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The Knowledge and Beliefs of Childhood Sexual Abuse (CSA) Professionals on the Use of Animal-Assisted Activities (AAA) and Animal Assisted Therapy (AAT) in Forensic Interviews

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The Knowledge and Beliefs of Childhood Sexual Abuse (CSA) Professionals
on the Use of Animal-Assisted Activities (AAA) and
Animal Assisted Therapy (AAT) in Forensic Interviews

By

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We the undersigned committee
Hereby approve the attached doctoral research project

The Knowledge and Beliefs of Childhood Sexual Abuse (CSA) Professionals
on the Use of Animal-Assisted Activities (AAA) and
Animal Assisted Therapy (AAT) in Forensic Interviews

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Abstract

TITLE: The Knowledge and Beliefs of Childhood Sexual Abuse (CSA)

Professionals

on the Use of Animal-Assisted Activities (AAA) and

Animal Assisted Therapy (AAT) in Forensic Interviews

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The present study aimed at exploring the current level of knowledge of professionals in the field on Childhood Sexual Abuse (CSA), childhood memory development, and the legal aspects of CSA cases, as well as surveying attitudes and beliefs regarding the practice of using therapy animals during forensic interviews. Forty-five participants, who worked with maltreated children in the mental health profession completed the survey. Based on prior research, I hypothesized that those with higher educational attainment would rate themselves higher on knowledge of childhood memory development, which was not supported by the data. I also hypothesized that those with experience with using therapy animals would indicate favorable attitudes and beliefs regarding their use in the forensic interview, a finding the data supported. Results indicated that, despite minimal research and understanding of the impact this intervention, participants demonstrated a favorable attitude towards the use of therapy animals during the forensic interview. The implication of these findings suggests that clinicians may be more likely to use therapy animals in practice without fully understanding the effects. Additionally, as

the field focuses on use of empirically-based interventions, the professionals' willingness to condone or implement this intervention despite the lack of empirical support represents an intriguing finding.

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Introduction

Child sexual abuse (CSA) represents a critical concern for those who work with child victims regularly. Law enforcement, mental health workers, child advocates, parents, and legislators work tirelessly to raise awareness of CSA and to decrease the incidence of these types of crimes and child maltreatment in general. Children react differently to the trauma of maltreatment, particularly sexual abuse. Some children disclose the abuse, while others do not, and others still may initially disclose abuse and then recant their disclosure (Summit, 1983). Based on current research on respondent disclosures, stringent rules and regulations exist regarding on how often and in what way a child can be questioned by the legal system about his or her experiences. A major challenge for clinical and investigative professionals questioning children about CSA involves developing innovative practices within these legal constraints to bolster children's accurate reporting.

One practice that has recently become more widely implemented in CSA investigations and interventions is the use of therapy animals (i.e., therapy dogs) during interviews with children. The intended purpose is that the presence of a therapy animal should simultaneously reduce the child's stress-level and helps to increase rapport between the child and the interviewer (Collins, Lincoln, & Frank, 2002). Ultimately, this may increase children's comfort in disclosing CSA relevant details to professionals. Little extant research has evaluated their use and overall efficacy. The goal of this study was to conduct an exploratory survey of CSA professionals pertaining to their general knowledge, beliefs, and practices with

children suspected of being sexually abused and specific knowledge, beliefs, and experiences with therapy pet practices in this context.

Literature Review

Disclosure of Child Sexual Abuse

As a result of hard working individuals who are passionate about this topic, legislation such as the Child Abuse Prevention and Treatment Act provides discretionary funds and grants to programs conducting research and implementing projects related to identification, prevention, and treatment of child abuse and neglect (US Department of Health and Human Services, 2014). According to the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) (Sedlak, Mettenburg, Basena, Peta, McPherson, & Greene, 2010), an estimated 135,300 or 1.8 out of every 1,000 children in the United States suffered sexual abuse in the study year between 2005 to 2006, based on the stringent Harm Standard definition, which requires that participants have already experienced “demonstrable harm” as a result of the maltreatment they suffered in order to be included in the dataset (Sedlak, Mettenburg, Basena, Peta, McPherson, & Greene, 2010). Additionally, the Harm Standard only includes children who experienced abuse perpetrated upon them by their parent, a parent substitute (such as a step-parent or foster parent), or another adult caretaker. The NIS-4 estimates are assumed to grossly underestimate the actual occurrence of CSA, since data did not include children who were abused by an older child, or those abused by an adult stranger. In fact, a study conducted by Snyder (2000) based on results from the Bureau of Justice Statistics and

National Incident-Based Reporting System (NIBRS) suggest that nearly a quarter (23%) of sexual assault offenders were under the age of 18. Even more concerning is the “dark figure of crime” related to child sexual abuse, referring to the enormous amount of cases that remain unreported to law enforcement officials.

