

The Use of Images During Forensic Interviews of Children Who Have Been Sexually Abused

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“Conceptualizing cyberspace as a ***new system in the ecology of children*** may help... consider the risk of the involvement of the internet in cases of sexual abuse; consider the differential impact of the internet on children made subjects of abuse; consider the relationship and overlap between online and offline sexual abuse; and explore the meaning of the potential non-resolution of children's online sexually abusive experience.”³

Introduction

Scope of the Problem

Children are targeted for sexual abuse at alarming rates. In the United States, as many as 25 percent of girls and 16 percent of boys will be sexually assaulted by the time they are 18.⁴ The internet and cyberspace, considered a “new system in the ecology of children,”⁵ have made it easier for perpetrators to find victims, exploit them, connect with other abusers, and avoid apprehension.⁶ These spaces have led to a dramatic increase in child sexual abuse material (CSAM), particularly child sexual abuse images online (CSAIO). Between 2002 and 2018, the National Center for Missing and Exploited Children (NCMEC) reviewed 200 million images with potential CSAIO content, and continues to receive over 10 million reports each year to its cyber tipline.⁷ Tips have escalated with the onset of COVID-19. NCMEC reports

³ Leonard, M. (2010). “I did what I was directed to do but he didn't touch me”: The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16(2), 249-256. doi:10.1080/13552601003690526, 254

⁴ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration

⁵ Martin, J. (2014). Child sexual abuse images online: Implications for social work training and practice. *British Journal of Social Work*, 2016(46), 372-388. doi:doi:10.1093/bjsw/bcu116, p.385

⁶ ECPAT International & INTERPOL. (2018). *Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report*. Lyon, France: INTERPOL. Retrieved January 6, 2020

⁷ Ibid.

reviewing 4 million images in April of 2020, a four-fold increase from the previous April.

Beyond the growing volume of CSAIO, the nature of the content is becoming more overtly assaultive and sadomasochistic. The Combating Paedophile Information Networks in Europe (COPINE) project has developed a 10-point scale rating the severity of content in CSAIO. According to Interpol, 46.6% of CSAIO images in their International Child Sexual Exploitation (ICSE) database contain imagery that falls at an 8 (Assault), 9 (Gross Assault), or 10 (Sadistic/Bestiality) on the COPINE scale.

Multiple systems have developed to address this pervasive crime, but they have not always fully considered the needs of child victims. At times, they may even have worsened the impact of the abuse, despite good intentions.⁸ Forensic interviewing is one such system. When child sexual abuse (CSA) is discovered, the investigation often moves to a child forensic interview.⁹ The interviewer is charged with the difficult task of questioning the child with two main goals in mind: to protect the child from further harm and to aid in the investigation. Carrying out these duties requires navigating many challenges, including: false positive or negative results, limited corroborating evidence, reluctant witnesses, risk to the interviewer's own mental health,¹⁰ and possible conflict between priorities of the investigation and priorities of the child's psychological well-being.¹¹ Responsibly balancing these two

⁸ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration; Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

⁹ Newlin, C., Steele, L., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., . . . Vaughan-Eden, V. (2015). *Child forensic interviewing: Best practices*. Laurel, MD: Office of Juvenile Justice and Delinquency Prevention.

¹⁰ Edelmann, R. (2010). Exposure to child abuse images as part of one's work: Possible psychological implications. *The Journal of Forensic Psychiatry & Psychology*, 21(4), 481–489. doi:10.1080/14789940903540792

¹¹ Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

priorities requires a thorough knowledge of both sets of needs. Forensic interviews are intended to be guided first and foremost by the needs of the child. Yet thus far most research has only explored investigative practices.

History of Child Forensic Interviews

Once thought rare and minimally harmful, the incidence and impact of CSA became more acknowledged in the 1970s and 1980s. Early forensic interviews often proved inaccurate, incomplete, or legally indefensible, and they were conducted with little or no concern for the impact on the child.¹² Several child forensic interviewing protocols arose to address these failures by providing evidence-based best practices (EBP) and guidance for investigators.¹³ These protocols require extensive training and seek to help the forensic interviewer work effectively with child victims to best secure a successful investigation and prosecution.¹⁴

These practices have indeed helped secure convictions and provided structure and guidelines for forensic interviewers. However, most subsequent research and recommendations have focused on criminal justice and prosecution considerations, rather than on the child victim's safety, health, and recovery.¹⁵ Interviewers are left unable to accurately weigh their duties to the child against their duties to the investigation. Inconsistency among existing guidelines and their application further complicates the knowledge gap. These shortcomings leave the field of forensic

¹² Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

¹³ Examples include the ChildFirst Forensic Interview Protocol (<https://www.zeroabuseproject.org>) and the CornerHouse Forensic Interview Protocol (<https://www.cornerhousemn.org>).

¹⁴ Zero Abuse Project. (2019). *Child First Forensic Interviewing Training Manual*. Fishers, IN: Zero Abuse Project.

¹⁵ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

interviewing vulnerable to retraumatizing the child more than is necessary for conviction or to an unacceptable degree altogether.¹⁶

What We Do Know

Until more focused research is available, forensic interviewers can use existing knowledge of retraumatization and mental health to inform their practice. The risk of excessive retraumatization increases when: the initial traumatic event is complex, the child experiences the event and its aftermath with inadequate support, or the child faces significant ongoing, adverse effects from the event that continue to affect their development.¹⁷ These factors are often co-present with CSA, especially when the abuse has been captured in images and when those images have been distributed¹⁸ either online or in person.¹⁹

Taking this knowledge, forensic interviewers can apply it to one area where their dual priorities may be at odds—the decision over whether to show images of the CSA to the child during the interview.

The existence of images depicting CSA benefits the interviewer and investigative team greatly in that it proves the crime. Beyond that, however, forensic interviewers may be inclined to use the images during the interview to overcome certain challenges—perhaps a reluctant child would share more information if visually prompted, or maybe they could help identify other children in the image. In these

¹⁶ Some models are incorporating more concrete recommendations regarding interviewing practices that impact the child's psychological well-being. See Farrell, R. & Vieth, V. (2019). ChildFirst forensic interview training program. *APSAC Advisor*, 32(2), 56-63.

¹⁷ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration

¹⁸ Commonly used terms for this include Child Sexual Abuse Material (CSAM) and Child Sexual Abuse Images Online (CSAIO).

¹⁹ Martin, J. (2014). Child sexual abuse images online: Implications for social work training and practice. *British Journal of Social Work*, 2016(46), 372-388. doi:doi:10.1093/bjsw/bcu116, p.385

situations, most forensic interviewing protocols allow the interviewer to show the images to the child.²⁰

At the same time, the existence of images also complicates the child's ability to heal. Several considerations argue for withholding the images from the child as well as for improving consistency among guidelines with respect to this practice. These considerations relate to the readiness and well-being of the child, the interviewer's resources and systemic conditions, and an understanding of trauma-informed practice.

This paper explores how the use of CSA images in a child forensic interview could influence the balance between the child's well-being and the need for detailed information about the crime.

Readiness and Well-Being of the Child

Nearly every set of guidelines for forensic interviewing states that the child must be the central consideration during the interview, yet there is variance in understanding what this means.²¹ This inconsistency prompts variance in the response to a child's reluctance to disclose, directiveness of the interviewer, general demeanor, or supportiveness of the forensic interviewer, and more. If the child is truly the center of the entire process, then the child's psychological well-being must be factored into the decision to use images while questioning the child. Specifically, the decision must take into account three child-focused factors: the child's readiness to view the

²⁰ See generally, APSAC ADVISOR, VOLUME 32(2) (2020) (providing an update on all of the nation's major forensic interviewing training programs including their view of presenting evidence or images to children in a forensic interview).

²¹ For example, see Finnegan, M. (2005). *Investigative Interviews of Adolescent Victims*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance; National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author; Newlin, C., Steele, L., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., . . . Vaughan-Eden, V. (2015). *Child forensic interviewing: Best practices*. Laurel, MD: Office of Juvenile Justice and Delinquency Prevention; and Poyer, K. (2005). *Investigative Interviews of Children*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance.

images, the potential impact on the child's memory formation and retrieval, and the unique effects of CSAIO on the child.

Readiness of Child to View Images

CSA is a highly traumatic experience, often flooding the child with fear, guilt, and shame;²² and due to their age and development, the child has fewer Executive Functioning Skills²³ to help them manage the impact of trauma.²⁴ To survive these effects and function in daily life, the child responds by protecting themselves from the painful memories.²⁵ Then, often before the child is ready and while they may even be actively trying to forget, the forensic interviewer is tasked with making them remember. Unprepared to grapple with their experience, they may actively resist remembering. Even if the child made an initial outcry,²⁶ they may not be prepared for the level of detail sought in a forensic interview or to share the information with a new person in a new setting. While the interview must occur in a quest for justice and for the ongoing safety of the identified victim and other children, it must be conducted in a way that does not unnecessarily increase harm and stress to the child.²⁷

²² Lindblom, K., & Gray, M. (2010). Relationship closeness and trauma narrative detail: A critical analysis of betrayal trauma theory. *Applied Cognitive Psychology*, 24(1), 1-19. doi:10.1002/acp.1547

²³ While there is variation in how they are defined, Executive Functioning Skills include 1) Initiation, 2) Inhibition, 3) Organization of thought, 4) Organization of material, 5) Shift, 6) Emotion and focus control, 7) Working memory, and 8) Self-monitoring.

