of the family context and the child's need for love and care to establish a relationship of trust with them. Parents' marital disharmony, their weak bond with the child, domestic violence, and parental punitiveness, rejection of questions about sexuality and early onset of sexual activity are risk factors. Children with neuro-developmental disorders, behavioral disorders and visual, speech and hearing impairments belong to the high-risk group for victimization.

- **Use of power by the offender**

The offender often uses various techniques to subjugate the minor: granting special privileges, buying expensive material goods, distorting and misrepresenting socially accepted principles and values, viewing sexual abuse as normal behavior and shifting the responsibility to the minor. It also convinces that disclosure of the offences will have dramatic consequences as it will be the child who will ultimately be blamed and punished.

1.3 After the disclosure

By definition, the process of disclosure often creates confusion and ambivalence, causing increased distress. Delaying disclosure is associated with the onset of post-traumatic stress disorder, so prompt disclosure of what happened is beneficial. Concealment, by allowing the abuse to continue, prevents the initiation of treatment, exacerbates anxiety and increases vulnerability to the onset of negative psychological consequences. In some cases disclosure may be redemptive; in others it may be aggravating. The majority of minors state that disclosure not only does not create a feeling of relief, but instead leads to a particular psychological burden with multiple responsibilities. Public disclosure is particularly painful for the sexually abused child, especially if the offender is a family member.

Sometimes, the degree of trauma depends and sequel is also linked to the response after disclosure, namely on how the child victim is treated by his/her family and the criminal justice system after the disclosure of the event.

1.4 Guidance for professionals

A better understanding of the process a child follows in attempting to disclose the event, identifying inhibiting factors, and exploring the effects of long-term concealment will greatly assist professionals in more effectively handling sexually abusive incidents, encouraging minor victims to disclose while protecting them from the risk of potential secondary victimization by the system.

When a child discloses sexual abuse:

1. Believe the child
2. Remain calm
3. Choose a safe place to talk that protects the child's privacy
- 4.. Don't make promises you can't keep
5. Don't judge the offender and his unjust actions
6. Report the incident immediately
7. Prepare the child for what is going to happen next
8. Do not try to investigate the minor's allegations
9. Seek support for yourself.

1. Believe the child.

The most important thing you can do for the child is to create the belief that you do not doubt his/her statements about sexual abuse. In other words, tell him/her that you believe it. Beyond that, it is not up to you to protect him/her from the suffering involved in a public disclosure where others will be involved. You do not, for example, have the power to decide on the removal of the child from his/her

home, but the relevant official bodies and agencies that will be called upon. In this first phase, the most you can offer is to listen to what the child says by providing him/her with security and explaining that what is happening must stop. Do not criticize, have a listening ear and invite the child to explain his/her story, but avoiding as much as possible making targeted questions about the event. The process of disclosure is difficult and painful for the victim. The child needs to know that there is an adult who believes and can help. This is what he/she needs. If he/she realizes that you are questioning the truth of his/her allegations he/she will feel even more defenseless and hopeless.

2. Keep calm and provide emotional support

Before the child fully discloses the abusive experience, he/she may test your reactions. Your initial reactions, your facial expressions and words will determine whether he/she will continue to complete the disclosure or choose to withdraw what he/she has confided to you up to that point. Therefore, avoid appearing shocked, upset, angry or disgusted by what you hear. Often victims realize that you will not be able to handle all the details and will try themselves to protect you by partially disclosing. Understand the child's difficulties in talking about what is happening to them and respect the feelings of shame, fear and guilt that overwhelm them in trying to share the abuse with you. Understand foreign children's inhibitions about talking about issues that are taboo in their own cultural context. Also be aware that he may, because of his/her vulnerability, misunderstand your behavior. Control your reactions and avoid at all costs expressing feelings of anger. The child is likely to see that the recipient of your anger is the child and not the offender. In other words, he/she will believe that you are angry with him/her, confirming the offender's words ("if you talk, they will be very angry with you and you will get in trouble"). In case you fail to control your reactions, it is important to clarify to the victim that you are angry with the offender and not with him/her, since no adult is allowed to engage in sexual activities with children. When the child feels safe and satisfied with the way you have reacted so far, he/she will feel comfortable and may even reveal the details of the traumatic incident to you. Remember that you are not there to interrogate. When he completes his/her disclosure of the abuse it is important to tell him/her that you are glad he/she has

confided in you about what is happening to him/her, that it is the offender's behavior that is the offender's behavior that is being judged and not the child's, and that you will try to protect the child.

3. Choose a safe place to talk that protects child's privacy.

Avoid a public place such as a classroom to talk to prevent information leakage. It is imperative to ensure the privacy and confidentiality of the victim's words. Give the child time to tell you what he/she wants to tell you but do not put pressure on him/her and do not insist on specific questions. Remember that you do not have the role of an investigator and that if you enter into this process you may do more harm than good by contaminating the child's testimony. There are anyway qualified professionals who will take over the investigative process. However, if the minor wishes to tell you the details of his/her abuse do not discourage him/her by saying that you are not the person to deal with such case. Listen carefully and give him/her the time he/she needs. The most important thing at this stage, after listening carefully, is to prepare him/her for the involvement of others. In simple terms, it is very useful to let the child know that what he/she has told you will be passed on to the relevant agencies so that they can take steps to end the abuse and protect him/her in the future. There is nothing you can do. In this way you are preparing him/her to disclose the abuse to others and at the same time helping him/her to understand that you are not betraying the trust he/she has shown you.

4. Tell that the child that it's not just him/her, but that there are many children that are being abused.

The victim often believes that he/she is the only one who experiences such abuse. It will be a great relief if you tell him/her that other children have experienced or are experiencing similar situations. In order to make him/her feel more comfortable you can mention that you yourself are aware of such incidents. It is then easier for the minor victim to overcome the feelings of shame and inhibitions, finally disclosing his/her experience to someone who will truly understand him/her; without, though, normalizing child abuse and downplaying

victim's pain. It is also important to give the child hope that, as with other victims, it is possible to stop the abuse and change his/ her life.

5. Do not make promises you cannot keep.

It is important to avoid promising things that are out of your control to change, such as that you will ensure that the child victim is removed from the abusive environment, that the offender will not dare to approach him/her again, or that from now on nothing will happen again. Keeping these promises is unrealistic and certainly not up to you. All you can do is "be there" now when the child needs you. You are the person who has created a sense of security and trust for him/her. Others will try to stop the abuse but you will always be in the child's mind the person he relied on by finding the courage to disclose his/her abuse. If you make excessive promises, children will not understand why you could not keep them and will be disappointed. They might regret the trust they placed in you and will think you are just another untrustworthy adult. So you can say from the beginning: *"I will do everything I can to help you. Know that I am always here for you whenever you want to talk to me."*

6. Do not judge the offender and his/her unjust actions.

When a child is abused by an intimate person they often experience conflicting feelings about the offender and are in great ambivalence. The child may love the person but not the abusive behavior. Remember that in many cases the offender is the parent, the caregiver whom the child still loves and needs. If you express yourself negatively, it is likely that the child will defend him/her, turn against you and retract all initial allegations of sexual abuse.

7. Report the incident immediately.

Find out where you could report the incident of sexual abuse that was revealed to you. It is very important to let the child know that you will need to report what they told you to those agencies responsible for dealing with the problem.

8. Prepare the child for what is going to happen next.

You should tell the child honestly what will happen after the relevant agencies have been informed of his/her allegations (e.g. that he/she will talk to a social worker or that he/she will be called to the police station for a statement, etc.).

If you do not know the procedures that will follow tell the child the truth, saying that persons more competent than you will explain exactly what will happen. Realizing that the parents will of course find out, reassure his/her fears as much as you can. The offender has often intimidated the victim by saying that if he/she betrays their secret, there will be serious consequences (e.g. the child will go to jail and his/her loved ones will be retaliated against), which often compromises the trust of the child victim in disclosing the abuse.

Reassure them by saying that no threat from the offender will be carried out as the purpose was to keep the abuse from being disclosed (e.g. "What happened is not your fault. You're not going to jail. Those were threats to never tell the secret to anyone").

9. Do not try to investigate the minor's allegations.

Always remember that professionals will undertake a thorough examination of the minor's allegations. You are the person to whom the abuse was first disclosed, not an investigator. Encourage a free recounting of the facts, do not interrupt and do not ask for details. Ask questions only to be sure you understand exactly what the child has told you, to be sure the child is talking about the sexual abuse (e.g., if the minor tells you that his/her uncle is mean to him/her you can ask: "I don't understand what you mean when you say he's mean with you. What does "mean" mean to you? Can you explain it better?") It is important before you go to the relevant people that you have reasonable suspicion that the child has disclosed possible abuse to you.

10. Ask for support for yourself.

Sexual abuse of children is the worst form of abuse they can suffer. It is possible that the role you have taken on may cause you to experience various

emotions (e.g. anger, rage, sadness, etc.) that will be particularly draining. Your emotional state may be significantly burdened depending on how the victim disclosed the abuse to you and the details of the abuse reported to you. You or a loved one may have also experienced some kind of violence during childhood and are now faced with the resurfacing of traumatic memories. Perhaps finally, despite your own efforts and despite the activation of the relevant services and agencies, the system - for a number of reasons - has failed to protect the child. Then you are likely to be overwhelmed by feelings of frustration, and anger. In these cases seek psychological support, it will help significantly.



Chapter 2 – Quality Standards of Forensic Interviewing

2.1 Child Sexual Abuse Forensic Protocols - Forensic Interviewing Models

The best practice internationally to obtain a high-quality testimony from children is the use of a structured or semi-structured interview ("Forensic Interview") in which the professional follows a specific protocol from the beginning to the end of the process. International literature has shown that the use of a Forensic Interview Protocol improves victims' memory, increases the volume of information and produces longer and more information-rich responses.

Therefore, in order to ensure the security and protection (art. 18) in the participation of child victims at all stages of the process, the use of unified protocols, based on scientific evidence, should be required (for more information, please see Chapter 6).

The literature distinguishes between interview models, tools and verbal and non-verbal techniques (e.g., anatomical diagrams, tracing, etc.). Research findings consider the interview as the main tool for eliciting rich yet reliable information.

The main interview models are:

- *The Cognitive Interview (CI)*
- *The National Institute of Child Health and Human Development (NICHD) Protocol*
- *The "blind" interview*
- *The open-ended blind interview ("Open - ended blind interview")*
- *Narrative Elaboration Technique ("Narrative Elaboration Technique" - NET)*
- *The interview using the touch technique. ("Touch survey")*
- *The computer-assisted interview ("Computer-assisted interviewing" - CAI)*

All types of verbal forensic interviews, despite their individual differences, suggest the adherence to individual stages – phases. The literature has already shown since the 1980s that the reliability of child statements, the volume of

information, the recall of details and the quality of the evidence obtained increases significantly when structured protocols are used.

Structured forensic interviews follow specific steps, use specific and well-defined techniques, adopt basic principles and adhere to a certain code of conduct by all professionals who will come into contact with the victim.

The exact number of stages in an interview may vary, as there are protocols that consist of three stages and others that divide some of the above, thus resulting in more. However, their philosophy and the general principles underlying them are common.

In particular, the most reliable and valid forensic protocols usually include the following stages:

- ***Preparing the interview - preparatory processes***
- ***Assessment of the minor's perceptual abilities***
- ***Assessment of the ability to discriminate between truth/lie***
- ***Assessment of developmental stage***
- ***Building a warm relationship of trust and security between the interviewer and the child***
- ***Explaining the rules of the interview***
- ***Introduction to the issue under investigation***
- ***Encourage free narration of the facts***
- ***Use of non-suggestive, open-ended questions in order to highlight important points and obtain more details***
- ***Completion/closure of the interview***

One of the most important and reliable interview model for taking a child's statement is the NICHD Forensic Interview Protocol (Lamb & Stenberg, 1999; National Institute of Child Health and Human Development - NICHD, 1999), which

formed the basis for the development of other interviewing protocols that followed, such as the State of Michigan Forensic Interview Protocol (2005), the Washington State Child Interview Guide (2007), and the Forensic Interview Structure - NCAC Alabama (2018).

Used for taking the statement of child victims/witnesses of abuse, the Memorandum of Good Practice when used ("The Memorandum of Good Practice - Home Office", 1992, 2002), follows the following stages: a) establishing a supportive climate, b) free narrative, c) using questions to obtain information, and d) completing the interview.

Correspondingly, the Scottish Interviewing Guide for Child Witnesses suggests five stages: a) getting to know the child, b) building a trusting relationship, c) free narrative, d) questions and e) closing the interview ('Guidance on Interviewing Child Witnesses in Scotland', 2003).

