Introduction
This paper aims to inform practitioners and service managers of what is considered best practice in conducting investigative interviews for allegations of child sexual abuse (CSA). At present, research is at an early stage of identifying what constitutes best practice and, as a result, research evidence is in some cases preliminary (Jones, Cross, Walsh, & Simone, 2005). This article will first address the interview itself, and then other issues secondary to the interviewing process such as presence/absence of a supportive person, use of dolls and human figure drawings, video recording, access to medical and mental health interventions, victim advocacy support programmes, and interdisciplinary team investigations.

The Interview
A child’s account of alleged incidents of CSA often comprises the majority of evidence in investigations (Myers, 1992). The interviewee is often the only witness to the alleged crime, and the only available source of information. Irrespective of situational factors or interviewee abilities, it is the interviewer’s responsibility to maximise any information that the interviewee can possibly supply (Powell, Fisher & Wright, 2005). Common elements of effective investigative interviews – such as rapport building, and use of a free narrative and open-ended questioning – are identified as facilitating information giving.

Rapport Building
Rapport establishes a connection between interviewer and interviewee. It allows ground rules to be established, explores the child’s understanding of the difference between truth and lies, and facilitates the interviewer in establishing the child’s level of ability and understanding. Interviewers need to be supportive throughout the interview as a child’s view of the investigative process is affected by support and sensitivity of the investigators. It is generally agreed that the more at ease an interviewee feels, the more information they are likely to disclose (Wilson & Powell, 2001).

Free Narrative and Questioning
Traditional techniques for forensic investigative interviewing of children have often been condemned as stressful and inadequate in assessing the truth (e.g., Ceci & Bruck, 1995; Whitcomb, 1992). Biased interviewers and inappropriate techniques (e.g., leading questions, option posing, suggestive questioning), and specific questions can lead to alienation, unreliable assessments, compromised and contaminated evidence, all of which have legal/court implications (e.g., Ceci & Bruck, 1995; Wood & Garven, 2000). Inappropriate techniques can have emotional and psychological effects for children and lead to unnecessary distress, confusion, and increased difficulty in answering further questions (Ceci & Bruck, 1993; Poole & Lamb, 1998). Substantial research in interviewing child witnesses has focused on a child’s susceptibility to misleading questions. Studies indicate that all age groups are susceptible to misleading suggestive questioning, though younger children are most vulnerable (Bruck, Ceci, Francoeur & Renick, 1995; Ceci, Kulkofsky, Klemfuss, Klemfuss, Sweeney & Bruck, 2007).

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Research indicates that as much information as possible needs to be acquired through an open-ended free recall questioning style first before progressing onto more directive/focussed questioning (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007). Open-ended questions aid free-narrative responses and elicit longer, more accurate and detailed accounts from witnesses during investigative interviews (e.g., Lamb et al., 2007; Powell et al., 2005). They encourage language appropriate to the child's developmental and cognitive level, and are recommended for all age groups of children (Lamb et al., 2007; Wright & Powell, 2006).

**Child Development and Language**

Children have less developed cognitive abilities and language capacity than adults. Limited cognitive abilities and lesser life experience and understanding may prevent disclosure in young children (Bussey & Grimbeek, 1995). In this context young children have poorer capacity to recall information and provide shorter accounts than older children (Lamb, Hershkowitz, Sternberg, Boat, & Everson, 1996; Sternberg et al., 1996). Young children, however, can provide coherent narratives and researchers have established that if interviewed using appropriate techniques, even very young children can give an accurate account of what happened to them (Faller, 1990).

Studies have investigated the impact of using memory probes for children in recall experiments. In laboratory settings, the Narrative Elaboration Technique (NET; Saywitz & Snyder, 1996) and Cognitive Interview (CI; Fisher & Geiselman, 1992) have gained support in aiding children's cognitive limitations and recounting of information more completely. The NET employs a variety of techniques including pre-interview modelling, practice and feedback about the type of information required by listeners (Saywitz & Snyder, 1996; Saywitz, Snyder, & Lamphear, 1996). CI involves four cognitive techniques for increasing the amount of information recalled (Fischer & Geiselman, 1992). CI is associated with increased accuracy in recall of information during both interview and memory tests (Holliday & Albon, 2004; Köhnken, Milne, Memon, & Bull, 1999).

In real-life investigative interview settings, the National Institute of Child Health and Human Development (NICHD) protocol described below facilitates responses from children of all ages through the use of open-ended prompts.

