

Reflections on Emerging Issues

Externally Derived Information

There are many reasons a child or adolescent may be reluctant to disclose that they have experienced sexual abuse during a forensic interview. Timing of initial disclosure, relationship to the alleged perpetrator, and family support, among others, can all be factors that may influence a child's disclosure during the forensic interview (Anderson, 2016). Research indicates that within an interview, building rapport and providing emotional support are important in allowing an individual's disclosure (Lamb, 2013). But what if an interviewer has established rapport, provided emotional support, and the child or adolescent continues to appear reluctant to disclose? Is there anything else an interviewer can do? One potential strategy is the use of externally derived information (EDI).

Before beginning a forensic interview with a child, adolescent, or vulnerable adult, the forensic interviewer may learn that other information exists that supports the allegation of abuse. This could include a previous disclosure to a doctor, medical findings such as a confirmed pregnancy or sexually transmitted infection, or sexually explicit images. These are all examples of EDI. The question becomes: Can and should EDI be introduced by an interviewer during a forensic interview with a reluctant or guarded child or adolescent in an attempt to elicit a disclosure?

There are differing opinions and a wide range of practices across the country in regard to the issue of introducing EDI in a forensic interview. The concept can be considered as a continuum. On one end of this continuum, EDI could be used to provide significant information. On the opposite end of the continuum, EDI would be avoided altogether or used only to inform questions after openended invitations have been exhausted. The CornerHouse Forensic Interview Protocol™ falls on the left side of this continuum, with an option to use EDI to inform questions after fully utilizing indirect prompts.

Did you go to the doctor?

I talked to your mother and she said something about going to a doctor. Tell me what you know about that.

You went to the doctor. Tell me all about going to the doctor. I know you went to the doctor and talked to her about being touched. Tell me what you told the doctor.



Most Information

Because the continuum is broad and minimal research has been conducted on the topic, CornerHouse recently conducted a survey in order to assess the attitudes of its Multidisciplinary Team (MDT) members relating to potential benefits and risks of introducing EDI externally derived information in a forensic interview.

The survey was sent to 803 MDT members across the state of Minnesota and was completed by 88 individuals for a response rate of 11%. Of the respondents, 36.4% were law enforcement investigators, 21.6% were forensic interviewers, 20.5% were child protection investigators, 8% were adult protection investigators, 8% were prosecuting attorneys, and 5.7% identified as "other" which included advocates, investigators with dual roles, and health professionals.

Survey respondents provided a multitude of both potential benefits and risks regarding the introduction of EDI during a forensic interview. The most frequently noted perceived benefit of EDI was that the child might be more willing to share information if the child knows that the interviewer already has some knowledge of the child's experience. In cases of younger children, some MDT members noted that providing EDI might help trigger or prompt a memory of the event and thus allow the child to report his/her experience. With older children or teenagers, EDI could allow forensic interviewers to get to the point more efficiently. Another perceived benefit is that EDI would help to focus the child, and possibly help a reluctant child to have an easier time responding to inquiry.

The risk most commonly noted by survey respondents was that the introduction of EDI may be perceived as leading or suggestive, and would therefore not be forensically sound. Similarly, concerns were noted that introducing EDI could limit the information the child shares. Another common concern noted by MDT members who responded to the survey was that the use of EDI may fail to respect a child's disclosure process. Several implications of this were discussed including the possibility of causing trauma to the individual being interviewed, that the EDI may not be accurate from the individual's perspective, that the child or adolescent may respond with a false denial, and that it could shut down the potential for the child to disclose in the future, if and when ready.

They survey included the question, "Under what circumstances is the benefit of introducing EDI worth the potential risk?" The primary reason MDT members considered EDI to be worth the potential risk was when the child's safety was a concern, such as if a child or adolescent was about to be returned to the care or custody of the alleged offender. Some respondents appeared to indicate that EDI should only be considered as a sort of last resort. Several respondents also discussed the need for the MDT team to discuss this question on a case by case basis.

One clear pattern emerged from the survey. Respondents across professions appeared to feel more comfortable with the use of externally derived information during a forensic interview regarding peripheral or contextual details rather than the abuse allegation itself. For example, over 80% of all respondents were either "comfortable" or "very comfortable" with a forensic interviewer stating, "I heard that a police officer came to your house. Tell me about that." Conversely, approximately 78% of respondents indicated being either "not comfortable" or "not at all comfortable" with a forensic interviewer stating, "Your brother said that your uncle touched your wee-wee. Tell me what happened."

Interestingly, 51% of survey respondents noted that they want CornerHouse to continue its current practice regarding frequency of introduction of EDI in a forensic interview, 41% of respondents indicated they want CornerHouse to introduce EDI more often, and 8% of respondents indicated that they want CornerHouse to introduce EDI less often. The survey findings indicate that the majority of MDT respondents are comfortable with the CornerHouse Forensic Interview Protocol's use of specific inquiry as a way of utilizing EDI to inform questions after indirect prompts have been offered.

With a wide range of practices across the field, differing attitudes among CornerHouse's own MDT, as well as limited research in the field on the topic of EDI, there is a clear need for future research and discussion on this important topic. Based on MDT members' input via the survey and in keeping with the CornerHouse Forensic Interview ProtocolTM Guiding Principles (person centered, semi-structured, and forensically sound), it is recommended that the use of EDI be discussed on a case by case basis among the MDT.

References

Anderson, G.D. (2016). The continuum of disclosure: Exploring factors predicting tentative disclosure of child sexual abuse allegations during forensic interviews and the implications for practice, policy, and future research. *Journal of Child Sexual Abuse*, 25(4), 382-402.

Lamb, M.E., Hershkowitz, I., & Lyon, T. (2013). Interviewing victims and suspected victims who are reluctant to talk. APSAC Advisor, 25(4), 16-19.