Recent Research Affecting Child Abuse Investigations

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Learning Objectives

• Attendees will review recently published research affecting child abuse investigations and prosecutions.

• Attendees will relate this information to their current practices in the field.

• Attendees will identify multiple issues to raise with their local MDT to inform them of this emerging research and identify potential modifications to current practice.

HAPPY BIRTHDAY RITA!!!!

Is there a victim to offender link?

• Purpose - to determine if a history of child maltreatment makes one at greater risk to commit a sexual offense subsequently in life.

• Cases from the records of a Midwest metropolitan area’s county juvenile and adult criminal courts between 1967 and 1971 involving:
  ➢ Children younger than 12 years old at the time of the abuse or neglect
Is there a victim to offender link?

• Children who experienced abuse were matched with children of similar gender, race/ethnicity, DOB, similar neighborhood.

• 1,575 individuals:
  ➢ 908 abuse/neglect cases
  ➢ 667 matched control subjects
  ➢ Gender:
    • 51% were female
    • 49% were male
Is there a victim to offender link?

• Criminal histories were compiled from searches conducted in:
  ➢ 1987-1988
  ➢ 1994
  ➢ 2013.

• The 2013 searches included information from:
  ➢ FBI’s National Crime Information Center (NCIC)
  ➢ State law enforcement agency in the Midwestern state where the records were originally obtained regarding the children
Is there a victim to offender link?

• 6.7% of the overall sample had been charged with a sexual offense
  ➢ 84% of these offenders were male

• Individuals with a history of physical abuse or neglect were significantly more likely to be arrested for a sex crime than non-abused peers
  ➢ Not true for sexual abuse!
Is there a victim to offender link?

• The number of arrests for sex offenses did not differ significantly between the abuse/neglect and control groups.

• However, **males** and **individuals with a history of physical abuse** had a larger number of arrests.
What predicts disclosure in a FI?

• **Purpose** – examine the association between age and disclosure in conjunction with other variables likely to affect disclosure rates:
  - Child-suspect relationship
  - Suspect’s history of violence and sexual assault
  - Suspect having prior charges for violent offenses

• **Subjects/Design:**
  - Data was gathered from a police case management database for sexual abuse cases involving a child between 3-16 during 2011. Suspect had to be at least 10 years old.
  - 527 cases were included in the study. Forensic interviews were done by police or child protection officers who were trained in a modified version of the NICHD protocol.
What predicts disclosure in a FI?

• Mean age was 10.93 years
  ➢ Ages 3-5 - 12.3%
  ➢ Ages 6-12 – 43.1%
  ➢ Ages 13-16 – 44.6%

• Gender:
  ➢ Female – 81.2%
  ➢ Male – 18.8%
What predicts disclosure in a FI?

• 66.0% of cases had at least one form of corroborating evidence (medical evidence, corroborating witness(es), forensic evidence (DNA, suspect phone calls)

• 81% of the children disclosed at least one incident of child sexual abuse during forensic interview

• The proportion of cases in which children disclosed increased from age 3 to age 11, and then decreased to age 16
What predicts disclosure in a FI?

• As age increased:
  ➢ The proportion of cases with extrafamilial suspects and penetration increased
  ➢ The cases with male victims and juvenile suspects decreased

• Two case characteristics were significantly associated with a disclosure in forensic interview:
  ➢ Delay to police report:
    • If the abuse occurred more than 12 months prior to the interview 89.9% of the children disclosed.
    • If it was less than 12 months since the abuse occurred, only 79.5% of the children disclosed.
  ➢ Prior disclosure:
    • 82.8% of the children who had made a prior disclosure disclosed during the forensic interview
    • 65.3% of those who had not previously disclosed made a disclosure in the forensic interview
What predicts disclosure in a FI?

• Younger children were more likely to disclose when suspects had histories of violence

• Older children were less likely to disclose when suspects had histories of violence

• QUOTE – “the results of the current study indicate that disclosures during forensic interviews are not only related to children’s ages but also to other case characteristics, such as the relationship between the child and the suspect, the severity of the abuse, the length of delay between the offense and the report to police, whether the child had previously disclosed, and whether the suspect had a previous charge for a violent crime.”