²⁴ Aupperle, R., Melrose, A., Stein, M., & Paulus, M. (2011). Executive function and PTSD: Disengaging from trauma. *Neuropharmacology*, 1-9. doi:10.1016/j.neuropharm.2011.02.0008

²⁵In *The Post-Traumatic Gazette* 1(1), Patience Mason notes, "Many trauma survivors forget in order to survive." (1995, p.1).

²⁶ Many investigations handled locally follow an intentional or unintentional outcry from the child. Federal investigations may be more likely to occur based on external evidence without the child's outcry.

²⁷ Finnegan, M. (2005). *Investigative Interviews of Adolescent Victims*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance.

Several factors may affect the child's readiness:

The child may resist discussing details of the event **if the child is struggling with the psychological context of the event**,²⁸ meaning how the abuse relates to their sense of identity, safety, relationship with the perpetrator or broader family, or view of the world. Without this context, the child is at increased risk of developing mental health concerns related to the trauma, such as PTSD, and their resistance may be an effort to mitigate this risk.

The child may not be ready to view images of their abuse **if the child does not clearly distinguish who was the victim and who was the perpetrator**. This risk is significant if they had a physical reaction in response to the abuse, appeared to enjoy the abuse, or were involved with the recruitment or abuse of other children—factors which are all more likely to have occurred when CSAM is involved.²⁹ This unresolved internal conflict increases resistance to remembering, as well as risk to the child's mental health if they have to remember too early.

The child may also not be ready **if the child does not believe they are safe**. In cases with CSAM, the child faces additional barriers to a sense of safety, as the harm is ongoing. They are faced with the knowledge that anyone they encounter for the rest of their lives could have viewed the images of their abuse. The perpetrator may have threatened to show the images to others, and the possession of the images by the forensic interviewer proves that the perpetrator's reach extends even to the interview room. These and other factors reduce the child's sense of safety, making it harder to discuss the abuse they have endured. Providing a narrative account of the abuse to a child who lacks an underlying sense of safety risks causing additional

²⁸Psychological Context refers to the psychological construct of how the event relates to the person's view of self and the world around them. It includes factors such as whether the abuser loves the child, why God may have allowed the abuse, why the abuser may have acted abusively, what their friends might think, whether they deserved the abuse, how the abuse impacts their future, etc.

²⁹ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

psychological harm. This risk is so great that several evidence-based therapy approaches for childhood trauma direct practitioners to not elicit details of the event until a sense of safety has been established.³⁰

Potential Impact of Viewing Images on Child's Memory Formation and Retrieval

Many people experience adverse events in childhood, but most do not develop ongoing mental health concerns such as post-traumatic stress disorder (PTSD). What sets these groups apart? One factor affecting later mental health includes how the adverse event is encoded in the child's memory.³¹ What perceptual or sensory information is logged? Is contextual information also encoded? What areas of the brain are activated—by what stimuli and to what extent? These components help determine: if the memory is recalled voluntarily, involuntarily, or intrusively—or suppressed; and the strength and detail of the memory once recalled, including reexperiencing symptoms. Intrusive recollection and reexperiencing symptoms are considered by many to be the central components of PTSD³² (see Exhibit 1), and factors that contribute to these conditions should be minimized to the greatest extent possible.³³ The forensic interview itself will likely pose some level of risk to the child's memory formation and mental health. While this risk may be necessary, using images during the interview may heighten it to an unacceptable level.³⁴

³⁰ One such approach is trauma-focused cognitive behavioral therapy (TF-CBT). See Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents*. New York: The Guilford Press.).

³¹ Sundermann, O., Hauschildt, M., & Ehlers, A. (2013). Perceptual processing during trauma, priming and the development of intrusive memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 44(2), 213-220. doi:10.1016/j.jbtep.2012.10.001

³² Ibid.

³³ National Children's Advocacy Center. (2013). Position paper on the introduction of evidence in forensic interviews of children. Huntsville: Author

³⁴ While no specific rules exist that define which actions pose too much risk, the Substance Abuse and Mental Health Administration's (SAMHSA) direction to "Resist Retraumatization" provides guidance. Factors to consider include the child's observed and reported functioning, the child's risk for harming self and others, whether the child is aware of the images, whether other options are available, how the child is portrayed in the image, and other similar factors.

Exhibit 1: Diagnostic Criteria for Post-Traumatic Stress Disorder in Adults and Children Older Than 6

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). Note: In children, there may be frightening dreams without recognizable content.

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.

- 6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- F. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.**
- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.**
- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.**

Encoding Perceptual vs. Contextual Information

When a forensic interviewer talks with a child about sexual abuse, they must focus on factual information—what the child remembers experiencing, including any sensory details. In fact, most models specifically direct the interviewer to not provide psychological context, as doing so could taint the dependability and admissibility of the interview.³⁵ However, forensic interview may result in a child recalling events over which they likely feel pain, shame, and confusion. Adding images to the questioning heightens these negative feelings,³⁶ and at the same time reinforces the visual and other sensory aspects of the abuse, as the child has the sights and sounds (in the case of video) replayed before them. The memory is now both stronger and potentially more harmful.

Still missing, however, is the accompanying work to help the child form context for the event. In the absence of a narrative, the brain later brings the images back involuntarily in an effort to create that context.³⁷ The likelihood of involuntary-memory formation is also increased because involuntary memory is generally imagery-based—and again, the use of images strengthens visual and visual/auditory encoding. Likewise, the child is more vulnerable to having those memories cued through perceptual priming of similar sensory input.³⁸

³⁵ Newlin, C., Steele, L., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., . . . Vaughan-Eden, V. (2015). *Child forensic interviewing: Best practices*. Laurel, MD: Office of Juvenile Justice and Delinquency Prevention.

³⁶ ECPAT International & INTERPOL. (2018). *Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report*. Lyon, France: INTERPOL. Retrieved January 6, 2020

³⁷ Clark, A., Holmes, E., Woolrich, M., & Mackay, C. (2016). Intrusive memories to traumatic footage: The neural basis of their encoding and involuntary recall. *Psychological Medicine*, 2016(46), 505-518. doi:10.1017/S0033291715002007

³⁸ Deeprose, C., Zhang, S., DeJong, H., Dalgleish, T., & Holmes, E. (2012). Imagery in the aftermath of viewing a traumatic film: Using cognitive tasks to modulate the development of involuntary memory. *Journal of Behavior Therapy and Experimental Psychiatry*, 43(2012), 758-764.

Areas of Brain Activation

The use of images may also affect which areas of the brain are activated during a forensic interview. The **amygdala** is the part of the brain that helps process emotional responses and form associated memories. It is central to emotional learning and is the part of the brain most actively involved in survival responses such as fight, flight, and freeze. In general, amygdala activity is elevated by fear, aggression, and related threats, and as such it is activated during many trauma responses. As amygdala response increases, physical changes are noted in blood pressure, skin conductance, and more. Heightened amygdala activity can override other parts of the brain that are more focused on reasoning and executive functioning, making it potentially more difficult to understand and respond to the situation with full access to executive functioning skills. Survival responses take over. These survival responses are essential when the child is in imminent danger. However, activation of survival responses when the child is not in imminent danger make it much harder for the child to access the cognitive skills necessary to process the situation, understand the actions of those around them, assess for safety, and other key elements necessary for the child to identify their best response.

Several factors increase the likelihood of heightened amygdala activity. Intense emotions such as fear and anger, conflict, and real or perceived danger all play significant roles in heightening amygdala activity. When these prominent factors coincide with more subtle variables that may increase amygdala activity, such as focus on sensory details or imagery, the impact on the amygdala is even greater.

Relevant to forensic interviews, the amygdala is activated more by the use of images than by the use of words.³⁹ Considering that images are most often reserved

³⁹ Clark, A., Holmes, E., Woolrich, M., & Mackay, C. (2016). Intrusive memories to traumatic footage: The neural basis of their encoding and involuntary recall. *Psychological Medicine*, 2016(46), 505-518. doi:10.1017/S0033291715002007

for interviews where the child appears reluctant to describe the abuse,⁴⁰ this erosion of control can further activate the amygdala. Moreover, reviewing these images in a high-stress context with a child who has heightened amygdala activity strengthens the memory's connection to negative reactions and inhibits the brain's ability to elaborate on the event and contextualize the details.⁴¹ The more negative the child's experience in reviewing the memories with the forensic interviewer, the more they will learn to resist voluntary access of those memories in a way that could help them build context, including with the help of a trained therapist or other natural support. Even after the interview is complete, the greater activity in the amygdala is associated with later increased involuntary memories of the event.⁴²

Other parts of the brain are affected as well. Traumatic visual materials activate the **left inferior frontal gyrus** (IFG), flagging the memory and making involuntary recall more likely.⁴³ That flagging is strengthened if the imagery is of an event the child actually experienced, especially recently, and it can create barriers to developing psychological context.⁴⁴ If an interview involving images becomes more confrontational, the perceived threat activates the **rostral anterior cingulate cortex**.⁴⁵ Activation of each of these areas of the brain increases the risk of intrusive memories. Together, the effects can put the child at risk for eventually developing PTSD or other trauma- and stressor-related disorders.

