Children's Testimony

A Handbook of Psychological Research and Forensic Practice

Edited by

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Managing Children's Emotional and Clinical Needs

KATHRYN KUEHNLE AND MARY CONNELL

Key Points

- The time period between a report of child maltreatment to state authorities and the legal determination of the child's abuse status allows for the child to experience further stress and potentially traumatic experiences.
- Children's unique vulnerabilities and resiliency should be determined prior to providing interventions.
- When alleged victims of abuse and neglect exhibit behavioural and emotional problems but their maltreatment status is undetermined by the legal system, efficacious interventions may provide these children the opportunity to develop pro-social interpersonal relationships, may reinforce coping strategies and may foster instrumentality.
- Alleged victims of abuse should not be provided abuse specific therapy until abuse status has been legally determined.
- Because some cases are not resolved in a timely manner, alleged victims of abuse should be provided comprehensive forensic evaluations with videotaped interviews and, if treatment needs are urgent,

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provided abuse-specific therapy even though such intervention could compromise the judicial process.

A focus on the child's well-being is paramount, after an allegation of child maltreatment has been reported to Child Protective Services (CPS)[1] and/or law enforcement. Following identification to authorities that a child may be abused or neglected, the child and family are swept into a potentially distressing legal process. During the investigative phase, the child may endure multiple contacts with legal authorities and repeated interviews that may create further feelings of instability and apprehension. Numerous interviewers may attempt to determine the veracity of the allegation and the safety of the child in the home, as well as assist in gathering information for the prosecution of the alleged perpetrator. Troxel, Ogle, Cordon, Lawler, and Goodman (2009) identify the potential chronology of interviews an alleged child victim may experience:

1. A call to police or child protective services is made. A police officer or social worker then interviews the child.
2. A detective is assigned to the case. The detective will likely also interview the child.
3. If the case is accepted for prosecution, the prosecutor will interview the child several months after the case was reported to authorities.
4. A victim advocate (e.g., a social worker who works with the courts) may be assigned to help explain the legal system to the child and family, and to guide them through the criminal court process.
5. The child may testify in depositions and/or preliminary hearings.
6. A trial date is set, although the trial date may be postponed one or more times, each time possibly requiring the child to emotionally prepare to testify and wait at the courthouse for hours.
7. The child may be called as a witness in the trial; if so, he/she would generally be treated like an adult witness (e.g., face the defendant, submit to cross-examination).
8. If the defendant is found guilty, the child might be encouraged to testify at the sentencing hearing.
9. Especially in child abuse prosecutions, at the same time as the criminal case is winding its way through to trial, the child may also be

[1]Child protection agencies operate under a variety of names across jurisdictions but generally have similar roles – to investigate allegations of abuse or neglect and provide intervention. For convenience we will refer to the agency fulfilling this role as Child Protective Services (CPS) even though in a specific jurisdiction it may be referred to by a different name.

involved in a juvenile court dependency case to determine if the child should be removed from home (Troxel *et al.*, 2009, pp. 151–152).

As noted by Troxel *et al.* (2009), the case may change courses at any point as a consequence of plea bargain or dismissal of charges, in which case the child's involvement in the prosecution would end without the child having to testify. Conversely, if a conviction is appealed, the legal case could start all over again. Throughout this process there are a number of professionals with whom the child may interact, including a CPS caseworker, a police officer, a forensic interviewer, perhaps a sexual assault nurse examiner or other medical professionals, a victim's advocate, a prosecutor, a forensic psychologist or psychiatrist who conducts a comprehensive assessment, and a therapist. Although a purpose for the multi-agency collaboration called Child Advocacy Centers was to reduce the number of interviews the child must undergo, children continue to experience numerous interviews regarding the alleged maltreatment (see National Children's Alliance web site). It is not difficult to see how this process of investigation and prosecution of maltreatment might create distress for the child – but as yet it is not empirically known whether therapy reduces the distress. Our focus in this article will be on therapeutic interventions during the period of time when the abuse status of the child has not been legally determined.

It has been our observation that there is an assumption by many professionals that if a child is an *alleged* victim of maltreatment the child should be provided abuse-specific therapy prior to the legal determination of the child's abuse status. We believe this to be a mistaken assumption.

FORENSIC AND CLINICAL ROLES

Before addressing the basis for our challenge of the assumption that abuse-specific therapy is generally an appropriate intervention for children whose abuse status is undetermined, it is useful to define the unique roles of diverse professionals in child maltreatment cases. Professionals, whether acting in the role of forensic interviewer, mental health forensic evaluator, or clinical evaluator/therapist, may greatly influence both the course of the child's experience and the outcome of the legal process, depending upon how well they understand and maintain the boundaries of their roles.