Children may not disclose sexual abuse they have suffered, even into their adulthood, or they may initially disclose and then recant their story. According to a theory presented by Summit (1983), children may experience Child Sexual Abuse Accommodation Syndrome (CSAAS), which suggests that children delay, deny, or recant sexual abuse disclosure due to the trauma of enduring CSA. Summit’s paper has become the source of much debate in the field of forensic interviewing of children. Specifically, London, Bruck, Ceci, and Shuman, (2005) reviewed empirical findings regarding CSA disclosure rates and found wide variability in the disclosure estimates across studies. Furthermore, London et al. (2005) found no clear delineation of findings that provided support for Summit’s clinical judgment that sexually abused children are likely to deny, delay, or be reluctant to disclose.

Some professionals in the field argue the effects of CAAS stem from fear of the perpetrator and use of coercion on the part of the perpetrator. For instance, if children receive gifts or threats to maintain their silence, reporting may decrease. London, Bruck, Wright, and Ceci found the empirical evidence too inconsistent to offer support for the prediction of disclosure based on the characteristics of the sexual abuse, such as the victim’s relationship to the perpetrator, the use of threats by the perpetrator, and the severity of the abuse (2008). London and colleagues also

stated that, of the surveys of adult victims of childhood sexual abuse, only roughly one-third disclosed their abuse during their childhood, with a mean age of disclosure in their mid-twenties (London et al., 2008). Furthermore, when disclosure does occur, it may not be brought to the attention of law enforcement authorities. Authorities may not pursue other alleged cases due to delayed reporting or a lack of physical evidence. In a 2008 study, London et al. indicated that the percentage of CSA cases reported to law enforcement ranges from only 5% to 13% when looking at data received by surveys completed by adult victims of CSA.

While research is unclear on whether characteristics of the perpetrator or the nature of the abuse predicts disclosure, some characteristics of the victim potentially offer insight into determining who reports an incident of abuse (London, et al., 2008). First, males are less likely than females to disclose CSA incidents. Second, culture and ethnicity plays a role in whether someone discloses abuse. In a series of studies exploring CSA disclosure in different ethnic groups, females of Latina (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001), Puerto Rican (Fontes, 1993), and African-American cultures (Elliott & Briere, 1994), were less likely than Caucasians to disclose abuse (as cited in London et al., 2008). Third, research indicates that reporting increases along with victim age, indicating that the victim's developmental level is a possible predictor of disclosure. Possible reasons for a lack of reporting in children relate to cognitive limitations in terms of understanding the purpose of the forensic interview, or an inability to recognize their experience as sexual abuse. Additionally, a larger number of younger children are interviewed for

suspected child abuse cases, since young children may utter vague or unclear statements that could be perceived as having a sexual nature if misinterpreted by a caregiver.

Irrespective of the exact proportion of children who show reluctance or unwillingness to disclose sexual abuse if directly questioned, forensic interviewers face an extremely difficult task when questioning children about suspected abuse. In addition to ensuring interviewing practices are empirically sound to avoid evoking false-positive or false-negative disclosures, children may be unable to recall details of their abuse due to their memory development at various ages. Utilizing knowledge of childhood memory development aids in ensuring that interviewers utilize appropriate questioning methods during interviews. Additionally, a child's ability to recall events, as well as their willingness to disclose events, can be impacted by anxiety and fear elicited by the interview process. As such, an ideal interview with a goal of eliciting accurate disclosures would include a combination of utilizing knowledge of childhood memory to inform the questioning methods, as well as implementing techniques to reduce children's stress and fear in the interview setting, potentially through use of a therapy animal.

Childhood Memory Development

In relation to children's eyewitness testimony, Shing, Werkle-Bergner, Li, and Lindenberger (2008) posited that episodic memory is constantly undergoing significant changes during one's lifespan, and especially during childhood. It is not

until middle to late childhood that memory processes related to strategic use are fully developed. Therefore, based on available research, it can be assumed that at different ages, different considerations should be made regarding reasonable expectations regarding a child's report or disclosure of a crime against them.

Sluzenski, Newcombe, and Kovacs (2006) examined recognition memory and item-background associations for different age groups: four-year-olds, six-year-olds, and adults. Their study indicated significant differences between four-year-olds and six-year-olds regarding abilities relating to combination of items and distinguishing background items. Four-year-old children consistently performed worse on combination tasks than did six-year-olds, though ability to recall items remained relatively equal in both groups. These results of Sluzenski and colleagues suggest that the ability to bind information during memory formation may undergo a leap between the ages of five and six. This relates to childhood eyewitness testimony in that it may be significantly more difficult for a child under age six to incorporate contextual information into a recalled memory, which may have a direct effect a child's ability to correctly and adequately recall the origin of the information they are disclosing or sharing, also known as source monitoring (Johnson, Hashtroudi, & Lindsey, 1993). In a court of law, a source monitoring error may have the child rendered an unreliable witness, thereby excluding their testimony of the events as admissible evidence.