Below, there are comparative tables of some of the interview approaches, highlighting their similarities and differences:

Tabel 1. Comparison of Interview Approaches*

Components/ Techniques	NICHD-Based Approaches (emphasizing verbal narratives)	RATAC-Based Approaches (CornerHouse/Finding Words/ChildFirst)
Introductory Instructions (or “ground rules”)	Routine—interviewer explains expectations (such as <i>“Correct me if I make a mistake”</i>) and acceptable responses (such as <i>“I don’t know”</i>) early in the interview, and includes practice examples with young children	Instructions not included at beginning but reinforced throughout the interview “when opportunity presents itself”
Promise to tell truth ; <i>with or without</i> Assessment of Truth/Lie Testimonial Competency	Child is usually asked to promise to tell truth in developmentally appropriate language; Truth/Lie competency of young children <i>may</i> be assessed using examples	Not included – Truth/Lie discussions at beginning of interview are discouraged by RATAC instructions
Narrative Event Practice (or “training in episodic memory”)	Important interview stage used to build rapport and to assess child’s use and understanding of language – open-ended invitations are used to elicit neutral or positive event narratives	Not specifically designated as a separate stage or component of the interview
Use of Drawings	Drawings (usually gender-neutral) are used sparingly and generally only after disclosure when attempts to elicit verbal narratives during substantive questioning have been insufficient	Use of drawings in various ways is encouraged, starting with “face pictures”, “family circles,” and anatomically detailed drawings at the beginning of interview (see descriptions that follow)
Face Picture	Not included	When younger than age 8, child’s choice if 8-10 years – interviewer uses easel pad to draw picture of child’s face and ask questions; part of rapport stage along with family circles
Family Circles	Not included	When younger than age 11 (and older if interviewer chooses), questions about and draws circles to represent who child lives with and help structure child’s report

Tabel 1. Comparison of Interview Approaches* *continued*

Components/ Techniques	NICHD-Based Approaches (emphasizing verbal narratives)	RATAC-Based Approaches (CornerHouse/Finding Words/ChildFirst)
Anatomy Identification	Not included	Anatomically detailed drawings used to see if children younger than 6 years can differentiate gender and w/children younger than 10 years to name body parts
Touch Inquiry (to introduce topic of concern)	Not included	Yes/No questions (and follow-up) about positive and negative touch for children younger than 10 years
Nonsuggestive Transition (to introduce topic of concern)	Starts with <i>"Tell me why you're here today"</i> for all children and, as needed, uses question progression that becomes gradually more direct (see, for example, Lyon's "Ten Step Interview")	"What do you know about coming here today?" can be used w/children ages 10 and over, but not usually w/younger children
Substantive Questioning (called "Abuse Scenario" in RATAC protocol)	Emphasis on: <ul style="list-style-type: none"> • Inviting narratives (such as <i>"Tell me about..."</i>, <i>"Tell me more,"</i> and <i>"What happened next?"</i>) • Nonsuggestive open-ended inquiries for all ages (and minimizing use of forced choice questions) • Gradual progression as needed to more direct questions • "Pairing" open-ended follow-up requests for more info following direct questions or short answers • More focused open-ended techniques such as cued recall and time segmentation to elicit details 	"Process of Inquiry" model favors fewer free recall/indirect questions and more direct questions (including Yes/No and multiple choice) w/younger children and those w/more emotional trauma; considers more indirect questions (free and focused recall) most appropriate w/older children and those who are less emotionally traumatized; misleading questions should not be asked
Use of Anatomical Dolls	Generally not used	Interviewers are encouraged to use dolls under appropriate circumstances

Source: Klein, M., Dorsch, C., & Hemmens, C. (2020). Talk to Me: An Analysis of Statutes Regulating Police Interviews of Child Victims. *Juvenile and Family Court Journal*, 71(2), 5-19.

The basic structure of a forensic interview protocol involves in all cases the respect of three stages/phases:

a) Rapport-building phase

b) Substantive phase

c) Closure phase

Specific stages are also followed by other interview protocols of different logic, such as the "Cognitive interview":

- Introduction (trying to establish a relationship of trust)
- Narration of the events
- Investigation of how the mnemonic imprints are encoded
- Summary – Review
- Closure

In its revised form, the cognitive interview included seven stages. The aim of its enrichment was to try to enhance the child's memory of both the general context and its specific details:

- Getting to know each other and establishing a climate of trust and empathy
- Explaining the objectives of the interview
- Encourage free recall - use of open questions
- Focused open/closed questions
- Encourage recall in different time sequences and change of perspective
- Summary
- Closure

It is important to emphasize that all verbal tools require that all stages be applied without omissions, mergers or other changes in order to conduct a reliable deposition. As no protocol can completely eliminate the risk of guidance, suggestibility and subjectivity on the part of the practitioner/interviewer, it is

important that the protocol is applied in the most correct way possible in order to limit significant errors.

Interview structure

A. Rapport-building phase

- The greet with the professional
- Early engagement – trust
- Interview Instructions
- Episodic Memory Training / Free narrative practice of a neutral incident
- Learning about the family of the victim

B) Substantive Phase

- Transition on the substantive issues
- Free Narrative Description
- Open questions for more details
- Clarification questions

C) Closure phase

- Summary of what was reported by the minor
- Thanking (e.g. *"Thank you very much for talking to me today. I know how difficult it was for you", "You were very brave. Thank you very much for what you told me".*)
- Information about what is to follow
- Search for trusted persons
- Encouragement
- Desensitization - discharge

2.2 Interview Structure

The forensic interview should conform to Victim's Rights Directive, and specifically to the right to information, the right to participation, the right to privacy/intimacy, and the right to dignity.

2.2.1 Rapport-building phase

This is an extremely important stage as its outcome will determine the success or failure of the whole process. It is here that an attempt will be made to build a relationship of trust and to establish a climate of confidence on which the subsequent stages will be built

As research has shown, the trusting relationship that will be established will play an important role in self-disclosure and in the accuracy of the child's reports. Empathy is the most important skill which is fundamental as it is the basis of meaningful communication.

This is directly linked to the right of participation of the minor victim (art. 10). In order to ensure this participation, it is necessary to guarantee that the victim is adequately informed (art. 6 and 7, also linked to his or her rights), and a minimization of stress-mental health.

Skippping this step constitutes a serious error that may undermine the whole process of feeling as a whole, calling, in turn, into question the legitimacy of the process followed and, thus, credibility of the testimony. In other words, it is the cornerstone of any effort to investigate the truth of the child's allegations and at the same time to protect him/her from possible re-victimization.

Failure or neglect on the part of professionals to establish a relationship of trust and a warm, safe and supportive climate will reinforce the investigative nature of the process alone, bringing about negative outcomes.

Besides, in the international literature the use of the term "Forensic Interview" as opposed to the terms "Pre-Investigation" and "Interrogation", underlines the need to abandon anachronistic practices and to adopt child-friendly

procedures that serve the best interests of the child taking the statement of child victims/witnesses of abuse.

The quality of the relationship that will be developed between the two parties and the type of interaction that will be established plays a decisive role. The purpose of getting to know the minor is to establish a relationship of intimacy and good rapport, helping him/her to manage his/her anxiety more effectively while handling his/her fears.

Introduction – Child's welcoming

- *Introduce yourself and explain your role. Introduce every person and explain the role of the professionals who are going to participate in the forensic interview.*
- *Explain the reason and purpose of the interview.*
- *Inform the child about its rights e.g. the right to adequate and respectful information (art. 6 and 7), the right to be accompanied (art. 33 and 20c) etc.*
- *Inform about the process taking into account the child's developmental stage and cognitive level.*
- *Answer questions and try to reassure his/her fears.*
- *Introduce the facilities, the interviewing room and adjacent room, and present the technical equipment. Inform about the presence of a camera and the audiovisual recording of the interview.*

Rapport building

- *Allow the child to feel comfortable and familiar in the room.*
- *Maintain eye contact and avoid physical contact.*
- *Encourage him/her to talk to you about neutral topics that interest him/her.*
- *Listen carefully and try to use simple questions to learn more about his/her interests and daily life.*

The information about the procedure to be followed, the detailed explanation of its rules and the invitation to a discussion on a neutral topic foster

the minor's participation in this process and offer a companion on the difficult path to finding the essential truth.

Ground rules

Explain the basic rules to the child before you start the interview:

"If you don't understand the question I am asking, please tell me and I will try again."

"If I don't understand something well or if I say something wrong, please correct me."

"If you feel bad at any time, please tell me or show me in some way."

"Please only tell me the truth and only tell me about things that actually happened."

"If you are not sure of the answer, please tell me 'I don't know', 'I'm not sure' or 'I don't remember'. I will understand. Please very much don't guess it, don't assume it."

"When you say something, even if you think I know, by all means say it."

"When you tell me something, don't forget that I wasn't there. I don't know what has happened. Please tell me in detail what happened from beginning to end."

"I promise I won't get angry at you for anything you tell me."

"If you get tired, let me know so we can take a break."

The better the minor understands the context and the purpose of the cooperation with the professional, the more positive the atmosphere that will be created. Experts suggest at this stage, to discuss issues painlessly in order to make the child feel more comfortable and friendly and to avoid hasty direct references to the issue under consideration.

At the same time, in this phase, the practice of episodic memory for a neutral event will be requested for the first time, so that in the second stage the minor will be better prepared when he/she will need to recall mnemonic traces of the critical event. As rightly pointed out, children who have practiced recalling information in the rapport building phase provide more accurate descriptions in later stages.

Memory functioning

Lacking the corresponding knowledge and training, Criminal Justice System professionals often ignore that memory is not a passive event recorder, a

camera, or a computer hard drive with unlimited capacity; also ignoring that memory is both remarkably complex and at the same time remarkably fragile. Moreover, they are not always aware that there are three memory systems, as memory is divided into sensory, short-term and long-term memory. They further consider that it is impossible to store all of the individual's experiences.

Many and different subjective factors mediate, determining how many and which final elements will pass into long-term memory and how they will be encoded and stored (either correctly or incorrectly). These factors will, in turn, affect the possibility of retrieving the mnemonic traces of interest. Most of the times, the difficulty encountered in retrieving a particular information is due to the loss of access to it and not the loss of the information itself. Therefore, the failure of retrieval that leads to forgetting is not linked to the failure of storage. An important factor that can affect the recall of information is the interference of new information.

As cognitive functions are active and not passive in nature, the interference of various factors can eventually corrupt and contaminate the memory, inadvertently leading to a false testimony; making memory so remarkably complex and yet so remarkably fragile. Within this context, the age and degree of development of the memory strategies (e.g. repetition, organization, processing and recall); the time lapse from the reception of the stimulus to the attempt to recall it; the type of stimulus experienced; the post-event interference; the way in which its retrieval is attempted; the number of recall attempts, and the emotions caused by the recall (e.g. in the case of a traumatic event) play a major role. As a consequence, the way the forensic examination will be conducted plays the most important role: it can either strengthen the memory traces by allowing them to emerge, or it can corrupt them, destroying them for good.

Free Narrative Practice – Episodic Memory Training

- Ask the child to tell you about a recent, non-violent event – a neutral topic, avoiding the topic concerning the abuse e.g. school, family or hobbies/ free time (recall of episodic memory):

"I would be interested in learning more about you. Would you like to tell me how you spend your day? Tell me as much as you can from beginning to end. Try not to leave anything out."

"Please think about what your favorite activity/hobby is. Think back to the last time you engaged in it and describe everything that happened."

"A little while ago you told me about a trip you went on. I would be very interested in hearing all about it."

- Emphasize how much you are interested in the details and stress the importance of the chronology of events.

"Try to tell me in detail, from beginning to end."

- Explain to the child how important it is during the following discussion that he/she narrates everything that happened in the same way:

"I am very interested in you telling me everything you remember in detail. You can tell me about both good/pleasant and bad/unpleasant things that happened."

- In the NICHD protocol, segmentation of events is often used to help the child concentrate in a specific time-frame to recall as much details as possible, while it could be also used during the rapport-building phase (Lamb et al., 2007).

These discussions, on top of everything else, allow the professional to assess the child's linguistic and perceptual ability, as well as his/her ability to distinguish truth from falsehood and reality from fantasy.

It is of utmost importance to maintain a positive atmosphere throughout the forensic interview. Research confirms that otherwise there is a great reluctance on the part of victims to disclose their abuse.

The need to use language that takes into account the age of the child, harmonizing the requirements of the interview with the child's developmental stage and particular abilities, is also stressed.