Forensic Interviewer

The purpose of the 'forensic interview' conducted by law enforcement, CPS or a Child Advocacy Center interviewer is to determine whether the child needs protection and if legal action may be warranted (Saywitz, Esplin, & Romanoff, 2007). Forensic interviewers are fact gatherers who provide children an opportunity to tell as much as possible about the suspected interpersonal violence incident(s) in their own words. The aim is to gather accurate information, and, although interviewer is sensitive to the child's emotional and clinical needs, the forensic interviewer does not engage in treatment or work to reduce the child's symptoms. The forensic interviewer has limited contact with the child and does not enter into an ongoing advocacy relationship with the child.

In communicating with other professionals, it is important for the forensic interviewer to retain professional independence rather than to convey an advocacy position. Although CPS is required to determine whether the abuse allegation has merit (Substantiated or Unsubstantiated), research indicates that based on the child's statement alone, false negatives (an abused child is inaccurately determined to not be a victim of abuse) and false positives (a non-abused child is inaccurately determined to be a victim of abuse) may be a significant risk (Herman, 2009).

Secondly, it is imperative that the interviewer retain objectivity so as to be receptive to new information, to be available to testify, if necessary, about the events surrounding the interview and the interview itself, and to avoid contaminating the child's or the caretaker's knowledge about the case. Communication with other professionals should be directed toward the logistics of the case, rather than the contents of the interview, and should be documented.

Forensic Mental Health Evaluator

Children who are suspected victims or witnesses to interpersonal violence may also be referred for a mental health forensic evaluation. The forensic evaluation, similarly to the forensic interview, involves gathering facts and information and both roles require a stance of neutrality. The mental health forensic evaluator, in contrast to the forensic interviewer, has access to multiple sources of information. This information may include interviews with and testing of children and parents; review of school, medical, and legal records; and interviews with potentially important collateral sources. The obtained information is typically integrated into a report for the trier of fact who may rely, in part, on the forensic evaluation in determining the truth of the matter. Forensic evaluators may offer conclusions about children's behavioural,

emotional, or cognitive functioning and offer hypotheses regarding a child's capacity to accurately report events or the likelihood of the accuracy of the allegation. Although there are differing opinions by experts on whether forensic evaluators should answer the ultimate issue regarding whether a child is a witness or victim of interpersonal violence, the authors of this chapter do not support mental health professions addressing the ultimate issue. If the forensic evaluator is successful in assisting the court, children may be better protected as victims of interpersonal violence or protected from false allegations. The forensic evaluator has a unique role, then, that is distinct from the forensic interviewer or from the therapist.

Forensic evaluators, like forensic interviewers, do not engage in treatment of the child, but may make treatment recommendations. Their reports may form the basis for the court's rulings regarding a number of issues including, in Family and Dependency Courts, the child's placement and contact with parents or other family members. The recommendations of the forensic evaluator may directly or obliquely address the child's clinical and emotional needs. However, it is not the role of the forensic evaluator to taken on a treatment role or 'helping' role in the traditional clinical sense.

Clinical Mental Health Evaluator

Children who are suspected to have witnessed or been victim to interpersonal violence may also be referred for clinical evaluation. Unlike the forensic evaluation, the purpose of clinical evaluation is to determine if the child manifests psychological disorders or symptoms and, if so, formulate a plan for treatment. Mental health therapists have the very specific role to determine the need for and then carry out psychological treatment, in contrast to the forensic evaluator's role to assist the trier of fact. The clinical mental health evaluator's role is to assist in designing a treatment plan to effect change in the child's behaviour, emotions, or cognitions.

Mental health treatment providers may be called upon to provide psychotherapy during the investigative phase of allegations of children's exposure to interpersonal violence in order to either support children, or, problematically, to assist in cultivating evidence or to treat symptoms assumed to be associated with the exposure to violence. These different goals of treatment will be further discussed below; for the present it is sufficient to note that there are a number of roles the therapist may have, including those roles supported by empirical research, professional ethics, and the legal context or those that lack such support.

DETERMINING THE INDIVIDUAL NEEDS OF THE ALLEGED CHILD VICTIM

In order to meet each child's needs, we must understand the particular impact, on the child, of the exposure to maltreatment or the mistaken belief the child has been exposed to maltreatment, including:

1. The circumstances surrounding the abuse allegation;
2. Other traumatic external events;
3. Life changes following the report to authorities such as loss of a parent or parents; lost contact with extended family members and friends; change of schools;
4. The current placement of the child.