Another relevant issue concerning memory in children, particularly in the context of child sexual abuse court cases, is that of suggestibility. Children have

historically been viewed as highly suggestible, and while research in the last two decades has demonstrated that to be true, a debate continues as to whether children are any more susceptible to suggestion than adults. Ceci, Ross and Toglia (1997) conducted a series of experiments which indicated that the age of the person providing the misinformation was important in the children's performance on tasks designed to measure suggestibility. More specifically, children were better able to recognize and recall correct information when the misinformation was presented by a peer rather than an adult. Results of their experiments also suggest that, above and beyond the age of the source of misinformation, there was an even larger effect on suggestibility when the children were familiar with the distractor stimuli (the misinformation). Results indicated that preschool aged children are more susceptible to suggestibility and leading questions than are older children. This was in part due to some of the factors described above, and also due in part to personal demand characteristics, such as a child's desire to conform their answer to the wishes of an adult. Children between the ages of three to four consistently demonstrated poorer performance on suggestibility tasks, regardless of either personal demand characteristics or task demand characteristics.

Johnson and Howell (1993) implicated that even adults were considerably more prone to suggestibility after a significant amount of time had passed between the event and the introduction of misinformation. The more time passes, the more pliable the memory becomes. This is particularly relevant to the issue of child sexual abuse, as criminal court cases often occur many weeks or months after an

arrest, keeping in mind an arrest may only occur after a disclosure or someone finding out about the abuse, and the abuse may have occurred long before that time. Additionally, in some cases childhood sexual abuse is ongoing and therefore spans over a period of months or even years. For those victims, it may be significantly more difficult to recall details of their first event with the perpetrator. Furthermore, if the memory was not originally coded with clarity, the potential for misinformation to influence the memory is much higher.

NICHD Interview Protocol

Brown and Lamb (2015) recognized the difficulty of reconciling children's memory development with their role as a key witness when trying CSA cases. They wanted to know if children could, in fact, make a reliable eyewitness if questioned properly. They researched the impact of the types of questions children are asked and how the prompts and responses by adult questioners can generate more detailed and accurate disclosures from children. They discuss the importance of taking the development of child memory into account when questioning children, and implementing changes accordingly when interviewing children of varying developmental stages. Brown and Lamb (2015) also highlight other extremely relevant factors that may influence the way a child is questioned above and beyond their developmental level. One such factor is the importance of the interviewer being aware of his or her assumptions or preconceived ideas of the alleged abuse while conducting an interview. Forensic interviewers rarely talk with a child without having information about the alleged abuse and possibly even the identity

of the suspected perpetrator. Any nonverbal cues they may present while questioning the child, whether intended or not, may influence the way a child responds to a question. A child may think a certain answer is expected, or a certain type of answer could be inadvertently reinforced by the interviewer, merely based on nonverbal cues such as facial expression, gestures, and the intonation of the interviewer's voice (Brown & Lamb, 2015).

Another extremely important factor to consider when questioning children is if they have been exposed to any sort of suggestive interview prior to the formal interview. This could come in the form of questions by parents or guardians of the children who may initially disbelieve or be in shock about the child's disclosure, or even questions asked by doctors, teachers, or others involved in the child's life while they ensure the investigative process (Brown & Lamb, 2015). While cognitive and developmental considerations have been thoroughly incorporated into the professional guidelines for forensic interviewing, protocols provide minimal specific recommendations for how to circumvent emotional factors that inhibit engagement and cooperation on the part of the child during the interview (Hershkowitz, Lamb, Katz, & Malloy, 2015). Hershkowitz and colleagues (2015) compared interviews of children who were questioned using standard protocols and those questioned with a protocol emphasizing enhanced rapport-building. Findings suggested reluctance to disclose was decreased and the dynamics of the interview positively impacted by the increased emphasis on rapport-building. Of note, this can be done without compromising the appropriateness of the questions asked in

the interview, as Hershkowitz and colleagues maintained integrity of the recall-based questions throughout the interview.

Brown et al. (2013) conducted research on the National Institute of Child Health and Human Development (NICHD) investigative interview protocol, developed to obtain accurate disclosures of child abuse without use of leading questioning styles. The protocol makes use of open-ended prompts for older children to elicit more accurate memory recall versus forced-choice questioning. Given what we know about preschool aged children and children between ages three and four, interviewers have a tendency to use more directive recall-based prompts rather than the open-ended prompts used for older children. The study by Brown, et al. (2013) was designed to assess the efficacy of various interviewer prompts and preparatory interview practices, while avoiding an environment, which may encourage false reporting of events.

Brown and Lamb (2015) describe the protocols set forth by the NICHD. An interview should begin with basic rapport building between the interviewer and the child. This can come in the form of asking them about their day or asking about the child's likes and dislikes. This portion of the interview is the crux of this current study, aimed at increasing the rapport building and decreasing the stress of the child. Katz et al. (2012) posit that children's nonverbal cues before and during this period of the interview are a significant indicator of whether a disclosure is made. As indicators of stress in the child increased and non-verbal signs of positive affect

decreased, indicators of disengagement increased, often leading to a non-disclosure (Katz, et al., 2012).