Factors influencing children's memory

- a) **Age** is one of the most important factors influencing the cognitive function of memory: as age passes, the ability to store and recall information coming from children makes rapid progress. This is because the mnemonic field is constantly expanding over time and the amount of information retained is steadily increasing (Cole & Cole, 2001). Older children forget less, retain more information and adopt more sophisticated memory strategies than younger children. However, although younger minors remember fewer details, what they do recall is highly accurate and often particularly relevant to the event under consideration. Thus, three-year-old children may forget some details of the event they are asked to narrate, yet they are able to reliably and accurately recall the main points of their personal experience.
- b) **Individual differences** also affect the cognitive function of memory: the statements of children with high verbal intelligence are richer (Chae & Ceci, 2005).
- c) **The effect of repeated events:** repetition is another factor influencing the memory capacity of children victims and witnesses. Events that are repeated over a long period of time are more likely to be better stored in long-term memory, to acquire durability over time and to be recalled with greater accuracy and reliability.
- d) The **type of event** and its **effects** on the minor also play an important role.
- e) Children's memory can also be affected by their **participation in particularly harsh and painful legal proceedings:** stress can have devastating effects on children when they have to testify to the formal agencies of the Criminal Justice System. While, undoubtedly, at the same time, the penal mechanism does not take into account the special needs of minors as it seems to be adapted only to the requirements of the adult population.
- f) The **time lapse** from the occurrence of the incident to the testimony is also of major importance: long-term time mediation often undermines accurate recall of information as memory imprints "fade". Memory is at risk of disorganization and corruption, especially if other elements that may lead to misinformation have intervened during this time period.

- g) The **special relationship** of the minor victim both with its **close family** and the **wider social context**, can also positively or negatively affect his/her memory capacity, since the social construction of autobiographical memories plays its own special role (Shaffer, 2004).

Interviewers' common mistakes

- Not explaining the reason for the interview
- Not introducing themselves to the minor and not explaining their role
- Skipping the stage of establishing a warm relationship of trust and immediately getting into the subject of the allegations under investigation of the minor's allegations.
- Not referring to the basic rules of the interview
- Using closed questions (e.g. *"Did it make you feel uncomfortable?"* VS *"How did it make you feel?"*)
- Not encouraging free narrative
- Interrupting the child while he/she is speaking and not providing with breaks

2.2.2 Substantive Phase

This is the main phase of the forensic procedure in which the child's allegations will be investigated and the essential truth will be sought. The crucial point is that of the transition from the rapport building phase to the substantive issue, the investigation of which will occupy the bulk of the interview.

The interviewer invites the minor with open-ended questions, in accordance with international protocols such as: *"Now that I know you a little better, I want to discuss why you are here today"*.

Transition to the substantive topic

Open question/invitation to discussion:

"Now that we've got to know each other a little better, it's time to talk about something else... about why we are here today. Do you know why you came here today?"

"Why do you think your parents, your teacher, your godmother brought you here?"

"I am here to listen to everything you have to tell me. It is important that I can understand why you are here. Do you want to talk to me?"

"Is there something that's bothering you, something that's worrying you? You can talk to me about everything, from beginning to end."

The protocol advocates at all stages - especially in this crucial phase of transition - the use of more prompts and encouragement when minors appear to be hesitant.

Supportive non-suggestive techniques and utterances – Tabel 9.1 from Lamb, M. E., Brown, D. A., Hershkowitz, I., Orbach, Y., & Esplin, P. W. (2018). *Tell me what happened: Questioning children about abuse*. John Wiley & Sons (P. 169-170):

Table 9.1 Supportive non-suggestive techniques and utterances

A. Addressing the Child in a Personal Way

Address the child in a personal way using his private name. Avoid using nicknames or terms of endearment (e.g., "sweetie").

B. Establishing Rapport

- Welcoming the child

"I am glad to meet you today/ to get to know you/ to get to talk." "It's nice to meet you, my name is _____."

- Expressing persona interest in the child

"I really want to get to know you/about things that happened to you."

"Today is the first time we've met and it is important for me to know you better."

- Making small gestures of good will

"Are you warm enough?" "Let me show you the toilets." "Here is a glass of water for you." "Do you want to look at the video camera." "Do you need a short break?"

C. Reinforcement

- Reinforcement during the interview

"You are telling me very clearly/in detail and that's important." "You're really helping me understand/ know you." "You corrected me and that's really important." "I understand what you're saying."

Avoid 'grading' ("you're explaining that very well") or associating reinforcement with specific content ("You told me that you ran away, which was good.").

- Expressing thanks and appreciation

"I want to thank you for your help." "I really appreciate that you are talking to me." "I appreciate that you're trying to remember and tell me." "Thanks for sharing with me."

- Emphasizing the child's discretion

"It's up to you whether you talk to me or not. I will respect your choice."

D. Using rapport

- Mentioning and building on trust

"You've told me a lot about yourself and I feel I know you better." "Now that we know each other better, you can share with me what happened."

- Expressions of care or concern

"I'm here for you." "I care about you." "You are important to me." "People are/I am worried that something may have happened to you."

You can specify the cause of concern (e.g., "The teacher said you were crying this morning.")

- Portraying the interviewer as someone to disclose to

"If something happened, I'm here to listen to you." "You can trust me and tell me if something happened." "It's okay to share secrets/problems with me." "I talk to many kids who tell me about things that have happened to them." "It's my job to listen to children who have problems."

E. Emotional Support

- Generalized comments about the child's perceived difficulties

"Many children find it difficult to talk/feel ashamed at the beginning but then find it easier." "Many children have secrets."

- Empathy

"I understand it is difficult for you to tell me." "I know it's been a long interview."

- Checking on the child's feelings

"How are you doing so far/now that we are done?" "How did you feel before we began/during our conversation?"

- Exploring emotions

"Tell me more about your fears." "Tell me what you're afraid of." "Tell me why you're crying." "Tell me why you don't want to tell me." "You said you can't tell me; tell me more about that."

- Open questions about expressed feelings or thoughts

"You said you were sad/disgusted/wanted to run away. Tell me more about that."

- Echoing emotions

"You said you were sad/you were crying."

- Acknowledging/Accepting/Recognizing emotions

"You said it was very painful. I can understand that/I see what you are saying."

- Reassurance

"Don't worry, I won't tell other children." "You won't be late for the bus." "Nobody is going to arrest you." "Sometimes it's possible to help families which/people who have been hurt." "Sometimes it helps children when they tell others and don't have to keep a secret."

- Removing responsibility from the child

"If something happened/someone hurt you, it is not your fault." "You are not responsible for that." (Or in a generalized way: "When things happen to children, it's not their fault." "Children are not responsible when they are hurt.")

- Exploring unexpressed emotions and conflicts

"If there is something you are worried about, please tell me."

F. Encouragement

- Emphasizing that the child is the source of knowledge

"I'm asking you these questions because I was not there."

- Legitimizing expression

"You can talk about bad things and good things." "In this office you can tell me everything." "It is okay to tell me about these kinds of things/to say these bad words." "Many children tell me what happened to them."

- Expression of confidence/optimism

"I think you can explain it well."

- Offering help

"I want to make it easier for you. What would help you to talk?" "Would it make it easier if you wrote it down?" "You can start talking and I'll help you by asking questions." "I am here to help."

- Encouraging non-verbal communication

"Could you please turn toward me?" "Come on, look at me. I'd like to see your eyes!"

- Encouraging disclosure

"It is really important that you tell me if something has happened to you."

"I understand that something must have happened to you. Would you mind telling me what's bothering you? I'm here to listen to you in detail, from beginning to end."

"I understand that this is difficult for you. But I want you to know that I am very interested in hearing you out. In this room you can talk about what has happened to you without fear. You're safe here. So would you like to tell me?"

"As I told you my job is to talk to children about things that may have happened to them. You may not know that children come here to talk about their problems. We've heard from a lot of kids who may have the same problems you have. Tell me, how are things going?"

The professional encourages the child to describe by him/herself from his/her own perspective what exactly has taken place. Here the technique of free narration is preferred to questioning, as this increases the chances of eliciting a narrative by bringing up a greater volume of mnemonic traces and thus of obtaining a more reliable statement. At the same time, the protection of the minor from interrogation-type procedures is ensured.

The phase of free narration after the disclosure of the child usually begins with a statement by the interviewer such as: *"Tell me everything about it", "Tell me everything from the beginning to the end", "I am very interested in you telling me everything you remember in detail. You can tell me about both good/pleasant and bad/unpleasant things that happened."*

In an attempt to enrich the information provided and to investigate the minor's claims, the practitioner will ask specific questions, initially open-ended, and only in the case where he/she feels that important information is missing will he/she gradually make use of closed-ended questions. At this point, it is worth mentioning that some protocols, such as NICHHD, even discourage the use of closed-ended questions altogether, while professionals should avoid making questions that add elements to the free narrative of the child, unless it is very relevant for the investigation process.

Questions to enrich the information

Initially use general open-ended questions so to elicit important information:

"Could you please tell me more about the first time this happened?"

"Please think back to that day and tell me everything that happened from the beginning to the end."

"Would you like to tell me more about the event you mentioned before?"

"You mentioned ... Could you tell me more about it?"

"You mentioned before that ... Could you tell me exactly what happened in as much detail as you remember."

2.2.3 Closure phase

To complete the interview, a final stage of particular value is required. This is the closing of the whole process. At this point a summary of what has already been said takes place. The minor is then encouraged to correct or add anything else and to ask any questions or queries (*'Is there anything else you would like to tell me?', 'Do you have any questions?'*).

Of great importance is the moral reward from the interviewer (*"Thank you very much for talking to me today. I know how difficult it was for you"/ "You were very brave, thank you very much for what you told me"*); reassurance of his/her fears and concerns (*"Don't be afraid. It's not your fault what happened, you're not going to be punished. Those were threats to never tell what happened to anyone"*); letting him/her know what's going to happen next, and then encouraging and motivating him/her for another communication or meeting (*"I want you to know that I'm always here for you whenever you want to talk to me"*). It is important to note here that, some forensic interviewers (in Belgium) have referred to being taught to

thanking the child for coming/ for the talk (e.g., *"Thank you for letting me listen to you"*), rather for the content of their testimony.

This stage concludes with an attempt to deescalate the emotional tension of the minor and put the child at ease. He is asked in this phase to talk about a neutral topic that is not related to what the child has been asked earlier (*"I guess you must have been hungry. What is your favorite food?"*, *"What do you like to do in your free time?"*). The aim is both to restore a climate of balance, security and calm, and to show respect and genuine interest in the child's psycho-emotional state after delivering his/her statement. In this way, the interviewer demonstrates empathy, being interested not only in obtaining the information that is important to him/her in order to find the truth, but also in the consequences for the minor of being involved in a process that is by definition difficult and painful.

As the best interests of the child, the protection of the child's rights and the avoidance of re-victimization are paramount, compliance with this last stage - which concludes the forensic examination - is of particular value and importance. On the contrary, its omission may undermine the basic objective and philosophy of the whole process.

Closing of the Forensic Interview

1. NICHHD forensic interview protocol

- "Is there anything else I should know?"
- "Is there anything else you want to tell me?"
- "Are there any questions you want to ask me?"

Before the interview is over say:

- "Thank you for telling me so much. It really helped me understand what happened. Now I'm going to take you back [to mom/dad/other person]".
- "If you want to talk to me again, you can call me on this number" (give a card with your name and phone number – *if it is possible!*).

Try to unburden the child by discussing neutral topics:

- "What are you going to do when you leave here?"

- "I guess you must be pretty hungry."
- "What's your favorite food?"
- "I guess you must be really hungry!"

Washington State Child Interview Guide, 2007

- "You have [answered a lot of questions/told me a lot of things] today. Thank you for talking with me."
- "Is there anything else [that you feel you want to tell me right now/ that you want me to know]?"
- "Do you have any questions about what we talked about today?"

Ask questions about persons to whom you could address:

- "In case something is bothering you, who can you talk to?"
- "Who can you get help from if you get hurt or something bad happens to you?"
- "Why do you think [name of person] can help you?"
- "What can they do to help you?"

Thank the child and focus on a neutral topic:

- "Thank you for talking with me. What will you do next when we are done?"
- "Now you will return to class. What will you do when you return to class?"

Inform next steps:

- "Now I'm going to go talk to [name]."

Chapter 3 - The Use of tools

Many studies confirm that sexual abuse causes more stress than other forms of abuse, which worsens as the time of the forensic interview approaches and peaks during the interview. Children who have been sexually victimized seem to be more upset and distressed when testifying than those who have been victimized in other ways. In many countries, in order to facilitate communication between the interviewer and the child and to enhance the child's ability to provide testimony, non-verbal aids are used during the interview.

The advantages of using aids/stimuli during the forensic interview of minors alleged to have been sexually abused are several.

Most importantly, aids can significantly enhance communication with young children. As they have not yet attained a satisfactory level of language development, aids can substitute for speech and allow them to "talk" about what happened. So they are better able to understand a question and say what they want indirectly through the aids. But even when children's linguistic communication is sufficient to describe an event or to answer a specific question, the use of media allows the interviewer the possibility of two kinds of communication, verbal and practical, which act in a complementary way. In this way, a greater amount of information can be obtained.

The most common media chosen are anatomical diagrams. Play with specific tools (e.g. dolls' houses, puzzles, puppets, etc.) and drawings can also be used. Their main functions are to enhance memory and substitute speech.

Anatomical dolls, although they were used for a long time in the USA, have not been used for years. On the one hand, it was considered an unreliable non-verbal medium, and on the other hand, training professionals is extremely difficult. However, specialized training on non-verbal tools should be required in order to use them effectively.