⁴⁰ National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author.

⁴¹Clark, A., Holmes, E., Woolrich, M., & Mackay, C. (2016). Intrusive memories to traumatic footage: The neural basis of their encoding and involuntary recall. *Psychological Medicine*, 2016(46), 505-518. doi:10.1017/S0033291715002007

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

Minimizing Risk of PTSD

The ability of trauma-related imagery to cause PTSD is recognized by the American Psychiatric Association (APA). When the most recent version of the Diagnostic Statistical Manual was issued in 2013, traumatic images were added as an event that could prompt PTSD in some situations.⁴⁶ While the current criteria specify work-related images, its addition shows a growing recognition that the images themselves may be a source of trauma.⁴⁷ Most forensic interviewing guidelines currently in use do not adequately reflect this change in diagnostic criteria and have not been updated to accommodate this risk.⁴⁸ Even when guidelines have been updated, interviewers who were trained prior to the revision may not be aware of the change.

Traumatic images can contribute to PTSD. Special focus has been given to how these images may impact the development of symptoms in the intrusion cluster of PTSD.⁴⁹ Intrusive memories are one of the most common symptoms in this cluster. They are considered by many to be one of the most central symptoms of PTSD, and some speculate that they are the mechanism by which images can contribute to the development of PTSD. Other symptom clusters can be activated in response to these memories as well. The significant impact of involuntary memories on the development of PTSD has prompted some to suggest that reducing the likelihood

⁴⁶ American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5 ®)*. American Psychiatric Association, Washington

⁴⁷ James, E., Lau-Zhu, A., Clark, I., Visser, R., Hagenars, M., & Holmes, E. (2016). The trauma film paradigm as an experimental psychopathology model of psychological trauma: Intrusive memories and beyond. *Clinical Psychology Review*, 47(2016), 106-142. doi:10.1016/j.cpr.2016.04.010

⁴⁸ See Finnegan, M. (2005). *Investigative Interviews of Adolescent Victims*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance; National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author; and Poyer, K. (2005). *Investigative Interviews of Children*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance.

⁴⁹ The intrusion cluster of symptoms in PTSD includes all symptoms in the PTSD diagnostic criteria under Letter B (see page 8).

of intrusive memories is the most effective approach to reducing PTSD symptoms overall.⁵⁰

In short, when traumatic memories are encoded and then reinforced with strong perceptual information and weak contextual information, the child is left vulnerable to intrusive recollections and reexperiencing symptoms. This growing understanding of the etiology of involuntary memories and the effects of traumatic imagery argue for restraint or avoidance of images during the forensic interview.

Unique Effects of CSAIO on the Child

All child maltreatment is harmful. Whether the child endures neglect, emotional abuse, physical abuse, sexual abuse, torture, or some other form of maltreatment, a wound is inflicted. When the child has experienced sexual abuse that was captured in images and then distributed online, the harm is exacerbated⁵¹—often to the point where the child refuses to acknowledge the existence of the images, even if they have acknowledged the sexual abuse itself.⁵²

The nature of CSAIO produces several unique effects that compound the harm to victims.

CSAIO is never-ending. Developing context—filling in a narrative about the maltreatment—is a central piece of the child's healing following abuse.⁵³ This process can be difficult and, in part, requires that the child identify a beginning and

⁵⁰ James, E., Lau-Zhu, A., Clark, I., Visser, R., Hagenaars, M., & Holmes, E. (2016). The trauma film paradigm as an experimental psychopathology model of psychological trauma: Intrusive memories and beyond. *Clinical Psychology Review*, 47(2016), 106-142. doi:10.1016/j.cpr.2016.04.010

⁵¹ Martin, J. (2014). "It's just an image, right?": Practitioners' understanding of child sexual abuse images online and effects on victims. *Child and Youth Services*, 35(2), 96-115. doi:10.1080/0145935X.2014.924334

⁵² Quayle, E., & Jones, T. (2011). Sexualized images of children on the internet. *Sexual Abuse: A Journal of Research and Treatment*, 23(1), 7-21. doi:10.1177/1079063210392596

⁵³ Leonard, M. (2010). "I did what I was directed to do but he didn't touch me": The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16(2), 249-256. doi:10.1080/13552601003690526

end of the event. For events involving CSAIO—where the abuse has been captured and disseminated—the potential for a clear-cut ending is removed, and the child struggles to develop the context necessary for healing.⁵⁴ The child is left knowing that the image will be viewable forever.⁵⁵ They will never be able to gain control of the image and fully destroy it, adding to their sense of powerlessness, and this awareness remains a continual trauma.⁵⁶ Many victims of CSAIO report feeling revictimized every time the image is viewed, preventing them from ever entering a state of post trauma.⁵⁷ One of the most basic assumptions in forensic interviews, that the abuse has ended or will end as a result of the interview,⁵⁸ is removed. The interviewer cannot say they are working to end the abuse because it will not end. There is currently no evidence-based response to this dynamic.⁵⁹

CSAIO is far-reaching. Beyond the permanence of the image, awareness of the extent of its distribution exacerbates the abuse's effect.⁶⁰ The child is faced with the realization that the images could be seen at any time by anyone, anywhere, diminishing their sense of safety and security. Being shown the image by the forensic interviewer is further proof that the image is circulating.⁶¹ Older children and

⁵⁴ Martin, J. (2014). "It's just an image, right?": Practitioners' understanding of child sexual abuse images online and effects on victims. *Child and Youth Services*, 35(2), 96-115. doi:10.1080/0145935X.2014.924334

⁵⁵ Martin, J. (2014). Child sexual abuse images online: Implications for social work training and practice. *British Journal of Social Work*, 2016(46), 372-388. doi:doi:10.1093/bjsw/bcu116

⁵⁶ Ibid.

⁵⁷ Leonard, M. (2010). "I did what I was directed to do but he didn't touch me": The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16(2), 249-256. doi:10.1080/13552601003690526

⁵⁸ Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974-2014: Historical benchmarks. *Social Sciences*, 4(1), 34-65. doi:10.3390/socsci4010034

⁵⁹ ECPAT International & INTERPOL. (2018). *Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report*. Lyon, France: INTERPOL. Retrieved January 6, 2020

⁶⁰ Martin, J. (2014). "It's just an image, right?": Practitioners' understanding of child sexual abuse images online and effects on victims. *Child and Youth Services*, 35(2), 96-115. doi:10.1080/0145935X.2014.924334

⁶¹ ECPAT International & INTERPOL. (2018). *Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report*. Lyon, France: INTERPOL. Retrieved January 6, 2020

adolescents report a related concern that the interviewer watched the image or video with coworkers during the investigative process, and they describe additional distress at the perception that their abuse was viewed by a group and not just an individual.⁶²

CSAIO alters the victim's perspective. Images have the power of perspective, and showing the child images of their abuse forces them to view the images as a consumer.⁶³ They see their abuse in a new way. If the child seems in the images to be enjoying the abuse, they are left with that impression. If they are shown abusing or recruiting another child, the lie of complicity is reinforced.⁶⁴ These perspectives can be especially damaging for a child who does not carry a clear distinction between victim and perpetrator in their narrative of the abuse.⁶⁵ If the image further confuses these roles before the child has a solid understanding of them, the child is vulnerable to blaming themselves for their own abuse or the abuse of another. Showing the image to the child heightens this risk far beyond any verbal account.⁶⁶

CSAIO intensifies the crime. The intent of these images is to repeatedly victimize the child, and showing the child the images accomplishes this purpose in an especially acute context—as the person who asserts that they are trying to keep the child safe

⁶² Leonard, M. (2010). "I did what I was directed to do but he didn't touch me": The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16(2), 249-256. doi:10.1080/13552601003690526

⁶³ Oswell, D. (2006). When images matter: Internet child pornography, forms of observation, and an ethics of the virtual. *Information, Communication, and Society*, 9(2), 244-265. doi:10.1080/13691180600630807

⁶⁴ Svedin, C. & Back, C. (2011). *Why didn't they tell us? On sexual abuse in child pornography*. Tallin: Save the Children Sweden.