Following the initial rapport building phase of the NICHD protocol, the interviewer should be sure to go over the rules and procedures of the interview, such as ensuring the child knows they can and should say “I don’t know” if they are unsure of an answer. This initial phase of the interview is known as the pre-substantive phase, while the rest of the interview is known as the substantive phase (Katz, et al., 2012).

Following this initial pre-substantive phase of the interview, the interviewer moves into the substantive phase of gathering information by asking the child if they know why they are there and what they have come to talk about, followed by a series of non-leading prompts to illicit information from the children. The third and final phase of the NICHD protocol interview involves closing out the interview with discussion of a neutral topic that is unrelated to the alleged abuse and let the child know what to do if they later recall something they would like to report (Brown & Lamb, 2015).

Even with a structured protocol in place for the interviews, numerous factors that impact whether or not a disclosure is made, including how the interviewer completes each of the stages of the protocol, and even personality characteristics of the child being interviewed. One study by Hershkowitz, Orbach, Lamb, Sternberg, and Horowitz (2006) was conducted using forensic interviews of children between the ages of four and thirteen who were interviewed after there

was substantiated evidence of abuse occurring. The study compared the interviews of those children who disclosed the abuse in their interview to those who did not, looking for differences in the interviewers and the children being interviewed using the NICHD interview protocol. Differences were noted in the interviewees, including a pattern of less cooperation seen in the children who did not disclose, offering fewer details both in the substantive portion of the interview, as well as in the rapport building phase. Ultimately, Hershkowitz et al.'s study shows us that prematurely focusing on the substantive phase may present a detriment to the efficacy of the interview when working with children who did not respond well to the episodic memory portion of the interview. Additionally, identifying reluctance in children early on in the interview and spending more time on the rapport building phase of the interview may decrease the number of non-disclosures. Use of newer techniques to increase rapport and cooperation on the part of the child would be ideal at this phase of the interview process. Therapy animals, particularly therapy dogs, could be a significant aid in this portion of the interview. By identifying the children who are less cooperative before moving into the substantive phase, one could make use of a therapy animal to improve the child's level of comfort and rapport with the interviewer before beginning to ask abuse-related questions.

Animal Assisted Activities (AAA) and Animal Assisted Therapy (AAT)

Considering the challenges and barriers to obtaining an accurate and reliable disclosure from child survivors of sexual abuse, professionals in the field are

continuously researching methods that aid the process. One such method that has received increased attention both in the media and through research in the fields of forensic interviewing and child testimony is the implementation of a therapy animal during the process. Children's Advocacy Centers (CACs), the neutral, child-friendly environments where the forensic interviews are conducted, are often designed both physically and systemically to cater to the needs of maltreated children. Many CACs have implemented the use of a therapy animal to aid in rapport building, fostering comfort in the child, and providing a neutral topic to discuss. Jalongo, Astorino, and Bomboy, (2004) explain that Animal Assisted Activities (AAAs) differ from Animal Assisted Therapies (AATs) in that with AAAs the therapy animal is offered to a group on a short-term basis, rather than to an individual as part of a curriculum for treatment, as in AATs.

We know from studies such as the one conducted by Collins, Lincoln, and Frank (2002) that those who establish rapport in the beginning of and throughout the interview result in the child being able to recall a greater amount of correct information than those who are in "neutral" or "abrupt" interviews, with little to no rapport built between the interviewer and interviewee. Katz and colleagues (2012) reiterated that increasing rapport and decreasing stress in children is directly linked to obtaining a disclosure of abuse, even when limited to the pre-substantive phase of the interview process. We also know that domestic dogs can form significant bonds with humans, and can adapt to varying environments, both physically and socially (Udell & Brubaker, 2016). Udell and Baker (2016) focused on pet

domestic dogs and their social responsiveness towards humans, suggesting that they respond well to human cues. Their study labeled domesticated dogs as social generalists, implying they are superior in their ability to quickly adapt and thrive in human-controlled environments, which may make them an ideal animal for use in AAAs and AATs. The bond between domestic dogs and humans has been strong for approximately 15,000 years, leading to domestic dogs developing health problems like that of Western-civilization humans (e.g., obesity, allergies, diabetes, etc.) as well as even being buried amongst family members. (Jensen et al., 2016). Most notably in Jensen et al.'s (2016) findings indicate that psychiatric disorders in humans and those in dogs may be quite similar as well, allowing dogs to act as a probe for human health, reflecting similar responses to humans when it comes to mental health. As such, it might be assumed that a therapy dog who may have experienced a form of maltreatment at some point in its life, such as a rescue dog, may act as a relatable source for children who have also experienced maltreatment, thereby effectively increasing the rapport between the dog and the child, and by proxy between the child and the interviewer.