Children’s narratives of alleged child sexual abuse offender behaviors and the manipulation process, Psychology of Violence, http://dx.doi.org/10.1037/a0039023
Manipulation Process

• Purpose – increase our understanding of offenders’ manipulation tactics identified during FI’s
  ➢ First article to specifically reframe the seduction and solicitation of children from **grooming to manipulation**
• 95 investigative interviews with children (5-13 years old) conducted in 2011 which met criteria:
  ➢ Alleged sexual abuse of a child
  ➢ The was the first forensic interview of the child
  ➢ Determined to be a high probability that the abuse occurred based on external evidence
  ➢ Child made allegations & disclosed in the FI
  ➢ No developmental disabilities identified
Manipulation Process

• Case characteristics:
  ➢ All alleged offenders were male
  ➢ More than half of the children involved were abused by offenders known to the child, but not family members
  ➢ More than half involved multiple incidents of abuse
  ➢ Forensic interviews were conducted using NICHD protocol.

• Manipulation Process – any action performed by the alleged abuser before or immediately after the incident of abuse (establishment of emotional rapport with child, manipulation of the child’s family, use of temptation or coercion immediately before and/or after the abuse).
Manipulation Process

• Most commonly used Manipulation Tactics:
  ➢ “Manipulation of the Family” – 68%
  ➢ “Establishment of Emotional Rapport” – 59%
  ➢ “Coercion” – 39%
  ➢ “Providing treats” – 17%

• Although coercion was only identified by 39% of children, it was the second most reported offender behavior in children’s narratives – after the actual abuse

• **Purpose** - to answer three major questions:

1. Is Germ Detective a promising analog procedure?
2. Do children who have made a prior disclosure perform differently between two interview protocols?
3. Do diagrams effectively and safely elicit reports of innocuous but inappropriate touching?

• **Disclaimer** – good amount of controversy regarding use of drawings in forensic interviews. Diagrams have been found to increase disclosures (both true and false), so caution is required if using drawings.

• Tension between sensitivity to detect abuse vs. specificity for actual abuse
• Subjects/Design:
  ➢ 287 children
  ➢ Ages 4-9
  ➢ Recruited from small town/rural Midwest and NY Metropolitan Region

• Gender:
  ➢ Female – 44.6%
  ➢ Male – 55.4%
Germ Detective Paradigm

• **Session 1** - Assistant discusses potential contamination impacts of touching and that Mr. Science has been instructed to not touch others to avoid spreading germs. Also says he might forget this rule, so please remind him if he forgets. Following this, Mr. Science attempts to touch the child twice (shake child’s hand and brush water off child’s cheek) while doing three germ education activities:
  - Water Bottle Sneeze (sneeze spray)
  - Glitter Transfer (touch transfer)
  - Germ Glow (handwashing)

• **Session 2** - Assistant calls parents about six days later and learns whether the child made a disclosure about the laboratory visit with Mr. Science. Any child who disclosed in the laboratory or later to the parent is put on the phone and asked about the touching (assigned to Disclosure Condition). For kids who did not ever disclose, they are either asked some questions to encourage disclosure (Disclosure condition) OR the assistant confirms the upcoming appointment at the laboratory (Nondisclosure condition).

• **Session 3** - Assistant asks the parent about disclosures since phone call. Children who disclosed following phone call are moved to Disclosure Condition. All children then participate in an interview.
Types of Interviews in Study

• **Conventional-first condition** – early interview phases conducted without body diagram, open-ended prompts about Germ Detective, and then yes-no questions about wrongdoing and touching without diagram, and then use of drawings with both open-ended and yes-no questions
  - 67 without previous disclosures
  - 78 with previous disclosures

• **Diagram-first condition** – initial phase conducted with body diagram, much like conventional-first condition, except diagram-assisted questions prior to the conventional approach
  - 61 without previous disclosures
  - 81 with previous disclosures
• Germ Detective appears to be a successful analog study design which can be used in future research.

• About half of the children attempted to block at least one touch by Mr. Science.

• 100% of the older children disclosed either in laboratory, before phone call, or during the phone call.

• During open-ended portion of interviews at laboratory, disclosure increased with age of the child being interviewed.