⁶⁵ Leonard, M. (2010). "I did what I was directed to do but he didn't touch me": The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16(2), 249-256. doi:10.1080/13552601003690526

⁶⁶ Martin, J. (2014). Child sexual abuse images online: Implications for social work training and practice. *British Journal of Social Work*, 2016(46), 372-388. doi:doi:10.1093/bjsw/bcu116

becomes the avenue through which the abuse is perpetuated.⁶⁷ As noted by EPCAT,⁶⁸ when a perpetrator records sexual abuse, the abuse tends to be more overtly abusive, denigrating, and sadomasochistic, with nearly half of images meeting criteria for an 8 (Assault⁶⁹), 9 (Gross Assault⁷⁰), or 10 (Sadistic/Bestiality⁷¹) on the COPINE Scale. The existence of images increases the likelihood both that the child has endured more intense abuse and that the image depicts this abuse and could activate intrusive memories or cause reexperiencing symptoms. The risk persists even if the images are sanitized because the memory that is activated cannot be sanitized.

These effects are unique to CSAIO. While the difference between undocumented CSA and CSAIO is accepted by most experts, much is not known. Minimal research has been completed on the distinctive effects of CSAIO, and what has been done has primarily focused on assessment of criminality, aid to prosecution, and perpetrator management, rather than the effects to the child.⁷² Even experts in the field of trauma therapy report uncertainty and a lack of confidence in their ability to address CSAIO.⁷³ Until research has assessed the safety of using images during forensic interviews and points toward evidence-based best practices, the mandate to place the child first compels the interviewer to greatly limit the use of images.

⁶⁷ Oswell, D. (2006). When images matter: Internet child pornography, forms of observation, and an ethics of the virtual. *Information, Communication, and Society*, 9(2), 244-265. doi:10.1080/13691180600630807

⁶⁸ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

⁶⁹ Assault is defined as pictures of children being subjected to a sexual assault, involving digital touching, involving an adult.

⁷⁰ Gross Assault is defined as grossly obscene pictures of sexual assault, involving penetrative sex, masturbation, or oral sex, involving an adult.

⁷¹ Sadistic/Bestiality is defined as a) Pictures showing a child being tied, bound, beaten, whipped or otherwise subject to something that implies pain; or b) Pictures where an animal is involved in some form of sexual behavior with a child.

⁷² Ibid.

⁷³ Martin, J. (2014). "It's just an image, right?": Practitioners' understanding of child sexual abuse images online and effects on victims. *Child and Youth Services*, 35(2), 96-115. doi:10.1080/0145935x.2014.924334

Interviewer's Resources and Systemic Conditions

Forensic interviewers undertake great physical and psychological risk to self in their efforts to pursue justice for abused children.⁷⁴ Despite this honorable motivation, most forensic interviewers, like most trauma therapists, do not understand enough about the impact of child sexual abuse images on the child. Instead, their training typically focuses more on the criminal justice and prosecution aspects of child abuse,⁷⁵ and the system itself lacks evidence-based standards that reflect the current understanding of the effect images may have on a child who has experienced sexual abuse. Thus, interviewers have inadequate resources to help balance the potentially conflicting goals of child safety and justice. Frequently changing technology and unclear effectiveness complicate the job even further.

Gaps in Training and Standards

Forensic interviewing is intended to be guided first and foremost by the needs of the child.⁷⁶ However, assessing those needs is complicated. The child's mental health will benefit from showing support, nurturing, and care while talking about the abuse, but an approach that emphasizes these practices may place the case against the perpetrator in jeopardy, allowing the abuser to continue victimizing children.⁷⁷ Abuse that is more severe, abuse where the child appeared complicit, or the presence of CSAIO can make the child more resistant to revealing information;⁷⁸

⁷⁴ Edelmann, R. (2010). Exposure to child abuse images as part of one's work: possible psychological implications. *The Journal of Forensic Psychiatry & Psychology*, 21(4), 481-489. doi:10.1080/14789940903540792

⁷⁵ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

⁷⁶ National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author.

⁷⁷ Zero Abuse Project. (2019). *Child First Forensic Interviewing Training Manual*. Fishers, IN: Zero Abuse Project.

⁷⁸ Leonard, M. (2010). "I did what I was directed to do but he didn't touch me": The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16(2), 249-256. doi:10.1080/13552601003690526

resistance may be related to fear of reprisal, uncertainty over whether they will be believed, the inability to reveal information while maintaining psychological safety, or other reasons.⁷⁹ Yet sharing the information can also be an important step in the journey toward healing, increased safety, and justice.⁸⁰

There is no reliable assessment for psychological safety in these circumstances,⁸¹ and forensic interviewers are often not trained to accurately assess the cause of the resistance and adjust their approach accordingly.⁸² Even therapists who specialize in CSA express uncertainty and unpreparedness about addressing the effects of CSAIO.⁸³ These variables complicate decisions about how best to pursue the forensic interview in a way that protects the child's psychological well-being while increasing the likelihood that the perpetrator will be stopped. A thorough understanding of child development, the effects of CSAIO, and the risks of retraumatization are necessary for the interviewer to carefully navigate this difficult course.⁸⁴ Training programs such as ChildFirst, CornerHouse, and others provide strong frameworks and some level of consistency, but a lack of research hinders evidence-based recommendations and practice (EBP) in the handling of CSAM and CSAIO.⁸⁵

⁷⁹ Ibid.

⁸⁰ National Children's Advocacy Center. (2013). Position paper on the introduction of evidence in forensic interviews of children. Huntsville: Author.

⁸¹ Martin, J. (2014). Child sexual abuse images online: Implications for social work training and practice. *British Journal of Social Work*, 2016(46), 372-388. doi:doi:10.1093/bjsw/bcu116

⁸² Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974-2014: Historical benchmarks. *Social Sciences*, 4(1), 34-65. doi:10.3390/socsci4010034

⁸³ Martin, J. (2014). "It's just an image, right?": Practitioners' understanding of child sexual abuse images online and effects on victims. *Child and Youth Services*, 35(2), 96-115. doi:10.1080/0145935X.2014.924334

⁸⁴ Svedin, C. & Back, C. (2011). *Why didn't they tell us? On sexual abuse in child pornography*. Tallin: Save the Children Sweden.

⁸⁵ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

Despite the lack of EBP, little research is being conducted on the effects of CSAIO as a distinct form of maltreatment or on the psychological effects of different forensic interviewing techniques in cases of CSAIO. Some protocols encourage the forensic interviewer to not cooperate with children's advocacy centers (CACs) if the CAC might discourage more aggressive questioning.⁸⁶ These practices reflect what some call an ongoing systemic tendency to underestimate the extent and impact of violence, creating the risk that law enforcement may adopt methods that "replicate abuse or place victims at greater risk of harm."⁸⁷

While some practices show promise, such as forensic interview peer reviews,⁸⁸ they do not specifically address a forensic interview's potential adverse impact on the child or the unique characteristics of CSAIO. Even where updated training has occurred, adherence to models may be inconsistent.⁸⁹ The significant psychological toll of being a forensic interviewer can also affect judgment.⁹⁰

The effects of a forensic interview last long after the questions end. The child needs significant support to navigate the complex emotions and post-traumatic effects prompted by the interview,⁹¹ especially when images are used.⁹² While many forensic interviewers work to intentionally connect the child and family with ongoing

⁸⁶ Finnegan, M. (2005). *Investigative Interviews of Adolescent Victims*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance.

⁸⁷ See page 373 in Harrison, C. (2006). Cyberspace and child abuse images: A feminist perspective. *Affilia*, 21(4), 356-379. doi:10.1177/0086109906292313

⁸⁸ Child Welfare Information Gateway. (2017). Forensic interviewing: A primer for child welfare professionals. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

⁸⁹ Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

⁹⁰ Edelmann, R. (2010). Exposure to child abuse images as part of one's work: possible psychological implications. *The Journal of Forensic Psychiatry & Psychology*, 21(4), 481–489. doi:10.1080/14789940903540792

⁹¹ National Children's Advocacy Center. (2013). Position paper on the introduction of evidence in forensic interviews of children. Huntsville: Author.

⁹² Deeprose, C., Zhang, S., DeJong, H., Dalgleish, T., & Holmes, E. (2012). Imagery in the aftermath of viewing a traumatic film: Using cognitive tasks to modulate the development of involuntary memory. *Journal of Behavior Therapy and Experimental Psychiatry*, 43(2012), 758–764

supports, those supports are often not accessed, and the ability of the family to respond safely to the information they learn during the process may be difficult to assess. If the interviewer is encouraged to limit collaboration with a CAC,⁹³ that assessment is even more challenging.

Effectiveness, Alternatives, and Unknowns

Even when specific training and consistent policies govern the introduction of images during a forensic interview, the effectiveness of the practice is still in doubt, and alternatives often exist.⁹⁴ These points are important because the forensic interviewer is charged with carefully considering "specific factors, such as the purpose of the introduced evidence, the expected outcome, the potential negative impact on the child, the potential negative impact on the interview if the child denies their involvement, as well as other possible options for obtaining the desired information."⁹⁵

Several proffered reasons for introducing images during the forensic interview are examined below. The Federal Bureau of Investigation and National Children's Advocacy Center (NCAC) state that introducing images and other evidence may help work through a witness's reluctance to disclose and could increase the amount of information received.⁹⁶ NCAC speculates that some of the child's reluctance may

⁹³ On page 4 of the Federal Bureau of Investigation's *Investigative Interviews of Adolescent Victims (2005)*, Finnegan writes, "Depending on your case, be aware of what your particular advocacy center will and will not do. A center that is unwilling to allow presentation of evidence to teens may hinder rather than help your case."