Use of a therapy animal either before or during the forensic interview could aid in establishing rapport between the child and the interviewer, as it provides a topic of discussion and eases children's tensions. Hunt and Chizkov (2014) tested the impact of the presence of therapy dogs in Cognitive Behavioral Therapy and found that not only do the therapy dogs not interfere with emotional processing, but on the contrary they were found to make it easier for patients to think about

difficult topics that evoke strong emotions, made it less distressing for the patients, and in some cases facilitated positive outcomes of trauma narratives for patients. Similar results have been found in other studies, indicating that the use of therapy animals in psychotherapy for children and adolescents can serve as a catalyst for positive psychotherapy outcomes (Prothmann, Bienert, & Ettrich, 2006).

The limited extant research provides support for the use of therapy animals when treating child survivors of sexual abuse in a clinical setting is quite effective and promotes growth in treatment and positive outcomes. While the research related to Animal Assisted Therapy and the use of therapy animals in psychotherapeutic settings has been growing exponentially in the last five years, little research exists on the use of therapy animals during the forensic interview itself. One such study was found (Krause-Parello & Friedmann, 2014), highlighting the positive effects of having therapy animals present during the forensic interview on reducing stress indicators (Salivary alpha-amylase, secretory Immunoglobulin A) as well as heart rate in alleged victims of child sexual abuse undergoing a forensic interview. In a subsequent study, Krause-Parello and Gulick (2015) reported similar findings including decreased heart rate in children who had a therapy animal present during their interview compared to those who did not.

Agent Jessie Holton (2015) of the Brevard County Sheriff's Office completed his dissertation on the effectiveness of introducing therapy animals just prior to the forensic interview and how that impacted disclosure rates for the Brevard County, Florida CAC. He found that when children were exposed to the

therapy animal for a few minutes (times varied depending on the cases) prior to the forensic interview, the disclosure rates for Brevard County increased immensely in instances in which the child interacted with the therapy dog prior to the forensic interview compared to those who did not. Disclosure was obtained in 33 out of 98 cases not including the therapy dog (33.7%) and 18 out of 22 (81.8%) of cases including a therapy dog (Holton, 2015).

Apart from the employing a therapy dog during the CSA investigative process, the practice of having therapy animals present in the courtroom while a child is testifying against his or her alleged perpetrator is a topic gaining increased media attention. Across the country there has been an increase in counties that are allowing therapy animals to be used as a comfort object for the child. There is ongoing debate as to whether the presence of a therapy animal in the courtroom creates a bias with the jury towards the child. More research is needed in the use and efficacy of therapy animals in the forensic interview and during child eyewitness testimony. The following study will analyze the knowledge and beliefs of clinicians, social workers, and other professionals who work with victims of child sexual abuse regularly. Their perceived knowledge in the areas of CSA, legal proceedings related to CSA cases, and child memory development, as well as beliefs about the use of therapy animals during the interview and during eyewitness testimony, were questioned. The intention was to provide an initial understanding of how often and in what context animal assisted activities were used during CSA cases and the perceived efficacy of these practices amongst professionals.

Receiving a disclosure of abuse during the forensic interview has a vital impact on the legal case and therapeutic treatment of a child who has suffered from CSA. A disclosure of the abuse can help build a legal or criminal case against the alleged perpetrator. Additionally, a disclosure given at the forensic interview can inform treatment and help the child's therapist understand the trauma the child has incurred so as to aid them in working through the trauma in treatment. Having a therapy animal present during the interview not only calms the child and makes the interview less traumatic and scary for them, but may even improve the likelihood of obtaining an accurate disclosure.

Statement of Purpose

The primary purpose of the study was to explore and better understand the frequency and methods in which therapy animals are used, and what knowledge or beliefs of the practice are held by professionals in the field. Specifically, whether those who have utilized the intervention have experienced favorable anecdotal outcomes, and whether those who have not utilized the intervention have concerns about its impact on the process of the forensic interview. By identifying the beliefs and attitudes of professionals who would be most likely to use therapy animals as intervention, it is our aim to evaluate the need for additional empirical evidence regarding the implementation of therapy animals during the forensic interview. Additionally, having an understanding of professionals' view on the intervention may aid in developing future interview protocols for maltreated children.

Hypotheses

Given the information presented regarding the importance of the interviewer building rapport with the child during the forensic interview, along with the impact of the therapy animal in reducing negative affect, it was hypothesized that professionals who work with CSA victims regularly would have an adequate knowledge of the signs and symptoms of CSA, the legal proceedings related to CSA cases, and of memory development in children. Furthermore, it was hypothesized that these professionals will, recognizing the importance of rapport, be favorable towards having therapy dogs both in the forensic interview. Specific hypotheses examined in this study are stated below:

1. Those with higher educational attainment will rate themselves at higher levels of knowledge in childhood memory development, as this is a specialty area of study and typically taught at higher levels of education.
2. Those with experience using therapy animals in practice will demonstrate greater favor towards the use of therapy animals in the forensic interview than those who have not utilized the intervention.

