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An Examination of Child Abuse Disclosures in Mississippi: The Effects of Child and Interviewer Characteristics

Morgan Colley

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An examination of child abuse disclosures in Mississippi: The effects of child and interviewer characteristics

By

Morgan Colley

A Thesis
Submitted to the Faculty of Mississippi State University in Partial Fulfillment of the Requirements for the Degree of Master of Science in Sociology in the Department of Sociology

Mississippi State, Mississippi

December 2017
An examination of child abuse disclosures in Mississippi: The effects of child and interviewer characteristics

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Each year, hundreds of thousands of children fall victim to child abuse in the United States, most often perpetrated by a parent or legal guardian (Children’s Bureau – An Office of the Administration for Children and Families, 2015). The current project used secondary data from a Children’s Advocacy Center to explore abuse disclosure rates in forensic interviews. The three main objectives of this project were as follows: 1) to determine whether children with certain demographic characteristics (i.e., race, gender, and age) were more likely to disclose abuse, 2) to determine whether interviewers with certain demographic characteristics (i.e., race and age) were more likely to elicit a disclosure from a child, and 3) to determine whether children were more likely to disclose abuse when they were matched with an interviewer of the same race, or a similar age. This research found that females, older children, victims of physical abuse and those who witnessed a violent crime, and children referred from the police department were the most likely to disclose abuse. Additionally, when the child and the interviewer were similar in age, the child was more likely to disclose abuse.
DEDICATION

I would like to dedicate this research to the past, present, and future employees of Sally Kate Winters Family Services. Thank you for your endless efforts to help those without a voice and for giving me the opportunity to realize my passion.
ACKNOWLEDGEMENTS

Without the support and guidance from many people, this research would have never been possible. To Dr. Stacy Haynes, thank you for spending countless hours meeting with me, editing this project, and being an amazing major professor. To my committee members, Dr. Kecia Johnson and Dr. David May, thank you for your time and support on what felt like a never ending journey. To my friends, thank you for all the laughs, I needed them more than you know. To my parents, thank you for always believing in me and putting my needs before yours. And finally, to Nik, thank you for putting up with me (especially during these past two years) and motivating me to be a better person every day.
# TABLE OF CONTENTS

I. DEDICATION ........................................................................................................ ii 

II. ACKNOWLEDGEMENTS ..................................................................................... iii 

CHAPTER 

III. INTRODUCTION ................................................................................................. 1 

IV. LITERATURE REVIEW ......................................................................................... 5 

- The Prevalence of Child Abuse .......................................................................... 5 
- The History of Child Protection .......................................................................... 8 
- Development of Children’s Advocacy Centers .................................................. 12 
- Forensic Interviews ........................................................................................... 21 
- Factors Affecting Disclosure ............................................................................ 28 
  - Child Characteristics ....................................................................................... 29 
    - Race ............................................................................................................ 29 
    - Gender ....................................................................................................... 31 
    - Age .............................................................................................................. 32 
  - Interviewer Characteristics ............................................................................ 35 
    - Race ............................................................................................................ 35 
    - Gender ....................................................................................................... 37 
    - Age .............................................................................................................. 39 
- Theoretical Framework ....................................................................................... 40 
- Hypotheses ........................................................................................................ 46 

V. METHODS ........................................................................................................... 50 

- Data .................................................................................................................... 50 
  - Sally Kate Winters Family Services (SKWFS) ............................................... 50 
  - Sample ............................................................................................................ 52 
- Measures ............................................................................................................ 54 
  - Child Characteristics ....................................................................................... 54 
  - Case Characteristics ....................................................................................... 55 
  - Interviewer Characteristics ........................................................................... 56 
  - Dependent Variable ......................................................................................... 57 
  - Analyses ......................................................................................................... 57
VI. RESULTS .........................................................................................................................59

Descriptive Analyses ..........................................................................................................59
  Case Characteristics ..........................................................................................................59
  Child Characteristics .........................................................................................................60
  Interviewer Characteristics ...............................................................................................60
  Similarity Variables ..........................................................................................................60

Cross-Tabulations ................................................................................................................62
  Case Characteristics ..........................................................................................................62
  Child Characteristics .........................................................................................................63
  Interviewer Characteristics ...............................................................................................63
  Similarity Variables ..........................................................................................................63

Logistic Regression and Odds Ratios ...................................................................................68

VII. DISCUSSION AND CONCLUSION ............................................................................74

Limitations ............................................................................................................................79
  Future Recommendations ................................................................................................80

REFERENCES .......................................................................................................................82
<table>
<thead>
<tr>
<th></th>
<th>Table Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Descriptive Statistics for Case, Child, and Interviewer Characteristics</td>
<td>61</td>
</tr>
<tr>
<td>2</td>
<td>Referring County and Interview Finding</td>
<td>65</td>
</tr>
<tr>
<td>3</td>
<td>Referring Agency and Interview Finding</td>
<td>65</td>
</tr>
<tr>
<td>4</td>
<td>Type of Abuse and Interview Finding</td>
<td>65</td>
</tr>
<tr>
<td>5</td>
<td>Child’s Gender and Interview Finding</td>
<td>66</td>
</tr>
<tr>
<td>6</td>
<td>Child’s Race and Interview Finding</td>
<td>66</td>
</tr>
<tr>
<td>7</td>
<td>Interviewer’s Race and Interview Finding</td>
<td>66</td>
</tr>
<tr>
<td>8</td>
<td>Interviewer’s Education and Interview Finding</td>
<td>67</td>
</tr>
<tr>
<td>9</td>
<td>Interviewer’s Children and Interview Finding</td>
<td>67</td>
</tr>
<tr>
<td>10</td>
<td>Child and Interviewer Race Similarity and Interview Finding</td>
<td>67</td>
</tr>
<tr>
<td>11</td>
<td>Logistic Coefficients and Odds Ratios for Case, Child, and Interviewer Characteristics (Model 1 and 2)</td>
<td>70</td>
</tr>
<tr>
<td>12</td>
<td>Logistic Coefficients and Odds Ratios for Case, Child, and Interviewer Characteristics (Model 3 and 4)</td>
<td>72</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

Every day an estimated 2.25 children per 100,000 children in the United States die due to injuries suffered from child abuse and neglect (Children’s Bureau – An Office of the Administration for Children and Families, 2015). Although organized child protection and Children’s Advocacy Centers (CAC) are found in numerous jurisdictions, the number of child victims of abuse or neglect continues to increase every year. In the federal fiscal year of 2015, a nationally estimated 4.56 children died every day from abuse or neglect, which is 5.7% more than in 2011 (Children’s Bureau – An Office of the Administration for Children and Families, 2015). Additionally, the number of child victims who receive an investigation regarding abuse from the Department of Child Protection Services (DCPS) increased approximately 9% from 2011 to 2015 (Children’s Bureau – An Office of the Administration for Children and Families, 2015). In 2015 alone, 3.4 million children were investigated by DCPS as possible victims of abuse or neglect. Of those 3.4 million children, 683,000 were substantiated as victims, with 1,670 fatalities (Children’s Bureau - An Office of the Administration for Children and Families, 2015). Each year, approximately 5% of all United States children are investigated as possible victims of abuse (Kim, Wildeman, Jonson-Reid, & Drake, 2017).

A Children’s Advocacy Center (CAC) is a child-friendly, neutral location where a child can tell his or her story of abuse one time during a forensic interview, to a trained
interviewer in a way that is not suggestive or revictimizes the child (“How the CAC Model Works,” n.d.). When a child is referred to a CAC for a forensic interview regarding alleged abuse, an entire Multidisciplinary Team (MDT) reviews his/her case. A MDT should include all organizations or agencies that child will come in contact with throughout the investigation and prosecution of the child abuse case. This team-based approach to handling cases of child abuse is vital for the child’s health, safety, and well-being. Immediately following the forensic interview, children can be referred for therapy or a forensic medical examination to ensure their mental and physical safety. Utilizing a team-based approach also provides all agencies with a collaborative and quicker fact-finding process, which, in turn, protects the child victim and all other persons in the community from the alleged perpetrator (Daniels, 2017).

To elicit as many details as possible regarding the alleged abuse, most forensic interview protocols have adopted the practice of using free-recall and open-ended questions (e.g., “Tell me all about what happened”) when talking with children. Aside from the types of questions asked, another factor that can be manipulated during an interview to attempt to elicit details from a child is the interviewer’s demographic characteristics. Nevertheless, the manner in which child and interviewer characteristics affect children’s disclosures in forensic interviews has not been widely researched or discussed. In terms of interviews regarding child abuse allegations, disclosure refers to whether or not the child communicates details about the alleged abuse with the interviewer (Yazdani, 2017).

The current study adds to this literature by examining whether child and forensic interviewer demographic characteristics (e.g., race, gender, and age) affect abuse
disclosures at a CAC in Mississippi. It is important to study this topic in Mississippi given that it is the poorest state in the nation. The poverty level in Mississippi is problematic because financial stress is known to be a factor in domestic violence and substance abuse, common issues prevalent in families engaging in child abuse (Hangartner, 2017; Boucher, 2017; Slaven & Paschall, 2017; Broome, 2017; Darr & Napier, 2017). At the end of 2015, Mississippi had the 4th highest unemployment rate at 6.5%, the highest poverty rate at 22%, and a median household income approximately $15,000 lower than the national median (McIntyre, 2016). Given the general financial position of the state, without the assistance of a CAC and the free services it provides, a parent who learns that his/her child has been abused may not have the financial resources available to send him/her for mental health or medical services. Further, parents may not even be knowledgeable that these services exist or how to go about coordinating them for their child.

The purpose of this research is to examine whether and how child and interviewer demographic characteristics (i.e., race, gender, and age) affect whether the child is likely to disclose abuse. In addition, this research explores whether establishing interviewer selection procedures, meaning matching the child and forensic interviewer based on demographic characteristics (i.e., race and age), would make the child more likely to disclose abuse.

This research is important because children who disclose abuse during an interview are more likely than those who do not to receive mental health and medical services they need in order to ensure their safety. All MDT members are invited to view the live forensic interview to watch the child for signs of abuse (e.g., body language) if
he/she does not disclose. If the team deems it necessary, it is possible that a child who does not disclose abuse will receive services as well. At the CAC in this study, the forensic interview, forensic medical exam, and on-site mental health services are free-of-charge to the child victim and his/her non-offending caregivers. It is important to highlight that in Mississippi, without using the CAC and MDT model, children living in the poorest state in the nation may not be receiving the services they need to ensure their safety and begin the healing process from the abuse they have endured.
CHAPTER II
LITERATURE REVIEW

The following discussion begins by describing the prevalence of child abuse in the United States as a whole, and specifically in Mississippi. The history of child protection is then outlined and a few key years and persons involved in child abuse protection are discussed in order to understand the successes in child abuse protection thus far. The creation of Children’s Advocacy Centers is then outlined and Multidisciplinary Teams and the National Children’s Alliance accreditation process are discussed. Next, forensic interviews are discussed along with possible demographic characteristics related to the child and the interviewer that could affect disclosure, such as race, gender, and age. This chapter concludes by discussing the theoretical framework and hypotheses.

The Prevalence of Child Abuse

According to data from the National Children’s Alliance (NCA), in 2015, 3.4 million children had open cases with the Department of Child Protection Services (DCPS) for possible abuse (“National Statistics on Child Abuse,” 2015). Of those children, more than 683,000 were offered victim advocacy services and support by Children’s Advocacy Centers around the United States (“National Statistics on Child Abuse,” 2015). Each year, approximately 5% of all United States children are investigated regarding maltreatment; half are investigated for the first time and the other
half are repeat victims (Kim, Wildeman, Jonson-Reid, & Drake, 2017). The national rate of child victims is 9.1 per 1,000 children, ranging from 1.2 to 19.7 per 1,000 depending on the state (Children’s Bureau – An Office of the Administration for Children and Families, 2016).

Although the rate of child abuse varies by state, there are general trends regarding the types of abuse and the demographic characteristics of the victims. The most common type of maltreatment reported to DCPS is neglect, followed by physical abuse, sexual abuse, and emotional abuse (Children’s Bureau – An Office of the Administration for Children and Families, 2015; Kim et al., 2017; “National Statistics on Child Abuse,” 2015). The victims most likely to come in contact with DCPS are younger children, black children, and girls (“National Statistics on Child Abuse,” 2015; Kim, Wildeman, Jonson-Reid, & Drake, 2017; Children’s Bureau – An Office of the Administration for Children and Families, 2016). According to data from NCA in 2015, the parent was the abuser in 78.1% (i.e., nearly 4 out of 5) of the substantiated cases of child abuse (“National Statistics on Child Abuse,” 2015).

An important difference to note between DCPS and CAC data is that the most common type of maltreatment reported to DCPS is neglect (Children’s Bureau – An Office of the Administration for Children and Families, 2015; Kim, Wildeman, Jonson-Reid, & Drake, 2017; “National Statistics on Child Abuse,” 2015), whereas the most common type of abuse seen at CACs is sexual abuse. Because it is DCPS’s job to ensure the safety and well-being of the child in the home, neglect is the most common form of maltreatment reported when the basic life necessities of a child (e.g., electricity, heating and air conditioning, running water, cleanliness) are not being met. Every CAC
establishes a protocol (discussed in greater detail below) outlining the criteria a case must meet in order for a forensic interview to be conducted. Most CACs in the United States do not see cases of neglect and, instead, focus their attention on more serious cases of physical and sexual abuse.

It is thus important to note that national CAC trends will differ slightly from the national DCPS trends. According to the most recent NCA data, and consistent with the DCPS trends mentioned above, nationally, children who were seen at a CAC were most likely to be white females, 12 years of age or younger, and abused by a parent. In contrast to the trends mentioned above, however, the most common type of abuse seen at CACs is sexual, followed by physical and neglect (“National Statistics on Child Abuse,” 2015). In comparing 2016 CAC data for Mississippi to that of national CAC data, there is only one notable difference. Similar to the national data, a victim seen at a CAC in Mississippi is most likely to be a white female, under 12 years old, and abused by his/her parent. However, the most common type of abuse reported in Mississippi is sexual abuse, followed by physical abuse and witness to a violent crime. This indicates that Mississippi may have more children who witness violent crimes than the national average (National Children’s Alliance, 2016). A possible explanation for this relates the southern subculture of violence, which predates the Civil War, in which the south has been found to have disproportionately high rates of violent crimes compared to the north (Erlanger, 1975). The theory finds that southerners tendency to use violence includes not only murder, but also spanking, corporal punishment, and gun ownership more than northerners (Erlanger, 1975). It is argued that this type of violence in the south, and in Mississippi specifically, is attributed to poverty and income inequality (Block, 1995; Patterson, 1991; Hsieh &
Pugh, 1993). Further, financial stress is known to be a factor in domestic violence and substance abuse, which are two issues that can lead to violence (Hangartner, 2017; Boucher, 2017; Slaven & Paschall, 2017; Broome, 2017; Darr & Napier, 2017). Therefore, children in Mississippi may witness more violent crime compared to children in other states.