Non-verbal communication stimuli cannot be used as an exclusive diagnostic tool
but as an auxiliary communication tool.

3.1 Advantages

The use of aids aims to overcome children's difficulty in disclosing their abuse, because it relieves them of the stress of describing the incident, the use of words they do not wish to utter, the great fear of the consequences they will suffer from the offender if they talk about their sexual abuse.

Children seem to have more difficulty in saying than showing, while non-verbal communication reduces a child's anxiety levels and increases their self-confidence.

In addition, specific stimuli help the practitioner to gather information by asking fewer questions and thus significantly reducing the risk of guidance. For example, children are asked to point or draw, rather than answering a series of closed questions, avoiding the difficulties that this particular type of questioning entails. Another important advantage of the aids is that they provide respondents with the stimuli they need to awaken memories, enhance their recall and bring out the mnemonic imprints that would otherwise encounter many difficulties.

3.2 Disadvantages

A serious disadvantage of the aids concerns their reliability in criminal proceedings in which the verbal disclosure of the violation of sexual freedom has a different weight. Many studies have shown that non-verbal communication tools carry the risk of leading to distortion and misinterpretation of children's allegations.

Critics of non-verbal communication media also argue that the aids may be perceived by children as common toys with which they will start to play, distorting their primary function, and point out that their use stimulates children's imagination and fosters fiction.

For these reasons they are considered unsuitable for children under three years of age. Besides, due to their lack of self-representation skills, it is preferable to show on their own bodies the places where they have been touched or otherwise abused, reducing the risk of false allegations. The limited cognitive abilities of preschool children do not allow them to grasp the meaning of symbolism and

representations, often resulting in their inability to express their personal experiences through the aids.

This is likely to produce the opposite of the intended effect and lead to untrue assumptions through play. Lastly, an important drawback is the absence of a specific protocol and specific guidelines that provide for the particular way in which the aids are used by professionals.

Although in the 1980s and 1990s their use was quite widespread, in the last decade international literature has urged practitioners to prefer and encourage verbal communication as it is considered more reliable.

3.3 Anatomical Diagrams

A significant proportion of practitioners use anatomical charts in their forensic interviews with children. The main goal of using anatomical diagrams is to overcome the verbal communication difficulties (limited language and cognitive abilities, fear of verbal disclosure, etc.) that children encounter when it comes to talking about their traumatic experience of sexual abuse.

The first anatomical diagrams were presented in 1990 by Groth and Stevenson. It was essentially a test with drawings that represented diagrams of human naked bodies, with details of every part of the body, including sexual organs.

Although they were designed to contribute to the investigation of child sexual abuse cases and the treatment of minor victims, ultimately today anatomical diagrams are used at the forensic interview stage as an extra-verbal communication tool.

Groth and Stevenson's classic diagrams depict, on the same page, the front and back of the body of adults and children, males and females, at five different developmental stages (adult, adolescent, school-age child and preschool child) with detailed gender characteristics.

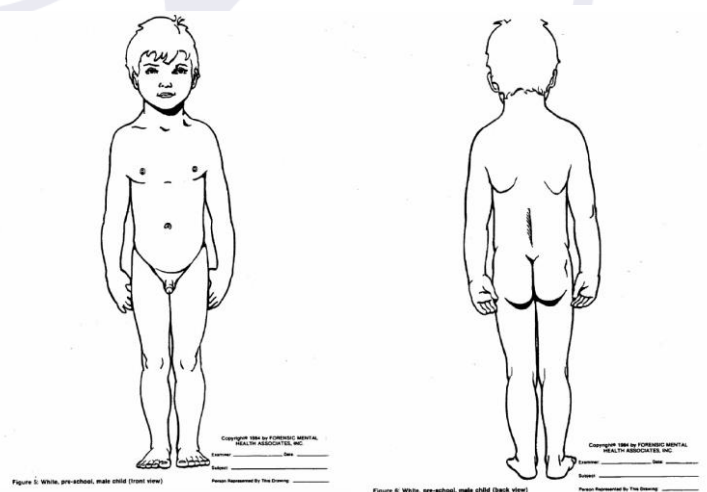
Other charts were then designed and used with some differences either cross-cultural, where facial features of different races are depicted, or anatomical, where bodies are presented with gender-neutral features.

Today, diagrams are used that depict bodies naked or clothed, with or without sexual characteristics, of different gender, age and race. Some professionals use them as a main tool from the beginning of the interview while others present them to the child during the process. In some cases though, such as in the Belgian case, anatomical diagrams are seldom used, however if necessary for any clarifications of the child's testimony, they are used only after disclosure of the abuse by the minor, constituting a good practice.

Different views were expressed on whether to use diagrams with sexual characteristics, neutral diagrams or body diagrams where sexual characteristics are covered by painted underwear or swimwear.

Despite some recommendations made for the use of neutral diagrams, the researchers recommend the use of anatomical diagrams, i.e. diagrams that also depict sexual characteristics, as children can speak more accurately when the symbolic representations have greater similarities with the subject to which they refer in reality, i.e. the human body.

They are also known as "body maps" as they are used to help children show where on their bodies they have been touched or had other violations of their sexual freedom. This is, after all, their main aim: to enable the minor to identify precisely which part of his/her body was abused, while indicating which parts of the offender's body were used for this purpose. They can also be given before the main phase of the forensic interview to assess the developmental stage of the interviewee.

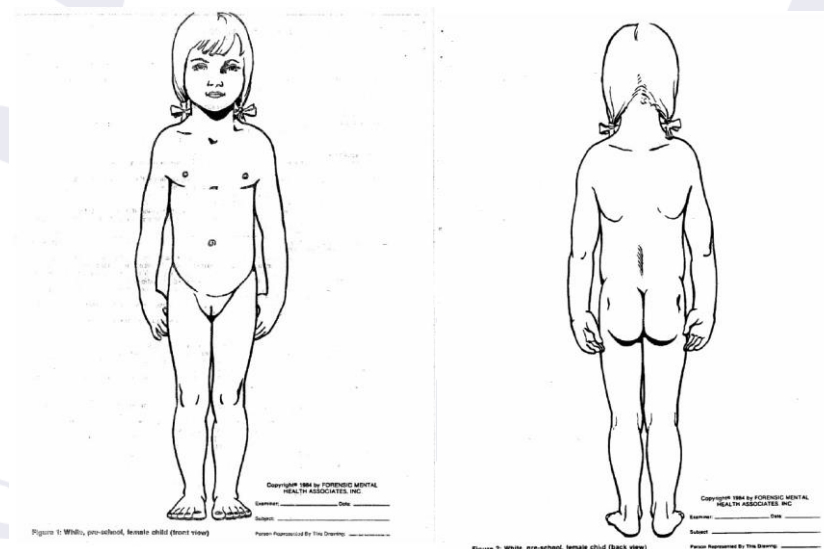


Images: Growth, A.N, Stevenson T. M., (1990) Anatomical drawings: For use in the investigation and intervention of child sexual abuse, *Forensic Mental Health Associates Publication*

The child is asked to distinguish the different genders, name the parts of the human body and refer to their functions.

Then, since the interview has progressed and abuse is suspected, the examiner may re-present the anatomical diagrams by asking focused questions about specific parts of the body. If, for example, the suspicions of abuse have not been confirmed or the child has not verbally disclosed the abuse, the examiner points on the drawing and asks if anything has ever been done to any area of the body. ("Has anyone ever touched you in any part of your body?").

Anatomical diagrams can also be used after disclosure of the sexual abuse in order to clarify details relevant to his/her sexual abuse and to enrich the information, after the child having disclosed being touched (e.g. "*Show me exactly where he/ she touched you*").



Images: Growth, A.N, Stevenson T. M., (1990) Anatomical drawings: For use in the investigation and intervention of child sexual abuse, *Forensic Mental Health Associates Publication*

3.4 RATAAC

One of the best known forensic interview protocols that uses, among other things, anatomical diagrams is RATAAC® (Rapport, Anatomy identification, Touch inquiry, Abuse scenario, Closure) which was created by specialized training centers

in child sexual abuse in the U.S.A. (CornerHouse Interagency Child Abuse Evaluation and Training Center & National Child Protection Training Center).

According to the RATAC® protocol, anatomical charts play a major role in the forensic examination and are presented to the child at the beginning of the procedure.

This protocol was first introduced in the 1980s and is now considered the most reliable protocol in terms of the use of anatomical charts.

The examiner at the beginning of the interview and during the process of rapport building with the child wants to get the child's attention by writing words or making sketches on a large piece of paper. Initially he/she tries to sketch the child's face, often with his/her help. The aim is to create a pleasant and friendly atmosphere that will strengthen the interviewer-interviewee relationship.

Assessment of the child's perceptual abilities and Assessment of the developmental stages:

- During this activity, in the initial phase of the forensic interview, the professional takes the time to talk to the minor and assess his/her basic skills.

Learning about the family of the child:

- Next, sketched faces with neutral features are presented to represent the child's family members. The child fills in the names of his/her family members next to the sketches and is asked to talk about each one individually. In this way, important information about his/her relationships with his/her family is expected to be elicited (Hitz & Bauer, 2003).

Explanation of ground rules and naming body parts:

- Then, in the substantive phase of the forensic interview, the examiner, and after agreeing with the minor to follow certain rules during the interview, presents the child with an anatomical diagram asking him/her to first name the body parts, sexual and non-sexual.

- The child is asked to indicate whether he/she has been touched by a third person, pointing to the exact places on the diagram. Depending on the answers, the interviewer will proceed to open questions.

The use of anatomical diagrams in forensic interviews for sexually abused children:

"Once a trusting relationship has been built, show the children the anatomical diagrams taking into account their age and ethnicity. If you are interviewing an adolescent, use the diagrams for adolescents. Again, if you are talking to a four-year-old girl, show a chart depicting a preschool-age girl and a chart depicting a preschool-age boy.

Initially show only the front body image of both genders. If you show both sides at the same time the child may become confused and think that two different minors are being depicted.

Then ask the child first if the picture shows a boy or a girl and then invite the child to tell you which picture he/she thinks the picture looks like. Sex discrimination ability does not need to be assessed in children over six years of age unless there are developmental problems. So when addressing children over six years old, explain that you are showing them these pictures because you want them to name the parts of the human body.

Then show the child the chart depicting their own sex and ask them to tell you the body parts of both the front and back. Although there is no specific procedure for this, it is advisable to start by asking about the head (showing each of the facial parts separately) and then move on to the rest of the body.

Once this stage has been completed, the examiner writes the words for the body parts that the minor has told him/her about on the corresponding part of the chart. The child should not be given the impression that there are "right" and "wrong" names for the various body parts.

The interviewer should accept the minor's answers, whatever they may be. He/she should also avoid making any criticism or expressing strong feelings of shock or disgust after hearing a word.

If the child perceives that the examiner reacted negatively because of a word used for a particular body part, the child is very likely not to speak again. Because some minors may be reluctant to name certain parts, it is important to have a discussion beforehand in order to give the respondent a sense of security. The interviewer explains that the interviewee can use any word he/she wants. If the child is still uncomfortable, the adult has the following options: a) tell the child to use the same word for that body part that his/her parents use, b) give the child time to think of a name that he/she wants, or c) encourage him/her to choose by answering a multiple choice question between three different words.

It is important for the examiner to become familiar with the terminology used by the child so that there are no misunderstandings and misconceptions about the naming of body parts when disclosing sexual abuse.

The diagrams will then be used in order to show and mark on them the exact parts that received the sexual abuse. Also, by observing the anatomical drawings, the child may recall other events related to the abuse.

It is very important for the examiner to remember that anatomical diagrams are not used to replace verbal communication with the child but to support it. They are, in other words, simple tools that can help children to better communicate their experiences.

Source: Holmes & Finnegan, 2002

Anatomical diagrams could also be used after verbal disclosure of the abuse by the minor. The interviewer shows the drawings to the child and asks the child to choose one that represents him/herself and another that represents the offender. He/she then asks him/her to mark on the diagram or color in those parts of the body that received the abuse. Finally, he/she encourages it to say exactly what happened at each place he pointed to. A similar process is followed with the drawing representing the adult. That is, the child is asked to show the body parts used by the offender and then explain what exactly he/she did.

3.5 Advantages & Disadvantages

The important advantage of anatomical diagrams is that they do not have the characteristics of a game that could distract children from the initial goal, they do not capture the imagination and do not require the same ability to grasp the concepts of symbolism and (self-) representation. It is therefore easier for children to represent themselves through a drawing than through a doll.

Besides, they are more familiar with drawing and drawings since they learn from a very early age that they represent specific persons or things. For this reason, they can be used even with children as young as 2 years old.

The anatomical drawings used during the forensic interview may form part of the evidence and be presented at the hearing. For this reason, experts recommend that examiners note on the diagrams the questions they ask, the answers they receive and all the information they collect. Children can make similar notes. For example, if a minor reports that the abusive adult penetrated one of his/her fingers into her vagina, the interviewer or child circles the finger and next to it notes what exactly happened.