⁹⁴ Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034; Svedin, C. & Back, C. (2011). *Why didn't they tell us? On sexual abuse in child pornography*. Tallin: Save the Children Sweden; National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author.

⁹⁵ National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author., p.3

⁹⁶ National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author; Finnegan, M. (2005). *Investigative Interviews of Adolescent Victims*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance.

stem from a fear that they will not be believed, rather than shame or an effort to protect themselves emotionally. They assert that showing the child the images proves that they will be believed and can therefore have a positive effect on the child.⁹⁷ NCAC and the American Professional Society on the Abuse of Children (APSAC) say that introducing evidence may help the child focus.⁹⁸ Others express hope that showing images with other victims in them may help identify those children.⁹⁹ While these organizations all state that it may at times be appropriate to introduce images during the forensic interview, they also all urge caution and careful planning in doing so and emphasize that "it is never the desire of a forensic interviewer to 'get information' at the expense of the child's emotional and psychological well-being."¹⁰⁰

Overcome Reluctance to Disclose

Even when a child has disclosed abuse, they may show reluctance to expand on the initial outcry. In some cases, interviewers introduce images as a way to bypass this reluctance, but pushing the child to disclose in this manner may damage trust with the interviewer, hurting their role as a dependable ally.¹⁰¹ Rather than reducing reluctance, introducing images may increase resistance and decrease the quality of information received.¹⁰² Alternatives that encourage more detailed disclosure

⁹⁷ National Children's Advocacy Center. (2013). Position paper on the introduction of evidence in forensic interviews of children. Huntsville: Author

⁹⁸ National Children's Advocacy Center. (2013). *Position paper on the introduction of evidence in forensic interviews of children*. Huntsville: Author; American Professional Society on the Abuse of Children (APSAC). (2012). *Practice guidelines: Forensic interviewing in cases of suspected child abuse*. Chicago, IL: Author.

⁹⁹ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

¹⁰⁰ National Children's Advocacy Center. (2013). Position paper on the introduction of evidence in forensic interviews of children. Huntsville: Author., p.3

¹⁰¹ Svedin, C. & Back, C. (2011). *Why didn't they tell us? On sexual abuse in child pornography*. Tallin: Save the Children Sweden

¹⁰² ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

include: a return to rapport building; establishing trust by showing the child the interviewer remains safe even when not getting information relevant to proving a crime; allowing the child to feel empowered so they do not have to grasp at control by refusing to provide the desired information; having a multi-stage, non-duplicative interview; and consulting with professionals from the multidisciplinary team (MDT) or who otherwise work with the child.

Provide Evidence of Belief

While the child's reluctance may be rooted in a fear that they will not be believed, more common reasons are described earlier in this article, and more effective methods (like those outlined in the preceding paragraph) are available to show the child that the interviewer believes them without jeopardizing trust and alliance.¹⁰³ The importance of early rapport-building cannot be over-emphasized. Consistency and dependability increase the child's sense of trust in the forensic interviewer, including trusting the interviewer to believe their disclosure.¹⁰⁴

Aid in Focus

The victim may struggle to stay focused on the topic of the abuse. While introducing images may help them focus, it could equally entrench them in their denial. In addition, introducing evidence to the child in this way moves them away from free recall memory to recognition memory. Recognition memory is less accurate and less detailed, providing fewer peripheral details that could be used to enhance corroborating evidence.¹⁰⁵ The child may seem more focused, but the

¹⁰³ Svedin, C. & Back, C. (2011). *Why didn't they tell us? On sexual abuse in child pornography*. Tallin: Save the Children Sweden

¹⁰⁴ Zero Abuse Project. (2019). *Child First Forensic Interviewing Training Manual*. Fishers, IN: Zero Abuse Project.

¹⁰⁵ Zero Abuse Project. (2019). *Child First Forensic Interviewing Training Manual*. Fishers, IN: Zero Abuse Project.

rical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

quality of the information will likely decline. The evidence may also work too well and limit their focus to only the abuse already revealed in the image. In this way, the interviewer could miss valuable information about other abuse and possible corroborating evidence.¹⁰⁶

Most widely used forensic interviewing models include several strategies for following the child's lead in the interview and then effectively bringing the focus back to the details of the abuse.¹⁰⁷ Options include: allowing adequate time so that the interviewer collaboratively works with the child to circle back to the abuse, decreasing distractions in the interview space, projecting a sense of calm, allowing the child to have some feeling of control, and taking planned breaks consistent with the approach being used so that the interview can be broken into small, manageable pieces.¹⁰⁸ It is also helpful to observe and assess possible reasons for the lack of focus. Addressing the reasons behind impaired focus can not only be highly effective, but it can also convey to the child that the interviewer is taking the time to meet them where they are and not insist that they disclose before they are ready.

Identify Other Victims

Sometimes interviewers show the child images in an attempt to identify or locate other victims, yet this approach yields very little fruit.¹⁰⁹ Several alternatives show promise, however, such as posting images of items for the general public to

¹⁰⁶ "...focusing on the evidence already obtained may bring confirmation from a child concerning the tip of the iceberg but may result in the MDT missing the iceberg itself." Farrell, R. & Vieth, V. (2019). ChildFirst forensic interview training program. *APSAC Advisor*, 32(2), p.61.

¹⁰⁷ Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

¹⁰⁸ Zero Abuse Project. (2019). *Child First Forensic Interviewing Training Manual*. Fishers, IN: Zero Abuse Project.

¹⁰⁹ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

identify,¹¹⁰ facial recognition technology and artificial intelligence,¹¹¹ and sharing images with other investigative agencies.¹¹² Placing the responsibility of identification on another victim continues a pattern of both minimizing the impact of CSAM on the child¹¹³ and failing to acknowledge that raising the overall funding and priority within the system and society will accomplish far more than showing a child images of abuse.¹¹⁴

Forensic interviewers who use images while interviewing children have positive motivation for doing so. Despite their intentions, however, the practice brings significant risk of harm, does not yield the intended results, and can be replaced with more effective techniques—especially when interviewers have adequate training, guidelines, and resources. These factors all argue for limiting the use of images in forensic interviews of children.

Trauma-Informed Practice

Over the last decade, the concept of trauma-informed practice has become a focus in several fields, including forensic interviewing.¹¹⁵ Despite how often the idea is discussed, it is usually not well defined, and few practical means of implementing

¹¹⁰ The European Union Agency for Law Enforcement Cooperation received 21,000 tips that they pursued between June 1, 2017, and May 31, 2018, by using the website www.europol.europa.eu/stopchildabuse to post pictures of items such as clothing and decorations that were shown in CSAIO.

¹¹¹ Hill, K., & Dance, G. (2020, February 7). Clearview's Facial Recognition App Is Identifying Child Victims of Abuse. *The New York Times*. Retrieved July 10, 2020, from <https://www.nytimes.com/2020/02/07/business/clearview-facial-recognition-child-sexual-abuse.html>

¹¹² Gallagher, B. (1998). *Grappling with smoke: Investigating and managing organized child sexual abuse: A good practice guide*. London: NSPCC.

¹¹³ Harrison, C. (2006). Cyberspace and child abuse images: A feminist perspective. *Affilia*, 21(4), 356-379. doi:10.1177/0086109906292313

¹¹⁴ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

¹¹⁵ Becker-Blease, K. A. (2017). As the world becomes trauma-informed, work to do, *Journal of Trauma & Dissociation*, 18:2, 131-138, DOI: 10.1080/15299732.2017.1253401

trauma-informed practices have been identified. Trauma-informed practice requires an understanding of trauma¹¹⁶—an awareness of its prevalence and the many ways that it affects people and systems in both the short and long term. It includes recognition of not only the physical and emotional effects of trauma but also the historical, spiritual,¹¹⁷ and systemic effects. More than anything, trauma-informed practice requires an awareness about the underlying culture and values by which individuals and organizations abide—knowledge that cannot be captured in a checklist or a spreadsheet.¹¹⁸

What Is Trauma?

If trauma were a rare occurrence, strengthening trauma-informed practice might not be as urgent a need. Unfortunately, that is not the case. In the context of a forensic interview, a potentially traumatic event has already occurred, making trauma-informed practices absolutely essential.