**The History of Child Protection**

Prior to 1875, when the first organization dedicated entirely to child protection was created, few laws regulated child abuse and therefore many children went without protection. Without government agencies focused solely on child abuse and neglect, such as today’s Department of Child Protection Services (DCPS), intervention into child maltreatment was sporadic, with only four major cases between 1809 and 1856 (Myers, 2008). These cases ranged from confining a blind child outside during the harsh New York winter to assault and murder. In 1856, the first rape conviction involving a child victim in California history reached the state supreme court (Myers, 2008).

The period between 1875 and 1962 saw the creation and growth of organized child protection (Myers, 2008). It was also during this period that concerned citizens and government agencies started intervening in families’ lives to ensure the safety of mistreated children (Mallon, 2013). The most notable case is when Etta Wheeler, a religious missionary, was made aware of the abuse and neglect of 8-year-old Mary Ellen Wilson (Roby, 2001). Wheeler tried to seek resources from several child welfare institutions, but was unsuccessful (Mallon, 2013). With no agency willing to help, Wheeler contacted Henry Bergh, the founder of the American Society for the Prevention of Cruelty to Animals, for advice (Myers, 2008). With the combined efforts of Etta
Wheeler, Henry Bergh, Elbridge Gerry (Bergh’s attorney), and Judge Lawrence of the New York Supreme Court (Jalongo, 2006), a special warrant was issued for Mary Ellen’s removal from the home (Roby, 2001). Commenting on the severity of the case, Jacob Riis, a police reporter for the New York Tribune, wrote, “I was in a courtroom full of men with pale, stern looks. I saw a child brought in…at the sight of which men wept aloud [regarding her physical condition]. And as I looked, I knew I was where the first chapter of children’s rights was written” (“History,” n.d.).

In 1875, after Mary Ellen’s case became the first successfully prosecuted case of child abuse in America (Jalongo, 2006), Bergh and Gerry created the first organization devoted entirely to child protection – the New York Society for the Prevention of Cruelty to Children (NYSPCC; Myers, 2008). The NYSPCC was created:

To rescue little children from the cruelty and demoralization which neglect, abandonment and improper treatment engender; to aid by all lawful means in the enforcement of the laws intended for their protection and benefit; to secure by like means the prompt conviction and punishment of all persons violating such laws and especially such persons as cruelly ill treat and shamefully neglect such little children of whom they claim they care, custody or control. (“History,” n.d.)

Within the first eight months, the NYSPCC “received and investigated several hundred complaints, prosecuted 68 criminal cases, and rescued 72 children from abuse and neglect” (“History,” n.d.). The NYSPCC laid the foundation for the formation of new child protection agencies and the growth of even more resources for children suffering from abuse. While the NYSPCC was in the process of getting organized and seeking resources, additional child protection avenues were being created. The world’s first
juvenile court was established in Chicago in 1899 and the majority of states had juvenile courts by 1919 (Myers, 2008). By 1922, child protection agencies were on the rise in almost every state, reaching a total of 300 agencies (Myers, 2008). The Great Depression of the 1930s forced many existing child protection agencies to close, halted the creation of new agencies, and altogether ended organized child protection until the 1960s (Myers, 2008). Of the original 300 child protection agencies in the United States, the Great Depression has been deemed responsible for closing all but 84, leaving 32 states without child protection services (Myers, 2008). Not only were most child protection agencies closed, but resources to the existing agencies slowly began to disappear, leaving hundreds of children in unsafe and/or unhealthy situations (Myers, 2008).

In 1962, interest in child abuse and neglect came back into focus as it had been before the Great Depression. With the publication of pediatrician Henry Kempe’s article, “The Battered Child Syndrome,” in 1962, there was renewed interest from a more diverse group of people. Previously, individuals were made aware of and were involved in child abuse cases mainly through the personal effort and interest of a few – such as Etta Wheeler, Henry Bergh, Elbridge Gerry (Bergh’s attorney), and Judge Lawrence of the New York Supreme Court (Jalongo, 2006). However, with Henry Kempe’s article, the medical profession and the media became interested in child abuse for the first time (Myers, 2008). Kempe’s article helped the medical profession understand and identify possible signs of child abuse, and instructed them on the correct steps to take to report the suspected abuse (“History – Kempe,” n.d.). Throughout the 1960s and 1970s, the lack of child protection agencies became an issue of national concern. National news outlets, such as *Newsweek, Saturday Evening Post, Parents Magazine, Time, Good*
*Housekeeping*, and *Life*, started publishing emotional stories of abuse (Myers, 2008). The rise of national attention brought about two major changes for child protection: amendments to the Social Security Act of 1962 and reporting laws. The amendments to the Social Security Act of 1962 sharpened the focus on child protection in each state, requiring states to pledge that statewide child welfare services would be available by July 1, 1975 (Myers, 2008). Following this requirement, children nationwide had access to protection services, regardless of whether they lived in an urban or rural area. The second major change that occurred was the development of reporting laws. By 1967, all states had laws requiring citizens to report suspected child abuse or neglect (Roby, 2001). Nearly every state now imposes penalties, in the form of fines or imprisonment, for failure to report abuse (Child Welfare Information Gateway, 2015). Individuals who, during the course of their everyday job, work with children were then singled out and deemed “mandatory reporters,” meaning they were legally required to report any signs of abuse. The definition of mandatory reporters varies from state to state, as does the penalty for failure to report suspected child abuse. Mississippi Code 43-21-353, for example, defines a mandatory reporter as follows:

> Any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other person having reasonable cause to suspect that a child is a neglected child or an abused child, shall make a verbal report immediately by telephone. (Office of Compulsory School Attendance Enforcement, n.d.)
As the above statute mentions, once child abuse or neglect is suspected, a report must be made to the appropriate agency. Under the new reporting laws, states must now have a system of investigation or intervention into the abuse (Roby, 2001). Individuals who fail to report suspected child abuse in Mississippi, for example, are held responsible under Mississippi Ann. Code § 43-21-353(7), which states that, “Anyone who willfully violates any provision of this section shall be, upon being found guilty, punished by a fine not to exceed $5,000 or by imprisonment in jail not to exceed 1 year, or both” (Child Welfare Information Gateway, 2015). As can be seen from the discussed progression of child abuse protection, the notion of intervention on behalf of mistreated children has gone from something that was once sporadic, to something that is now required by law in every state.

Without the combined efforts of Etta Wheeler, Henry Bergh, Elbridge Gerry, and Judge Lawrence, child protection likely would not be as widespread as it is today. From the success of the first prosecuted case of child abuse in 1875 to the formation of the first Children’s Advocacy Center (CAC) in 1985, a new era of child protection began, and its growth surpassed all initial expectations. The services provided today by CACs would have likely been unfathomable to these early advocates of child protection.

**Development of Children’s Advocacy Centers**

Congress passed the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, which established the first national office in the United States devoted solely to handling child abuse cases (Chandler, 2006). While child abuse was not a new phenomenon, the publicity surrounding it was. Williams (1983) wrote that, “Child abuse cases in the past did not differ from present ones. What differed was the quality of child
protection” (p. 238). In other words, Williams (1983) argued that although the types of abuse that were happening did not differ from child abuse cases 100 years ago, the publicity created from a few early cases helped establish more agencies and organizations to help victims in the future.

One case that brought national attention to the issue of child abuse was a case of child sexual abuse against the McMartin family. The case was one of the most infamous multi-victim, multi-offender cases because nearly 350 children were possible victims of “oral sex, fondling of genitals, buttock or chest area, and sodomy” (Kuhlmeier Jr. & Wehner, 1983) by workers at the family’s preschool. Although the case ultimately resulted in no convictions, it is the longest and costliest criminal trial of any case in United States history, lasting 6 years and costing $15 million (Chandler, 2006). With the prevalence of child abuse cases on the rise in the United States overall, and specifically, more cases coming through his jurisdiction than ever before, District Attorney Robert E. “Bud” Cramer Jr. began to see that case coordination and court preparation of child abuse cases were non-existent because those individuals in charge of handling the cases did not have the tools necessary to investigate or build a case for trial. Specifically, child abuse cases were a new phenomenon to investigators and prosecutors, and using the same tactics used on adults to elicit information from children proved ineffective. Similarly, having children testify in court was also a new phenomenon, and many children were scared and wondered what to expect (Chandler, 2006). In addition, because case coordination was not occurring, children were being interviewed multiple times about their abuse, which resulted in re-victimization of the children. Given these circumstances,
the people who were put in place to fight for the children’s rights and protect their well-being had minimal success.

To address the struggles that investigators and prosecutors encountered in attempting to protect the children of his community, Cramer founded the first Children’s Advocacy Center, called the National Children’s Advocacy Center, in 1985 in Huntsville, Alabama (Chandler, 2006). Although his initial goal for the center was the prosecution of offenders and treatment of victims, he soon realized that his center was capable of creating an environment that brought all parties handling a child abuse case together under one roof. Realizing the center’s potential, Cramer founded the National Children’s Alliance (NCA) in 1987 to ensure that all organizations labeled as Children’s Advocacy Centers (CACs) in the United States offered equivalent resources for child abuse victims (Chandler, 2006). The National Children’s Alliance created a membership organization that requires CACs to apply through the accreditation program within 5 years of opening in order to remain in operation. NCA accreditation not only recognizes the center as an efficient and effective organization, it also gives the center access to a wide variety of information and resources such as exclusive grants, trainings offered by NCA, and the use of NCAttrak, the case tracking database created specifically for accredited members. The accreditation application includes ten standards that reflect the most important aspects of CACs and describes specific criteria a center must meet in order to be considered for accreditation:

1. **Multidisciplinary team** – CACs must have a fully functioning multidisciplinary team (described in more detail below) to handle child abuse cases
2. **Cultural competency and diversity** – CACs must ensure that every population in the community (from racial minorities to children with disabilities) is being reached.

3. **Forensic interviews** – CACs must conduct forensic interviews in a neutral, fact-finding way.

4. **Victim support and advocacy** – CACs must ensure that children are receiving referrals and services from victim advocates.

5. **Medical evaluation** – CACs must ensure that children are receiving referrals to and services from medical personnel.

6. **Mental health** – CACs must ensure that children are receiving referrals to and services from mental health personnel.

7. **Case review** – CACs must ensure that each child’s case is being discussed within the MDT on a monthly basis until its closure.

8. **Case tracking** – CACs must ensure that each child’s case is recorded in the case tracking database for easy information gathering.

9. **Organizational capacity** – CACs must ensure that the basic administrative operations of the CAC are in compliance with NCA standards.

10. **Child-focused setting** – CACs must ensure that the child and family are seen in a child-focused setting (wall sockets are covered, children are supervised, toys and other resources are childproofed and sanitized, etc.).

The Multidisciplinary Team (MDT), which directly reflects Cramer’s vision of what a CAC should entail, remains the single most important resource a CAC can offer child abuse victims and their non-offending caregivers. The MDT advocates for children...
to ensure that they are not further victimized and protects their rights, safety, and well-being through a coordinated investigation and prosecution process for child abuse cases. A MDT should include a representative from each of the following agencies: the department of child protection services, law enforcement, the office of the district attorney, children’s advocacy center, mental health practitioners, medical consultants, victim support advocates, nurses, counselors, social workers, and other agencies or persons who have knowledge of and/or experience with child abuse cases. This last component of the team is added on a case-by-case basis. For example, the Mississippi Bureau of Investigation (MBI) handles law enforcement cases when there is a conflict of interest within the agency and therefore would be included as part of the MDT if they were involved with a case seen at the CAC. Once the team is formed, a court order must be signed by the youth court judge and a MDT Protocol, which outlines the responsibilities of each team member and the procedures team members shall follow in handling child abuse cases, must be established. In Mississippi, Sections 43-15-51(1) (Formation of the Multidisciplinary Team), 43-21-353 (Duty to Inform), and 43-21-261(7) (Disclosure of Records) of the Mississippi Code Annotated and the signed youth court order allow members of the MDT to exchange information and require that all information be kept confidential (Sally Kate Winters Family Services Children’s Advocacy Center, 2016).

Once established, the MDT Protocol will outline who acts as the facilitating agency of the team. The facilitating agency is responsible for hosting and running a monthly meeting where team members give and receive updates regarding open cases, and problem solve on how to best serve the child and his/her non-offending caregivers.
Because a visit to the CAC for a forensic interview is usually one of the first steps in the investigation and prosecution of child abuse cases, the CAC normally acts as the facilitating agency, although this could vary across MDTs. The Department of Child Protection Services (DCPS) refers a child to the CAC only after a report of abuse or suspected child abuse has been made to the Child Abuse Hotline. DCPS staffs the centralized intake unit of this hotline, and therefore when a report of abuse is made, DCPS is automatically assigned to the case. If law enforcement were to learn of abuse through the normal duties of their job, they, too, would have to report that abuse to the Child Abuse Hotline. In Mississippi, for example, all reports of child abuse made to the Child Abuse Hotline are formally documented in a computer system called the Mississippi Automated Child Welfare Information System (MACWIS). Each case is reviewed by an intake coordinator and assigned a response on a three-level scale, with one being the least harmful situation to the child and three being the most harmful. Once it is determined to which level the case should be classified, it is sent to the county supervisor for a final screening (Mississippi Department of Human Services – Division of Family and Children’s Services, 2013). The following criteria are used to classify a level three case in MACWIS:

- any child in the current legal custody of DCPS,
- prior ANE (abuse, neglect or exploitation) report within the past 12 months,
- multiple ANE reports regarding the alleged victim,
- child is in imminent risk of harm,
- any sexual abuse,
- any life threatening neglect,
• any allegation of any child in the home ages 5 and under,
• any allegation of any age child with special needs, or
• any allegation that could be felony child abuse under state or federal law

(Mississippi Department of Human Services – Division of Family and Children’s Services, 2013).

The level three cases are the only cases that would be referred to Sally Kate Winters Family Services (SKWFS) CAC, given the level of risk associated with these cases.