Critics of anatomical diagrams argue that they are suggestive and therefore can elicit untrue claims from children.

Research has shown that while they do indeed help adult respondents to talk about the touches they have received, even identifying the exact spot, they also carry the risk of misleading them.

The researchers also pointed out that the shorter the time between the touching of children and their forensic examination using the anatomical drawings, the more reliable their responses.

It is worth noting, however, that the studies that have been carried out have had many important limitations which call into question their reliability.

Their weakest point is found in the fact that they were not conducted in a real environment but in laboratory conditions where the particular dynamics that develop during a real forensic interview are absent. Many problems may be due to

the different methodology used each time: different types of charts, different ages, different administration procedures, etc.

In some studies the charts were presented to the children at the beginning of the process and in others during the process. Also in some cases the children were examined immediately after the touches they received during the experimental procedure and in other cases after a long period of time had elapsed since the experience.

Despite the potential drawbacks and research findings, anatomical diagrams, drawings and charts could be in the hands of a trained and experienced practitioner, a very useful tool in the forensic interview of children.

"Using extra-verbal communication tools can bring many advantages.
Interviewers should therefore always be able to use them on the basis of a planned methodology'.

Chapter 4 - Forensic Interviews of children with special needs

This category includes children with physical disabilities, mainly related to the senses of sight, hearing and speech, children with severe motor difficulties, children with developmental problems, children with communication problems (e.g. children with autism or Asperger's syndrome), children with intellectual disabilities, children with behavioral disorders (e.g. attention deficit disorder, conduct disorder, etc.) and children with seizure disorders.

Children with special needs are approximately two to four times more likely to be sexually abused, and one in three minors with developmental disabilities will have their sexual freedom violated before the age of 18.

Indeed, boys and young children with an intellectual disability seem to be particularly vulnerable. In broad terms, their sexual abuse begins around the age of two to four and lasts from five to fifteen years. The offenders are mainly people in the child's family or close environment, for whom children are 'safe targets' as they often lack the capacity to avoid or disclose their abuse.

Knowing that the victimization rate of children with special needs is at least 1.5 times higher than that of other children, we would say that this vulnerable category, compared to other victimized children, suffers from abuse for a longer period of time, is subjected to more intense forms of violence and endures more intimidating and threatening behaviors.

4.1 Deterrents to disclosing sexual abuse: Why do children with special needs have bigger difficulties in revealing the sexual abuse?

Among the factors that increase the risk of sexual victimization of children with special needs are their inability to defend themselves, their limited ability to communicate - as a result of their cognitive or other deficits - their lack of

knowledge about sexual behavior and the protection of their sexual freedom, the fear of losing the caregivers on whom they depend, their separation from their loved ones and their placement in special institutions.

Important deterrents to the disclosure of the sexual abuse suffered by children with special needs are:

- Lack of knowledge about sexuality and its abuse, which is due to a lack of affective-sexual education.
- The greater difficulty to distinguish between "good" and "bad" touching.
- Difficulty in separating care from sexual abuse.
- Insecurity and the fear of even greater social marginalization and isolation from the intimates on whom they depend.
- The imposition of punishment.
- Fear of not being believed or of being blamed for their abuse.

For these reasons, minors in this category disclose their abuse less frequently and with greater delay. In the vast majority of cases, the abuse will never be made public by the victim himself/herself, who might continue being abused for a long time.

However, often, there are signs. Because of the difficulty of children in communicating, especially those with limited or non-existent language skills, it is important to consider non-verbal communication as well as other non-verbal signs that indicate that something significant is happening to the child (e.g. eating disorders, sleep disturbances, persistent crying, isolation, apathy, etc.).

At a significant extent, the difficulty of disclosure is much related to the inability of professionals to examine children in an appropriate manner due to a lack of specialized knowledge and training in handling cases of child abuse of children with special needs. Indeed, they often underestimate both the signs and consequences of sexual victimization. With regard to the former, they sometimes attribute certain behaviors of children with special needs to their deficits. With

regard to the consequences, they argue that the psychological trauma, especially in child victims with intellectual disabilities, is less severe. In other words, they do not rate the sexual victimization of a child with special needs the same as the sexual abuse of other children.

The same perception, which prevails for other special categories of minors, is often used as an alibi by offenders, perpetuating the abuse of this vulnerable category of minors.

Another reason for concealing the sexual abuse of children with special needs is that their parents or caregivers lack confidence in the Criminal Justice System and its effectiveness. Research confirms that the Criminal Justice System fails to protect people with intellectual disabilities since the necessary adaptations are not made, making it impossible for them to participate adequately or vitiating their participation. Besides, they are often intimidated, challenged and misled through the use of inappropriate questions.

The tendency to give priority to typically developing children is defeating the purpose of the dictates and basic principles of any conductive state.

4.2 Preparing the forensic interview

Every forensic interview with minor victims of abuse includes a first preliminary stage, the aim of which is to establish a relationship of trust and to assess their developmental stage. In the case of children with special needs, it is essential to collect data such as:

- an assessment of whether the minor's deficit may affect his/her ability to understand the facts and his/her testimony;
- the assessment of the mental capacity of the minor;
- the collection of information on his/her communication skills, daily habits and peculiarities;
- information on whether a particular medication is being taken and whether it affects his/her behavior and testimony.

The assessment of both the developmental stage and the child's overall picture will also determine how the forensic examination will be conducted. This means that the procedure should be tailored to the child's particular needs and not the other way around, as is usually unfortunately the case.

The most important thing in obtaining a reliable interview in these cases is to adapt the questions to the cognitive level of the minor interviewee. The interviewer should focus not on the child's inabilities but on his/her particular skills.

When it comes to children with significant vision problems/impairments it is necessary:

- assess the nature and extent of damage,
- the minor has explored the area or has been given a detailed description,
- the child is informed of what is happening and the origin of any sounds is explained (to create a sense of security); and
- in the case of partial vision, the child can see the interviewer and any aids that may be used.

A professional specialist is necessary to assist the interviewer during the first phase of the victim's assessment and data collection and throughout the forensic interview. As it is important to protect children from inappropriate manipulation that could exacerbate their vulnerability, it is advisable to inform the specialist professionals of the particular difficulties of the children under examination.

It is important to stress that due to individual differences; children with the same diagnosis may react and respond in very different ways during their forensic examination, so it is imperative that each case is treated as unique.

If a minor with a **cognitive disability** (*People first language suggestion in <https://odr.dc.gov/page/people-first-language>*) has been victimized, the first step is to evaluate him/her. With the help of a mental health professional, the interviewer is appropriate:

- be informed of ways to encourage the child in order to establish a relationship of trust and
- be aware that the attention span of children may vary, so give the minor as much time as necessary, using simple open-ended questions and perhaps taking a break.

4.3 The Forensic Interview

At all stages, **common mistakes** are followed. Either dealing with typically developing children or with children with disabilities, here, the interviewer should:

- build beforehand a warm and mutually sympathetic and trusting relationship;
- clarify his/her role and explain the objectives of the whole process and the rules governing it;
- ask the minor if he/ she has understood the process and ask him/her to repeat in his/her own words what has been said;
- to check and better assess the respondent's abilities, while understanding his/her difficulties;

With regard to children with **autism** spectrum disorders, the interviewer should respect their needs and, above all, be aware that: not two people with autism will have the same capabilities:

- They can have severe communication difficulties, and show less attention to social stimuli.
- They can have an impaired ability to cope with uncertainty and prefer a stable context (always the same place, with the same people in the same places, in case of a repeat interview).
- They do not communicate through eye contact, have less eye contact or avoid eye contact.

- Prefer to keep a distance from people they do not know in the room; and
- It is advisable to avoid noise, bright colors, many different stimuli and the involvement of many unfamiliar people.

- have the flexibility to move quickly to the next stage, always using language adapted to the child's abilities and needs;

- to monitor the child carefully and adapt the methodological tools accordingly (e.g., for children with neurodevelopmental disorders, the use of non-verbal techniques - anatomical drawings, painting - has proved to be more appropriate);

- take account of the fact that, children in this vulnerable group, should receive specific stimuli –in terms of their quantity and quality- compared with other children, and adapt the interviewing questions accordingly;

- be aware that, sometimes, they may be more prone to suggestion and guidance as they have learned to obey adults;

- not to miss the fact that these minors may often suffer from low self-esteem and so will not attempt to ask them to repeat a question they have not understood or to fill in something they have omitted;

- remember that answers are likely to be given with the aim of pleasing the professionals involved in the process;

- choose open-ended and general questions (e.g. "Who was there?"), encouraging free recall of the facts;

- avoid closed questions that are answered with a simple 'yes' or 'no' (the lack of choice is a source of great pressure and confusion, leading many children to arbitrarily choose sometimes the first and sometimes the second answer);

- asking questions in simple and understandable language using everyday words, short sentences, simple phrases and tenses. In place of pronouns, the use of the subject's name is suggested;

- be aware that repeating the forensic interview may increase the volume of information as it is likely to enrich the respondent's initial statement, but may also lead to confusion.

It is imperative that the professionals conducting the interview are well trained, so that with the appropriate possible methods and the correct use of questions they can elicit a reliable testimony without having to repeat it.

4.4 The use of extra-verbal communication aids

Non-verbal communication methods are usually used both as a complementary tool and exclusively when all other possibilities of verbal communication have been excluded.

In the case of children with cognitive problems, anatomical diagrams and anatomical mannequins usually make it much easier for them as they only need to point. However, in these cases, an assessment of their ability to symbolize and represent people and events through objects should be carried out beforehand.

Finally, it is possible to use special electronic or other devices designed to enhance or substitute speech by means of which the respondent usually types in answers or points to letters or symbols on a board (e.g. 'Bliss symbol', 'Facilitated Communication'). Their use takes into account the specific problem of the child, his/her cognitive abilities and the degree of mental or motor impairment.

Basic principles of forensic interviewing with children with special needs

● **Right to be accompanied by a person of his/her choice:** All minors, regardless if they have special needs or not, should have the choice to have an adult of their preference (unless the prosecutor or judge determines otherwise). So, if the minor requests that an adult be present during the forensic interview, a person other than family members should be selected. If he/she is particularly young and persistently requests his/her parent, consideration shall be given to the possibility of granting his/her request. If the parent is allowed to be present during the interview process, it is important that his/her role is clearly defined. Furthermore, this person should be preferably seated in the back of the minor, to limit the field of vision with the child and avoid distraction. In other jurisdictions a specially trained professional is

appointed, as in the case of any abused child, to prepare, support and accompany the minor throughout the process. If a third person is present, it must be made clear to children that the entire procedure (preliminary hearing, main questioning, hearing) is determined by professionals only. Therefore, they are addressed and respond only to them.

● **Physical environment:** The place where the interview will take place should have the appropriate specifications to accommodate children with special needs (e.g. wheelchair accessibility, excellent lighting, good acoustic and sound insulation, etc.). It should also be free of objects that may distract the interviewees or make it difficult for them to move around the room.

● **Background information:** Gathering information and data from many different sources about the specific problem the child is facing, his/her weaknesses and abilities, his/her daily life and his/her peculiarities is essential. It is also useful to carefully investigate the reasons for suspected abuse.

● **Importance of rapport building:** Children with special needs, particularly younger children, are often overly attached to their caregivers, showing great difficulty in interacting with strangers in unfamiliar environments. For this reason they show higher levels of anxiety. Establishing a mutual relationship of empathy and trust before the interview begins between the interviewer and the minor is crucial to the progress and development of the testimony. The need for encouragement is imperative throughout the process.

● **Child friendly and disability friendly language:** The interviewer, after introducing himself/herself, should explain in simple terms and in more detail the guidelines and rules of the interview. The questions he/she will ask should be simple, short and understandable without the use of polysyllabic and unfamiliar terms to the children. Similarly, simple language with clear and correct pronunciation should be adopted. The interviewer should adapt as much as possible to the child's terminology and include it when addressing specific events, concepts, or body parts. Closed questions should be avoided.

● **Types of questions/probes:** Questions about 'where', 'when', 'who' ('wh' questions) are useful in order to clarify general information and to check their reliability. It is also recommended to use concrete rather than abstract concepts

that may not be understood. Guidance, suggestion and influence are ethically impermissible. Free narrative and open-ended questions are encouraged. If the child has difficulty answering an open-ended question, it is suggested that a specific question be asked first, followed by an open-ended question.

- **Non-verbal aids** can be of considerable help in learning information, provided that they are used by a qualified professional and that children's ability to perceive them as a means of representation has been assessed.

- **Cases of multi-victimization:** If the child has been victimized more than once, the forensic examination should focus on each abuse separately and only continue to investigate the next abuse when the necessary information regarding the first incident has been gathered. However, when children have suffered repeated victimization prolonged in time, it is unlikely they can recall each event of victimization they suffered separately. In these cases, professionals should focus on the times that are likely to be the best remembered – the first time, the last time, and another time (Lamb et al., 2007).