**Structured Interview Protocol**

Despite expert recommendations, investigative interviewers experience difficulty practising an open-ended questioning style. In many situations, they rely instead on option-posing and suggestive questioning techniques (Cederborg, Orbach, Sternberg, & Lamb, 2000; Davies, Westcott, & Horan, 2000). Research has repeatedly indicated that research-based intensive interviewer training leaves little practical impact on interviewers’ practice (e.g., Freeman & Morris, 1999; Warren, Woodall, Thomas, & Nunno, 1999). The specificity of information required, the unfamiliar nature of the open-ended questioning style, and complexities of differentiating between open-ended and specific questions are some of the difficulties outlined by interviewers (Wright & Powell, 2006). In addition to training, these studies indicate that ongoing individual expert feedback and multiple opportunities for skills practice are needed for interviewers.

Because of the difficulties associated with adhering to recommended interview practices, recent research has focused on specific interviewing protocols that convert professional best practice recommendations for investigative interviewing into practical guidelines (e.g., Fisher, Brennan & McCauley, 2002; Yuille, Marsden & Cooper, 1999). Most recently, the NICHD structured interview protocol has been...
The protocol is consistent with best practice recommendations (Home Office, 1992, 2002) and is a practical guide for interviewers. It aims to maximise the amount of information obtained from interviewees, to aid retrieval of information, and to extract entire and accurate interviewee accounts (see Tables 1 and 2).

Outcome research studies indicate that the NICHD protocol elicits improved quality of information from alleged child victims (Orbach et al., 2000; Sternberg, Lamb, Davies, & Westcott, 2001). Comparison studies between the NICHD protocol and standard interview practices indicate that the protocol elicits more information using open-ended prompts, less information through option-posing/suggestive questions, and is suitable for children of all ages (Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). A recent study examined investigators following Memorandum of Good Practice guidelines compared to those following the NICHD structured interview protocol. Results indicate that the protocol was superior in eliciting information through free recall open-ended questioning (Lamb et al., 2009). A further study indicated that use of the NICHD protocol in comparison with a no protocol condition aided assessment of statement credibility by investigators. Incredible allegations, however, remained difficult to ascertain in either protocol/non-protocol condition (Hershkowitz, Fisher, Lamb, & Horowitz, 2007).

The use of highly structured interview protocols is not without difficulties. They may only promote proficiency in interviewing in a context of initial comprehensive training, individual supervision and feedback by experts, and multiple refresher training sessions (Lamb et al., 2007; Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002a). Peer review sessions for interviewers are recommended (Lamb et al., 2002b). One-off workshops by themselves may be ineffective in developing new skills. Rather, these need to be complemented by ongoing training and supervision, thus indicating how specialist teams are needed for long-term management, support and organisation of investigative interviewers.

Validation or Credibility Analysis
In order to decide if sexual abuse is likely to have occurred, it is necessary to establish validity/credibility of the individual allegations. Statement Validity Assessment (SVA) is a forensic tool used to assess credibility/validity of a child statement in trials for sexual offences (Vrij, 2000). SVA is used as criminal evidence in courts in the US and parts of Europe (Köhnen, 2002; Ruby & Brigham, 1997). The Criteria-Based Content Analysis (CBCA; part of SVA) has been the focus of the majority of research in this area. CBCA is used to identify the presence or absence of certain criteria believed to be typical in content and quality of experienced versus non-experienced events. Studies have indicated that CBCA is useful in distinguishing between plausible and implausible accounts (Lamb et al., 1997a; Lamb, Sternberg, Esplin, Hershkowitz, & Orbach, 1997b) and between accounts likely and very likely to have occurred (Lamb et al., 1997a). A recent meta-analysis indicates that SVA may be useful in police investigations; however, reservations exist as to the accuracy of SVA as precise scientific evidence for forensic application (Lamb et al., 1997b; Vrij, 2005). Concerns exist with regard to error rate, training of interviewers and reliability and validity of assessment (Vrij, 2005).