What is trauma? Are all bad events traumatic, or does an adverse experience need to reach a certain threshold to be considered trauma? The Substance Abuse and

¹¹⁶ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

¹¹⁷ Donald F. Walker, Henri Webb Reid, Tiffany O'Neill, and Lindsay Brown, *Changes in Personal Religion/Spirituality During and After Childhood Abuse: A Review and Synthesis*, 1 PSYCHOLOGICAL TRAUMA: THEORY, RESEARCH, PRACTICE & POLICY 130 (2009); Thema Bryant-Davis, Monica U. Ellis, Elizabeth Burke-Maynard, Nathan Moon, Pamela A. Counts, and Gera Anderson, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, 43 PROFESSIONAL PSYCHOLOGY: RESEARCH AND REVIEW 306 (2012); Katie G. Reinhert, Jacquelyn C. Campbell, Karen Beneen-Roche, Jerry W. Less, and Sarah Szanton, *The Role of Religious Involvement in the Relationship Between Early Trauma and Health Outcomes Among Adult Survivors*, 9 JOURNAL OF CHILD & ADOLESCENT TRAUMA 231 (2016); Jungmeen Kim, *The Protective Effects of Religiosity on Maladjustment Among Maltreated and Nonmaltreated Children*, 32 CHILD ABUSE & NEGLECT 711 (2008); Terry Lynn Gall, *Spirituality and Coping with Life Stress Among Adult Survivors of Childhood Sexual Abuse*, 30 CHILD ABUSE & NEGLECT 829 (2006); Thema Bryant Davis & Eunice C. Wong, *Faith to Move Mountains: Religious Coping, Spirituality, and Interpersonal Trauma Recovery*, AMERICAN PSYCHOLOGIST 675 (NOVEMBER 2013).

¹¹⁸ Missouri Department of Mental Health and Partners (2014). Missouri Model: A Developmental Framework for Trauma Informed

Mental Health Service Administration (SAMHSA) provides a circumspect understanding of trauma, explaining that it “results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening, and that has lasting **effects** on the person's functioning and mental, physical, social, emotional, or spiritual well-being.”¹¹⁹ Many bad or adverse experiences are not traumatic. Many events that could be traumatic do not become traumatic to the person who experiences them. Some understanding of this dynamic is gained by looking at the “three Es” in SAMSHA's definition of trauma—the *event*, the *experience* of the event, and the *effects* of the event. When most people think of trauma, they think of an *event*, such as being sexually assaulted or forcibly removed from the home. While an event is a key component of trauma, it is only part of the picture. Trauma is also defined by how the event was *experienced* by the person. Connections to previous trauma, supportive relationships while dealing with the trauma and its aftermath, the roles of others associated with the trauma, the level of stability apart from the trauma, and other similar factors impact how the person experiences the event and how significant it is to them. For the experience to be traumatic, however, it must also have a long-term *effect*. Financial, housing, physical, health, spiritual, emotional, relational, and other ramifications from the event factor into its longevity. They also influence the person's capacity to contextualize the event and incorporate it into their view of themselves and the world.

After an event, a child's interactions with the forensic interviewer have a significant impact on their experience and effects of the event—and even have the potential to create a new traumatic event.

¹¹⁹ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014 (Bolded font from the original)

SAMHSA's Six Principles

SAMHSA has developed six Key Principles of trauma-informed practice.¹²⁰ Also mirrored in other work (see Guarino et al.¹²¹ and Harris and Fallot¹²²), these tenets are all essential and overlap in their application. Applying these six principles to a forensic interview profoundly affects the decision to show CSA images to a child victim.

1. Safety

Safety is the first principle of trauma-informed practice. Physical components of safety are the most obvious. The ability to remain free of injury and physical harm, free from assault, free from significant or disproportionate bodily danger, and other potential threats to physical integrity form the most basic element of safety. Even when physical safety is not threatened, however, emotional or psychological safety may still be at risk. Many factors can chip away at emotional and psychological safety: dismissive attitudes; cultural, gender, orientation, and identification-based bias or insensitivity; unexpected significant change and chaos; insecurity and uncertainty; unclear or inappropriate boundaries; and other, often subtle, factors. Without this most essential principle of trauma-informed practice, the other principles will likely falter as well.

¹²⁰ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014

¹²¹ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

¹²² Harris, M. and Fallot, R. (Eds.) (2001). *Using Trauma Theory to Design Service Systems*. New Directions for Mental Health Services. San Francisco: Jossey-Bass.

2. Trustworthiness and Transparency

Safety rests on several things, and one of the most central is trust.¹²³ Trust is deeper than whether a person or organization speaks the truth. It rests in what information is shared and how that information is delivered and framed. It is influenced by perceived and actual motivations. It develops as follow-through is observed and consistency maintained. It grows as people clearly see that trauma-informed practice runs deeper than a catchphrase and has become the consistent driving force that guides direction and action. While the trust a child develops is important regardless of its source, it is key for the forensic interviewer that this trust develops because the interviewer has acted in a way that is worthy of that trust.

3. Peer Support

Research is clear that one of the biggest factors contributing to resilience after trauma is supportive relationship.¹²⁴ Trauma-informed practice seeks to strengthen relationship, and thereby peer support, in several ways.¹²⁵ These strategies are based on the idea that peer support can derive from most people in someone's network of relationships, including family, friends, faith communities, neighborhoods, coworkers, classmates, and others who may be in the person's life. Facilitating peer support involves: helping the person identify who might be a supportive person in their life, enhancing the person's skills at accessing support

¹²³ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

¹²⁴ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org

¹²⁵ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

without exhausting the source or developing over-dependence, and helping those sources develop their ability to provide the necessary support.

Forensic interviewing typically does not directly emphasize this area. Some practices that enhance access to peer support may impair the quality of the interview, including exploring areas that could need support, explaining during the interview the degree to which they suspect the child has been hurt, and more. It may also seem to have little to do with the point of the interview. While these concerns are often valid, interviewers should nevertheless carefully consider their role, as part of a multi-disciplinary team, in helping children strengthen peer supports. Such relationships will likely benefit the clients and help them persevere through the difficult phases of the legal process.¹²⁶ Strengthening supports can be accomplished simply by helping the child identify formal and informal supports and resources that can better address their needs or by working with other members of the MDT whose role may fit better with this area.¹²⁷ Even when the forensic interviewer does not play an active role in building peer support, showing respect for those supports is essential.¹²⁸

4. Collaboration and Mutuality

Collaboration occurs on many levels when implementing trauma-informed practices.¹²⁹ It may be professional collaboration, such as when the interviewer

¹²⁶ Katz, Sarah and Haldar, Deeya, The Pedagogy of Trauma-Informed Lawyering (April 21, 2016). 22 Clinical L. Rev. 359 (2016); Temple University Legal Studies Research Paper No. 2016-29. Available at SSRN: <https://ssrn.com/abstract=2768218>. Retrieved September 19, 2019

¹²⁷ Yatchmenoff, D. K., Sundborg, S. A., & Davis, M. A. (2017). Implementing Trauma-Informed Care: Recommendations on the Process. *Advances in Social Work*, 18(1), 167. doi:10.18060/21311

¹²⁸ Heffernan, K., & Viggiani, P. (2015). Going Beyond Trauma Informed Care (TIC) Training for Child Welfare Supervisors and Frontline Workers: The Need for System-Wide Policy Changes Implementing TIC Practices in all Child Welfare Agencies. *The Advanced Generalist: Social Work Research Journal*, 1(3/4), 37-58.

¹²⁹ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network,

consults with the MDT about the developmental appropriateness of interviewing techniques. It could be organizational collaboration, such as when an investigative agency partners with a children's advocacy center to provide the best environment for the interview. Whatever form it takes, working together, minimizing power differentials, and breaking free from the constraints of siloed supports drive collaboration as a best practice when working with a child who has experienced trauma.¹³⁰

5. Empowerment, Voice, and Choice

Trauma is an incredibly disempowering force.¹³¹ The person loses control, often violently, of many aspects of their life. Even after the event is over, the ongoing experience and effects of the event compound that lack of control. This disempowerment applies to all people who experience trauma but especially to children, who are often given little say in the steps that are taken in response to their trauma and to help keep them safe. When the abuse has been captured in images and then distributed, the disempowerment is even greater. Too often, the supports that are in place to help a person after trauma continue this pattern of disempowerment.¹³² Experts direct the response and determine how to balance treatment and investigative needs. The child may be removed from their parent, even if they do not understand why and still feel love and loyalty toward an abuser. The child's expressed need to not remember the trauma is not honored. Sometimes,

and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org

¹³⁰ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

¹³¹ Conley, A. H., & Griffith, C. (2016). Trauma-Informed Response in the Age of Title IX: Considerations for College Counselors Working With Survivors of Power-Based Personal Violence. *Journal of College Counseling*, 19(3), 276-288. doi:10.1002/jocc.12049

¹³² Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

these actions are necessary despite the child's lack of control, but the child should be allowed as much decision-making as possible.¹³³ Trauma leaches power at every level of society, from the individual to the supports, to the organizations, and to the community as a whole. Trauma-informed practice prioritizes returning as much of that power as possible to those from whom it has been taken.¹³⁴