- **Attention span:** Often children with attention deficit disorder tire sooner and maintain uninterrupted attention for a shorter period of time. For this reason, more breaks and shorter interviews are needed.

- **Repetition:** In the case of forensic examination of children victims of abuse with special needs, unlike in the case of examination of other children, repetition of the process may be necessary and useful. It is therefore proposed that more short interviews be conducted. This is often necessitated by the great difficulty in communicating with children, the problems of recalling facts and the inability to concentrate. The interviewer should not be rushed, frustrated or jump to conclusions. He/she should explore what exactly went wrong and redesign the interview.

- **Professionals' bias:** Professionals who are going to investigate the claims of children with special needs should be aware that they will encounter many difficulties. They will almost always doubt what has ultimately happened and will rarely be able to reach certain and secure conclusions. What should be assessed first and foremost is whether the child is safe and how it will be possible to protect their rights.

Sources: Davies, 2002; Davies & Faller, 2007; Lamb, Hershkowitz Orbach & Esplin, 2008; Scottish Executive, 2003.



Chapter 5 – Cultural competency and diversity

Research on child abuse, the design and adoption of prevention and intervention programs rarely take into account the intercultural factor.

Today it is considered imperative to acquire specialized knowledge and training for professionals conducting interviews with foreign child victims of abuse. Existing differences in ethnicity, religion, culture and socio-economic background must undoubtedly be taken into account.

Minors from different cultural backgrounds and minority groups are at increased risk of victimization.

The social price that victims of sexual abuse have to pay seems to be one of the most important factors in concealing their victimization.

The cultural dimension has a significant impact both on the way victims and their families react and on the way minors are treated by professionals.

But how should the forensic interview be conducted with a Roma child, an unaccompanied minor or a Muslim immigrant girl? What are the particularities and what are the obstacles that will make the whole process difficult? What are those particular cultural components that will affect the interview of the minor victims?

It is only in the last decade that an attempt has been made to apply research findings to forensic interviews with foreign child victims. Thus, the first guidelines were formulated emphasizing, among other things, the importance of the mother tongue and the particular cultural context of the minor interviewee (American Professional Society on the Abuse of Children, 2000). The first training programs for interviewers of children with a different mother tongue were developed and the first guides for conducting relevant forensic interviews were published.

5.1 Preparing the forensic interview

According to the National Children's Alliance (2017), discovering the background of the child, gives professionals the opportunity to have a better understanding of the perceptions of both of the child and its family regarding the abuse and attributions of responsibility; the family's degree of acculturation and comprehension of laws; religious or cultural beliefs that may affect disclosure and follow-up with services, and recognize the impact of prior experience with police and government authorities both in this country and in their countries of origin.

Since, in practice, much information seems to be missing, such as the birth-date and birthplace of the child, a comprehensive information collection should be conducted from the initial stage of forensic interviewing. Thus, the interviewer should:

- Have collected information about the culture of the child victim in order to then explore what elements of the culture may influence the course and credibility of the forensic interview;
- know his/her nationality and religious beliefs;
- to know when he came to the country, under what circumstances he/she left his/her s home country and the length of time he/she has resided in the host country;
- take into account that children who have been in the host country seeking asylum are likely to have had negative experiences in their contacts with the official authorities and are therefore unlikely to trust professionals;
- bear in mind that they are likely to fear that disclosure of their abuse will affect their own and their parents' ability to remain in their new home country.

Ask specific questions to those persons in their care:

- *"Where was your son/daughter born?"*
- *"When did he first come to live here?"*
- *"Who does he consider his/her family?"*
- *"Who lives in the house? Does another person live with you?"*
- *"What is the first language your child learned to speak? What language is used at home?"*
- *"What language does the child prefer to speak with his/her siblings and friends?"*
- *"What is your religion? How faithfully do you follow it?"*
- *"How would you define yourself culturally? What elements of your culture do you consider to be the most important?"*
- *"How did you immigrate to the country?"*
- *"What effect did this have on your family?"*
- *"Have you adjusted to your new life here?"*
- *"What are you doing to cope financially? How do you survive?"*
- *"Are you experiencing any problems related to your immigration or residency status here that I should know about?"*

Source: Fontes, 2008, 2010

- Revise stereotypical attitudes and prejudices, respect intercultural differences, be flexible, responsible and considerate;
- be aware of the essential differences between different cultures;
- seek different definitions and different cultural habits concerning sexual behavior;
- explore whether the behaviors attributed to the offenders are compatible with family traditions (e.g. female genital mutilation, etc.);

- take into account the requirements of different religions regarding the establishment of close interpersonal relationships, the loss of 'purity' and the violation of sexual freedom;

- be able to differentiate between behaviors that are in keeping with different cultural contexts, while avoiding a criminalizing approach;

- to examine very carefully the credibility of the cultural explanations provided, as this is the way to justify all forms of sexual abuse of minors;

- be careful about the type of questions chosen and the way they are asked to elicit information;

- evaluate silence;

- respect the way in which individuals themselves define their own identity, avoiding over-personalization simply because they share the same ancestry;

- whether the minor has faithfully adopted the particular culture of his/her parents or whether he/she has also been influenced by the cultural elements of the host country in which he/she lives.

Pay particular attention to the following:

- to collect information on the child's living conditions, socio-economic level and family structure;

- to be aware that **the gender of the interviewer** plays an important role (in some cultures it is considered inappropriate to talk about such private matters to people of the opposite gender. Also, in general, children seem to **trust** adults of the same ethnicity more);

- to acknowledge and admit their limitations in using another language by requesting the **appointment of an interpreter**;

- **bilingual children/mother tongue language interferences**: take into account that children who use the language of the host community on a daily basis may choose to use their native language for body parts;

- **use of technical concepts with bilingual children**: to be aware that in bilingual interviews, there are key differences in the structure, expressions and meaning of words, so the bilingual minor is likely to have difficulties in understanding;

- to take special care to ensure that the interview is conducted in the minor's mother tongue, even if the child is highly competent in the second language.

Showing respect in forensic interviews with foreign children

- The interview schedule should be adapted to the customs and traditions of the minor interviewee (e.g. prayer times, fasting periods, holidays, etc.).
- The professional, when referring to the rules governing the interview, should stress to the child the right to ask questions in case of misunderstanding or even to correct the interviewer. As the behavior towards the persons of the officials of the authorities varies from culture to culture, excluding questions to them or clarifications, underlining this rule is important.
- Criticism of parents on matters relating to the upbringing of their child and their beliefs in this regard should be avoided. Instead, appropriate respect for diversity should be shown.
- The interviewer should be aware that a victimized child may hide the abuse because he/she fears punishment from the family or community to which he/she belongs. The family's dismay in cases of sexual violation of family members often creates problems in the professional's cooperation with the child and his/her family members.

Source: Guidance on Interviewing Child Witnesses in Scotland, 2003.

Important cultural issues that should be taken into account

- Disclosure of abuse may not be possible as in some cultures it is a cultural imperative to keep family secrets. Fear of society's reaction is a barrier to disclosure of a member's sexual abuse and so children are taught early on to guard their secrets well. Indeed, in some cultural contexts the sexual abuse of girls is a disgrace to their family and the father as her protector is seen as having failed in his role. In this case, making the sexual abuse public reinforces feelings of shame. Victims are warned that disclosure of their sexual abuse will be responsible for breaking family ties that were previously very strong. They are usually accused of provoking the offender, of shaming their family, and of bearing the burden of responsibility for the breakup of their family. The result of all this is the stigmatization and social isolation of the victims.
- The child's knowledge of the sexual activity may be due to the fact that often due to adverse economic circumstances many family members share the same

room and even the same bed. Children are used to undressing in front of others and seeing other family members doing the same. In many cases they even reveal that their parents have had sexual intercourse, thinking that they were asleep. It is important for the interviewer to collect information on the family's income and living conditions. These questions should be asked with discretion and sensitivity. *However, it is important to have in mind the myth that "child sexual abuse takes place mainly in poor, disorganized and unstable families/ is more common in marginalized families with low socioeconomic status"!*

- According to other cultural imperatives, girls must find their husband at a very young age. In these cases, sexual activity of minors is acceptable even if the age difference with their partner is large.

- In some cases, the alleged offender may be the only one who supports the family financially. His possible conviction and removal may aggravate already difficult living conditions. Many children may be discouraged from disclosing their abuse after accusations that they themselves will be responsible for the lack of income in their family.

- A child's vocabulary is influenced by many cultural and socio-economic factors. The interviewer must have the appropriate knowledge in order to understand the cultural background of the minor interviewee. When describing body parts, some children may use more formal terms, while others may use "street vocabulary". It is important though, not to give them the impression that there are "right" and "wrong" names for the various body parts.

- Culture differs by ethnicity. Children of the same ethnicity do not necessarily have the same culture. Other factors such as education, religion and socio-economic status may have more influence on their culture.

Source: Guide for Forensic Interview of Spanish-Speaking Children, 2004.

5.2 Conducting the forensic interview

It is necessary to train all professionals who will be involved in the criminal process in the particularities of the examination of bilingual children.

Professionals need to be aware that when conducting a forensic interview with a child who speaks a different language from that of the host country:

- More time may be needed (translation with the help of an interpreter may double it);

- in particular, more time needs to be given to the preliminary stage of building a relationship of trust with the minor to make him/her feel more comfortable;

- no pressure should be applied;

- there is a need to explore the family ties and relationships between the child and the adults he/she mentions (in some cultures any older friend is called 'uncle' and any older person is called 'grandfather');

- it is important to find out about holidays and customs to which children may refer when trying to time an event;

- in relation to the child's family, it is essential to recognize the difficulty of the situation, to show empathy and respect for the different culture, to provide detailed information, encouragement, reassurance that there will be confidentiality and discretion and, above all, that the disclosure of their child's sexual abuse will not affect issues relating to their stay in the country.

Conducting forensic interviews with bilingual children

- The language that the minor speaks best and most comfortably should be chosen. It is usually the mother tongue. However, it may be the case that the language he/she knows best is that of the host country.
- If the language of the host country is chosen, account shall be taken of the time the child has spent in the host country in order to assess his/her level of proficiency.
- It is often impossible for an accurate translation to convey the exact meaning of the mother tongue.
- Some terms - phrases may not have a clear meaning when translated into the other language (e.g. "are you in trouble?"). Often a literal translation is not helpful.

- Fluency in a language does not necessarily mean that the child fully understands it.
- Limited knowledge of the non-native language may lead to an incomplete description of the facts.
- Using and switching between two different languages can create problems of understanding for the interviewer. It is therefore necessary to ask for clarification and summarize.
- It is important that the child repeats what the offender said during the abuse in the language used by the offender.
- It should be clear that the responsibility for not understanding a topic lies with the interviewer and not with the minor.

Source: Guide for Forensic Interview of Spanish-Speaking Children, 2004.

5.3 The role of the interpreter

When communication with the child is limited or impossible, the presence of a professional interpreter is required and victims have the right to have one. Towards the protection of the integrity of the investigation and services offered, special attention should be given to ensure the utilization of appropriate translators, and not just the involvement of any third person who can speak the minor's language National Children's Alliance (2017). Therefore, relatives or friends of the family of the child interviewed should be excluded.

The requirements of an interpreter:

- Experience/ training in being interpreter during forensic interviews with children should be required: to be a qualified and experienced professional, familiar with the purpose, procedure and basic principles of a forensic examination;
- be bound by confidentiality;
- have a facilitating role aimed at creative communication between the interviewer and the child;

- be neutral and impartial;
- to convey accurately what the child testifies, including abusive words;
- not to be a familiar person;
- take into account the sex of the child.

Sequential interpretation is recommended. It is recommended that the interviewer and translator meet and start working together before the interview in order to avoid major mistakes and to resolve some essential issues from the outset.

The interviewer is responsible for conducting the interview, while the interpreter is involved in the process as an auxiliary. Questions are only asked by the interviewer directly to the minor and not through the interpreter. The latter does not ask questions or make comments. He/she translates accurately without overlooking any part of the questions and answers, without adding or subtracting. The translation is always done in the first person without adding 'he/she said'. The interpreter conveys both the content and the spirit of what was said.

Upon the day of the forensic interview, the interpreter is introduced to the child and its role is explained. The interviewer and the interpreter explain that everything said on both sides will be translated, assure the child that confidentiality will be respected, reassure him/her that he/she will be respected and finally encourage him/her to ask questions or ask for any clarification. The questions asked by the interviewer should be brief, raise one issue at a time and be phrased in simple language. The two adults sit next to each other and opposite to the child so that the child is able to maintain eye contact (when culturally permissible) with both of them.

The interpreter's recapitulation and summary of what the child has said after the questions have been completed helps to confirm what was said, to ensure correct understanding and to avoid mistakes.