Other Issues
While a significant volume of research has focused on what constitutes best interviewing practice, research has also focused on other issues such as presence of a supportive person, use of dolls and human figure drawings, electronic recordings, access to medical and mental health interventions, victim advocacy support programmes, and the need for interdisciplinarian team investigations.
Presence of a Supportive Person
Child investigative interviews are typically compromised if a relative (e.g., parent) or attached adult (e.g., foster parent) is present. However, rather than contaminating or interfering with an interview, the presence of a detached person (e.g., social worker) can be helpful (Aldridge & Wood, 1998; Poole & Lamb, 1998). A relative/attached adult may interfere with the interview by, for example, prompting or interrupting the child. During the interview, the presence of an attached/related person is associated with increased suggestive questioning, longer interviewer utterances, and shorter, less detailed interviewee responses than when another person is not present (Santtila, Korkman, & Sandnabba, 2004). Current research fails to address the support needs of very young children who may need a related/attached adult to feel psychologically safe. There is an absence of research, for example, on what to do should a child be unwilling to accept a parent leaving the room.

Anatomically Correct Dolls and Human Figure Drawings
An anatomically correct doll contains some of the sex characteristics of a person and has been used when conducting investigative interviews as a tool to aid children in their disclosure. The usefulness of such dolls has been the focus of much debate and empirical research. While a minority of studies highlight how their use facilitates the investigative interview in certain age categories of children (e.g., Katz, Schonfeld, Carter, Leventhal, & Cicchetti, 1995; Leventhal, Hamilton, Rekedal, Tebano-Micci, & Eyster, 1989), the majority of studies highlight their negative impact. In some instances, dolls may facilitate inaccurate accounts of genital touching, and more errors in procedure recall for a medical exam (Bruck, Ceci, & Francoeur, 2000; Bruck et al., 1995). Dolls are associated with negative interview practices, including increases in unspecific suggestive utterances by the interviewer, less clear child responses and narrative, and a decrease in amount of details disclosed (Lamb et al., 1996; Santtila et al., 2004). Overall, there is no professional agreement concerning the use of these dolls. They lack documented validity and there is ambiguity with regard to norms, reliability, standardisation, administration, scoring and training in their use (Elliott, O’Donahue & Nickerson, 1993; Wolfner, Faust, & Dawes, 1993).

There is a dearth of evidence concerning the use of human figure drawings to elicit information from children during investigative interviews. A study indicated an increase in forensically relevant information by the introduction of human figure drawings after a child’s memory was exhausted (Aldridge et al., 2004). This association was particularly relevant for the 4–7 years age group. The researchers highlight the importance of introducing the dolls late in the interview. Other researchers found that use of dolls as aids elicited unreliable information from children (Brown, Pipe, Lewis, Lamb, & Orbach, 2007). More research is needed to determine the accuracy of information produced from using such drawings.

Forensic Medical Exams
Highly skilled forensic medical examiners serve a dual role in addressing both victim and justice system needs. While negative findings (e.g., absence of sexually transmitted diseases) from a delayed medical assessment can prove reassuring for alleged victims, the inherent delay in conducting same may render them meaningless (e.g., healing of scarring; Adams, 2008) and exacerbate existing trauma. Although positive findings may be infrequent with physical findings often within normal limits or non-specific, many professionals recommend immediate medical assessment for all reported incidents of CSA to identify physical injuries, collect medico-legal evidence and provide safety for the child (Adams et al., 2007; Palusci, Cox, Shatz, & Schultz, 2006). The absence of medical evidence can still support legal arguments that claim that forensic evidence collection is insufficient without a thorough forensic medical examination (American Prosecutors Research Institute, 2004). There is a need for specific technologies that require highly qualified medical personnel with specialised knowledge to ensure the highest quality service in suspected incidents of CSA. The recent pilot programme of training specialist forensic nurses in Ireland attempts to address problems associated with the lack of appropriately skilled personnel, and associated difficulties with employing and retaining suitably qualified doctors.

The psychological implications of medical exams also need to be addressed. Forensic medical exams have the potential to be traumatic and stressful. Studies indicate that a medical doctor’s attitude, approach and behaviour can influence a child’s distress level and experience (Allard-Dansereau, Hébert, Tremblay, & Bernard-Bonnin, 2001; Leane, Ryan, Fennell, & Egan, 2001). There is a need to balance the potential detrimental effects of medical examinations on the child, and their value in contributing to understanding what happened. Recommended guidelines for the medical care of children emphasise the importance of ensuring continuing competence through standardisation of the training of medical personnel who carry out such examinations (Adams, 2008).

Video Recording
Video recordings provide invaluable evidence, recording verbal, behavioural and highly intimate emotional responses. Many professionals consider it best practice to video record investigative interviews (Broderick, Berliner, & Berkowitz, 1999; Elstein et al., 1996). Other professionals, however, actively oppose it (Martin & Besharov, 1991; Stern, 1992). The case for and against video recording is outlined in Table 3.