Method

Participants

The current study recruited participants via an email system within Qualtrics. Qualtrics is an online platform for survey construction and data collection. The sample size included 45 participants, including six males and 39 females; 41 participants identified as Caucasian, two participants identified as

Hispanic, one identified as African-American, and 1 participant identified as “Other.” The sources for participants included individuals who have worked with child victims of maltreatment in some professional capacity and a large majority of the participants resided or worked in the Southeast region of the United States, seven in the Northeastern region, and one in the Western region. Participants consisted of eight professionals with doctoral degrees, 24 with Masters degrees, 10 with Bachelor’s degrees, and three with either a High School Diploma or a Graduate Equivalency Degree (GED). Requirements for participation in the survey include having worked with victims of child maltreatment in a professional role. Targeted participants included, Dependency Case Managers, counselors, therapists, Guardian ad Litem volunteers and staff, child protective investigators, psychologists, psychiatrists, medical doctors, victim advocates, nurses, etc.

Instruments/Measures

This survey was distributed via e-mail and social media to graduate school programs, Dependency Case Managers, Guardian ad Litem staff or volunteers, and other organizations in which professionals who have worked with child victims may be found. The survey took approximately 10 minutes to complete and inquired about demographic and professional information, including gender, race, region of the county, highest level of educational attainment, and both the number of years and nature of work in dealing with CSA victims. The complete survey constructed is presented in the Appendix.

Design

The primary purpose of the study is exploratory, aimed at understanding the frequency and methods in which therapy animals are used, and what knowledge or beliefs of the practice are held by professionals in the field of mental health. As such, descriptive statistics are the primary statistical analyses conducted. Additional analyses were used, including an independent samples t-test to explore whether there are different patterns of responding in the attitudes and beliefs regarding the use of animal assisted forensic interviews in those participants who had prior experience utilizing therapy animals compared with those who did not. Additionally, correlation was used to determine if there was a relationship between educational attainment and participants' subjective rating of their knowledge in childhood memory development.

Procedure

Approval from the Florida Institute of Technology Institutional Review Board was obtained prior to collection of the data. Participants were recruited through social media and various department contacts throughout United States universities and practitioner sites. The attitudes, beliefs, knowledge, and information on practice of professionals dealing with CSA and animal-assisted interventions were obtained using a Qualtrics survey which was distributed to various professionals who have had experience working with child victims of sexual abuse. A review of the current literature in Animal Assisted Therapy and Animal Assisted Activities was conducted, along with a review of literature on

related topics including childhood memory development, the NICHD protocol, and the role of rapport in forensic interviewing. Using information gathered from numerous articles, a questionnaire was devised to include subjective measurements of participants' general knowledge in CSA, childhood memory development, and the use of animals in forensic interviewing. Further, the subjective responses were tested by a series of questions about each of the above topics to determine a minimum level of knowledge. Additional questions pertaining to attitudes and beliefs of the forensic interviewing process and practices within forensic interviews were included. All survey items evaluating participants' knowledge and beliefs used five-point Likert type scales that asked participants to rate how much he or she agreed with each statement from 1 (strongly disagree) to 5 (strongly agree). Participants were also asked if Animal Assisted Therapy or Animal Assisted Activities are practiced within their organization, and subsequent text box allows them to elaborate on that experience. The complete survey developed for this study is presented in the Appendix.

Results

Given the exploratory nature of this survey study, descriptive statistics are the primary statistical analyses conducted. Additional analyses in the form of independent samples t-tests explored whether there are different patterns of responding in the attitudes and beliefs regarding the use of animal assisted forensic interviews in those who have implemented this unique intervention and

those who have not. Correlation analyses explored whether there was a relationship between participants' subjective rating of their level of knowledge in childhood memory development and their educational attainment.

Professionals' General Knowledge and Beliefs About CSA and Childhood

Memory

Participants were asked to rate the extent to which they agree that they are knowledgeable on the topic of Childhood Sexual Abuse, the legal process related to child maltreatment, and Childhood Memory Development. Item statements, means, standard deviations, and frequencies for CSA general knowledge and belief survey items are displayed in Table 1. On a Likert scale ranging from Strongly Disagree (score of 1) to Strongly Agree (score of 5), the mean score professionals awarded to themselves regarding knowledge of CSA was 4.30 ($SD = .55$). Correlations showed no significant relationship between education level and self-rated knowledge of CSA ($r_s = .16, p = .31$) as well as years of experience and self-rated knowledge of CSA ($r = .28, p = .11; r^2 = .08$). The hypothesis that individuals with more education would believe they had more general knowledge of childhood memory development was not supported. However, examining the mean and standard deviation for the statement pertaining to general knowledge of CSA would suggest that a ceiling effect was present which restricted the range of responses. Specifically, 42 out of 44 respondents indicated a four or five on the Likert scale, suggesting they all believed they had strong knowledge of CSA. Provided this limitation of restricted range of responses, the fact that the

observed correlation coefficients were well above zero in the hypothesized direction provides some indication that professionals with more education and especially more experience are likely to believe they have stronger knowledge of child sexual abuse. The subjective rating for knowledge of the legal process was slightly lower ($M = 3.95$, $SD = .75$), and slightly lower ratings were also given in the area regarding knowledge of childhood memory development ($M = 3.93$, $SD = .50$).