Working with an interpreter:

- Sequential interpretation is recommended. It is recommended that the interviewer and translator meet and start working together before the interview in order to avoid major mistakes and to resolve some essential issues from the outset.
- The interviewer is responsible for conducting the interview, while the interpreter is involved in the process as an auxiliary.
- Questions are only asked by the interviewer directly to the minor and not through the interpreter. The latter does not ask questions or make comments. He/she translates accurately without overlooking any part of the questions and answers, without adding or subtracting. The translation is always done in the first person without adding 'he/she said'.
- The questions asked by the interviewer should be brief, raise one issue at a time and be phrased in simple language. The two adults sit next to each other and opposite the child so that the child is able to maintain eye contact (when culturally permissible) with both of them.
- The interpreter's recapitulation and summary of what the child has said after the questions have been completed helps to confirm what was said, to ensure correct understanding and to avoid mistakes.

Source: Fontes, 2005; Guide for Forensic Interview of Spanish-Speaking Children, 2004; Wilson & Powel, 2001

Chapter 6 - Important Considerations

A large number of researchers underline the negative effects of adopting suggestive and unreliable techniques, such as the use of leading questions, repetitive interviews, with high frequency at different time intervals by different people with little specialized training.

The misuse of techniques and methodological tools can lead to the corruption of memory, the creation of excessive stress for the victim and his/her family, the reduction of the credibility of the child's testimony during the pre-trial and hearing process, the reduction of the likelihood of conviction of the offender, the unnecessary repetition of psychologically demanding and costly procedures, etc.

In order to avoid these negative consequences, it is necessary to keep under constant review those techniques that are widely used and to revise them when necessary, including continuous training, feedback and supervision of the forensic interviewer's practice. The cornerstone, according to Victim's Rights Directive, however, of any effective and meaningful effort to reach out to victims of sexual abuse is the adherence to a code of conduct aimed at protecting minors from the suffering that comes with involving children in procedures that are usually tailored to the demands and needs of the adult population.

Important Guidance of Conduct:

- Avoid repetition of the forensic examination. According to ENCLAVE Project's Transnational Report (2022, p. 55): *"in some circumstances a single interview is not enough, for instance, "when abuse is not disclosed in the first interview but there is good reason to suspect that it occurred", where "allegations of multiple offences are involved", when the child experiences high levels of distress and it is difficult to establish a good rapport, when new information is obtained by other sources, or the child has remembered more details. In cases where more than one interview is needed, "care must be taken to avoid repetition of the same focused questions over time, which could lead to unreliable or inconsistent responding in some witnesses and interviews being ruled inadmissible by the court" (art. 20.b, art.20.d, and art. 23.2.c).*

- The duration of the examination should not exceed one hour. However, the child's rhythm should be respected: Some children might take 20 minutes, while some might need 90 minutes.
- The forensic examination should be conducted by one or two professionals, in a specially designed room that allows for video recording, which will, in turn, be used in court as pre-trial evidence (art. 23.3.b, art- 24.1.a, and art. 23.2.c).
- The involvement of several professionals during the examination and confusion of their roles shall be avoided (art. 23.3.b, art- 24.1.a, and art. 23.2.c).
- To be accompanied (art. 3.3, 20.c)
- Interview conducted without unjustified delay after the complaint (art. 20.a)
- DIGNITY:
 - interviews with the victim carried out in premises designed or adapted for that purpose (art, 23.2.a)
 - Carried out by professionals trained for that purpose (art. 23.2.b)
 - Carried out by the same person (art. 23.2.c)
 - Same sex interviewer (art.23.2.d)

6.1 Basic knowledge

Professionals involved in the examination of the child's allegations will not be able to select and apply their methodological tools correctly and effectively if they do not have a basic knowledge of developmental psychology and the functioning of basic cognitive mechanisms (attention, perception, memory, etc.).

In brief, some important and useful scientific conclusions are listed below:

- The cognitive functions of perception, attention and memory have important subjective factors. The same applies to the individual mechanisms of information storage and retrieval.
- Limited storage capacity both in short-term and long-term memory, retention prestige, recall type, number of recall attempts, post-event interference, and instructional questions often lead to memory corruption.

- The chances of corruption, increase when the memory is poor in stored data and when a long time has elapsed since the event under consideration took place.
- Traumatic events in a child's life sharpen the accuracy of the shunt and are stored for a longer period of time than normal everyday occurrences
- The chances of false memories/induced memories by adding items later than the event under investigation are the same for both children and adults.
- The volume of free recall information of children after 12- 18 is as satisfactory as that of adults.
- Anxiety is causally related to the risk of memory distortion and incorrect retrieval of requested information.
- Compared to adults, children show increased levels of fear and anxiety during both the pre-trial and the hearing process.
- Children compared to adults show increased levels of fear and anxiety from the presence of the offender at the hearing.
- Children compared to adults are more vulnerable to leading questions.
- Children compared to adults have serious problems in understanding the questions due to the inappropriate use of (legal - doctrinal) language.
- Children attending school seem to reveal the abuse they suffered more clearly and reliably.
- Compared to older children, the recall of preschoolers is not as detailed.
- Compared to older children, younger children tend to disclose their abuse incidentally, often after a trigger.
- Children make fewer errors in checking the source of information when using free recall than when specifically asked.
- Compared to older children, preschoolers are better at recalling events in their memory with the help of signs/stimuli (e.g. use of anatomical doll, children's house or other structures, etc.).
- Involving more people in the examination of the minor victims and witnesses significantly increases anxiety.

6.2 Basic guidelines

6.2.1 Developmental stage of the child being tested

An assessment of the developmental stage of the child victim being interviewed is of utmost importance in order to select the appropriate interview techniques appropriate to the particular case. Unfortunately, experience shows that in many cases children are treated as adults, resulting in the inevitable creation of multiple errors and misunderstandings. The majority of problems arise from the complex wording of the questions and the difficulty in understanding their content.

Children face serious difficulties in understanding the "*legal language*" used during the hearing and minors up to the age of 15 do not understand about half of what is said. Questions that do not take into account the developmental stage of the child can lead to unreliable information being learned.

To the eyes of children, the people who question them in court seem to exercise so much authority that any lack of understanding of what is being asked, any objection or deviation from the expected, seems unthinkable and unacceptable. Not a few times they respond without understanding the question in an attempt to relieve themselves as soon as possible of this ordeal

Sometimes adults misinterpret the actual content of their testimony. In these cases, the multiple problems that arise (omissions, ambiguities, misrepresentations) are due more to the incompetence of the interviewer than to the weaknesses of the child. All the studies clearly converge on the fact that professionals must make every effort to harmonize the requirements of the interview with the developmental stage of the child and his/her particular abilities.

Finally, due to the existence of significant individual differences between children of the same age, it is important that examiners are flexible and avoid strict adherence to age limits and specific protocols.

6.2.2 Investigating the Knowledge and capacities of the child in questioning

- ***Conventional measurement systems***

Children, depending on their age and maturity, do not always understand measurement systems. In order to explore their relationship with them, it is important at an earlier stage of the interview to ask the professional a number of questions such as "How tall am I?", "How far is this room from the other room?", "What day is it today?", "How long have you been here?", "What time is it now?"

- **Parts of your body - its functions**

The child is asked to name the different parts of his/her body on a special map and explain their usefulness. Often useful information is elicited in cases of suspected sexual abuse.

- **Time and order concepts**

The extent to which the child victim understands the content of key concepts (e.g. "initially", "last", "never", "always", "before", "after", "in between", "in", "out", "forward", "back", etc.) should also be explored. For example, preschoolers could be asked to line up their toys and point to the first and last one.

- **Colors**

Often the young respondent knows the basic colors but is unable to name the less common ones (purple, turquoise, etc.). A palette of different colors can be used to show which ones he knows by name. It is not uncommon for victims to be asked about the colors of the offender's clothes, the color of his car, etc.

- **Location**

At young ages, names of towns, districts and streets are rarely retained. Children remember locations based on some of their particular characteristics. They will recall a particular house more readily than the name of the street on which it is located.

- **Proximity**

Minors are often unaware of the concept of kinship and its degrees. For this reason, it is necessary, among other things, to encourage children to identify the people who belong to their family, live in their home and talk about what they consider important in their lives.

- **Numbering**

It is important that it is not lost on adults that even if a child knows how to count, it does not mean that they have the ability to list and put in order the events that have happened to them.

- **Adopting the third-person perspective**

There is often difficulty in adopting another person's perspective and making inferences about their intentions, thoughts or feelings. By asking certain questions (e.g., "What gift do you think your parents intend to give you for your birthday?" "What do you think the hero of this film/story is thinking?" etc.) the ability of the child to put himself/herself in the shoes of a third person can be detected.

6.2.3 Wording and content of the questions

Research has shown that both the syntax and the vocabulary chosen (particularly by Criminal Justice System (CJS) actors) for the wording of questions exceed the language level acquired by children victims and witnesses, resulting in significant difficulties.

Experts should assess the level of language ability of the child being interviewed. This can be done during the relationship building stage between the expert and the minor, during which the professional is given the opportunity to listen carefully to the interviewee. Thus, he can calculate the average number of words used in a sentence, adjusting his own speech accordingly, choose short sentences instead of long sentences, avoid complex syntax, replace complicated past tenses and passive voice with simple past and active voice, prefer monosyllables and disyllables in place of polysyllables, etc.

With regard to the content of the questions addressed to the minor, it is stressed that the questions should take into account the child's knowledge

acquired at his/her particular stage of development on the one hand, and his/her ability to give reasons for the facts on the other. Answers should be interpreted on the basis of the child's cognitive development and maturity.

- Questions containing units of measurement (time, age, length, weight, height, etc.) should be avoided for children who have not yet learned to measure. In such cases it is important to adopt alternative methods (e.g. the child is not asked at what time the event took place, but what program was on TV at the time, etc.).
- The child's ability to reason should be taken into account. In justifying situations and events, preschool children often rely more on what they can see with their own eyes and less on what is not visible or what has to be assumed. Similar questions involving "hypothetical justifications" may not be understood by children in whom similar cognitive processes are still being formed (e.g., "If he was working that night, then how could he be at your house?").
- The use of terms whose image the minor can form a picture of at his/her age should also be used, and the use of inaccurate and vague words with 'unknown' (in relation to the respondent's knowledge) content should be avoided. The literature cites as a relevant example the case of a pre-school child who answered in the negative to the question whether he saw the offender holding a weapon at the scene of the murder. When the word weapon was replaced by the word gun, the child answered in the affirmative. In this case, it is clear that the generic - categorizing term gun because it was unfamiliar to the child prevented him/her from recalling the incident. On the contrary, the use of the term gun helped him/her to recall the object that he had encoded and stored in his memory with that word. Similarly a minor understood the question better: "How many times did he hit you?" compared to the question: "How often did he abuse you?".
- It is important that it is not lost on professionals that children have particular difficulty in seeing things in the light of others and making inferences about their intentions, thoughts, perceptions and feelings. For

this reason the answer to the question: "Why didn't you run away when he closed the doors and windows?" may confuse the respondent as it requires an inference about the intentions of a third person. Why type questions should be avoided in any case because they can carry connotations of guilt.

Guides for framing of the Questions

- Use of short sentences
- Wording of short questions
- Try to pronounce clearly and understandably
- Avoid complex sentences
- Use of shorter questions
- Avoid long and complex questions
- Use of monosyllabic or disyllabic words
- Avoid three- or four-syllable words
- Use of simple grammatical rules
- Avoid double negative, hypothetical, dependent clauses or phrases with strong subjective and directive content.
- Use of simple tenses and conjunctions
- Avoid periphrastic tenses and impersonal enclosures
- Use of simple, every day and understandable words
- Avoiding complex synonyms - scientific (legal) terms - ambiguous concepts
- Use of active voice
- Avoid passive voice
- Use of specific terms - names
- Avoid the use of indefinite pronouns and indefinite adjectives
- Avoid referring to unfamiliar references.

To minimize the risk of refusal to testify, trauma or memory impairment, the interview should follow and respect the following basic principles:

- use language that takes into account the age of the child;
- use of examples in order to facilitate the child's understanding;
- the child should be given examples to help him/her understand the question;
- avoiding multiple statements by the child;
- avoiding leading and misleading questions;
- avoiding repeating questions that have already been answered;
- encouraging free narrative;
- avoiding techniques of intrusion of information into memory with the aim of corruption of memory;
- avoiding a harsh tone and a rigid tone on the part of the interviewer.

Basic rules

- All "Wh" questions (what, where, who, when etc) are allowed, with the exception of the Why question (e.g. "Why didn't you speak earlier", "Why did you stay and not leave").
- the "Why" creates a great deal of guilt for child victims and increases their fear and anxiety.

6.2.4 Objectivity of the interviewer, flexibility and avoidance of suggestive techniques

Research emphasizes the importance of maintaining a neutral and objective attitude of the professional towards the child's statements:

- **The psychological climate** created plays a very important role. Even the tone of voice and facial expressions can influence the response.

- **Interviewer bias:** The interviewer should not cling to personal interpretations, but should proceed to build hypotheses, investigate the content of the child's allegations and revisit initial assumptions when new facts emerge.