Every MDT must create and abide by a protocol that explicitly outlines which cases warrant a referral to the CAC. Once referred to the CAC, that case gets staffed by members of the entire MDT, who will work collaboratively through timely information sharing for case investigation and prosecution, offer victim advocacy services, and provide referrals for outside services, as necessary. Members are to continuously update others of any relevant information on a day-by-day basis and the team must also meet once a month to review all active cases and discuss and share information regarding the investigation, case status, and services needed for the child and/or non-offending caregivers. The team works to establish a safe and nurturing environment for victimized children and their non-offending caregivers with the goal of minimizing the trauma experienced. Whereas the goal of prosecution and law enforcement is to hold the abuser legally accountable for his/her actions, the CAC’s goal is to protect the rights and well-being of children, and being the facilitating agency of the MDT ensures that the focus of the investigation process remains on the needs of the child and his/her best interests (Daniels, 2017). In order to do this, the CAC in this study follows the Child First
Doctrine. It states that, “The child is our first priority. Not the needs of the family. Not the child’s ‘story.’ Not the evidence. Not the needs of the court. Not the needs of the police, child protection, attorneys, etc. The child is our first priority” (Gundersen National Child Protection Training Center, n.d.).

In 1992, 15 years after the National Children’s Alliance was founded, 22 centers became members of the National Children’s Alliance through the accreditation process (Chandler, 2006). As of yearend 2015, there were 795 member CACs representing every state (National Children’s Alliance, 2015). The enormous growth of CACs in the United States is not surprising for two reasons, the first of which is the analysis of data from the Outcome Measurement System (OMS) that CACs use. At the end of the initial visit to the CAC, the child and the non-offending caregiver are asked to complete a short survey, via OMS, about their time and experience at that CAC. Additionally, the Victim Advocate conducts a second OMS survey via telephone during the 60-day follow up call with the non-offending caregiver. From OMS, the database where this information is stored, the National Children’s Alliance finds that nationally, the majority of caregivers are satisfied with the treatment received at CACs. Specifically, between 93% and 95% of caregivers agree that their children feel safe at CACs, report that they know what to expect with the situation facing them and their children, received information that helped them understand how to best keep their children safe in the future, and would tell anyone else who was dealing with a similar situation about the CAC (National Children’s Alliance, 2015).

These statistics show that CACs offer a safe and informative atmosphere in which children and non-offending caregivers can deal with the traumatic experience of child
abuse with the help of a MDT. These positive reviews of CACs by children and their non-offending caregivers indicate that CACs are a vital asset in dealing with child abuse cases. These positive reviews of CACs by the child victims and their non-offending caregivers suggest that NCA should continue working to implement CACs and MDTs that service every county in the nation so that every child has access to the services they provide.

The second reason for the growth of CACs in the United States is due to the work of Wolfeich and Loggins (2007) and Hochstadt and Harwicke (1985). Wolfeich and Loggins’s (2007) study of child abuse and neglect cases from a large metropolitan area in Florida examined the differences in outcomes in cases handled by the Department of Children and Families (DCF), a Child Protection Team (CPT), and a Children’s Advocacy Center (CAC). They found that only 32% of cases handled by DCF were closed due to substantiation of abuse, whereas an average of 72% of the cases handled by a CPT or CAC were closed for those same reasons. In addition, cases handled by CPTs and CACs were closed after an average of 162.76 days, whereas cases handled by DCF were closed after an average of 311.25 days (Wolfeich & Loggins, 2007). It can be inferred from these statistics that multiple agencies working together on child abuse cases, the MDT approach, is more efficient than any single agency acting alone.

Hochstadt and Harwicke (1985) studied a MDT within a hospital to understand the effectiveness of the MDT approach, which they measured by examining whether or not the child and/or non-offending caregivers obtained services that were recommended by the hospital based MDT. Their finding that outpatient psychological service recommendations were not consistently followed highlights the necessity for CACs.
Various therapy and victim advocate services are offered on-site at the CAC and/or a referral is made for outside services, with all appointments being set-up and paid for by grants. In sum, the MDT approach has been widely adopted not only for its streamlined approach to investigation and prosecution of child abuse cases, but also for giving the child and/or non-offending caregiver the appropriate services quickly without subjecting the child to multiple interviews about the same traumatic event.

**Forensic Interviews**

As mentioned previously, the main reason the CAC acts as the facilitating agency of the MDT is because the center offers forensic interviews, a vital service to the MDT and the child. When a law enforcement officer or someone from the Department of Child Protection Services has reason to believe that a child has been abused, he/she refers the child to their county’s designated CAC for a forensic interview. The purpose of the forensic interview is to assess whether or not abuse has occurred, assess the child’s safety, help minimize potential stress to the family from the investigation, and increase the effectiveness of fact finding. In order to do this, interview methods that have been proven to elicit the most accurate details from the child’s memory are used, and a MDT approach to the investigation is utilized (Sally Kate Winters Family Services Children’s Advocacy Center, 2016; Mackey 2017). Prior to the CAC model of handling child abuse cases, which includes the forensic interview, there was no case collaboration among all agencies involved in a particular case. As a result, children were required to visit each agency separately, recounting the details of the abuse multiple times. With the advent of the CAC model with forensic interviews, a space was created where a child only has to tell details and relive the abuse one time. Details from the child’s/family’s visit to the
CAC are shared with MDT members in a variety of ways across the country. At the center in this study, details are shared with MDT members in five ways: (1) MDT members are invited and encouraged to attend the forensic interview, (2) MDT members are encouraged to attend the monthly MDT meeting for information sharing and problem solving, (3) an interview summary is completed by the interviewer with information regarding the allegations and what the child disclosed, if anything, and emailed to the entire team, (4) a victim advocate summary is completed by the victim advocate with information regarding the next steps in the process, such as a need for therapy or a forensic medical examination, and emailed to the entire team, and (5) a DVD copy of the interview can be made upon request, but is only available for investigation and prosecution purposes for the district attorney’s office and/or law enforcement (Sally Kate Winters Family Services Children’s Advocacy Center, 2016).

Forensic interviews are vital to child abuse cases because they are both video- and audio-recorded, with a live stream broadcast in a separate, soundproof room of the CAC. Because of this live feed capability, MDT members are invited and encouraged to attend the interview, not only to learn and understand the extent of the abuse, but also to offer their input in the interview process. Once the interviewer feels he/she is not gaining any new information from the child, the interviewer will exit the interview room and discuss any additional questions or concerns with MDT members watching the interview. It is at this point that MDT members are able to ask for clarification on particular points the child discusses or ask any additional questions they may have regarding the abuse.

The child’s account of the abuse is extremely important because, in most cases, the child is the only person, other than the alleged abuser, who is knowledgeable of the
event. Given that physical evidence of abuse can diminish over time, and in some cases is not documented, the child’s account of the abuse may be the only useable evidence in the case (Orbach & Lamb, 1999; Hritz et al., 2015; Saywitz, Larson, Hobbs, & Wells, 2015). Because the interview is critical to the case and to the safety and well-being of the child, forensic interviewers are required to attend training that teaches them the most effective way to communicate with children about extremely personal and emotional topics. In Mississippi, for example, all forensic interviewers are required to attend an intensive five-day ChildFirst Forensic Interviewing Training course. In this course, professionals are taught how to effectively and reliably interview children about abuse allegations in an objective, neutral, non-suggestive, fact-finding manner.

As mentioned previously, under the CAC model a child abuse victim is only interviewed one time by a trained forensic interviewer about any one allegation of abuse. One reason for this is to protect the child’s safety and well-being; retelling the details of the abuse multiple times could potentially revictimize the child. In addition, forensic interviews should occur as soon as possible after the report of abuse has been made in order to preserve the details of the abuse in the child’s memory. The timing of the forensic interview is extremely important given the finding that children who were given misleading information about an event were more likely to disclose those inaccurate details during an interview (Bruck, Barr, Francoeur, & Ceci, 1995; Marche & Howe, 1995; Leichtman & Ceci, 1995). The forensic interview should be scheduled immediately in an attempt to limit the time that passes between the incident and the interview, while simultaneously attempting to limit the number of people who talk with the child about the incident prior to the forensic interview. Saywitz et al. (2015) wrote that children might
have “Anxiety and confusion, as well as concerns about the consequences of their reports, especially if they fear danger to themselves or their loved ones as a result of questioning” (p. 373). Understanding that disclosing abuse may lead to family disruption or criminal charges against family members or friends, individuals close to the child may attempt to convince them not to disclose the abuse.

Supporting the importance of scheduling an interview immediately in an attempt to limit the number of people who talk with the child about the incident, Leichtman and Ceci’s (1995) study on suggestibility showed that repeated misinformation given to children prior to an interview can cause children to disclose inaccurate information about that event. Their most troubling finding was that when professionals who work in the area of children’s testimony were shown three children’s interviews, including a true and false account of what happened, the majority of the professionals could not tell which accounts were accurate and which were fabricated by the child (Leichtman & Ceci, 1995). Specifically, the majority concluded that the completely accurate account (in reality) was the least credible of the three interviews while the most inaccurate account (in reality) was the most credible. This study supports the claim that children should be interviewed as soon as possible after the report of abuse has been made to avoid and/or limit their susceptibility to suggestions from persons who may want to alter the child’s account of what happened.

Given the importance of interviewing children about allegations of abuse, the most effective way of communicating with children (i.e., question type, wording, interview setting, etc.) has been widely researched and discussed. Studies have shown that people are biased toward information that confirms their initial belief about a
situation (Goodman & Melinder, 2007) and therefore directed questions may be used to confirm or deny those thoughts. Directed questions include asking the child about an event that he/she did not bring up, but was written about in the initial report of the abuse. For example, custody battles between divorced parents often generate false reports of child abuse. One parent could make a report about another parent abusing the child in an attempt to get full legal custody, and the child is then brought in for a forensic interview. A directed question from the interviewer in this situation could be, “The report states that he made you touch him…” If the parent has coached the child to confirm what the report says, this directed question may remind the child to answer in a certain way, which could result in either removing a child from a safe environment or leaving a child in a harmful environment (Goodman & Melinder, 2007). Because of this known bias of interviewers, the use of neutral, open-ended questions has been widely adopted in interviewing children in order to obtain the most accurate information regarding the abuse. By adopting this interviewing technique, the interviewer can ask follow-up questions regarding situations or ask about details the child brings up on his/her own, but cannot raise new topics relating to the abuse.

Seven national protocols have been developed, and are used to obtain information from child abuse victims in the most effective, non-leading way. All models are based on the same body of research, and therefore share more similarities than differences. The protocol discussed here is the National Child Protection Training Center (NCPTC) ChildFirst Protocol, which is taught in the ChildFirst Training in Mississippi and is utilized in forensic interviews in the CAC that is the focus of this study. There are four phases of the NCPTC ChildFirst Protocol when interviewing children: (1) rapport, (2)
transition to topic of concern, (3) explore details, and (4) closure (Yazdani, 2017; Mackey, 2017).

Phase 1, rapport, is arguably the most important phase, and is focused on making the child feel comfortable talking with the interviewer. Forensic interviews “demand a level of honesty, openness, and effort from children that is rare in their typical interactions with strangers,” and thus, establishing trust prior to asking about private, frightening, and/or upsetting events the child has gone through is important (Saywitz et al., 2015, p. 373). The rapport phase is also focused on narrative practice, which encourages spontaneous and descriptive information and details from the child. It is important to engage in narrative practice because it not only assists in building rapport, but it also provides information on the child’s developmental level. This phase gives the interviewer and child the opportunity to practice free recall about the child’s harmless, everyday activities. Interviewers make open-ended remarks such as, “Tell me everything you did this morning from the time you woke up to the time you came here to talk with me,” and “What do you like to do for fun?” If the child responds with simple remarks such as “I ate breakfast” or “I like to play video games,” the interviewer responds by saying, “Tell me all about that.” The literature discussing interviewing children has all come to one conclusion: open-ended questions elicit the most reliable, accurate, and detailed accounts of abuse as compared to directed questions (Orbach & Lamb, 1999; Orbach et al., 2000; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). Further, Lamb et al.’s (2007) research on details of abuse obtained from the child victim and the perpetrator found that significantly more information is shared when using open-ended questions as opposed to using more directive prompts. Their findings are significant
because they found not only that significantly more information was shared, but also that a majority of the information was corroborated by the actual perpetrator of the abuse. Providing even more support for the use of open-ended questions, Lamb and Fauchier (2001) found that the use of focused questions leads to contradictions in the child’s account of the abuse, whereas using open-ended questions does not. By using open-ended questions to learn more about the child, the interviewer not only continues to build rapport with the child, he/she also has the opportunity to practice the interview structure that will be used later in the interview to talk about the alleged abuse.

Phase 2, transition to topic of concern, is focused on providing structure to communicate about maltreatment, if it exists. The interviewer will state something to the effect of, “Tell me what you know about coming here today.” If the child is in active disclosure, meaning he/she is ready and willing to talk about the abuse, the child will usually start the disclosure process during this stage. If the child is in tentative disclosure, meaning he/she is not ready and willing to talk about the abuse, the child will usually state, “I don’t know” or “Because my parents brought me here” (Yazdani, 2017). If the child is in the tentative disclosure stage, anatomical drawings will be introduced to identify and name the body parts on a girl and a boy. It is at this point the interviewer will ask the child if there are touches they get that they do and do not like, which may or may not transition the child to disclose abuse.

Phase 3, explore details, is focused on using narrative to obtain details about the maltreatment, if it exists. This phase also searches for multiple forms of maltreatment, and any alternative hypotheses as to why the report was made. If the child does disclose abuse, this phase is focused on getting as much information from the child about the
abuse. It is during this stage that the interviewer will look for script or episodic memory from the child. Script memory occurs when the abuse has been ongoing, and is generalized into statements such as, “It usually happens on a Sunday when I’m asleep.” It is the interviewer’s job to turn that script memory into specific episodic memories. The interviewer does this by stating, “Tell me all about the first time,” “Tell me all about the last time,” or “Tell me all about a different time” in order to get specific details from different times the abuse has occurred (Yazdani, 2017).

Phase 4, closure, is focused on providing a respectful end to the interview, addressing the safety of the child, addressing the child’s questions and/or concerns, and returning the child to a neutral state. As mentioned previously, establishing trust prior to asking about private, frightening, and/or upsetting events the child has gone through is important (Saywitz et al., 2015, p. 373). Similarly, after discussing the abuse, it is extremely important to not leave the child in a vulnerable or unstable state. The interviewer can return the child to a neutral state and end the interview by thanking the child for talking with them, and asking what he/she will do for the rest of the day (Yazdani, 2017; Mackey, 2017).