The period of time between a report of child maltreatment to authorities and the legal determination regarding the abuse allegation can be a stressful time for the child. During this time, well-intentioned interventions may moderate or exacerbate stress. We propose that stress will be moderated when children are provided interventions based on their unique individual needs rather than based on the premature and potentially inaccurate assumption that these allegedly maltreated children are members of a homogeneous group who require similar interventions.

Maltreated Children and their Families

The incidence of child maltreatment is significantly higher in families with low income and chronic economic hardship than in families with greater economic resources (Sedlak & Broadhurst, 1996). Therefore, many maltreated children may have been subjected to other potentially damaging experiences to their development in addition to abuse or neglect. There is considerable research to suggest that economic hardship is associated with problems in family functioning, including increased psychological distress, decreased capacity for sensitive and consistent child rearing (Conger *et al.*, 1992), and parents' serious psychiatric disorders – for example, substance abuse and depressive disorders (Chaffin, Kelleher, & Hollenberg, 1996; Luthar, 1999; Mayes & Truman, 2002). In some child maltreatment research samples, the percentage of maltreated children living in families suffering economic hardship reaches approximately 90% (Bolger & Patterson, 2003).

Diverse Effects of Traumatic Experiences

Each child is a unique individual whose totality of experiences forms the child's personality. The impact of traumatic experiences of maltreatment on a particular child is not predictable, although estimates on increased risk for poor life time adjustment can be made. The specific impact of a potentially traumatic event depends on a number of factors and trauma may affect children in diverse ways. Internal risk and resiliency factors such as personality characteristics and the personal interpretation of the abuse event are related to differences on the psychological impact of maltreatment experiences. External factors, such as family chaos vs. family stability or the parents' responses following disclosure, also are associated with children's risk and resiliency (Kendall-Tackett, Williams, & Finkelhor, 1993). Furthermore, characteristics of the abuse experience, such as timing, duration, frequency, severity, degree of threat, and relationship to the perpetrator are all associated with better or worse outcomes (Keiley, Howe, Dodge, Bates, & Pettit, 2001; Manly, Kim, Rogosch, & Cicchetti, 2001).

Children abused and neglected by their parents or caretakers show greater vulnerability to long-term psychological problems. There is a growing body of research that indicates chronic maltreatment commencing in early childhood and continuing into adolescence has the most deleterious effects on the foundation of children's psychological development (Aguilar, Sroufe, Egeland, & Carlson, 2000). A substantial number of maltreated children also experience more than one form of maltreatment (American Psychological Association Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, 2008). Risk rather than resiliency defines the majority of these children. There is evidence that children experiencing the combinations of abuse and neglect, multiple forms of abuse or abuse with exposure to intimate partner violence have decreased odds of stable psychological functioning compared with children experiencing a single maltreatment form (Bolger & Patterson, 2003; Holden, Geffner, & Jouriles, 1998). Bolger and Patterson found that experiencing the combination of neglect and child sexual abuse put children at greater risk than children experiencing either form of these specific maltreatments independently. Silvern *et al.* (1995) found that after accounting for the effects of being abused, adult reports of their witnessing interparental violence during childhood still accounted for a significant degree of their problems as children.

Identifying the Individual Needs of Each Child

If the needs of a child are to be met after an allegation of child maltreatment has been reported to CPS and/or law enforcement, we must look

at the child as an individual rather than as one amorphous figure in a homogeneous group. Following the allegation of child maltreatment it is unknown if:

1. The child is a victim of maltreatment;
2. Whether the investigative process itself will be traumatic for the child regardless of abuse status; and
3. What specific needs, if any, the child may have.

CPS, law enforcement, or the forensic interviewer, as first responders, may make referrals to mental health providers for therapeutic interventions without understanding that some types of therapy may taint children's memories and thwart successful prosecution of a criminal case or produce iatrogenic effects. Rather than receiving abuse-specific therapy, many alleged child victims may be better served through interventions that assist children with needs not related to the alleged maltreatment. Such interventions may include cognitive behaviour therapy to reduce symptomatic behaviour, academic tutors, resilient pro-social play partners, and, where indicated, parent training or other interventions for the child's parent. Cognitive behaviour therapy, an evidence-based intervention, has been found to be effective in reducing aggressive and acting out behaviours that may be related to any number of potentially traumatic childhood events (Cohen, Berliner, & Mannarino, 2010). Abuse-specific support services at this early point, before the child's abuse status is legally determined, may include court educator/advocate, comprehensive forensic assessment, or therapy addressing the child's symptomatic behaviours without providing therapy for the alleged abuse that may or may not have occurred.