- **Failing to build good rapport:** Research results have shown that individuals who create a sense of exercising special authority cause fear in children by affecting their credibility. Similarly, authoritarianism and lack of empathy make victims of abuse vulnerable to leading questions and suggestive tricks.

- **Interviewer's bias:** Phrases which are by definition negatively charged and which reflect the personal perceptions of the interviewer should be avoided at all costs (e.g. "Tell me about this bad man" or "Tell me about the bad things he did to you").

- **Interviewer's bias:** Similarly, comments that prejudge the answer (e.g., "You obviously don't remember the color of his hair") or sentences that may intimidate or pressure the minor (e.g., "You will only be able to go to the bathroom after you answer this question") should not be used.

It is of the utmost importance to establish a neutral and objective relationship with the child, where the interviewer does not intimidate, prejudge or criticize what the child claims. The professional must be polite and goal-oriented regardless of how incredible or impossible the child's claims may seem to him/her. It is the nature and type of questions that will lead the interviewer to the correct or incorrect handling of the victim under consideration.

Research has shown that free narration of events and spontaneous statements lead - compared to answers given to specific questions - to richer and more reliable testimonies.

However, often when investigating a case, the use of specific questions is unavoidable. In many cases, after all, they are necessary for the recall of facts stored in memory.

Problems can arise when the questions asked lead to memory manipulation. It has been shown that incorrect information can penetrate and distort the sought-after mnemonic event for both children and adults.

Practitioners should avoid leading and use mainly open-ended questions.

The minor is first encouraged to give a general account of the event, and then answer more specific questions ("And what happened next?").

This is followed by those which direct the child's interest to a specific topic (e.g. "Tell me now about the Kindergarten", questions which attempt to confirm information given at an earlier stage (e.g. "You said that Maria was talking to you. What exactly was she saying to you?"), others which are intended to introduce a new element and require a one-word affirmation or denial by the child ("e.g. was John there too?" and finally, categorical questions which seek to elicit a specific piece of information of particular interest. *Instructive questions should be avoided!*

6.2.5 The Effective Interviewer

- Is patient and lets the child set the pace of the interview.
- Does not interrupt, correct, fill in or add information.
- Use the same wording the child uses.
- Sets limits on his/her behavior.
- Encourages and motivates the minor to continue when he/she encounters difficulties.

Encouragement and reassurance phrases examples

- *"Don't worry. Take your time, I'm listening."*
- *"I know, it's too hard for you. Is there anything I can do to make it easier for you?"*
- *"Okay. Take your time. I'm here to listen anytime you want."*
- *"Is there anything that would make it easier for you to talk to me today?"*

- *"Maybe you've learned that you shouldn't say certain words. Don't worry, in this room you can say any word you want. We've heard them many times. It's okay if you say them here."*



Chapter 7 – Assessment of the credibility of the allegations

Professionals should be aware that children may resort to false disclosures for a number of reasons, for example to get their parents' attention, to distract them from a serious misconduct they have committed in the belief that it will go unpunished, or to get back at an adult who has not granted them a wish.

Mostly, however, minors are driven to give inaccurate testimony because of deficiencies in the functioning of their cognitive mechanisms - especially their memory - and because of their particular vulnerability to suggestion and manipulation by adults.

Incredible testimony can be the result of indoctrination, suggestion, fantasy, illusion, misunderstanding, innocent lying, deliberate lying, pathological lying, overstimulation, and incitement by another person or group.

The children's statements are divided into false positive statements where allegations are made of abuse that did not occur and false negative statements which involve the concealment of an abuse that did occur.

7.1 Criteria for assessing allegations' credibility

Among the criteria that help to characterize the allegations as credible are the content of the forensic interview, the emotional state of the child, the existence of pathognomonic findings, police evidence, the offender's confession, and eyewitness testimony. Their absence in no way implies that the complaint is false.

In the international literature, the majority of protocols suggest that the following criteria - information - should be considered in order to investigate the credibility of allegations of sexual abuse:

It is necessary to thoroughly examine:

(a) the child's behavior and especially the child's knowledge around issues related to sexual activity;

(b) the content of the allegations (the type of abuse, where, how, when and under what circumstances the abuse occurred);

(c) the psycho-emotional reactions of the minor during the disclosure.

"Criterion -Based Content Analysis" – (CBCA)

Criterion -Based Content Analysis ("CBCA") is a technique for assessing the validity of testimony with particular international application and recognition.

The Criterion-Based Content Analysis technique was developed and applied in the 1950s in Germany by the psychologist Udo Undeutsch (1982, 1989) and is today one of the most widely used tools for evaluating true and false testimony in both Europe and the United States.

In particular, this technique involves three phases:

(a) the structured interview with the alleged victim;

(b) the assessment of the statement using the specialized technique of criteria-based content analysis (CBCA);

(c) the completion of a list containing information obtained from both the interview and the content analysis of the respondent's statement.

This technique was considered highly successful, but because the second phase was considered the most essential, it soon became a highly reliable tool in itself.

Allegations of sexual abuse are considered credible/truthful if a significant number of criteria are met. It is particularly important that the first three criteria, which relate to particular behaviors and attitudes of the minor, are met.

Qualitative criteria for the analysis of the statement

A. General characteristics of the allegations in the submission

1. Coherence and logical structure

Is there coherence and sequence in the narrative of events?

Do the individual parts of the statement follow a logical structure?

2. Lack of structure in the presentation of the facts?

Does the account of events flow effortlessly? Is the narrative characterized by a lack of organization? Are there any specific elements in the narrative? Which appear with some consistency throughout the testimony? Are there any sudden and abrupt changes in the focus of the subject?

3. Quantity of information

Are the events placed in a specific spatial and temporal context?

Are the persons, objects and facts accurately described?

Are the facts and events described accurately?

B. The exact content of the statement

4. Integration of the facts in context

Are there specific descriptions placed in a particular time and place context in which the event took place? Does the testimony link the event with various other ordinary, everyday events?

5. Description of the abuse

Are the actions and interactions between victim and offender described?

6. Reproduction of a conversation between the minor and the offender

Is the conversation played back in its original form (i.e. as it was spoken? things were said)? Does the playback use unusual words or words/phrases that are not used in the playback?

7. Unexpected complications

Did something unforeseen happen during the act? Did an unforeseen event occur?

Did an unforeseen and unexpected event during the sexual act?

8. Unusual details

The minor provides details that are unique and unusual, but appears to be of particular relevance to the incident.

9. Unnecessary details

Is unnecessary information given which is not essential and is not directly related to the allegations of abuse?

10. Accurate responses to details that the child nevertheless does not understand

Does the child correctly describe an incident which he/she nevertheless interprets incorrectly?

11. Reference to other events with sexual content

Does the child refer to events or conversations with sexual content? Which may be related to the actual incidents, but do not relate to the specific allegations of abuse.

12. Subjective experience

Does the child describe thoughts that he/she had and feelings that he/she experienced during the sexual abuse?

13. Reference to the mental state of the alleged offender?

Does the child refer to the thoughts and feelings of the alleged offender during the unlawful act?

C. Other criteria

14. Spontaneous corrections or additions

Does the minor request to correct or add to his/her original statement?

15. Admission of inability to recall a fact memorably or plea of ignorance

Does the child appear by his/her behavior to not remember or not know to answer a more specific question concerning an aspect of an event?

16. Expression of doubt about the statement just given?

Expresses concern that some part of his/her statement may appear untrue or unbelievable

17. Self-deprecation

Does the child characterize some elements of his/her behavior associated with the sexual abuse as incorrect or inappropriate?

18. Forgiveness of the alleged offender

Does the child attempt to excuse the adult for his/her behavior and to minimize the seriousness of what took place?

The international literature considers that the main criteria that significantly enhance the credibility of the child's testimony are:

- The accurate and detailed description of the sexual act.
- The reporting of events from a child's perspective.
- A detailed description of the context (where, when, frequency, circumstances, etc.).
- The description of the sexual abuse in phrases and words that are not age-appropriate and reveal unusual, unexpected knowledge.
- Structured narrative, spontaneity and enrichment of evidence during the narrative.
- External (stability in the narration of events) and internal consistency (emotional reactions associated with the sexual abuse).
- The element of secrecy in the relationship between the minor and the suspect.
- The psycho-emotional reactions of the child upon disclosure of the sexual abuse and its description. (expression of feelings of hopelessness, helplessness, anxiety, fear, anger, shame, guilt, betrayal, etc.).
- Obvious psychological effects (e.g. symptoms of post-traumatic stress disorder when describing the events, dissociative disorder, depression, social withdrawal, aggression, etc.).
- The existence of medical and other findings.
- Victimization of other minors in the same context.
- Eyewitness testimonies.

7.2 Common mistakes in assessing the credibility of claims

In assessing and evaluating findings, practitioners may be led to draw incorrect conclusions. Among the most important reasons are lack of specialized knowledge and experience as well as lack of flexibility and objectivity. So often the interviewer, in trying to verify his/her single hypothesis, seeks information that strengthens it and ignores or underestimates information that weakens it.

The personality of the interviewer, his/her training, the way in which neutral findings are assessed, the unidimensional or multidimensional approach to the minor's allegations and, above all, the qualitative dimension of the conduct of the interactional interview are the key parameters that play a major role.

Incorrect assessments are mainly due to the subjective approach to the event and the prejudices of professionals.

In any case, other possibilities should be investigated, for example that the minor:

- was not abused and was forced under pressure from the offender or family members or by the offender's family members to claim being abused
- was subjected to an exaggerated experience during the process of his/her forensic examination;
- excessive stress and fear;
- refused to testify due to intense feelings of shame and guilt;
- considered himself/herself responsible for the abuse;
- wanted to conceal what happened and protect the victim;
- was forced to lie because the offender was present during the interview.

The professional usually starts from the assumption that the minor has been abused. If he is biased, any other possible version would be rejected from the start. His/her aim is to gather information that will strengthen his/her personal opinion. As in cases of sexual abuse there are rarely witnesses and the absence of pathognomonic findings is frequent, the interview is the only possibility to investigate the case. For this reason, particular care and caution is required.

The professional's overconfidence in his/her abilities, lack of objectivity and absolute certainty can lead to fatal errors. There is always the possibility that the child's claims are either true or false, or partly true and partly false. There may also be nuggets of truth inherent but on the whole false evidence may predominate, as for example in the cases of statements in which the same questions were repeated.

7.3 Significant evidence that strengthens the credibility of a child's allegations of sexual victimization

- A detailed and accurate account of the incident of sexual abuse (what happened, when, where, how and with what frequency). The more detailed the information given, the greater the likelihood of the credibility of the allegations.
 - The difficulty in disclosure and the attempt to keep the "secret".
 - Strong hesitation and inhibitions when describing the incident.
 - The existence of findings (e.g. bruises, semen, hair, etc.).
 - The occurrence of regressive behaviors, post-traumatic stress disorder, and sleep disturbances.
 - Demonstration of sexualized, age-inappropriate behavior.
 - The expression of anger as the child feels betrayed by both the offender and caregiver(s) who did not protect the child from victimization. The appearance of feelings of depression and hopelessness, as well as avoidance of any adult who resembles the offender, reinforces the truth of the child's words.
- Allegations of sexual abuse precede the breakdown of parental relationships and court battles for custody. The timing of the allegation plays an important role.

In contrast, the following evidence reduces the credibility of sexual abuse allegations:

- The child readily discloses the abuse and repeatedly talks about the incident without hesitation.
- His/her narrative is characterized by a strong exaggeration and his/her allegations seem absurd and unfounded. Ambiguities in the description and the lack of consistency in the repetition of the event are also elements to be taken into

account. The story changes each time as new elements are added while others are removed.

- There are no forensic findings.
- No changes in his psycho-emotional development indicative of child sexual abuse are identified.
- The timing of the support for the allegations of sexual abuse.
- Abuse coincides with the time of the commencement of legal proceedings for divorce and custody.

EVIDENCE THAT STRENGTHENS THE ALLEGATIONS OF SEXUAL ABUSE OF THE MINOR
1. The child alleges sexual abuse, describing the facts of the incident accurately (how, when and where it happened).
2. There are findings (physical signs of abuse in the genitals, semen, hair, etc.).
3. When describing the facts, he/she uses age-appropriate language when describing the facts.
4. Displays regressive behaviors (e.g., nocturnal enuresis and signs of depression).
5. Reports that the offender made him/her swear and promise never to talk ("You won't say anything. It's our little secret").
6. There is evidence of methodical gradual abuse (the particular process from the victim's selection to the sexual abuse has been preceded by)
7. Hesitates to talk about the abuse
8. Believes that his/her statements will disappoint the offender
9. Expresses anger because both the offender and other family members did not protect him/her from victimization.
10. He/she discloses the abuse before the development of hostility between his/her parents rather than after.

11. The alleged offender comes from a dysfunctional and burdened background (e.g., substance abuse, personal experience of abuse, etc.).

12. The alleged offender has previously been charged and convicted of crimes against the sexual freedom of minors.



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