**Factors Affecting Disclosure**

Research shows that characteristics of both the interviewee and the interviewer affect communication regarding a wide variety of topics, and more specifically, child abuse. The following discussion describes three child characteristics (i.e., race, gender, and age) and three interviewer characteristics (i.e., race, gender, and age) that affect whether or not children disclose in interviews.
Child Characteristics

Race

The literature on race and how it affects children’s disclosures in forensic interviews is minimal; however, studies have examined how race affects trust. Studies consistently find that black adults are less trusting than white adults and that adults are more trusting of adults of their own race (Ridley, 1984; Thomas & Hughes, 1986; Glaeser, Laibson, Scheinkman, & Soutter, 2000; Broockman, 2014; Simpson, McGrimmon, & Irwin, 2007). Specifically, based on three interpersonal trust questions in the General Social Survey in 1991, Demaris and Yang (1994) concluded that black adults are more alienated and less trusting than white adults. They found that blacks scored significantly lower than whites on three levels of socioeconomic achievement: education, occupational prestige, and annual income. This lower socioeconomic status, combined with the historical mistreatment of blacks by whites, results in blacks’ alienation from mainstream society, which the authors argue makes them less trusting of whites (Demaris & Yang, 1994). Without analyzing blacks’ trust level in relation to their class, however, the authors were unable to determine whether blacks are less trusting of others in general. Demaris and Yang’s (1994) findings relate to Triandis’s (1976) idea that blacks experience “eco-system distrust,” where they perceive most people as harmful, and that there is no way to improve their current situation (Ridley, 1984). Given children’s susceptibility to adult influence, children may respond in similar ways to adults (Bruck, Barr, Francoeur, & Ceci, 1995; Marche & Howe, 1995; Leichtman & Ceci, 1995).

The general distrust of blacks could be heightened when discussing allegations of abuse in forensic interviews. Research finds that blacks are overrepresented in the child
welfare system compared with their representation in the general population (Children’s Bureau, 2016). It is argued that this is due to children and families of color experiencing higher rates of poverty, racial discrimination by case workers and mandated reporters, lack of resources, and geographical contexts such as state or neighborhood (Children’s Bureau, 2016; Fluke, Harden, Jenkins, & Ruehrdanz, 2011). Children of color may conclude that the negative outcomes of disclosing abuse, such as investigating or removing a family member from the home, outweigh the positive outcomes of disclosing (Saywitz et al., 2015; Anderson, 2016). Black children may be more aware of the possible consequences to them and their family, given that families of color are more likely to have a child removed from the home (Roberts, 2002; Knott & Donovan, 2010; Anderson, 2016). Roberts (2002) wrote that,

Black children make up nearly half of the foster care population, although they constitute less than one-fifth of the nation’s children…Once removed from their homes, black children remain in foster care longer, are moved more often, receive fewer services, and are less likely to be either returned home or adopted than other children. (p. vi)

Anderson (2016) found that children who identified as multi or biracial were 5.1 times more likely than white children to avoid the topic of abuse, rather than give a full disclosure with supportive details. Wyatt (1992) and Hanson et al. (2003) also support this claim by finding that blacks were significantly less likely than whites to tell someone about their sexual assault experience. With the higher probability that black children will be taken out of the home in relation to white children and the negative consequences that could follow (Knott & Donovan, 2010), a separate issue of manipulating the child could
occur. The legal guardian or family members may attempt to change the child’s story prior to the interview or ask the child to keep the abuse a secret, which research has shown is possible (Bruck, Barr, Francoeur, & Ceci, 1995; Marche & Howe, 1995; Leichtman & Ceci, 1995; Wilson & Pipe, 1989). While the goal of persuading a child not to disclose may be to keep him/her in the home, it may create confusion for the child, given that he/she may not understand the distinction between good and bad secrets (Gordon, Lyon, & Lee, 2014). In the event of child abuse, keeping this secret may prevent the child from getting medical and/or therapeutic help and keep him/her in an unsafe situation.

**Gender**

Although some studies find no relationship between gender and disclosure rates (Bruck, Barr, Francoeur, & Ceci, 1995; Hritz et al., 2015; Bybee & Mowbray, 1993; DiPietro, Runyan, & Fredrickson, 1997; Gordon, Lyon, & Lee, 2014), the majority of the literature finds that boys are less likely than girls to disclose abuse (Bolton, Morris, & MacEachron, 1989; Finkelhor, Hotaling, Lewis, & Smith, 1990; Hanson et. al., 2003; Gries et al., 1996). Two possible reasons for this finding are that women are more trusting than men (Demaris & Yang, 1994) and that boys tend to be more secretive than girls. Girls tend to have better coping skills than boys and thus are able to communicate better with less secrecy (Almas, Grusec, & Tackett, 2011). Tannen (2007) echoes this point in writing that women view conversations “as negotiations for closeness in which people try to seek and give confirmation…and to reach consensus,” whereas men find it necessary to “protect themselves from others’ attempts to put them down and push them around” (p. 25).
Similarly, both Hanson et al. (2003) and Gries et al., (1996) found that girls are significantly more likely than boys to disclose abuse. The authors explained their findings by suggesting that boys may be fearful of being viewed as homosexual, powerless, and/or vulnerable, whereas it is more acceptable for girls to be passive and considered ‘the victim’ (Hanson et al., 2003; Gries et al., 1996). Alaggia’s (2005) in-depth study of 30 adult survivors of child abuse directly supports this claim. Alaggia (2005) interviewed adult’s aged 18-65 about abuse that occurred when they were a child, with the average age of abuse being when the child was 5.3 years old. Alaggia (2005) found that there was a delay in disclosure in males because they were fearful of being viewed as the victim and being viewed as a homosexual; some males were even fearful of becoming an abuser. Alaggia (2005) also found a delay in disclosure among females because they felt responsible and had a fear of being blamed and/or not believed. Not only are girls more likely than boys to disclose abuse (Hanson et al., 2003; Gries et al., 1996), girls are more likely than boys to provide more detailed and correct responses during interviews (Lamb & Garretson, 2003; Chae & Ceci, 2005).

**Age**

The literature exploring the child’s age and how it affects disclosure in interviews is quite extensive and suggests that children’s ability to report events completely and accurately increases with age (Pipe & Goodman, 1991; Lamb, Orbach, Hershkowitz, Horowitz, & Abbott, 2007). Specifically, in their analysis of children’s reactions to a staged argument between two adults, Chae and Ceci (2005) found that second graders spontaneously recounted more correct details and were less susceptible to the interviewer’s misleading remarks than were preschoolers. Further, Gries et al. (1996)
found that it takes younger children longer to disclose abuse, with 20% of the disclosures not occurring until the second interview session. This finding supports Sorensen and Snow’s (1991) argument regarding the two types of disclosure: accidental and purposeful. Accidental disclosure refers to abuse that was revealed by chance, whereas purposeful disclosure refers to a child’s conscious decision to report the abuse. Younger children often experience accidental disclosure, given that they tend to face Roland Summit’s (1983) “Child Sexual Abuse Accommodation Syndrome,” in which the perpetrator asks the child to keep the abuse a secret, the child feels helpless and trapped, the child may delay the disclosure of the abuse, and often retract or recant the abuse allegation. Older children tend to experience purposeful disclosure because they have more advanced mental functioning, understand situations more clearly, and understand the consequences of what they are disclosing better (Pipe & Goodman, 1991).

Chae and Ceci (2005) also found that the amount of incorrect information disclosed does not differ with age. Lamb and Garretson (2003) explored this in their research on how children respond to different types of question framing. They found that younger children tend to provide more detailed responses to suggestive questions, especially to an interviewer of the opposite sex. They argue that young boys are the most vulnerable population when a female interviewer uses suggestive prompts, and suggest this is due to younger children feeling more uncomfortable with interviewers of the opposite sex (Lamb & Garretson, 2003). Once again, these findings highlight the importance of utilizing free-recall questions with children, especially young children. They are not only more susceptible to suggestive questions, but also more likely to delay and recant abuse disclosures (Gries et al., 1996; Lamb & Garretson, 2003).
In their study on interpersonal mistrust, Demaris and Yang (1994) found that as age increases, so does trust. Why then, do older children tend to be more secretive when it comes to disclosing abuse in interviews? The literature argues that secret keeping actually increases with age (Gordon, Lyon, & Lee, 2014) because children have more advanced mental functioning, understand situations more clearly, and understand the consequences of what they are disclosing better (Pipe & Goodman, 1991). In a study where a child watched their parents break a toy and were then asked to keep the broken toy a secret from the interviewer, Gordon, Lyon, and Lee (2014) found that for every one month increase in age, children were 1.02 times more likely to keep the secret. From the literature previously discussed regarding race and disclosure, it would make sense that older black children would be less likely than younger black children to disclose abuse, given that they may conclude that negative outcomes of disclosing the abuse, such as investigating or removing a family member from the home, could potentially outweigh the positive outcomes of disclosing (Saywitz et al., 2015; Anderson, 2016).

In sum, the research on child characteristics, as they relate to disclosures of abuse in forensic interviews, suggests that certain demographic characteristics will produce more disclosures in interviews. Specifically, research suggests that blacks are less trusting than whites, therefore white children are more likely than black children to disclose abuse. Research also suggests that boys tend to be more secretive than girls, therefore girls are more likely than boys to disclose abuse. Finally, children’s ability to report events accurately and with more detail increases with age, as does the child’s ability to recount more correct details. Additionally, as age increases, so does trust, the
ability to recount more correct details, and the willingness to disclose the abuse quicker. Therefore, older children are more likely than younger children to disclose abuse.

**Interviewer Characteristics**

Research regarding interviewer demographic characteristics and how they affect responses in interviews is widely available. However, few studies have researched this topic specifically regarding children’s disclosures in interviews of alleged abuse. For this reason, the following three sections regarding an interviewers race, gender, and age will pull from a wide variety of literatures.

**Race**

A main theme in the literature regarding race and communication is that when topics not involving racially sensitive issues are discussed, such as living conditions and personal backgrounds, responses do not differ based on race of the interviewer (Schuman & Converse, 1971). Weeks and Moore (1981) and Welch et al. (1973) support this argument by finding that when the interviewee and interviewer were either Cuban, Chicano, Puerto Rican, Chinese, Anglos, or Mexican American, the difference in race regarding nonracially sensitive topics did not affect the responses.

However, interviewer race generally affects responses for racially sensitive issues and interviewer race is the most important factor when racial issues are being addressed (Schuman & Converse, 1971). Specifically, blacks tend to give different responses to white interviewers than to black interviewers. Additionally, blacks report less warmth toward whites when interviewed by a black interviewer versus a white interviewer (Hyman, 1954; Schuman & Converse, 1971; Anderson, Silver, & Abramson, 1988).
Schaeffers (1980) found that both black and white interviewees offer more liberal responses on some racial-attitude items when interviewed by a black interviewer. However, regarding abuse, studies have found that race of the interviewer does affect disclosure between black and white children. Dailey and Claus (2001) found that in interviews regarding physical and sexual assault, both black and white interviewees were more likely to disclose abuse to white interviewers than to black interviewers. This research has implications for this project given that racial issues and abuse allegations are both highly sensitive and personal topics. Although discussion on this topic is minimal, the research above provides support for the claim that the race of the interviewer in forensic interviews regarding alleged abuse will affect disclosure rates.

Two studies have specifically analyzed whether interview selection procedures, meaning matching a child of one race to an interviewer of the same or a different race, affect disclosure rates in interviews regarding abuse. Springman, Wherry, and Notaro (2006) found that matching a child of one race with an interviewer of a different race creates the highest disclosure rate. Specifically, they found that when matching a white child with a black interviewer, the white child was twice as likely to disclose abuse as a black child. Further, when matching a black child with a white interviewer, the black child was almost three times more likely to disclose abuse than was the white child (Springman, Wherry, & Notaro, 2006). In contrast, Dunkerley and Dalenberg (1999) found the opposite results, with children disclosing at a higher rate to an interviewer of the same race. Specifically, assigning a white interviewer to a white child increased disclosure by 33%, whereas assigning a black interviewer to a black child increased disclosure by 230% (Dunkerley & Dalenberg, 1999).
Springman, Wherry, and Notaro (2006) attributed this difference to the different training backgrounds of the individuals interviewing the children. The interviewers in Dunkerley and Dalenberg’s (1999) study were graduate students who utilized a script to interact with the children, whereas Springman et al.’s (2006) study utilized trained forensic interviewers who had experience interacting with child abuse victims. Springman et al. (2006) argued that the finding of increased disclosure between a child and interviewer of different races suggests that, “the training, experience, and cultural sensitivity of the interviewers served to engender greater rapport and comfort with those different from themselves” (p. 111). This finding highlights the importance of the cultural competency standard of the National Children’s Alliance accreditation process, which ensures that CACs are reaching every population in the community, from racial minorities to children with disabilities, while also providing their forensic interviewers with the training to effectively communicate with those populations. In contrast to Springman et al. (2006), Dunkerley and Dalenberg (1999) attributed their findings to black children’s mistrust of white adults, a common theme in the literature on trust, which has been previously discussed.

**Gender**

Literature regarding communication and gender finds that a woman would rather talk with another woman, regardless of the topic, and men tend to be more open about sensitive issues when interviewed by a woman. Aries (1973) found that women prefer talking with other women because they have greater freedom to discuss sensitive issues, whereas in talking with men, they must “monitor their expression in a way that men do not…and must transform their meaning so they conform to male requirements” (Spender,
Supporting this claim, Kane and Macaulay (1993) and Liu and Stainback (2013) found that both men and women offer more critical and personal responses regarding gender inequality and the happiness of married people when being interviewed by a woman. Although discussion on this topic is minimal, the research above suggests that children, both girls and boys, would rather talk with a woman in forensic interviews regarding alleged abuse, given that it is a sensitive and personal topic.