TREATMENT CHALLENGES

When a concern about possible child maltreatment arises, there must be a report to CPS. CPS may find that there is some basis for concern about maltreatment, a strong basis to believe the child has been maltreated or no evidence to support the concern that maltreatment has occurred. CPS agencies use various terms to describe the level of concern and for purposes of discussion we will refer to these as 'Unsubstantiated', 'Some Indicators' and 'Substantiated'. These terms, when used by CPS, are not legal findings and do not confirm an allegedly maltreating person's guilt or innocence or whether the child has been maltreated, which is a determination that can only be made judicially.

After CPS has reached a determination, CPS investigators or forensic interviewers, as first responders, may have the most significant impact on whether the alleged child victim receives therapy and potentially what kind of therapy the child receives. We will explore a number of treatment pathways that may be chosen when a child is alleged to be maltreated. For clarity see Figure 10.1 summarizing recommended interventions depending on CPS findings and the child's presentation as asymptomatic or symptomatic.

Treatment Recommendations by First Responders

Forensic interviewers or CPS workers make the initial assessment about whether to refer for treatment. In some cases it may be obvious that the child is experiencing serious emotional distress as the allegation first becomes articulated. The child may break down and become so distressed that he/she cries during the forensic interview or may appear painfully withdrawn or anxious. In order to maintain an objective fact-finding posture,[2] interviewers refrain from shifting to the role of therapist (e.g., 'That must have been terrible'; 'He should not have done that to you. It's not your fault'). Instead, interviewers inquire about children's feelings and then, exhibiting sensitive concern but remaining task-focused, ask if the child can continue the interview. The interviewer does not move into the therapeutic mode of verbalizing judgements about the child's alleged experiences or making negative comments about the alleged perpetrator in order to validate the child's feelings. At the conclusion of the interview a further brief inquiry of the caretaker about referral for therapy is appropriate to gauge receptivity or to learn whether the child is already in therapy. Depending on the child's age, it may be appropriate for the interviewer to ask the child if it would help to have someone to talk to, not necessarily about the (alleged) incidents but about how the child is doing, what worries the child may face, and so on. This distinction between therapy to explore the alleged abuse and therapy to support the child or address peripheral issues is an important one and will be further discussed.

Allegation Facilitating Therapy: A Misnomer

The term 'therapy' is a misnomer for the intervention called allegation facilitating therapy, because the focus is on the possibility of obtaining a disclosure or a more detailed disclosure from the child. This extended

[2]An objective fact-finding posture is not synonymous with a cold and indifferent posture.