In Ireland the Criminal Evidence Act 1992 (enacted October 2008) makes video recording a legal requirement for any statement made by a person under 14 years of age (being a person in respect of whom such an offence is alleged to have...
Case against Video Recording

- Legal cases may become fixated on recordings and focus on interviewee inconsistencies, credibility of child statement and interviewer errors
- Potential embarrassment or distress caused to children as a result of recordings; child may react behaviourally (Martin & Besharov, 1991; Myers, 1993)
- Cost and maintenance of high quality equipment
- Security difficulties with regard to confidentiality, management, storage, transport and disposal of recordings
- Difficulties guaranteeing quality of recording, deterioration or loss over time

Mental Health Intervention

Anxiety, agitation, nightmares, fears, phobias and guilt are some of the many psychological sequelae of CSA. Researchers estimate that two-thirds of child victims experience moderate to severe emotional and behavioural disturbances (Kendall-Tackett, Williams, & Finkelhor, 1993). These psychological after-effects can persist, and child victims are at greater risk of developing psychiatric disorders in adulthood (Fergusson & Mullen, 1999; Kendler et al., 2000). Findings from an Irish study (McGee, Garavan, de Barra, Byrne, & Conroy, 2002) indicate that 18% of men and 30% of women who experienced sexual violence as children, adults or both reported that the experience had a moderate or extreme effect on their life overall. Victims of sexual abuse/violence were also eight times more likely to have been admitted to hospital as a psychiatric inpatient than those who did not have such experiences.

It is considered best practice to examine children’s mental health state as part of a thorough investigation (Jones et al., 2005). The psychological care a victim receives will frame his or her recovery and investigative agencies need to have supports and agreed inter-agency referral pathways with service provision in place so that distressed or troubled children can be referred for mental health intervention as soon as possible. This will potentially aid victim psychological support and minimise short- and long-term adverse psychological effects of abuse. Trauma-focused cognitive behavioural therapy (CBT) interventions with victims and non-offending parent(s) have been shown to be effective (Cohen, Mannarino & Knudsen, 2005; Deblinger, Steer, & Lippman, 1999).

Victim Advocacy Support Programmes

Child sexual abuse (CSA) victims not only endure having to cope with the abuse-related psychological sequelae, but also the trauma of legal involvement. For example, research indicates that at 7 months post court testimony children who testified in court had greater behavioural disturbances in comparison with those who did not testify (Goodman et al., 1992). Some courts provide victim advocacy support programmes to prepare, support and provide information to CSA victims and their families prior to going to court. Such

Table 3. The Case For and Against Video Recording

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<td>• Promotes interviewer accountability and exposes</td>
<td>• Legal cases may become fixated on recordings and focus on interviewee inconsistencies,</td>
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<td>improper interviewing techniques</td>
<td>credibility of child statement and interviewer errors</td>
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<td>• Invaluable tool for preserving evidence and facilitating</td>
<td>• Potential embarrassment or distress caused to children as a result of recordings; child</td>
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<td>training and supervision</td>
<td>may react behaviourally (Martin &amp; Besharov, 1991; Myers, 1993)</td>
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<td>• Efficient and reliable method of documentation</td>
<td>• Cost and maintenance of high quality equipment</td>
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<td>• Increased accuracy over verbatim notes (Berliner &amp; Lieb,</td>
<td>• Security difficulties with regard to confidentiality, management, storage, transport and</td>
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<td>2001; Lamb, Orbach, Sternberg, Hershkowitz &amp; Horowitz, 2000)</td>
<td>disposal of recordings</td>
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<td>• Preserves accuracy, content and structure of interview</td>
<td>• Difficulties guaranteeing quality of recording, deterioration or loss over time</td>
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<td>• Record of children’s early accounts of abuse when their</td>
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<td>memory is still fresh</td>
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<td>• May help families overcome denial</td>
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<td>• Agencies have access to the accounts without having to</td>
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<td>re-interview child witness, thus reducing the number of</td>
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<td>unnecessary interviews</td>
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<td>• Used to convince perpetrators of the strength of the</td>
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<td>case against them</td>
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<td>• May be used in court saving child victims of the need</td>
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programmes also serve to provide health services, social support, access to counselling/therapy, personal advocacy and legal assistance. At present, such programmes are not sufficiently evaluated. Hence, research is needed to clarify their effectiveness and whether they constitute best practice.