Supporting the previously mentioned research, Dailey and Claus (2001) found that when using a standard interview protocol, in addition to finding that girls were more likely than boys to disclose abuse, both girls and boys disclosed abuse more often to a female interviewer than to a male interviewer. This finding is interesting considering that Lamb and Garretson (2003) found that without using an interview protocol, female interviewers treated girls and boys differently with respect to the types of questions asked. While male interviewers questioned girls and boys similarly, the authors found that female interviewers asked more suggestive questions of boys. Lamb and Garretson (2003) also found that younger children tend to provide more detailed responses to suggestive questions, especially to an interviewer of the opposite sex. They argue that young boys are the most vulnerable population when a female interviewer uses suggestive prompts, and suggest this is due to younger children feeling more uncomfortable with interviewers of the opposite sex (Lamb & Garretson, 2003). Chae and Ceci (2005) support this claim in finding that in a staged argument between two adults, shy boys were less likely than non-shy boys to recall information in an interview, and argue that it is possible the boys felt uncomfortable with an interviewer of the opposite sex. These findings highlight the importance of utilizing free-recall questions to
minimize the effects of both child gender and interviewer gender during an interview. These findings also highlight the importance of utilizing free-recall questions with children, especially young children. They are not only more susceptible to suggestive questions, but also more likely to delay and recant abuse disclosures (Gries et al., 1996; Lamb & Garretson, 2003).

Age

Research on the age of the interviewer and how that affects disclosure during interviews is minimal and conflicting. In a study regarding interviewer characteristics, Singer, Frankel, and Glassman (1983) found that older and more experienced interviewers had a greater likelihood of persuading respondents to be interviewed. Supporting this finding, in a study regarding interviewer effects in a mental health interview, Cleary, Mechanic, and Weiss (1981) found that responses were positively related to an interviewer’s age and experience. The authors argue that one explanation for this finding is that older, more experienced interviewers tend to feel more comfortable during an interview and are therefore able to focus on being more personable and creating comfort for the interviewee during the interview. However, in a study regarding abuse disclosures, Dailey and Clause (2001) found that clients were more likely to disclose physical and sexual abuse if the interviewer was within five years of their age, and least likely if they were 20 or more years older (p. 875). Although discussion on this topic is minimal, the research above has implications for this study, given that abuse is a sensitive and personal topic. While more experienced interviewers are more comfortable during an interview, which can lead to more disclosure, younger interviewers will inevitably be
closer in age to the child, and therefore appear more relatable and trustworthy (Ennen, Stark, & Lassiter, p. 622, 2015)

In sum, the research on interviewer characteristics as they relate to disclosures of abuse in forensic interviews suggests that certain demographic characteristics will elicit more disclosures in interviews. Research suggests that that both black and white children are more likely to disclose abuse to a white interviewer. Research suggests that girls would rather talk with a woman regarding sensitive and personal issues. Additionally, boys may feel uncomfortable with an interviewer of the opposite sex. Finally, research suggests that an interviewer’s age and experience make an interviewee more comfortable when being interviewed; however younger interviewers will inevitably be closer in age to the child, and therefore appear more relatable and trustworthy (Ennen, Stark, & Lassiter, p. 622, 2015)

**Theoretical Framework**

There are many factors that can affect whether or not a child discloses abuse during a forensic interview. This study examines the child and interviewer demographic characteristics (i.e., race, gender, and age), and relies on the literatures on perceived similarity and the theory of swift trust. Perceived similarity refers to one’s ability to identify him- or herself as similar or dissimilar to another based on categorical cues that are readily available, such as race, gender, age, or attractiveness (Ennen, Stark, & Lassiter, 2015). Swift trust, which can be formed as a result of perceived similarity, refers to a type of relationship that must form in temporary situations in order for the parties
involved to have the confidence to communicate effectively and accomplish a task or goal (Meyerson, Weick, & Kramer, 1996; Ennen, Stark, & Lassiter, 2015).

The theories behind perceived similarity and swift trust relate to a child and interviewer during a forensic interview regarding alleged abuse. Prior to a child being taken into the interview room, he/she has no contact with the forensic interviewer. Swift trust is important under this circumstance because the interviewer has to build rapport in order to gain the child’s trust and elicit extremely personal details regarding the alleged abuse in a short amount of time. In accordance with research that finds that perceived similarity leads to higher levels of trust and attraction (Nonami, Hirose, Ohnuma, Midden, & Ohtomo, 2015; Ennen, Stark, & Lassiter, 2015; Byrne, 1971; Graves & Elsass, 2005; Byrne, 1961; Clore & Byrne, 1974; Aronson & Worchel, 1966; Byrne, Ervin & Lamberth, 1970; Sunnafrank & Miller, 1981; Sprecher, 2014), it is hypothesized that perceived similarity between the child and the interviewer will result in greater trust and lead to a higher disclosure rate of abuse.

Huff et al. (2002) found that, within student project groups in an undergraduate business class, students perceived the trustworthiness of others based on categorical cues that are readily available, such as gender, physical attractiveness, and height. In a similar study on semester-long discussion and project groups, Ennen, Stark, and Lassiter (2015) found results that support Huff et al.’s (2002) argument. In measuring similarity based on Clark’s (2001) Perceived Relational Diversity Scale, which includes measures for “values, goals, personality, sense of humor, risk-taking, creativity, intelligence, work habits, age, and race/ethnicity” (p. 622), Ennen et al. (2015) found that perceived similarity between group members led to higher levels of trust, which in turn led to
higher satisfaction and effectiveness, measured by the group members’ final grades. These findings have implications for this study, given that the easily visible characteristics of the interviewer, such as race, gender, and age, may be how the child perceives the trustworthiness of the interviewer.

In addition to numerous studies that find that perceived similarity leads to trust (Nonami, Hirose, Ohnuma, Midden, & Ohtomo, 2015; Ennen, Stark, & Lassiter, 2015; Byrne, 1971; Graves & Elsass, 2005), it has also been found that perceived similarity leads to attraction (Byrne, 1961; Byrne, 1971; Clore & Byrne, 1974; Aronson & Worachel, 1966; Byrne, Ervin, & Lamberth, 1970; Sunnafrank & Miller, 1981; Sprecher, 2014). Specifically, perceived similarity before an interaction can lead to more positive feelings shared during the interaction, which can also lead to positive beliefs about future interactions (Sprecher, 2014; Clore & Byrne, 1974; Byrne, Ervin, & Lamberth, 1970). These findings have implications for this study; if a child feels positive feelings during the interview, he/she may feel more comfortable disclosing the abuse. Further, if the child feels comfortable disclosing the abuse, he/she may be more willing to talk with the interviewer again, if necessary, or even convince a hesitant sibling or friend to discuss abuse allegations with the interviewer as well.

The theories of perceived similarity and swift trust have not been directly measured in research on child abuse, however they have been used in a study on patients with HIV and AIDS. As mentioned previously, the nature of HIV, AIDS, and child abuse are all personal topics, therefore the research is relatable. Specifically, using the Personal Similarities scale, which measures perceived cognitive and cultural similarity by personal values, reasoning, speech, and communication style, Earl et al. (2013) found that a
patient’s trust in his/her health care provider is strongly associated with cultural similarity between the patient and the provider. Earl et al. (2013) wrote that “patients reported being more relaxed, comfortable, positive, and engaged during sessions” when paired with a cognitively or culturally similar provider (p. 224). Additionally, it has been found that, when given the choice, minority patients prefer to see a physician of the same race, and doing so results in higher levels of trust and satisfaction within the patient-provider relationship (LaVeist & Nuru-Jeter, 2002; Cooper et al., 2003; Saha et al., 1999; Balkrishnan et al., 2003). Research also demonstrates that adults and children as young as infancy are able to distinguish own race versus other race faces, as well as infer character traits such as trustworthiness and competence (Cogsdill et al., 2014; Walker & Tanaka, 2003). Further, people tend to favor and cooperate with in-group individuals more than out-group individuals, and trust own-race faces more than other-race faces based on facial cues such as race, attractiveness, and trustworthiness (Masuda & Fu, 2015; Li, Zhang, & Yi, 2016).

Swift trust becomes important given the previously discussed research that shows that black people are generally less trusting than whites (Demaris & Yang, 1994; Ridley, 1984; Thomas & Hughes, 1986; Glaeser, Laibson, Scheinkman, & Soutter, 2000; Broockman, 2014; Simpson, McGrimmon, & Irwin, 2007), and more specifically, that black people are mistrusting of health care institutions as a whole. Research finds that within health care settings, minority patients tend to be reserved, skeptical, and perceive discrimination (Terrell & Terrell, 1981; Whaley, 2001; LaViest, Nickerson, & Bowie, 2000). Additionally, minority patients tend to be less trusting of physicians than whites, which Malat (2001) argues could be a result of the social distance between the patient
and provider (Blendon et al., 1995; Gamble, 1993; Petersen, 2002). In relation to forensic interviews, this is what the Gundersen National Child Protection Training Center calls an “Institutional Block.” Children experiencing this type of block are scared of formal institutions and have a general distrust of authority (Yazdani, 2017).

Supporting the finding that black people are mistrusting of health care institutions as a whole, Postmus (2015) found that, compared to Latina and black women, more white women disclosed abuse, either in their childhood or adulthood, to formal sources such as social workers, law enforcement, and teachers. This finding is supported by Wyatt (1990) and Wyatt et al.’s (1999) argument that, whites are more likely than blacks to disclose abuse to friends, family members, and authority figures, whereas blacks are more likely to keep it within the family. Further, Postmus (2015) found that women who disclosed their abuse to a formal source were more likely to use professional services such as counseling and medication, whereas minorities would rely on welfare and/or food stamps. This finding highlights the importance of utilizing professional sources when dealing with the aftermath of abuse, either in childhood or adulthood, and how disclosing the abuse to a professional source can connect the individual to further services and support (Postmus, 2015). In sum, lack of trust and comfort can lead to the patient or client not disclosing important information, which can lead to them not receiving necessary services to heal (Earl et al., 2013).

As mentioned previously, Earl et al. (2013) found that patients felt more comfortable when paired with a cognitively similar provider. Earl et al. (2013) argue this finding implies that without cultural or racial similarity, providers may be able to make the patient feel comfortable by matching their interaction and communication style with
that of the patient. This finding is supported by the research of Earl, Alegria, Mendieta, and Diaz-Linhart (2011), who found that, given the general distrust of black people of health care providers, black patients, in particular, are constantly scanning a patient-provider interaction to determine feelings of comfort, safety, trust, and respect. In discussing interviewing children, Morgan (1951) wrote that these interviewers “speak with children and not to them; who understand them so completely that they know instinctively just the right phrase, manner, and even stance to bring forth the fullest experience” (p. 202). Earl et al. (2011) argue that the quality of the connection between the patient and the provider could be the determining factor in whether the patient seeks and engages in treatment. This research leads to the idea that swift trust can be formed in an interview without perceived similarity. If a forensic interviewer is talking with a child that is dissimilar to themselves, the interviewer may be able to match their interaction and communication style to make the child feel more comfortable.

Given that the child/interviewer relationship is imperative for culturally and racially similar and dissimilar individuals to communicate effectively, it is understandable why rapport is the first stage in the National Child Protection Training Center (NCPTC) ChildFirst Protocol. Similar to how comfort, safety, trust, and respect have been shown to be essential in establishing patient-provider relationships, those same qualities must be present in the child-interviewer relationship in order for that child and interviewer to effectively communicate. It is important to remember that forensic interviewers who interview children have gone through extensive training in order to make the child feel comfortable discussing such a sensitive and personal topic as abuse. As mentioned previously in their research on how interviewers’ age and experience affect
disclosure rates, Cleary et al. (1981) found that more experienced interviewers were able to elicit more disclosures during an interview due to the comfort level and general demeanor that the interviewer was able to create in that environment. Although comfort level during an interview is an unmeasured variable in this research, it is possible that the interviewer’s demeanor can create swift trust when perceived similarity is lacking.

Hypotheses

The purpose of this study is to analyze whether demographic factors, such as the race, gender, and age of the child and the race and age of the forensic interviewer, affect children’s disclosures of abuse during a forensic interview. Although interviewer gender is also important, it was excluded from this study because all of the interviewers are female. I plan to test the following six hypotheses:

H1: *White children are more likely than black children to disclose abuse.*

Evidence suggests that black people are generally less trusting than white people (Dunkerley & Dalenberg, 1999; Demaris & Yang, 1994; Triandis, 1976; Ridley, 1984; Thomas & Hughes, 1986; Glaeser, Laibson, Scheinkman, & Soutter, 2000; Broockman, 2014). Specifically, research finds that black people are mistrusting of health care institutions as a whole (Terrell & Terrell, 1981; Whaley, 2001; LaViest, Nickerson, & Bowie, 2000), and that black women are more likely to disclose abuse to family members whereas white women are more likely to disclose to formal sources such as social workers, law enforcement, and teachers (Wyatt, 1990; Wyatt et al., 1999; Postmus, 2015). Thus, it is hypothesized that white children are more likely than black children to disclose abuse.
H2: *Females are more likely than males to disclose abuse.* Evidence suggests that boys are less likely than girls to disclose abuse (Bolton, Morris, & MacEachron, 1989; Finkelhor, Hotaling, Lewis, & Smith, 1990; Hanson et. al., 2003; Gries et. al., 1996). Two reasons for this finding are that women are more trusting than men (Demaris & Yang, 1994) and boys tend to be more secretive (Almas, Grusec, & Tackett, 2011). Thus, it is hypothesized that female children are more likely than male children to disclose abuse.

H3: *Older children are more likely than younger children to disclose abuse.* Evidence suggests that children’s ability to report events completely and accurately increases with age (Pipe & Goodman, 1991; Lamb, Orbach, Hershkowitz, Horowitz, & Abbott, 2007), as does the child’s ability to recount more correct details (Chae & Ceci, 2005). Additionally, as age increases, so does trust, the ability to spontaneously recount more correct details, and the willingness to disclose the abuse quicker (Demaris & Yang, 1994; Chae & Ceci, 2005, Gries et al., 1996). Given that abuse disclosure for older children is most often a purposeful disclosure, rather than an accidental disclosure often found with younger children, by the time an older child has made it to the center, he/she has likely told someone about the abuse (Mackey, 2017). Thus, it is hypothesized that older children are more likely than younger children to disclose abuse.

H4: *White interviewers are more likely than non-white interviewers to elicit abuse disclosures.* Studies consistently show that race generally affects responses in interviews (Schuman & Converse, 1971; Hyman, 1954; Anderson, Silver, & Abramson, 1988; Schaeffers, 1980). Specifically, regarding abuse, Dailey and Claus (2001) found both black and white interviewees were more likely to disclose abuse to white interviewers.
than to black interviewers. Thus, it is hypothesized that white interviewers are more likely than non-white interviewers to elicit abuse disclosures.

**H5:** Younger interviewers are more likely than older interviewers to elicit abuse disclosures. An interviewer’s age does affect disclosure in interviews. In a study regarding abuse disclosures, Dailey and Clause (2001) found that clients were more likely to disclose when interviewers were within five years of their age and less likely to disclose if they were more than 20 years older. Younger interviewers will inevitably be closer in age to the child, and therefore appear more relatable and trustworthy (Ennen, Stark, & Lassiter, p. 622, 2015).