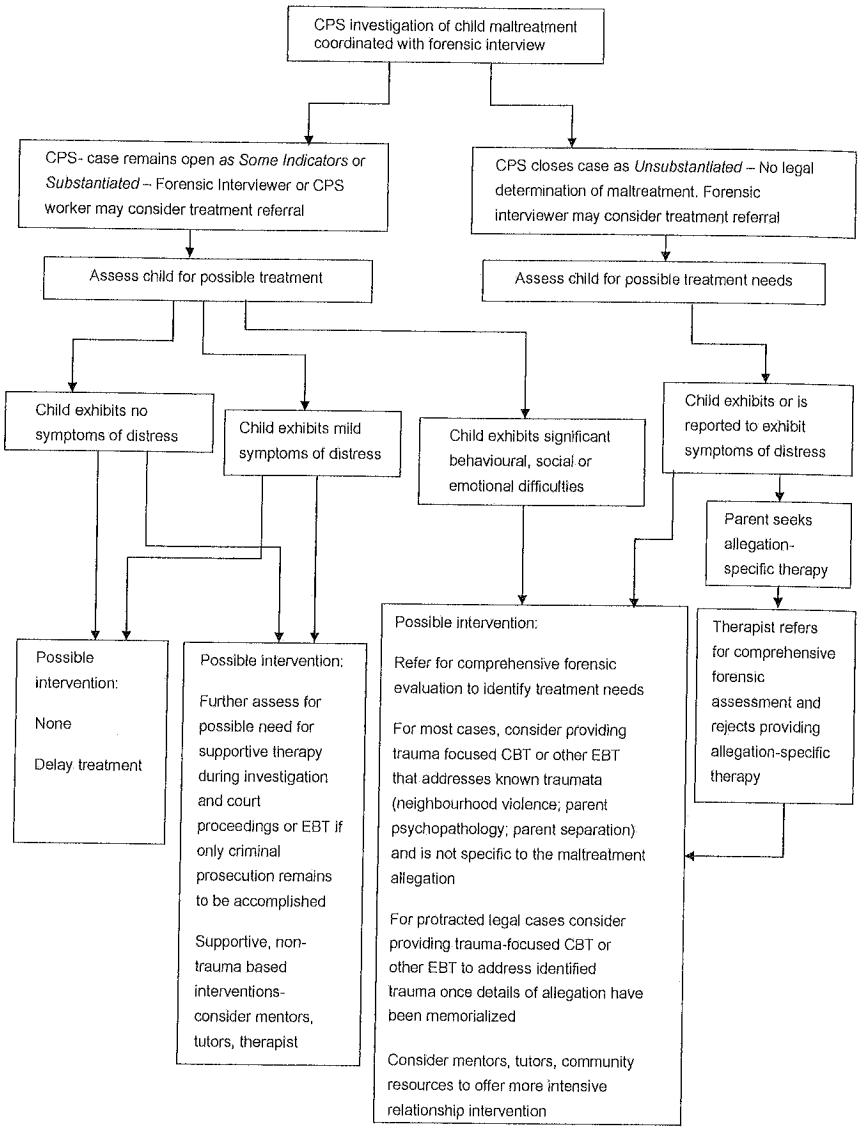
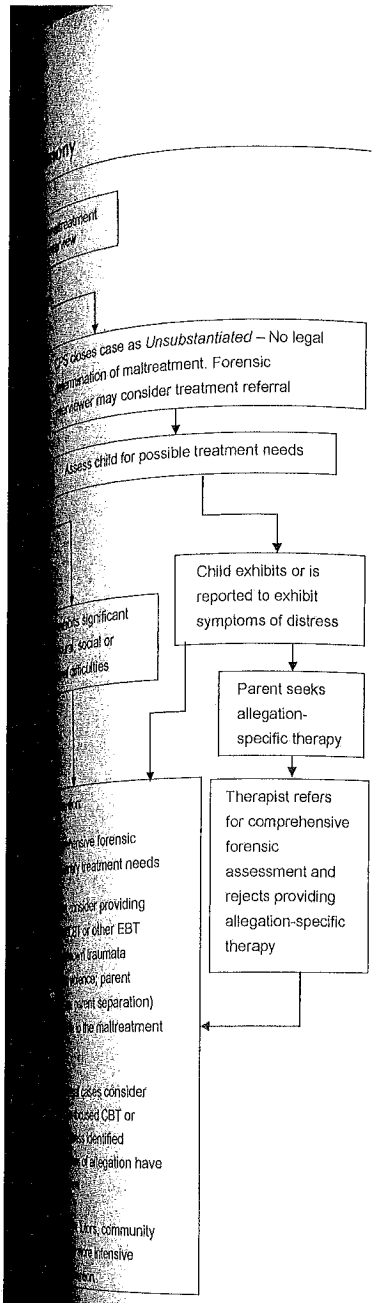


Figure 10.1 Meeting the child's needs during investigation of child maltreatment.



investigation of child

interviewing was developed for use in Child Advocacy Centers and titled the Extended Forensic Evaluation (Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001; Carnes, Wilson, & Nelson-Gardell, 1999; but for a critical review see Connell, 2009). The title Extended Forensic Evaluation is also a misnomer because this allegation facilitating process is not a forensic evaluation, which involves the analysis of multiple data sets, but instead is extended interviewing.

A parent or a prosecutor may request allegation facilitating therapy when it is believed the child may have been maltreated but the child has not made a clear statement. The forensic interviewer may be in a unique position to manage this request and ensure that the child is not subjected to intervention that might include suggestive questioning. Interviewers are trained to understand the problems with leading or suggestive questioning and can explain to parents or prosecutors, and to therapists to whom the child may be referred, the importance of letting the child initiate any discussion about the suspected maltreatment.

They may also caution about repeatedly questioning the child and vilifying the suspected abuser. All of these problems can potentially contaminate the child's perceptions and/or eventual statements. Whereas the forensic interviewer may generally assume therapists to be the experts at deciding treatment issues, in these cases, we argue, the forensic interviewer has greater knowledge about the dangers of an atmosphere of bias and should screen therapists for their ability to maintain an appropriate posture of neutrality on the question of maltreatment.