• Participants were more likely to disclose during focused questions than open-ended questions.
Higher percentage of accurate disclosures during the first three interview phases (open-ended questions, questions about wrongdoing, questions about touching without a diagram) – 85.1% vs. Fourth Phase (diagram-assisted questions about touching – 55.0%)

Fewer younger than older children disclosed touching to a specific body part
- Ages 4-6.5 – 67.4%
- Ages 6.5-9 – 85.9%

Fewer children without previous disclosures disclosed touching than children who had previously disclosed
- No prior disclosure – 67.2%
- Prior disclosure – 84.9%
Body Diagrams did not impair accuracy when used to elicit initial reports but were more detrimental than verbal questions alone when used to probe for additional disclosures later in interviews

Recantation

• Purpose – conduct the first experimental study of children’s recantation of adult wrongdoing to shed light on:
  ➢ How often children recant true allegations of adult wrongdoing after disclosing
  ➢ Factors that predict recantation of true allegations

  Note: two factors of particular interest based on prior research – caregiver supportiveness and children’s age

• Subjects/Design:
  • 73 children fully participated:
    ➢ Ages 6-7 – 38
    ➢ Ages 8-9 - 35
Recantation

• Children participated in a 15 minute “health and safety event”:

• Children were told a box labeled “Do Not Touch” should not be there and should have been taken to a local school. They were put aside after children were told they were fragile and should not be played with.

• Children visited three stations:
  ➢ Temperature check
  ➢ Care of Cuts
  ➢ Dangers
Recantation

• In Dangers presentation:
  ➢ Experimenter took three dolls from the “Do Not Touch” box which were relevant to the Danger presentation, and told the child “I know we are not supposed to touch them, but I think it will be okay as long as we are very careful with them since they are fragile”.
  ➢ The child was given two puppets, and the experimenter took one which was set to break.
  ➢ When this puppet broke, the experimenter said, “Oh no! I broke it! We shouldn’t have touched these puppets when we were told not to. I will just put them away and maybe nobody will notice. Let’s have this be our secret and not tell anybody that the fireman puppet broke. I might get into trouble if anyone finds out I broke the puppet!”
Recantation

• A different person interviewed the children immediately following the event using a modified version of the NICHD Investigative Interview Protocol.
  ➢ This interview included some suggestive questions, and if the child did not disclose about the broken puppet, then the puppet was shown to the child who was asked what happened (introduction of evidence)

• Children were given a Peabody Picture Vocabulary Test-IV (PPVT-4) to assess for verbal abilities
Recantation

• Children’s mothers were coached to be either:
  ➢ Supportive – “you did a great job of telling the truth”
  ➢ Non-supportive condition – “you are getting her in a lot of trouble – need to fix it if anyone else talks to you”

• Child was then interviewed by a different person after mothers had communicated the above to their kids.

• This interviewer used the same approach as in Interview 1, but told the child they had lost the notes from Interview 1 so they needed to find out exactly what had happened during the event.
Recantation

• Recantation was not related to any demographic variables

• Children’s verbal ability was equivalent across the various conditions and not related to recantation

• Timing of children’s disclosure about broken puppet:
  ➢ Free Recall – 20.5%
  ➢ Focused Questions – 38.4%
  ➢ Suggestive Questions – 31.5%
Recantation

• 23.3% of the children recanted their prior disclosure about the broken puppet during Interview 2
  ➢ None of the children in the supportive caregiver condition recanted
  ➢ 46% of the children in the non-supportive caregiver condition recanted

• No significant age differences were found related to recantation

Does IPV affect kids completing treatment?

**Purpose** - determine whether a relationship exists between child trauma symptomatology and a CSA client’s therapy graduation status; and a relationship on a caregiver’s exposure to interpersonal violence predicts whether a child completes treatment.

**Subjects/Design:**
- 132 case records from NCAtrak for children seen at a CAC in Florida between 2010 and 2012:
  - Sexual abuse victims
  - Children were no longer in treatment
  - Completed both the Trauma and Attachment Belief Scale (TABS) and Trauma Symptom Checklist for Children (TSCC) at intake
  - Had caregivers who either confirmed or denied past or current Interpersonal Violence (IPV)
Does IPV affect kids completing treatment?

Findings:

• Rates for completing treatment:
  ➢ No IPV in home – 50%
  ➢ IPV in home – 29%

• The odds of a CSA victim prematurely terminating treatment are 2.5 times higher if parents confirm past or current IPV than children whose parents denied IPV.
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