**H6:** When the child and the interviewer have similar demographic characteristics, the child is more likely to disclose abuse.

**H6a.** Regarding age, children are more likely to disclose abuse when the interviewer is more similar in age to themselves. Research has shown that interviewees are more likely to disclose information to an older, more experienced interviewer rather than a younger, less experienced interviewer (Singer, Frankel, & Glassman, 1983; Cleary, Mechanic, & Weiss; 1981). However, in a study regarding abuse disclosures, Dailey and Clause (2001) found that an interviewee was more likely to disclose abuse to an interviewer within five years of their own age. Additionally, literature finds that perceived similarity, based on “values, goals, personality, sense of humor, risk-taking, creativity, intelligence, work habits, age, and race/ethnicity,” leads to higher levels of trust (Ennen, Stark, & Lassiter, p. 622, 2015). It is hypothesized that children are more likely to disclose
abuse when the interviewer is more similar in age to themselves, given the extensive training forensic interviewers have to go through, in addition to perceived similarity.

**H6b. Regarding race, white children are more likely to disclose abuse to a white interviewer, and black children are more likely to disclose abuse to a black interviewer.** Evidence suggests that interviewer race generally affects responses for racially sensitive issues, and that blacks tend to give different responses to an interviewer of the opposite race (Schuman & Converse, 1971; Hyman, 1954; Schuman & Converse, 1971; Anderson, Silver, & Abramson, 1988). Given the sensitive nature of abuse allegations, it is suggested that children will be more likely to disclose abuse to an interviewer of the same race.
CHAPTER III
METHODS

Data

Sally Kate Winters Family Services (SKWFS)

Sally Kate Winters Memorial Children’s Home was formally established in 1990 by Martha and Preston Winters to honor their late daughter, Sally Kate Winters. To honor Sally Kate’s compassion for helping others, Mr. and Mrs. Winters established an emergency children’s home to shelter children who were removed from their own homes due to abuse (“What We Do,” n.d.). As the service needs of the community changed over time, three additional programs were added to assist children and families in need. The Memorial Children’s Home turned into a family services center and was renamed Sally Kate Winters Family Services (SKWFS). Presently, four programs are offered through Sally Kate Winters Family Services: the Runaway and Homeless Youth Program, the Emergency Shelter Program, the Transitional Living Program, and the Children’s Advocacy Center.

The Runaway and Homeless Youth Program (RHY) services youth between the ages of 12 and 17 who ran away from their homes or are homeless for other reasons. This program is strictly voluntary; youth can self-admit into the program and are free to leave at any time. SKWFS offers the children emergency shelter for up to 21 days, along with
“crisis intervention, referral services, therapy and counseling, case management, education support, job training and placement assistance, and family aftercare and reunification services” (“What We Do,” n.d.). The RHY Program works with children on a case-by-case basis to identify the problem areas that led them to flee their homes, and also determines the best plan of action to ensure the safest placement of the children, whether it is reintegration into the home or an alternative placement.

The Emergency Shelter provides shelter and crisis intervention for youth ages birth to 17 for up to 45 days. Because children are admitted to the program based on referrals from the Department of Child Protection Services, the youth court, and/or law enforcement officials, they must remain on site until an alternative placement is made for them. SKWFS strives to make the Emergency Shelter a homelike environment by serving home-cooked meals, providing pick-up and drop-off at school, helping with homework, and scheduling activities on weekdays and weekends.

The Transitional Living Program (TLP) assists people between the ages of 16 and 21 who are homeless or at risk of homelessness and who need transitional living services in order to become independent and self-sufficient (“What We Do,” n.d.). Anyone in the community can refer an individual to the program. Once referred, TLP staff will review the referral and admit individuals to the program based on outlined criteria and information gathered from the individual’s references. This program offers shelter, groceries, and transportation at no cost to the individual. More specifically, individuals are taught independent living skills they can use to achieve their goals set forth at the beginning of the program. In return, the individual must have or acquire a job, go to school, or be involved in community service on a regular basis. In addition, there is a
curfew and any travel plans outside of the town must be reviewed and approved by TLP staff. Failure to abide by any of these basic requirements and rules permits TLP staff to dismiss the individual from the program. If an individual is dismissed from the program by TLP staff, or voluntarily quits the program, he/she is not eligible for reentry to the program in the future.

The Children’s Advocacy Center (CAC) is the fourth and final program Sally Kate Winters Family Services offers. As previously mentioned, this CAC utilizes the Multidisciplinary Team (MDT) approach, which brings all agencies involved in a child abuse cases together under one roof. Through continuous communication, and one formal MDT meeting a month, the CAC offers a streamlined approach to handling child abuse cases in order to minimize the trauma experienced by the child. The CAC at SKWFS was officially established in 2014 and obtained accreditation under the National Children’s Alliance in 2017. There are currently four employees in this center: a forensic interviewer, a MDT-focused victim advocate, a family-focused victim advocate, and a CAC research assistant.

**Sample**

There are 11 Children’s Advocacy Center’s (CAC) in Mississippi covering approximately 67% of the state; only 55 of the 82 Mississippi counties have designated CACs for child abuse cases (Mississippi Gap Map, 2015). Given that 100% coverage of all counties in the state of Mississippi by CACs is the ultimate goal for all child advocates, there is a need for an increase in coverage. In the 27 counties without a CAC and, more importantly, a Multidisciplinary Team (MDT), child victims of abuse could be subjected to multiple interviews regarding the same traumatic event. Consequently, while
multiple agencies are striving to help the child, it is possible they are actually revictimizing them by making them recount the abuse multiple times. In addition, without access to a CAC and its resources, it is possible the child victim of abuse and/or their non-offending caregivers could not be receiving the services they need.

Sally Kate Winters Family Services (SKWFS) is the designated CAC for four counties in Mississippi: Choctaw, Clay, Lowndes, and Oktibbeha. In these counties, department of child protection services employees and/or law enforcement agents can refer all of the following to the CAC for services: cases of sexual abuse, cases of felony physical abuse (e.g., broken bones, burns and/or putting the child in hot water, multiple and severe lacerations, head/face/neck injuries, any abuse requiring hospital care, and tying a child up with a rope or cord), cases in which a child was a witness to a violent crime, or other cases the MDT deems appropriate (Sally Kate Winters Family Services Children’s Advocacy Center, 2016). Per the CAC protocol, only children between the ages of 3 and 17 can be forensically interviewed. The reason that children have to be at least three years old is to ensure the child is capable of effectively communicating with the forensic interviewer about the alleged abuse. If the interviewer concludes that the child cannot communicate effectively, due to his/her age, mental state, or a disability, the interviewer will terminate the forensic interview.

The cases included in this study will be drawn from the Case Tracking Database at the Sally Kate Winters Family Services CAC. Each case in this study represents one forensic interview conducted on an alleged child abuse victim. The initial sample consisted of 456 forensic interviews of 2- to 17-year-old alleged victims of child abuse. The interviews were conducted between January 1, 2014 and June 30, 2017 by five
forensic interviewers who have been trained in the ChildFirst Forensic Interviewer curriculum. Three cases were excluded from the study because the age of the children (2 years old) is younger than the now established forensic interview protocol at Sally Kate Winters Family Services CAC, which states that only children aged 3-17 will receive a forensic interview. The final sample consisted of 453 forensic interviews of 3- to 17-year-old alleged victims of child abuse.

Measures

Child Characteristics

This research includes three measures of child characteristics. The first variable, Gender, is a dichotomous variable coded ‘1’ for females and ‘0’ for males. The second variable, Age, is a continuous variable, ranging from 3 to 17 years. In the original sample, children were categorized as white or Caucasian, black or African American, Hispanic or Latino, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiple Races, or Some Other Race. Given that the majority of the sample was either black or African American or white or Caucasian, three dichotomous variables were created for the third variable, Race. The three dichotomous variables are as follows: White is coded ‘1’ for whites and ‘0’ for all other races, Black is coded ‘1’ for blacks and ‘0’ for all other races, and Other is coded ‘1’ for Hispanic or Latino, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiple Races, or Some Other Race and ‘0’ for all other races. Blacks will serve as the reference category.
Case Characteristics

The types of abuse listed in the original data are as follows: 1) Sexual, 2) Physical, 3) Witness, 4) Neglect, 5) Sexual and Physical, 6) Sexual and Neglect, 7) Sexual and Witness, 8) Physical and Witness, 9) Physical and Neglect, 10) Physical and Neglect and Witness, 11) Sexual and Physical and Witness, 12) Other, and 13) Not stated. For Type of Abuse, six dichotomous variables were created to represent each type of abuse - sexual, physical, witness, neglect, other abuse, and not stated abuse. The six dichotomous variables are as follows: Sexual is coded ‘1’ for sexual abuse and ‘0’ for all other abuse, Physical is coded ‘1’ for physical abuse and ‘0’ for all other abuse, Witness is coded ‘1’ for witness to a violent crime and ‘0’ for all other abuse, Neglect is coded ‘1’ for neglect and ‘0’ for all other abuse, Other is coded ‘1’ for any other abuse and ‘0’ for sexual, physical, witness, neglect, and not stated abuse, and Not Stated is coded ‘1’ for not stated abuse and ‘0’ for all other abuse. Sexual will serve as the reference category.

The referring county for each case was documented in the original data. SKWFS Children’s Advocacy Center conducts forensic interviews for children in Choctaw, Clay, Lowndes, and Oktibbeha counties. In addition, they also offer courtesy interviews for other Children’s Advocacy Centers if there is a conflict of interest between the staff and the client, or if the family resides closer to a different CAC than the one that covers their county. Finally, forensic interviews can be conducted at the CAC for special investigations – meaning the child victim’s legal guardian or family member is an employee of DCPS, law enforcement, or any other state or government agency that would create a conflict of interest. For Referral County, five dichotomous variables were created as follows: Choctaw is coded ‘1’ for Choctaw county and ‘0’ for all other
counties, *Clay* is coded ‘1’ for Clay county and ‘0’ for all other counties, *Lowndes* is coded ‘1’ for Lowndes county and ‘0’ for all other counties, *Oktibbeha* is coded ‘1’ for Oktibbeha county and ‘0’ for all other counties, and *Other* is coded ‘1’ for courtesy and special investigation interviews and ‘0’ for Choctaw, Clay, Lowndes, and Oktibbeha counties. *Lowndes* will serve as the reference category.

At Sally Kate Winters Family Services CAC, the Department of Child Protection Services, the Sheriff’s Department, and the Police Department, are able to refer a child for a forensic interview. For *Referring Agency*, four dichotomous variables were created as follows: *DCPS* is coded ‘1’ for the department of child protection services and ‘0’ for all other referral agencies, *Sheriff* is coded ‘1’ for the sheriff’s department and ‘0’ for all other referral agencies, *Police* is coded ‘1’ for the police department and ‘0’ for all other referral agencies, *Not Stated* is coded ‘1’ for no identified referral agency and ‘0’ for the department of child protection services, the sheriff’s department, and the police department. *DCPS* will serve as the reference category.

**Interviewer Characteristics**

After the original data was obtained from SKWFS, additional information was collected on each of the forensic interviewers from employee personnel files. Information was collected regarding each interviewer’s age, level of education, tenure interviewing children, tenure working in a Children’s Advocacy Center, and whether or not they had children, all at the time of hire. The first four measures were coded in continuous years, and whether or not they had children was coded ‘1’ for yes and ‘0’ for no. Additionally, the interviewer’s race was obtained and coded ‘1’ for white, and ‘0’ for non-white. As stated earlier, all interviewers at this Children’s Advocacy Center were female; therefore
no measure for the interviewer’s gender was included in this research. Two additional variables were created to measure race and age similarity between the child and interviewer. If the child and interviewer were the same race, the variable was coded ‘1,’ and if they were different races, the variable was coded ‘0.’ The variable for age similarity was created by subtracting the child’s age from the interviewer’s age; a smaller number represents more similarity, while a larger number represents less similarity.

**Dependent Variable**

The primary outcome variable in this study is the interview finding, or whether or not the child being interviewed discloses abuse. It is important to note that the forensic interviewer talking with the child does not make this conclusion based on her own beliefs. All MDT members converge after the conclusion of the interview, which they watched via live feed, to discuss the outcome as a team. The possible options recorded in the original dataset are disclosure, no disclosure, suspicion, inconclusive, or other. For the purpose of this study, a dichotomous variable was created for the interview finding. The *Interview Finding* was coded ‘1’ for Disclosure and ‘0’ for No Disclosure, which includes Suspicion, Inconclusive, and Other.

**Analyses**

The analyses for this research proceeded in three stages. First, using SPSS, I conducted descriptive analyses of the entire sample of 453 cases. Second, using SPSS, cross-tabulations were computed for each independent variable to examine the relationships that were not readily apparent. Finally, using STATA, a series of logistic regression models were tested. Model 1 included only the case and child characteristics,
Model 2 included only the interviewer characteristics, Model 3 included all child, case, and interviewer characteristics, Model 4 included all variables previously mentioned, as well as the race and age similarity variables, and Model 5 included all variables previously mentioned, however the variables for the child and interviewer’s race and age were not included.
CHAPTER IV

RESULTS

The results are presented in three parts. First, I describe the sample of 453 cases. Second, I describe cross-tabulations among all variables used in this study. Finally, I present results from five logistic regression models examining how case, child, and interviewer characteristics affect whether or not a child discloses abuse.

Descriptive Analyses

Case Characteristics

Table 1 describes the 453 cases included in this study. Almost half (48.3%) of the cases were referred from Lowndes County, 34.0% were from Oktibbeha County, 9.5% were from Clay County, 2.9% were from Choctaw County, and 5.3% were courtesy or special investigation interviews. The majority (84.1%) of cases were referred from the Department of Child Protection Services. Of the remaining cases, 9.9% were from the Sheriff’s Department, 5.5% were from the Police Department, and 0.4% were from an unknown source (due to lack of records on the part of Sally Kate Winters Family Services CAC). The majority (79.9%) of cases were for sexual abuse, followed by physical abuse (9.9%), witnessing a violent crime (9.7%), no stated abuse (4.6%), neglect (1.6%), and some other abuse (1.3%). Less than half (43.9%) of the cases were marked as a disclosure, and 56.1% were marked as no-disclosure.
**Child Characteristics**

Table 1 also describes the characteristics of the children included in this study. The sample is predominately female (67.8%). The mean age of the sample was 8.9 years and the median age was 8 years. Over half of the sample (56.3%) is black; another 39.3% are white and 4.4% are some other race.