6. Historical, Cultural, and Gender Factors

Trauma has lasting effects on people and whole groups.¹³⁵ At times specific groups are targeted, knowingly or unknowingly, with potentially traumatic actions. Slavery, genocide, overt disenfranchisement, and blatant discrimination are some of the most easily recognized forms of collective trauma. More subtle variants relate to unconscious bias, systemic practices, stereotypes, and representation. These less blatant occurrences may not rise as obviously to the level of trauma, but they can still contribute to a traumatic group experience, especially when the experience and effects of the event are all considered, rather than just the event itself. Just as safety forms the foundation of trauma-informed practice, historical, cultural, and gender factors are increasingly being recognized as key elements of all trauma-informed practice.¹³⁶

As individuals and organizations recognize these six principles of trauma-informed practice, they can begin nurturing their professional and organizational values and

¹³³ Farrell, R. & Vieth, V. (2019). ChildFirst forensic interview training program. *APSAC Advisor*, 32(2), 56-63

¹³⁴ Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS publication number (SMA). Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

¹³⁵ Aydin, C. (2017). How to Forget the Unforgettable? On Collective Trauma, Cultural Identity, and Mnemotechnologies, *Identity*, 17:3, 125-137, DOI:10.1080/15283488.2017.1340160

¹³⁶ Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). *Trauma-Informed Organizational Toolkit*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

culture to reflect them. However, raising overall awareness does not necessarily provide concrete practices to employ. Much of the conversation around implementation remains academic and general, without specific guidelines.¹³⁷ Exhibit 2 shows how forensic interviewers can apply trauma-informed principles to showing a child images of their own abuse.

¹³⁷ Yatchmenoff, D. K., Sundborg, S. A., & Davis, M. A. (2017). Implementing Trauma-Informed Care: Recommendations on the Process. *Advances in Social Work*, 18(1), 167. doi:10.18060/21311.

Exhibit 2: Considerations for the Use of Images in Child Forensic Interviews According to SAMHSA's Six Key Principles

PHYSICAL/ PSYCHOLOGICAL SAFETY	<ul style="list-style-type: none">• Ongoing physical and psychological safety is enhanced if the perpetrator is successfully prosecuted• Safety is enhanced if other victims can be identified• Impaired executive functioning makes it harder for child to manage the effects of being shown images• Amygdala is more involved in trauma responses, and images activate the amygdala more than words, making it more likely the child will feel threatened and be more susceptible to retraumatization• Apparent enjoyment or complicity in the abuse or recruitment/abuse of others is reinforced without context• Images may make them remember before they are ready to do so safely• Images heighten risk of developing intrusive memories by focusing on sensory details without psychological context• Intrusive memories are generally image-based, so using
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**PHYSICAL/
PSYCHOLOGICAL
SAFETY**

images strengthens the material for later inclusion in intrusive memories

- Increased conflict often associated with showing the images may decrease the child's willingness to voluntarily recall the events with a supportive therapist or natural support
- Impact of the image on development of intrusive memories is increased if the image is of an event the child recently experienced
- Child is not "post-trauma"
- The potentially more abusive/assaultive nature of abuse may impact sense of safety
- There is a higher risk of excessive retraumatization due to more complex nature of CSAIO and ongoing adverse effects
- Images themselves may be a source of trauma
- Showing the images reinforces how accessible they are by both individuals and groups
- Reinforcing the realization that the images are accessible and permanent can be harmful
- Child is revictimized every time the image is viewed

PHYSICAL/ PSYCHOLOGICAL SAFETY	<ul style="list-style-type: none"> • Seeing the abuse from the perspective of the consumer may be harmful • Existence of images increases likelihood of more overtly abusive, denigrating, and sadomasochistic abuse that is then activated in intrusive memories and other reexperiencing symptoms • Interviewer not adequately trained to assess psychological safety of child when showing images
TRUSTWORTHINESS/ TRANSPARENCY	<ul style="list-style-type: none"> • Some speculate showing images may enhance trust by assuring the child they will be believed • Interviewer can't say they are working to end the abuse because it will not end • Interviewer role is to protect the child, yet the child is revictimized by proof that others are witnessing their abuse • Showing the child the images accomplishes the purpose of the abuse and may prove the abuser's threats will happen • Interviewer is practicing outside their competency if not specifically trained and equipped for the impact of images

TRUSTWORTHINESS/ TRANSPARENCY	<ul style="list-style-type: none"> • Pushing disclosure may damage trust • The question of how transparent interviewers and other supports should be about the lack of research and potential is outstanding
PEER SUPPORT	<ul style="list-style-type: none"> • Harder to access peer support because of potentially increased shame related to unique aspects of images • The increased conflict often associated with showing the images may decrease the victim's willingness to voluntarily recall events with a supportive therapist or natural support • Peer supports are inconsistent in their availability, competence, and accessibility • Educating family/caregivers on unique impact of images may help them provide peer support
COLLABORATION/ MUTUALITY	<ul style="list-style-type: none"> • The increased conflict often associated with showing the images may decrease the victim's willingness to voluntarily recall events with a supportive therapist or natural support

COLLABORATION/ MUTUALITY	<ul style="list-style-type: none"> • Limitations of the forensic interviewer relationship necessitate collaboration, including MDT members and mental health experts • Direction to not collaborate is counterproductive • Collaboration is necessary for more/better research • Accessibility of other supports may be inconsistent
EMPOWERMENT/ VOICE/ CHOICE	<ul style="list-style-type: none"> • Helping the child tell their experience and play an active role in holding the perpetrator accountable is empowering (if the child is ready) • Reinforcing the knowledge that the child has no power over the image and never will is disempowering • Showing images in response to the child's reluctance to disclose may be disempowering
HISTORICAL/ CULTURAL/ AGENDA	<ul style="list-style-type: none"> • Examining current practice regarding use of images may reveal disparities, bias, or disproportionality • There is historical precedent of child's needs being superseded by needs of adults/systems

**HISTORICAL/
CULTURAL/
AGENDA**

- Focus historically has been on criminal/legal considerations rather than child's healing and recovery
- There is a history of minimizing the impact of trauma on children and victims
- Is it the child's responsibility to identify other victims, or are adults and systems not accepting their responsibility?
- Forensic interviewers and other professionals are still learning how to respond to a "new system in the ecology of children"¹³⁸

¹³⁸ Leonard, M. (2010). "I did what I was directed to do but he didn't touch me": The impact of being a victim of internet offending. *Journal of Sexual Aggression*, 16(2), 249-256.
doi:10.1080/13552601003690526, 254

Next Steps Research and experts increasingly point to the unique impact of CSAM and CSAIO on a child.¹³⁹ In light of trauma-informed principles, this unique impact must be appropriately weighed against other factors when deciding whether to show a child images of their own abuse during a forensic interview. This assessment not only needs to occur with each child that is interviewed, but it must also drive the systemic response that equips forensic interviewers to pursue justice and protect children. This systemic response must address pressing gaps in research, policies and training, and victim support.

Research

Experts in multiple disciplines repeatedly point to the lack of research on the effects of CSAIO.¹⁴⁰ The impact on victims of this relatively new form of abuse is not well understood, leading to confusion about the best treatment and forensic-interview approaches. Research examining the effects of CSAIO over time is critical, especially given the ongoing impact of the abuse each time it is accessed.¹⁴¹ Such research should include: comparisons of long-term emotional and behavioral functioning relative to other forms of abuse, effectiveness of various treatment approaches specific to CSAIO, film as a medium for development of trauma-related symptoms, the impact of different types and nature¹⁴² of the portrayed abuse,¹⁴³ and ways in

¹³⁹ ECPAT International & INTERPOL. (2018). *Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report*. Lyon, France: INTERPOL. Retrieved January 6, 2020; Harrison, C. (2006). Cyberspace and child abuse images: A feminist perspective. *Affilia*, 21(4), 356-379. doi:10.1177/0086109906292313; Martin, J. (2014). Child sexual abuse images online: Implications for social work training and practice. *British Journal of Social Work*, 2016(46), 372-388. doi:doi:10.1093/bjsw/bcu116

¹⁴⁰ Ibid.

¹⁴¹ Martin, J. (2014). Child sexual abuse images online: Implications for social work training and practice. *British Journal of Social Work*, 2016(46), 372-388. doi:doi:10.1093/bjsw/bcu116

¹⁴² This may include factors such as COPINE, child's self-perceived level of consent, presence of other children in the image, etc.

¹⁴³ Martin, J. (2014). "It's just an image, right?": Practitioners' understanding of child sexual abuse images online and effects on victims. *Child and Youth Services*, 35(2), 96-115.

which children develop psychological context regarding images that are permanently and widely available to both known and unknown viewers.¹⁴⁴

However, research is also needed beyond the effects of CSAIO: What are the effects and effectiveness of using images during the forensic interview? What variables impact how the use of images affects the child? Is there a difference between still photos and video, unaltered images and sanitized images, or images that show the victim and those that do not? When presented with the risks, how prepared do forensic interviewers feel?¹⁴⁵ How congruent are the opinions of the interviewers and other MDT members when deciding whether to use images? Does the practice have a significant benefit over other methods in obtaining usable information from the victim? Does it have a significant benefit over other methods in identifying and locating other victims? Empirical data gathered for each of these questions can then inform policy guidance and training.