Multi-disciplinary Teams (MDTs)

Many professionals are involved in CSA investigations. A variety of professional involvement provides a complementary skills mix to support a balanced and comprehensive assessment. There are increased efforts to co-ordinate investigator activities through MDTs.

Ideally, MDTs should consist of law enforcement officers, child protective service investigators (social workers/psychologists), prosecutors, mental health and medical professionals, and other professionals who provide a co-ordinated response in order to increase the effectiveness of investigations, and reduce stress and risk of secondary traumatization to children (Walsh, Jones & Cross, 2003). MDTs have many important functions (see Table 4).

However, there are difficulties associated with MDTs, including different goals/styles, differing views, role overlap and confidentiality issues (Pence & Wilson, 1994). The components and objectives of inter-agency MDTs may also differ significantly (Jones, Cross, Walsh, & Simone, 2007). Some cases may involve little inter-agency involvement, while others may involve well-organised teams that work together on investigations. There may also be variation in sharing

Table 4. Function of MDTs

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<th>Function of MDTs</th>
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<td><strong>More comprehensive data</strong> – Can lead to increased identification of perpetrator, more success in civil and criminal courts, improved case outcomes and reduction in contamination of evidence (Kienberger Jaudes &amp; Martone, 1992)</td>
<td><strong>Reduction in repetition/number of interviews</strong> – Can reduce trauma and distress (Henry, 1997)</td>
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<td><strong>Saving resources through effective time management avoiding duplication of workload</strong> – More efficient service, more cost effective</td>
<td><strong>Improved access to services for family</strong></td>
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<td><strong>Centrallised expertise and co-ordination</strong> – Expert care, ease of referral</td>
<td><strong>Speedy service</strong> – E.g., on-site access to medical practitioner that can preserve vital evidence</td>
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<td><strong>Support for team members</strong></td>
<td><strong>High-quality service</strong> – More accurate evidence (e.g., medical equipment, electronic recording technology)</td>
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<td><strong>Bridge the gap</strong> – Identify service gaps or breakdown in co-ordination between agencies or individuals</td>
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Studies of child and caregiver satisfaction with CAC experience suggest mixed levels of satisfaction (Jenson, Jacobson, Urrau & Robinson, 1996; Jones et al., 2007). This may be due to each CAC community's approach being different, thereby rendering comparisons between studies difficult. There is no single model for an ideal multidisciplinary programme as each CAC reflects its own individual characteristics (Chandler, 2000). Client volume may also affect the range and capacity of service provision.

Summary – Procedural Recommendations

Professionals investigating CSA allegations must not assume that current practice is grounded in empirical evidence. This article highlights that evidence exists to support certain practices including rapport building, free narrative, an open-ended questioning style, and the need for highly skilled interviewers who receive intensive and ongoing training, supervision and feedback. More research is needed in assessing the value of structured interview protocols – such as the NICHD protocol – in comparison with standard practice.

Secondary to the interview, other factors grounded in empirical best practice evidence include the use of highly skilled medical personnel for forensic medical exams, therapeutic psychological interventions for parent and CSA victims, use of high-quality recording equipment, and use of MDTs which provide a co-ordinated response with interagency involvement. There is little support for the use of dolls in facilitating information giving and preliminary research indicates that the presence of a related support person during interview should be avoided.

More research is needed regarding all of the issues discussed in this paper. In particular, it is necessary to examine the value of forensic medical exams and the impact of video/electronic recording for the Interviewee. At present, there is limited research examining CACs and a dearth of evidence in relation to their effectiveness and whether they constitute best practice.
to victim advocacy support programmes. More research is needed to assess the potential benefit of human figure drawings in eliciting information from children.

Conclusion
CSA allegations have little margin for error and require sensitive and comprehensive investigation (Fence & Wilson, 1994). Given the limited research in many domains of CSA investigative interviewing identified in this paper, it is important to increase resources for outcome research in order to clarify best practice procedures and employ specialised researchers to conduct same.

In providing an adequate service for children, a holistic approach is needed to ensure children's therapeutic and legal needs are met. Ideally, and as recently recommended in the Roscommon Child Care Case (Gibbons, Harrison, O’Neill & Lunny, 2010), specialised centres of excellence need to be established to incorporate inter-disciplinary teams ensuring the highest possible quality service to alleged victims of CSA. Although it is impractical to expect all new practices to be grounded in solid research evidence, improved communication between researchers and public service providers will promote child welfare and quality services. In moving forward, it is appropriate to identify the scope of current service provision and source national funding for research, development and the sustainability of such services.

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