**Interviewer Characteristics**

Table 1 also describes characteristics of the individuals who conducted the forensic interviews. The forensic interviewers at this CAC range in age from 22 to 52 years old, with a mean age of 27.6 years, and a median age of 25 years. One third (33.3%) of the interviewers are white and two-thirds (66.7%) of the interviewers are non-white. The forensic interviewers’ level of education ranges from 16 to 18 years, with a mean of 17.9 years, and a median of 18 years. The forensic interviewers’ tenure interviewing children ranges from 10 to 36 months, with a mean of 16.4 months, and a median of 12 months. The forensic interviewers’ tenure working at a Children’s Advocacy Center, possibly in a different role than an interviewer, ranges from 10 to 48 months, with a mean of 19.7 months and a median of 20 months. Finally, 33.3% of the interviewers had children, while 66.7% did not.

**Similarity Variables**

Table 1 also describes the two variables that were created for this study. The age difference between the child and the interviewer ranges from 7 to 49 years, with a mean of 18.7 years, and a median of 17 years. In slightly more than half (54.1%) of the
interviews, the child and the interviewer were different races, while in 45.9% of the interviews they were the same race.

Table 1  Descriptive Statistics for Case, Child, and Interviewer Characteristics

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<td>Lowndes</td>
<td>219</td>
<td>48.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oktibbeha</td>
<td>154</td>
<td>34.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clay</td>
<td>43</td>
<td>9.5%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Choctaw</td>
<td>13</td>
<td>2.9%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other (Courtesy and Special Investigation)</td>
<td>24</td>
<td>5.3%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Referral Agency</td>
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</tr>
<tr>
<td>Department of Child Protection Services</td>
<td>381</td>
<td>84.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheriff's Department</td>
<td>45</td>
<td>9.9%</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Police Department</td>
<td>25</td>
<td>5.5%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Unknown Source</td>
<td>2</td>
<td>0.4%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Type of Abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sexual</td>
<td>362</td>
<td>74.6%</td>
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<td></td>
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</tr>
<tr>
<td>Physical</td>
<td>45</td>
<td>9.3%</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witnessing a Violent Crime</td>
<td>44</td>
<td>9.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Stated Abuse</td>
<td>21</td>
<td>4.3%</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Neglect</td>
<td>7</td>
<td>1.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some Other Abuse</td>
<td>6</td>
<td>1.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Interview Finding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Disclosure</td>
<td>254</td>
<td>56.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disclosure</td>
<td>199</td>
<td>43.9%</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Child Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>178</td>
<td>39.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>255</td>
<td>56.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some Other Race</td>
<td>20</td>
<td>4.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>8.9</td>
<td>8</td>
<td>3</td>
<td>17</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>146</td>
<td>32.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>307</td>
<td>67.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 1  (Continued)

**Interviewer Characteristics**

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2</td>
<td>27.6</td>
<td>33.3%</td>
</tr>
<tr>
<td>Non-White</td>
<td>4</td>
<td>16.4</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>25</th>
<th>22</th>
<th>52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Education (Years)</td>
<td>17.9</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Tenure as an Interviewer (Months)</td>
<td>19.7</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Tenure at a Children's Advocacy Center (Months)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
<td>33.3%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>66.7%</td>
<td></td>
</tr>
</tbody>
</table>

**Similarity Variables**

<table>
<thead>
<tr>
<th>Age (Difference)</th>
<th>18.7</th>
<th>17</th>
<th>7</th>
<th>49</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same race</td>
<td>208</td>
<td>45.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different race</td>
<td>245</td>
<td>54.1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cross-Tabulations**

**Case Characteristics**

The cross-tabulations can be found in Tables 2-10. In Choctaw County, 38.5% of children disclosed abuse, while 61.5% did not. In Clay County, 27.9% of children disclosed abuse, while 72.1% did not. In Lowndes County, 48.4% of children disclosed abuse, while 51.6% did not. In Oktibbeha County, 40.9% of children disclosed abuse, while 59.1% did not. In all other counties where interviews were conducted, 54.2% of children disclosed abuse, while 45.8% did not. Of the children who were referred from DCPS, 41.2% disclosed abuse, while 58.8% did not. Of the children who were referred from the Sheriff’s Department, 48.9% disclosed abuse, while 51.1% did not. Of the children who were referred from the Police Department, 80.0% disclosed abuse, while 20.0% did not. Of the children who did not have a referral source listed, 0.0% of them
disclosed abuse. Of the children who alleged sexual abuse, 46.7% disclosed abuse, while 53.3% did not. Of the children who alleged physical abuse, 51.1% disclosed, while 48.9% did not. Of the children who alleged being a witness to a violent crime, 50.0% disclosed, while 50.0% did not. Of the children who alleged neglect, 28.6% disclosed, while 71.4% did not. None of the children who alleged some other type of abuse than sexual, physical, witness to a violent crime, or neglect disclosed abuse. Further, none of the children who did not have an alleged abuse type listed disclosed abuse.

**Child Characteristics**

Of the males who were interviewed, 30.8% disclosed abuse, while 50.2% of females disclosed abuse. Of the children who were interviewed, 40.4% of white children disclosed, 46.7% of black children disclosed, and 40.0% of children who were some other race disclosed.

**Interviewer Characteristics**

Children disclosed abuse in 47.8% of cases in which the interviewer was non-white and 40.1% of cases in which the interviewer was white. Forensic interviewers with a bachelor’s degree elicited disclosures in 46.7% of cases and forensic interviewers with a master’s degree elicited disclosures in 43.8% of the cases. Children disclosed abuse in 40.5% of cases in which the interviewer did not have children and 48.1% of cases in which the interviewer did have children.

**Similarity Variables**

In cases where the child and the interviewer were the same race, 42.3% of children disclosed abuse, while 57.7% did not. In cases where the child and the
interviewer were different races, 45.3% of children disclosed abuse, while 54.7% of children did not.
### Table 2  Referring County and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>Choctaw</th>
<th>Clay</th>
<th>Lowndes</th>
<th>Oktibbeha</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>61.5%</td>
<td>8</td>
<td>72.1%</td>
<td>31</td>
<td>51.6%</td>
<td>113</td>
</tr>
<tr>
<td>Disclosure</td>
<td>38.5%</td>
<td>5</td>
<td>27.9%</td>
<td>12</td>
<td>48.4%</td>
<td>106</td>
</tr>
<tr>
<td>Total</td>
<td>2.9%</td>
<td>13</td>
<td>9.5%</td>
<td>43</td>
<td>48.3%</td>
<td>219</td>
</tr>
</tbody>
</table>

### Table 3  Referring Agency and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>DCPS</th>
<th>Sheriff's Dept.</th>
<th>Police Dept.</th>
<th>Not Stated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>58.8%</td>
<td>224</td>
<td>51.1%</td>
<td>23</td>
<td>20.0%</td>
</tr>
<tr>
<td>Disclosure</td>
<td>41.2%</td>
<td>157</td>
<td>48.9%</td>
<td>22</td>
<td>80.0%</td>
</tr>
<tr>
<td>Total</td>
<td>84.1%</td>
<td>381</td>
<td>9.9%</td>
<td>45</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

### Table 4  Type of Abuse and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>Sexual</th>
<th>Physical</th>
<th>Witness</th>
<th>Neglect</th>
<th>Other Abuse</th>
<th>Not Stated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>53.3%</td>
<td>193</td>
<td>4.9%</td>
<td>22</td>
<td>50.0%</td>
<td>22</td>
<td>71.4%</td>
</tr>
<tr>
<td>Disclosure</td>
<td>46.7%</td>
<td>169</td>
<td>51.1%</td>
<td>23</td>
<td>50.0%</td>
<td>22</td>
<td>28.6%</td>
</tr>
<tr>
<td>Total</td>
<td>79.9%</td>
<td>362</td>
<td>9.9%</td>
<td>45</td>
<td>9.7%</td>
<td>44</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
### Table 5  \hspace{1cm} Child’s Gender and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>69.2%</td>
<td>101</td>
<td>49.8%</td>
</tr>
<tr>
<td>Disclosure</td>
<td>30.8%</td>
<td>45</td>
<td>50.2%</td>
</tr>
<tr>
<td>Total</td>
<td>32.2%</td>
<td>146</td>
<td>67.8%</td>
</tr>
</tbody>
</table>

### Table 6  \hspace{1cm} Child’s Race and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>59.6%</td>
<td>106</td>
<td>53.3%</td>
<td>136</td>
</tr>
<tr>
<td>Disclosure</td>
<td>40.4%</td>
<td>72</td>
<td>46.7%</td>
<td>119</td>
</tr>
<tr>
<td>Total</td>
<td>39.3%</td>
<td>178</td>
<td>56.3%</td>
<td>255</td>
</tr>
</tbody>
</table>

### Table 7  \hspace{1cm} Interviewer’s Race and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>59.6%</td>
<td>106</td>
<td>53.3%</td>
<td>136</td>
</tr>
<tr>
<td>Disclosure</td>
<td>40.4%</td>
<td>72</td>
<td>46.7%</td>
<td>119</td>
</tr>
<tr>
<td>Total</td>
<td>39.3%</td>
<td>178</td>
<td>56.3%</td>
<td>255</td>
</tr>
</tbody>
</table>
Table 8  Interviewer’s Education and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>Master's</th>
<th>Bachelor's</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>53.3%</td>
<td>8</td>
<td>56.2%</td>
</tr>
<tr>
<td>Disclosure</td>
<td>46.7%</td>
<td>7</td>
<td>43.8%</td>
</tr>
<tr>
<td>Total</td>
<td>3.3%</td>
<td>15</td>
<td>96.7%</td>
</tr>
</tbody>
</table>

Table 9  Interviewer’s Children and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>59.5%</td>
<td>147</td>
<td>51.9%</td>
</tr>
<tr>
<td>Disclosure</td>
<td>40.5%</td>
<td>100</td>
<td>48.1%</td>
</tr>
<tr>
<td>Total</td>
<td>54.5%</td>
<td>247</td>
<td>45.5%</td>
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</table>

Table 10  Child and Interviewer Race Similarity and Interview Finding

<table>
<thead>
<tr>
<th></th>
<th>Different Race</th>
<th>Same Race</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>54.7%</td>
<td>134</td>
<td>57.7%</td>
</tr>
<tr>
<td>Disclosure</td>
<td>45.3%</td>
<td>111</td>
<td>42.3%</td>
</tr>
<tr>
<td>Total</td>
<td>54.1%</td>
<td>245</td>
<td>45.9%</td>
</tr>
</tbody>
</table>
Logistic Regression and Odds Ratios

The results of the logistic regression models examining the effects of case, child, and interviewer characteristics on abuse disclosures are presented in Tables 11 and 12. Levels of analysis are integrated throughout the models; therefore Model 1 (See Table 11) includes only the case and child characteristics. These variables account for the type of abuse alleged, the referral agency, the referral county, child’s gender, child’s age, and child’s race.

The coefficient for physical abuse is both positive and significant (p<0.05), meaning that children who are referred for physical abuse are more likely to disclose abuse, compared to children who are referred for sexual abuse. The coefficient for witness to a violent crime is both positive and significant (p<0.1), meaning that children who are referred for witnessing a violent crime are more likely to disclose abuse, compared to children who are referred for sexual abuse. The coefficient for the police department as the referral source is positive and significant (p<0.01), meaning that children who are referred from the police department are more likely to disclose abuse, compared to children who are referred from the department of child protection services. The coefficient for Clay County as the referral source is negative and significant (p<0.1), meaning that children who are referred from Clay County are less likely to disclose abuse than children who are referred from Lowndes County. The coefficient for child’s gender is positive and significant (p<0.01), meaning that girls are more likely than boys to disclose abuse. The coefficient for child’s age is positive and significant (p<0.01), meaning that as age increases so do the odds of disclosing. The variables for Other
Abuse, Not Stated Abuse, and Not Stated Referral source were dropped from this model by STATA for predicting failure perfectly. None of the children who were referred for ‘Other Abuse’ (6), ‘Not Stated Abuse’ (21), or from a ‘Not Stated Referral source’ (2) disclosed abuse, therefore these variables predicted the odds of the child not disclosing abuse perfectly, and were dropped from the sample by STATA (STATA, n.d.).

Model 2 (See Table 11) includes only interviewer characteristics. These variables account for the interviewer, their age, race, education in years, and experience interviewing children in months. No interviewer characteristics had significant effects on disclosure. The variables for the forensic interviewer’s tenure working at a Children’s Advocacy Centers and whether or not the forensic interviewers had children were dropped from this model by STATA due to collinearity, a decision STATA states is somewhat arbitrary (“STATA | FAQ,” n.d.).

Model 3 (See Table 12) includes all case, child, and interviewer characteristics together. The coefficients for physical abuse, witness to a violent crime, the police department, child’s gender, and child’s age all remained significant. However, with the inclusion of case, child, and interviewer characteristics, the coefficient for Clay County became non-significant.

Model 4 (See Table 12) introduces the two variables that were created to measure child and interviewer race and age similarity. The coefficients for physical abuse, witness to a violent crime, the police department, child’s gender, and child’s age all remained significant. Children referred for physical abuse or for being a witness to a violent crime are 2.2 and 1.9 times more likely to disclose abuse, respectively, than children referred for sexual abuse. Children referred from the police department are 4.8 times more likely
to disclose abuse than children who are referred from the department of child protection services. Females are 2.4 times more likely than males to disclose abuse, and for each additional year of age, the child is 1.1 times more likely to disclose abuse. The variable for race similarity is both negative and insignificant; meaning that race similarity of the child and interviewer does not affect disclosure of abuse. The variable for age similarity was omitted from this model due to collinearity, a decision STATA states is somewhat arbitrary (“STATA | FAQ,” n.d.).

Model 5 (not included in the tables below) is similar to Model 4, in that it introduces the race and age similarity variables; however this model excluded the variables for child and interviewer race and age. The coefficients for physical abuse, witness to a violent crime, the police department, and child’s gender all remained significant, and the variable for race similarity remained insignificant. The coefficient for age similarity is both negative and significant (p<0.05). For each year the difference in age between the child and interviewer increases, the child is 0.9 times less likely to disclose abuse.