Allegation facilitating therapy may commence with a neutral posture or begin with the assumption that the suspected maltreatment did in fact occur, that the child has not been able to disclose it or describe it fully, and that the child needs to be in a treatment relationship in order to fully narrate the abuse. Concerns are raised that repeated questioning, especially by biased therapists who believe they know what has happened, may alter children's memories (Bruck, Ceci, & Hembrooke, 2002; La Rooy, Lamb, & Pipe, 2009). Further, there is a risk that allegation facilitating therapy may continue until an allegation is elicited, which may make it difficult to determine if the allegation is true or false. With the goal of facilitating more salient disclosures from children, allegation facilitating therapists may inadvertently use techniques of data gathering that result in the creation or reinforcement of false allegations. This could cause harm to both children who were not victims and to children who were victims but whose memories may be contaminated and subsequently be viewed as unreliable.

Empirical review of extending the information gathering phase in therapy sessions has not been provided with well-designed research

studies. These extended information gathering therapy sessions are generally not conducted in a way that preserves the information gathering process for later examination, such as videotaping sessions. Malloy and Quas (2009) wrote that discrepant research findings have made it difficult to draw definitive conclusions about the effects of repeated interviews, and they opined that researchers have yet to adequately disentangle the factors of repetition, delays of questioning, and interviewer bias. For these reasons, when the allegation facilitating therapy process is utilized as an information gathering structure to provide non-reporting or ambiguously reporting children the opportunity to tell about suspected maltreatment, the authors of this article strongly advocate for video recording each extended session.

Through video recording the extended interviewer can provide, when necessary, concrete information regarding the techniques utilized to acquire the child's statement. This may be helpful to refute allegations of extended interviewer bias affecting the child's statements. The initial forensic interviewer may explicitly request such recording when making referral for further exploration of the suspected child maltreatment – exploration that may be risky if the therapist departs from the careful questioning that is familiar to forensic interviewers but may be altogether foreign to the extended interviewer. Extreme caution is warranted in considering such referral and in ensuring that, if the referral is made, it is to a follow-up interviewer therapist who understands the importance of neutrality, non-leading and non-suggestive discourse and questioning, and recording in extensive detail both the data that support the possibility of abuse and the data that argue against it having occurred.

We believe it is empirically justified to avoid allegation facilitating therapy and instead to call for a court appointed comprehensive forensic evaluation for allegedly maltreated children with or without ambiguous allegations. These forensic evaluations are conducted in a transparent way, have a beginning and end point, and do not rely solely on the child's statements. Unlike allegation facilitating therapy, the comprehensive forensic evaluation provides the opportunity to put the pieces of the puzzle together through the thorough exploration of data such as: triggers or motives for the timing of the allegation, prior suspicions of the child's victimization, family dynamics, relationship between the alleged offender and alleged victim, and previous questioning of the alleged child victim.

Maltreated children who have not made credible disclosures may be unable to do so. Therefore, the determination of maltreatment, especially sexual abuse that leaves no physical evidence, must be made

using multiple data sets, in addition to or other than a child's statements. Professionals must accept that in some cases the accurate abuse status of the child may never be known. The focus of professionals then must be on protection of the alleged child victim, and if the alleged perpetrator is a parent, protection of the parent–child relationship with safety of the child made paramount.

Therapeutic Interventions

There are two issues with the historical treatment of alleged and known maltreated children. The first issue is the problem of individual abuse-focused therapy as the major and usually sole intervention for these children. The second issue is the problem of providing abuse-focused therapy to children whose abuse status and resiliency has yet to be determined. As noted by Cohen *et al.*, 'If the child has not experienced a trauma or does not have significant trauma-related symptoms (e.g., PTSD including avoidance; depressive symptoms; self-blame; maladaptive coping strategies; attachment or relationship problems, etc.), trauma-focused treatment is not appropriate. An Evidence Based Treatment (EBT)[3] for the child's other problems is likely indicated' (Cohen, Berliner, & Mannarino, 2010, p. 217). There is robust research to show that abuse specific cognitive therapy has a significantly positive effect on sexually abused children (Substance Abuse Mental Health Services Administration, 2002). However, this intervention should be prudently recommended until the abuse status of the alleged maltreated child is legally determined, or determined by medical evidence, a credible eyewitness report or some other indisputable evidence and treatment needs can be determined. We further argue that there are a number of interventions based on the resiliency literature that can be considered prior to placing the child in individual or group psychotherapy.