Participants tended to disagree with the statement that children could remember repeated traumatic events, but not a traumatic event that occurred on only one occasion ($M = 1.8$, $SD = .92$). They were also able to recognize that there is a difference when comparing children's and adults' episodic memory ($M = 2.00$, $SD = 1.04$). Participants agreed with the statement that children can differentiate between the truth and a lie ($M = 3.45$, $SD = .85$), though were less confident in children's suggestibility when compared with adults' levels of suggestibility ($M = 2.48$, $SD = 1.11$). Participants also indicated a relatively strong disagreement with the statement that children who recant allegations of sexual abuse were likely making false claims of abuse initially ($M = 1.57$, $SD = .55$). Participants were less confident in agreement or disagreement of whether a child can remember a painful, abusive event that occurred during infancy ($M = 2.91$, $SD = .80$).

Hypothesis 1

A Spearman's rho correlation analysis showed no significant relationship between education level and self-rated knowledge children's memory development ($r_s = .20, p = .18$). Thus, the hypothesis that individuals with more education would believe they had more knowledge of childhood memory development was not supported.

Professionals' Beliefs, Attitudes, and Knowledge of Forensic Interview

On average, participants were aware of the importance and practice of restricting forensic interviews to one interview conducted by a forensic interviewer so as to minimize the trauma impact on the child related to repeatedly recalling and discussing the abusive events ($M = 2.48, SD = .88$), and they also indicated an understanding that asking open-ended questions ($M = 2.39, SD = 1.02$) during the forensic interview leads to less false claims of abuse than do closed-ended questions ($M = 3.57, SD = .97$). A large percentage of the participants strongly agreed that building rapport between the child and interviewer is integral to obtaining an accurate disclosure from the child ($M = 4.30, SD = .82$). There was general agreement amongst the participants that children do not always disclose abuse to a forensic interviewer or a trusted adult ($M = 1.53, SD = .55$). Participants mostly agreed, though were hesitant to agree or disagree, on whether a child should be permitted to testify in a court of law to provide their own account of alleged abuse ($M = 3.32, SD = .80$). However, they

strongly agreed that if a child does testify in a court of law, they should be permitted to have a comfort object with them ($M = 4.55, SD = .76$).

Professionals Knowledge and Beliefs About Therapy Animal Practices

Item statements, means, standard deviations, and frequencies for survey items pertaining to knowledge and beliefs about the use of therapy animal practices in CSA cases are displayed in Table 2. Participants agreed that having a therapy animal present during the forensic interview would ease the child's nerves ($M = 4.23, SD = .78$), and that it would increase rapport between the child and the interviewer ($M = 4.05, SD = .69$). Additionally, there was agreement that the therapy animal would not devalue the process ($M = 1.86, SD = .69$) or distract ($M = 1.86, SD = .73$) the child from the forensic interview. Participants demonstrated accurate knowledge that testimony given by a child who had a therapy animal present during the interview would be admissible in court ($M = 2.11, SD = .78$), and that a child could use a therapy animal as a type of comfort object when testifying ($M = 3.82, SD = .69$). Participants also do not necessarily believe that if a therapy animal is used as a child's comfort object in court, it needs to be hidden from view of the jury ($M = 2.43, SD = .82$).

Hypothesis 2

An independent samples *t*-test was conducted to compare attitudes towards using therapy animals during the forensic interview in those who have utilized therapy animals in practice with those who have not. Seven of the participants indicated experience implementing therapy animals in practice. Since the

Levene's Test indicated that the homogeneity of variances assumption was not met for this *t*-test analysis ($F = 5.29, p = .027$), the equal variances not assumed test statistic was reported. There was a significant difference in the belief that having the therapy animal present during the interview would ease the child's nerves amongst those who have a history of employing a therapy animal ($M = 4.86, SD = 3.8$) and those who had not ($M = 4.11, SD = .79$), $t(18.10) = 3.85, p = .001$. Additionally, an independent samples *t*-test was conducted to compare belief of the therapy animal positively impacting rapport between child and interviewer, and a significant difference was found in those who have used therapy animals ($M = 4.71, SD = .76$) and those who have not ($M = 3.92, SD = .80$) $t(42) = 2.44, p = .19$. Overall, these findings supported the hypothesis that prior experience with therapy animals would increase favorability for using therapy animals during forensic interviews.