Table 11  Logistic Coefficients and Odds Ratios for Case, Child, and Interviewer Characteristics (Model 1 and 2)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1 Logistic Coefficient</th>
<th>Odds Ratio</th>
<th>Model 2 Logistic Coefficient</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>0.784** (0.356)</td>
<td>2.189</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Witness</td>
<td>0.628* (0.344)</td>
<td>1.873</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Neglect</td>
<td>-1.129</td>
<td>0.323</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
Table 11 (Continued)

<table>
<thead>
<tr>
<th>Child Characteristics</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheriff's Department</td>
<td>0.148</td>
<td>1.159</td>
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</tr>
<tr>
<td>Police Department</td>
<td>1.519***</td>
<td>4.566</td>
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</tr>
<tr>
<td>Choctaw County</td>
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<tr>
<td>Clay County</td>
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</tr>
<tr>
<td>Oktibbeha County</td>
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<td>0.676</td>
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<tr>
<td>Other Counties</td>
<td>0.134</td>
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<table>
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<tr>
<th>Interviewer Characteristics</th>
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<tbody>
<tr>
<td>Child's Gender</td>
<td>0.847***</td>
<td>2.333</td>
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<td>Child's Age</td>
<td>0.134***</td>
<td>1.143</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>White</td>
<td>-0.189</td>
<td>0.827</td>
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<td>---</td>
</tr>
<tr>
<td>Other Race</td>
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<td>1.026</td>
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Note. Numbers in parentheses are standard errors.

***p<0.01, **p<0.05, *p<0.1
Table 12  Logistic Coefficients and Odds Ratios for Case, Child, and Interviewer Characteristics (Model 3 and 4)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 3</th>
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<tr>
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<td>Logistic Coefficient</td>
<td>Odds Ratio</td>
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<tr>
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<tr>
<td>Physical</td>
<td>0.828***</td>
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<td></td>
<td>(0.362)</td>
<td>(0.362)</td>
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<tr>
<td>Witness</td>
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<td>1.905</td>
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<tr>
<td></td>
<td>(0.351)</td>
<td>(0.352)</td>
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<tr>
<td>Neglect</td>
<td>-1.085</td>
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<td></td>
<td>(0.926)</td>
<td>(0.922)</td>
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<td>(0.360)</td>
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<td>Police Department</td>
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<td>(0.247)</td>
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<td>(0.495)</td>
<td>(0.496)</td>
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<tr>
<td><strong>Child Characteristics</strong></td>
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<td>Child's Gender</td>
<td>0.863***</td>
<td>2.371</td>
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<tr>
<td></td>
<td>(0.239)</td>
<td>(0.240)</td>
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<tr>
<td>Child's Age</td>
<td>0.131***</td>
<td>1.139</td>
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<tr>
<td></td>
<td>(0.028)</td>
<td>(0.028)</td>
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<td>White</td>
<td>-0.184</td>
<td>0.832</td>
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<td></td>
<td>(0.231)</td>
<td>(0.232)</td>
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<td>Other Race</td>
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<td>(0.526)</td>
<td>(0.525)</td>
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<td><strong>Interviewer Characteristics</strong></td>
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<td>0.691</td>
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<td></td>
<td>(0.324)</td>
<td>(0.325)</td>
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</tr>
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<td></td>
<td>(0.025)</td>
<td>(0.025)</td>
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<td>Race</td>
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<td>3.557</td>
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</tr>
<tr>
<td>------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td><strong>Education (Years)</strong></td>
<td>-0.152</td>
<td>0.859</td>
</tr>
<tr>
<td></td>
<td>(0.346)</td>
<td>(0.344)</td>
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<tr>
<td><strong>Experience (Months)</strong></td>
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<td>0.964</td>
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<td>(0.051)</td>
<td>(0.051)</td>
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<td><strong>Interviewer/Child Race Similarity</strong></td>
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<td><strong>Interviewer/Child Age Similarity</strong></td>
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<tr>
<td><strong>Intercept</strong></td>
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<td>8.491</td>
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<tr>
<td></td>
<td>(6.788)</td>
<td>(6.750)</td>
</tr>
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</table>

*Note.* Numbers in parentheses are standard errors.

***p<0.01, **p<0.05, *p<0.1
CHAPTER V
DISCUSSION AND CONCLUSION

This study was designed to determine whether demographic characteristics (i.e., race, gender, and age) affect whether a child discloses, or an interviewer elicits, a disclosure during a forensic interview. Previous studies have focused on the effects of demographic characteristics on important related topics such as trust levels and communication, but few have focused solely on the effects in forensic interviews regarding child abuse. I directly measured this with the use of descriptive analyses, cross-tabulations, and a series of logistic regression models using data from a Children’s Advocacy Center in Mississippi.

The first hypothesis predicted that white children would be more likely than black children to disclose abuse, but I found no support for this claim. Although previous research has found that multi, biracial, and black children and adults are less likely than whites to disclose abuse (Anderson, 2016; Wyatt, 1992; Hanson et al., 2003), the current research finds that children’s race has no effect on whether he/she discloses abuse during a forensic interview.

The second hypothesis predicted that females would be more likely than males to disclose abuse, which was supported by this research. Consistent with previous research showing that girls are more likely to disclose abuse, (Bolton, Morris, & MacEachron, 1989; Finkelhor, Hotaling, Lewis, & Smith, 1990; Hanson et al., 2003; Gries et al., 1996), I found that females were more likely than males to disclose abuse during a
forensic interview. This finding supports Hypothesis 2, and indicates that a child’s gender does affect whether he/she discloses abuse during a forensic interview. This finding has important implications for Children’s Advocacy Centers and for interview protocols. The reasons why children in this study disclosed or did not disclose abuse are not measured; however, two suggestions can be made. First, given that all interviewers at the Children’s Advocacy Center in this study are female, hiring and incorporating male interviewers may be an important consideration. Male children may not feel as comfortable as female children disclosing their abuse, specifically sexual abuse, to a female interviewer. Having a male interviewer may help them feel more comfortable; however it is possible that disclosing sexual abuse to an interviewer of the same gender might make them uncomfortable as well. Second, there may be a need for additional training and preparation when interviewing a child of the opposite sex. For example, when female children are disclosing sexual abuse to a female interviewer, they may feel more comfortable talking about the abuse given that it is implied that the child and interviewer share the same body parts. However, when a male child is disclosing abuse to a female interviewer, the child may feel uncomfortable and may not feel as though the interviewer understands him, given that it is implied that the child and interviewer do not share the same body parts. Therefore, more training and preparation may be needed in order to make a child of the opposite sex feel comfortable disclosing their abuse.

The third hypothesis in this study proposed that older children would be more likely than younger children to disclose abuse, which is supported by this research. Consistent with previous research that found that children’s ability to report events completely and accurately increases with age (Pipe & Goodman, 1991; Lamb, Orbach,
Hershkowitz, Horowitz, & Abbott, 2007), I found that for each additional year of age, a child is more likely to disclose abuse. This finding supports Hypothesis 3 and indicates that older children are more likely than younger children to disclose abuse. The reasons why older children are more likely to disclose abuse are not measured; however, two suggestions can be made. First, it is possible that the interview timing may affect whether a younger or older child discloses abuse when they do. Forensic interviews should be scheduled as soon as possible to ensure that children do not forget details of the abuse and to ensure that people are not persuading the child of what to say. Second, there again may be a need for additional training on how to best talk with younger children. Given that all four stages of the interview protocol mentioned in this research are vital, they should all be completed with every child. However, younger children have shorter attention spans, so additional training may be necessary in order to keep the same interview structure with a younger child, while getting through the stages quicker. Training should also focus on how to best frame and word questions so that children completely understand what the interviewer is saying.

This research finds that the type of abuse alleged affects whether or not a child discloses abuse during a forensic interview. Specifically, children who allege physical abuse are more likely to disclose than children who allege sexual abuse. Additionally, this research finds that children who allege witnessing a violent crime are more likely to disclose than children who allege sexual abuse. As previously mentioned, when sexual abuse occurs, it is typical for only the child and the perpetrator to know about it. However, when physical abuse occurs, the abuse is usually documented with photographs, and there tends to be physical evidence of the abuse. This finding highlights
the importance of forensic medical exams and hospital exams, and how children should
be seen as soon as possible after the abuse takes place. As mentioned previously, the
forensic interviewer cannot bring up new topics of abuse that the child has not talked
about. However, if the child has visible signs of abuse (i.e., broken bones, bruises, cuts,
burns, etc.) the interviewer is permitted to ask about them with an open ended question
such as, “I see you have a broken arm, tell me all about what happened.” Interviewing a
child with visible signs of abuse not only helps direct the conversation between the child
and the interviewer, but it also captures those signs of abuse on video. This study also
found that children who allege being witness to a violent crime are more likely than
children who allege sexual abuse to disclose. This finding is also not surprising, given
that when violent crime occurs, law enforcement is typically involved and many people
(i.e., friends, family, and agencies) are involved. However, when sexual abuse occurs, the
child and perpetrator are often the only people who know about the incident.

This research also finds that the referral agency affects whether a child discloses
abuse during a forensic interview. Specifically, children who were referred for a forensic
interview by the police department are more likely to disclose abuse than children who
were referred from the department of child protection services. This finding implies that
the police department may be handling different types of cases than the sheriff’s
department or the department of child protection services. The department of child
protection services is required to investigate all cases that come through the child abuse
hotline, therefore referring many cases to the children’s advocacy center that are
unfounded, whereas the police department may only be referring children who have
already disclosed to someone else, cases where there is corroborating evidence, or
extremely publicized cases. Cross tabulations were performed between the referral source and all other variables used in this research to try and explain this finding. The police department is similar to all other variables in this study except for one; the child’s gender. Of the cases that were referred from the police department, 88.0% were females, whereas 80.0% of the sheriff’s department’s cases, and 80.5% of the department of child protection services cases were females. This study found that females were more likely than males to disclose abuse during forensic interviews, therefore, because the police department had the highest percentage of females referred, the gender difference in disclosure may explain the high disclosure rate of children referred from the police department.

This research examined whether the interviewer, the interviewer’s age, the interviewer’s race, the interviewer’s level of education in years, and the interviewer’s tenure interviewing children in months affect whether a child discloses abuse. This research provides no support that any of these interviewer characteristics affect the interview outcome; therefore Hypothesis 4 and Hypothesis 5 are not supported.

Two variables were created to measure whether similarity between the child and interviewer based on race or age affects whether a child discloses abuse. Hypothesis 6a in this study proposed that when a child and interviewer were more similar in age, measured by the difference in their ages, the child was more likely to disclose. This research finds support for this claim; as the difference in age between the child and interviewer decreases, the odds of a child disclosing increases. Consistent with previous research that showing that interviewees were more likely to disclose abuse to interviewers within five years of their own age (Dailey & Clause, 2001), the current study suggests that when a
child and interviewer are more similar in age, the child is more likely to disclose abuse. This finding implies that interviewer selection procedures can be put in place to minimize the difference in age between the child and interviewer, which will make the interviewer appear more relatable and trustworthy (Ennen, Stark, & Lassiter, 2015). However, this research finds no relationship between child and interviewer race similarity and disclosure rates, and therefore no support for Hypothesis 6b. This finding implies that that interviewer selection procedures, meaning matching a child and interviewer based on race, is not beneficial in forensic interviews regarding abuse.

**Limitations**

Although this study has examined many factors that could potentially affect whether a child discloses abuse or not during a forensic interview, there are a few limitations. This research assumes that children are telling the truth when disclosing or not disclosing abuse in a forensic interview. Unfortunately, there is no way to check this, and it is therefore an unmeasured aspect of this research. London, Bruck, Wright, and Ceci (2008) find that overall, children do not willingly provide details about their abuse. This is supported by Lyon’s (2007) finding that 42-50% of children did not disclose abuse in a formal interview, even though corroborating evidence existed that the abuse did in fact occur. These findings make sense, given that the first stage of disclosure among children is denial (Sorenson & Snow, 1991). It is possible that children who have been abused do not disclose the abuse in a forensic interview. Nevertheless, it is equally possible that children who have not been abused do disclose abuse in a forensic interview – given the research on children’s suggestibility to misinformation (Leichtman & Ceci, 1995). Additional limitations to this research include the relatively small sample size and
the limited number of child and interviewer characteristics available. The age of the interviewers in this study did not vary considerably; five interviewers were under the age of 26, while one interviewer was over the age of 50. More variation would help determine if the interviewer’s age has an effect on disclosures of abuse. There are variables that were not captured in this dataset that would be helpful to the research. The child’s relationship to the alleged perpetrator, whether or not the child has a disability, the socioeconomic status of the family, the household dynamics (i.e., a single or multiple parent household), gender of the alleged perpetrator, relationship of the perpetrator to the child, and the time of day the interview was conducted, are all valuable information that should be studied in relation to child abuse disclosures. Additionally, having a sample with male and female interviewers would help determine if gender of the interviewer has an effect on disclosures of abuse. A final limitation of this study is question type used by the interviewer. Interviewers in this study used the same question type with every child, therefore question type is not measured in this study.

**Future Recommendations**

Every forensic interview conducted at a Children’s Advocacy Center in the nation, and specifically at Sally Kate Winters Children’s Advocacy Center, is video and audio recorded for use by the Multidisciplinary Team for investigation and prosecution purposes. Future research should utilize these video and audio recordings for qualitative research to analyze factors such as the interview setting and the child and interviewer’s demeanor, body language, and communication styles. Additionally, the variables mentioned above - the child’s relationship to the alleged perpetrator, whether or not the child has a disability, the socioeconomic status of the family, the household dynamics
(i.e., a single or multiple parent household), gender of the alleged perpetrator, relationship of the perpetrator to the child, the time of day the interview was conducted, and interview gender – should be studied to determine if they affect whether or not a child discloses abuse. Given that the sample used in this study is relatively small, and mainly includes children from rural areas, additional research would benefit from utilizing larger datasets in different geographical regions, from both rural and urban settings. The Children’s Advocacy Center in this research had only 453 cases from 2014-2017, while other Children’s Advocacy Centers in Mississippi conduct over 500 interviews a year. A larger sample size would allow the results to be more generalizable, while capturing children from both rural and urban settings would determine if geographical location affects whether or not children disclose abuse.

This research showed that females, older children, victims of physical abuse and those who witnessed a violent crime, and children referred from the police department were the most likely to disclose abuse. Additionally, when the child and the interviewer were similar in age, the child was more likely to disclose abuse. These findings are important because they have implications not only for Children’s Advocacy Centers and forensic interviews, but also for adult crimes and the criminal justice system as a whole. Future research should explore how these findings relate to non-child abuse crimes.
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87


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