Our premise is that any designated intervention for alleged victims of abuse and neglect must distinguish between the suspected maltreatment and other known potential traumas (e.g., exposure to family or neighbourhood violence; children as pawns in parents' high conflict separation and divorce). We propose when alleged victims of

[3]The term Evidence-Based Treatment (EBT) or Empirically Supported Treatment (EST) refers to preferential use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems. In recent years, EBT has been stressed by professional organizations such as the American Psychological Association so that patients with differing problems will receive appropriate and successful therapy.

abuse and neglect exhibit behavioural and emotional problems but their maltreatment status is undetermined by the legal system, efficacious EBT may be provided to many of these children to promote pro-social interpersonal relationships, reinforce coping strategies and foster instrumentality. A comprehensive forensic evaluation of the child should be conducted, in a timely manner, and should include videotaped interviews of the child's allegation. Based on the evaluation findings, the appropriate therapy can be recommended for alleged victims, including placement in evidence-based sexual abuse specific therapy or other evidenced-based therapies. As emphasized by Saywitz, Mannarino, Berliner, and Cohen (2000), if intervention is delayed for too long for maltreated children, symptoms may become worse or may become chronic and resistant to treatment. Although there is risk that abuse-specific therapy may alter some of the child's recollections and interfere in the prosecution phase, in many cases the benefit of abuse specific therapy will outweigh this risk. As noted by Myers (see Chapter 15), judicial decision making may take into account the fact that therapeutic interventions may taint children's memories and render them incompetent (unreliable) witnesses – yet, children alleged to be victims of abuse may nevertheless need therapy.

Therapeutic Intervention: Building Resiliency

Therapy focusing on providing support, pro-social relationship building, strengthening coping mechanisms, and decreasing symptomatic behaviour may be helpful to many alleged victims of maltreatment whether the maltreatment allegation is eventually legally determined to be accurate or inaccurate. In contrast, therapies such as allegation facilitating therapy and abuse-specific trauma therapy, which focus on alleged experiences of maltreatment must be used judiciously prior to a legal determination of a child's abuse status.

INTERVENTIONS FOR CHILDREN: CLASSIFIED UNSUBSTANTIATED, SOME INDICATORS, OR SUBSTANTIATED

The forensic interviewer may appraise the child's needs as the initial investigation unfolds. The data collected in initial interviews, the child's apparent or reported level of distress, and the findings of the CPS and police investigations of corroborative evidence may determine whether to refer the child for further services. In some settings this may not be

considered to be part of the role of the forensic interviewer but may instead be the purview of the CPS investigator.

Cases Classified 'Unsubstantiated' – Concern Remains the Child is a Victim

There are children alleged to have been maltreated by a parent or extended family member and who have consequently been evaluated, in some cases repeatedly, by child protection or law enforcement with resulting 'Unsubstantiated' findings. Unsubstantiated is not synonymous with non-abused, it simply indicates that CPS did not find any factors that would support an abuse finding. In such cases, we are in support of parents or other authorities seeking a comprehensive forensic evaluation when they continue to have suspicions that the child is a victim of maltreatment, despite the CPS finding.

The parent or an agency representative may, however, sidestep forensic evaluation and directly seek therapeutic intervention to either facilitate a narrative of abuse from the child or to treat the child for the alleged maltreatment, despite CPS case disposition. In some of these cases the therapist gathers information from only one parent and provides abuse-specific therapy to a child who may or may not be a victim of sexual abuse. Such children may become symptomatic due to the anxiety of the alleging parent, repeated interviewing and/or iatrogenic therapy effects.

Cases Classified 'Some Indicators' or 'Substantiated' – Child is Assumed to be a Victim

When CPS designates a finding of 'Some Indicators' or 'Substantiated' the alleged child victim may be referred for treatment. The therapist must make an assessment of the child that is abuse-informed, rather than abuse-specific (Saunders, Berliner, & Hanson, 2004). The therapist should evaluate not only those potential problems that may be attributable to the alleged abuse, but also any other difficulties the child may have and other environmental factors that may contribute to the child's symptoms. Importantly, when a legal case is pending in Criminal Court, the child may be in a state of limbo for months or, not uncommonly, a year or even longer while the machinations of the legal system move the case forward (Troxel *et al.*, 2009). During this time the status of the allegation is not legally determined and yet the child may be experiencing distress caused by any of several contributors: conflicts or instability in the home or neighbourhood; the abuse if it did

occur; and the necessary interviews and examinations necessitated by the legal process.