Policy Guidance and Training

Effective policy guidance requires a strong evidence base.¹⁴⁶ Although research is lacking, current guidance should incorporate the information that is available regarding the use of images during a forensic interview. Guidance will need to evolve as the evidence base grows, but a systemic shift cannot wait. The same information that informs this policy guidance should also inform and be included in

¹⁴⁴ Ibid.

¹⁴⁵ Such a study is described in Martin, J. (2014). "It's just an image, right?": Practitioners' understanding of child sexual abuse images online and effects on victims. *Child and Youth Services*, 35(2), 96-115. doi:10.1080/0145935x.2014.924334. Social workers, including forensic interviewers with a social work degree, who specialized in child sexual abuse were provided with information on the effects of CSAIO. They were then asked if they felt adequately prepared to address the issue with children, and they reported almost universally that they did not feel adequately prepared. A study modeled after Martin's that targets forensic interviewers could provide valuable insight.

¹⁴⁶ Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

training for forensic interviewers and other decision-makers. Movement in this area has begun,¹⁴⁷ but it must expand significantly.

Current guidance on the use of images varies depending on the model used and the agency where the forensic interview occurs. It ranges from cautiously allowing the practice¹⁴⁸ to suggesting that interviewers limit collaboration with agencies that resist the use of images.¹⁴⁹ This variance often leaves the interviewer with no clear guidance. Decision-makers from different models and agencies have convened in the past to improve consistency,¹⁵⁰ and several practices have become more aligned as a result. Such a process could occur again. Participants would receive information on the available knowledge base and, to the degree possible, develop evidence-based guidelines that can be implemented across models and settings. Possible areas to address while waiting for more research include: use of the COPINE scale to evaluate image content and likely effects on the child, whether to use images that depict the child as an instigator or willing participant, whether to remove the victim from or otherwise sanitize images before they are shown, and a decision-making process that includes an assessment of risk to the child and consultation with a mental health professional when possible. Promising, innovative, and best practices in the identification of victims can be outlined as well.¹⁵¹

¹⁴⁷ Farrell, R. & Vieth, V. (2019). ChildFirst forensic interview training program. *APSAC Advisor*, 32(2), 56-63

¹⁴⁸ Zero Abuse Project. (2019). *Child First Forensic Interviewing Training Manual*. Fishers, IN: Zero Abuse Project

¹⁴⁹ Finnegan, M. (2005). *Investigative Interviews of Adolescent Victims*. Washington, D.C.: Federal Bureau of Investigation, Office for Victim Assistance

¹⁵⁰ For an example of one such collaboration, see Newlin, C., Steele, L., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., . . . Vaughan-Eden, V. (2015). *Child forensic interviewing: Best practices*. Laurel, MD: Office of Juvenile Justice and Delinquency Prevention.

¹⁵¹ Examples include cross-sector sharing of images, use of artificial intelligence, posting closely cropped images of personal belongings from CSAIO, and more.

In addition to examining the evidence base when developing policy guidance, decision-makers also should consider the outlook that drives recommendations.¹⁵² This balance is very difficult in forensic interviewing. Although the purpose of the interview is not psychological processing and care,¹⁵³— the child's emotional and behavioral health must still be a priority.¹⁵⁴ Too often, the potential harm to the child and their family is minimized or sacrificed for the criminal investigation.¹⁵⁵ Policies and procedures should be reviewed in light of this balance, and it can be added as a component of the training and peer review process.

Lastly, policies and guidance need to be reviewed for opportunities to decrease the harm to forensic interviewers and increase the sustainability of the work. Forensic interviewing is a hard, emotionally intensive job. The interviewer sees child after child who has been abused, and they are forced to take in images and experiences beyond anything the general population can comprehend. The rise of virtual reality may increase risk to a level never before seen. The constant exposure to trauma leaves the forensic interviewer vulnerable to PTSD and secondary traumatic stress. Supports that are currently in place for forensic interviewers are not adequate. As the effects of the job build, the interviewer can endure significant emotional and behavioral consequences.¹⁵⁶ Some of the most skilled, caring interviewers have to choose between their own health and safety and their mission to protect children. Forensic interviewers need more support. This support may be in the form of training regarding traumatic stress and self-care, organizational practices that

¹⁵² Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

¹⁵³ Ibid.

¹⁵⁴ Faller, K. (2015). Forty years of forensic interviewing of children suspected of sexual abuse, 1974–2014: Historical benchmarks. *Social Sciences*, 4(1), 34–65. doi:10.3390/socsci4010034

¹⁵⁵ ECPAT International & INTERPOL. (2018). Towards a global indicator on unidentified victims in child sexual exploitation material: Technical report. Lyon, France: INTERPOL. Retrieved January 6, 2020

¹⁵⁶ Examples include irritability, nightmares, impaired judgment, substance abuse, increased sick time, conflict at home and work, Depression, Anxiety, hopelessness, and more.

support self-care,¹⁵⁷ and supports such as critical-incident and sub-critical stress debriefing.¹⁵⁸ Broader support may also include increased funding and other resources to effectively perform their role.

Victim Support

While immediate and ongoing victim support is not the primary concern of the forensic interview, the interview occurs in the context of an overall system that must prioritize the victim. A central component of this support is often collaboration with a CAC and MDT.¹⁵⁹ These entities are vital to the emotional and behavioral functioning of the child, yet like most supports, they are not adequately prepared to address the complex issues generated by CSAIO. CACs and MDTs should receive training on these considerations. Such training could help them implement practices in relation to the interview that lessen its potential to retraumatize the victim, such as: cognitive engagement following the interview,¹⁶⁰ risk assessment protocols that address needs specific to CSAIO, ongoing victim and caregiver support, and resources to

¹⁵⁷ The Secondary Traumatic Stress Informed Organizational Assessment, developed by the Center on Trauma and Children at the University of Kentucky, is an excellent tool for assessing organizational practices that support self-care and can be accessed at <http://www.uky.edu/CTAC/STSI-OA>.

¹⁵⁸ Emily D. Browning & Jourdan S. Cruz (2018) Reflective Debriefing: A Social Work Intervention Addressing Moral Distress among ICU Nurses, *Journal of Social Work in End-of-Life & Palliative Care*, 14:1, 44-72, DOI: 10.1080/15524256.2018.1437588. Debriefing is a broad term that encompasses several different approaches (Psychological First Aid, Critical Incident Stress Management, etc.) designed to provide supportive, reflective, sub-clinical interventions through 1:1 or group processing of a highly stressful situation. Debriefing may focus on critical incidents (any sudden and unexpected incident or sequence of events which causes trauma within an organization or community and which overwhelms the normal coping mechanisms of that organization or community) or ongoing sub-critical stress (events that may not rise fully to the level of a critical incident but which still contribute to secondary traumatic stress and burnout due to their nature, duration, pervasiveness, or other factors).

¹⁵⁹ Vieth, V., Peters, R., Counsil, T., Farrell, R., Johnson, R., Leblanc, S., . . . Singer, P. (2020). *Responding to Child Abuse During a Pandemic: 25 Tips for MDTs*. St. Paul: Zero Abuse Project. Retrieved from <https://www.zeroabuseproject.org/responding-to-child-abuse-during-a-pandemic-25-tips-for-mdts/>

¹⁶⁰ Deeprose, C., Zhang, S., DeJong, H., Dalgleish, T., & Holmes, E. (2012). Imagery in the aftermath of viewing a traumatic film: Using cognitive tasks to modulate the development of involuntary memory. *Journal of Behavior Therapy and Experimental Psychiatry*, 43(2012), 758-764

implement recognized best practices. CAC and MDT guidelines for caregiver support and engagement can also be enhanced to include actions such as caregiver preparation, identifying a system navigator¹⁶¹ to work with the child and caregiver, steps to empower families and equip them to provide the peer support the child needs, and more. The benefits of a well-prepared CAC and MDT are immense, and investigative techniques should never deny the child these resources to facilitate an investigation.

Conclusion

Children have long been vulnerable to abuse, but the explosion of CSAM and CSAIO has created new dangers and forms of trauma that are not adequately understood. In the absence of an evidence base, practices have emerged that may pose too great a risk to the child. In nearly all situations, use of abuse images during a child forensic interview is one such practice. Additional information is needed to better understand the impact on children and to assess when, if ever, showing the child any portion of that imagery may be justified during the course of an investigation. Until that research is conducted and the evidence is found to support the use of images, the immediate and long-term risk to the child outweighs the uncertain benefit, and great caution must be used when considering this practice.

¹⁶¹ Hong, J., Padula, W., Hollin, I., Hussain, T., Dietz, K., Halbert, J., et al. (2018) Care management to reduce disparities and control hypertension in primary care: A cost effectiveness analysis, *Medical Care*, 56(2), 179-185. doi: 10.1097/MLR.0000000000000852