For children who are functioning well in social, emotional, and academic domains, psychotherapy interventions may not be beneficial until the child's maltreatment status has been legally determined and treatment goals, if any, can be accurately identified. In place of therapy, a forensic evaluation may be of greater relevance at this stage to assist the court in its effort to determine the veracity of the abuse allegation. The forensic evaluation can also assist the child by providing a further opportunity for the child to impart relevant details.

Some alleged victims of maltreatment may exhibit mild to severe social, emotional, and/or academic problems that interfere in their daily functioning. Forensic or clinical assessment may address the potential utility of more novel interventions such as provision of a mentor or academic tutor, or development of a pro-social peer relationship. The evaluator may also craft a treatment plan that addresses known traumata (neighbourhood violence, parent psychopathology, parent separation, repeated and distressing interviews). The child may be referred for more traditional therapy, such as cognitive therapy, to decrease symptoms and develop self-enhancing coping skills during the period between the maltreatment report to authorities and judicial determination. These interventions are justified whether or not the child was abused and do not risk contaminating the child's testimony or, worse, harming the child by providing a child not actually abused with abuse focused therapy. Such interventions do not negate a therapist listening to a child's disclosure of abuse and responding in a supportive manner.

Children who are involved with CPS may live in multi-problem family environments including parents with mental health problems or chemical dependency, underemployment or impoverishment, neighbourhood violence, and significant difficulties in a number of other areas. It may be that weekly therapy sessions will simply be inadequate to assist the child who faces such challenges on a daily basis in the home, school, and neighbourhood. In addition to psychotherapy, CPS workers and therapists must creatively explore adjunctive interventions. Mentors, academic tutors and other community resources might be utilized to offer wrap around interventions.

CONCLUSIONS

During the time period between a report of child maltreatment to the state authorities and the legal determination of the child's abuse status,

the child is at risk to experience further stress and potentially traumatic experiences such as loss of family and community and repeated questioning by attorneys and other authorities. A child's vulnerability and resiliency must be considered in order to develop the most efficacious interventions during this time.

Maltreated children may live in impoverished households or face other challenges in addition to experiencing abuse and/or neglect. Individual therapy alone may not be the most effective intervention for these alleged victims who may live with significantly impaired parents and in violent families and neighbourhoods. Alternative treatments include supportive socialization experiences, enhancement of family and community strengths, and fostering the child's capacity to activate existent coping skills. When abuse status has not been legally determined, the majority of alleged victims of abuse and neglect should not be provided abuse-specific therapy until their maltreatment status has been legally determined and the psychological impact of the abuse is also determined. For those children whose cases are protracted, and who may wait years for a legal determination of abuse, a forensic evaluation with detailed documentation and video recorded interviews should be utilized to secure evidence of the child's initial statements and to provide for assessment of treatment needs, including the appropriateness of abuse-specific therapy or other evidence-based therapies, to be provided prior to a legal determination of abuse status.

Forensic interviewers occupy a unique position to assist in ensuring that children are referred for appropriate services. As first responders, they have the opportunity to make at least a cursory assessment of the chronic and situational stressors the child may be experiencing. Many forensic interviewers can apply their own sophisticated appreciation for the preservation of the child's independent account of alleged maltreatment in considering intervention options:

- It cannot be assumed that child maltreatment affects most or all children similarly.
- The determination about whether allegations of maltreatment are true is made by the court; pending that, all opinions must be considered tentative.
- Abuse facilitation therapy, which is used to assist alleged maltreatment victims to make disclosures or facilitate more detailed disclosures, should only be implemented if each facilitation session is videotaped in order to document how the allegation was elicited and to provide opportunities to review the methods used by the interviewer to facilitate the child's statements.

- The use of a child's statement as the sole criteria to determine abuse, in contrast to a comprehensive forensic evaluation that relies on multiple data sets may increase the risk of false negative and false positive conclusions.
- Children who are alleged to have witnessed or experienced traumatic interpersonal events may have behavioral, cognitive and emotional difficulties related to the events, the legal process, and/or fractured family life.
- During the investigation of child maltreatment many alleged victims may benefit from EBT that focuses on alleviation of the child's symptoms, such as anxiety, depression, and other emotional distress.
- Abuse-specific therapy should be avoided until a legal determination can be rendered on the child's abuse status and appropriate interventions can be determined.
- Alleged child victims whose legal cases are protracted for years may benefit from the immediate commencement of abuse-specific therapy prior to legal determination of the child's abuse status. This should be initiated only upon recommendations following a comprehensive forensic evaluation and in consideration of the relative risks and benefits of such treatment, which may significantly impede the judicial process.

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