Discussion

The present study explored the knowledge, beliefs, and attitudes of professionals within the mental health field on the use of therapy animals during the forensic interview of a child maltreatment case. Participants were also surveyed on their self-rated knowledge and beliefs pertaining to CSA, childhood memory development, and the forensic interview process related to CSA allegations. The results of the survey indicated that professionals are aware of the use of therapy animals in the context of forensic interviews, and look upon their use favorably. This is a notable finding, as less than 16% of the participants had

experience using therapy animals, and those participants indicated the animals were used in therapy, rather than in the context of a forensic interview. Despite the lack of research on this topic, the collective feedback shows that this sample of professionals, who rated themselves high in knowledge of CSA and relevant topics, believe that therapy animals could increase rapport and aid in obtaining accurate disclosures of sexual abuse. Moreover, few doubted that therapy animals would present a distraction or devalue the process of the forensic interview. The finding that no relationship between educational attainment and self-rated knowledge of childhood memory development suggests that those who work closely with maltreated children regularly believe they learn the elements of childhood memory development that would be necessary to formulate an opinion on children's ability to respond to certain questions during the interview through their career-specific training or while in the field. Professionals expressed approval of the use of therapy animals throughout the legal process, including during a child's courtroom testimony. The participants' responses echo a much larger nationwide trend towards the use of therapy animals in an increasing variety of contexts. Anecdotal evidence amongst those who have utilized the intervention of therapy animals has yielded favorable results with few negative qualities attached to the practice, as was evidenced by the participants who had prior experience utilizing therapy animals. The results indicating their favorability towards the practice supported the hypothesis that history of experience with the therapy animals would positively impact

favorability towards the idea of using therapy animals in forensic interviews. As such, more and more clinicians, interviewers, and organizations, such as CACs, are using therapy animals in their services without being fully aware of the positive and negative qualities of the practice based on empirical data.

One important limitation of the study was the narrow participant pool consisting mostly of females, students or unlicensed clinicians, Caucasian, living in the Southern region of the United States. Additionally, the sample size was small and the diversity of the participants did not allow for an accurate generalization of results. The homogeneity of the sample of participants may have resulted in little variability in responses to the collection of survey items. Thus, one cannot conclude from these results whether the consensus among responses regarding knowledge and beliefs pertaining to CSA and the use of therapy animals reflects a general consensus among the population CSA clinical and investigative professionals or a consensus among professionals with similar training and background surveyed in this study.

A second limitation of the study involves the originality of the survey and survey items, and lack of known reliability and validity of the items regarding their ability to accurately assess the knowledge, beliefs, and attitudes of the participants. Having an original survey created for this study may also have resulted in questions being interpreted differently by respondents. One survey item in particular was believed to have been interpreted differently by participants. The item inquires as to the degree to which participants agree that

“If a child has been repeatedly and painfully sexually abused as an infant, he or she can remember it.” Despite respondent’s high self-ratings of knowledge of childhood memory development and accurate responses to questions designed to demonstrate that knowledge, this question resulted in a wide range of participant responses. It is believed the question was worded in a way that may have been unclear to participants. As such, the results are limited in that they came from an unstandardized survey.

Additional research is needed to study the true effects of having a therapy animal present during the interview, including both positive and negative effects on the child and on the interview process and outcome. Ideas for the focus of future research to better inform the field on use of this practice may include: a study on the effect of therapy animals in developing rapport between the interviewer and child. This may include identifying markers of positive rapport and comparing the rapport between interviewer and child in cases in which therapy animals are and are not used. As the research has shown rapport is an important aspect of interviews in which children disclose, a study like this would provide additional information as to the role of the therapy animal in building that rapport. Additionally, a study exploring the quality of the narratives provided during an interview and comparing those in which therapy animals were used with those in which they were not would inform the field about how having a good rapport and decreasing stress in the child can impact the information the child disclose and provides.

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Table 1. *Descriptive Statistics for Survey Items Assessing Clinical Professionals's General Knowledge and Beliefs Pertaining to Child Sexual Abuse*

Statement Item	M (SD)	Response Frequencies (%)				
		Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I have a general knowledge of Childhood Sexual Abuse (CSA)	4.30 (.55)	0	0	2	27	15
I have a general knowledge of the legal processes related to CSA cases (Department of Children and Families/Child Protective Services and police investigations, forensic interviews, etc.)	3.95 (.75)	0	3	4	29	8
I have a general knowledge of memory development in children.	3.93 (.50)	0	1	4	36	3
Children can remember repeated, common experiences, but not experiences that happen just once.	1.80 (.92)	18	23	0	3	1
Children's episodic memory (memory of autobiographical events) is no different than adult's episodic memory.	2.56 (1.04)	6	19	10	9	1
Children know the difference between telling the truth and a lie.	3.45 (.85)	1	3	19	17	4
Children are no more suggestible than are adults.	2.48 (1.11)	7	21	6	8	2
If a child recants an allegation of CSA, it likely means the allegation was false.	1.57 (.55)	20	23	1	0	0
If the forensic interviewer does not get a disclosure, law enforcement will re-interview the victim to try to get a disclosure.	2.48 (.88)	4	21	14	4	1
Repeatedly asking children general open-ended questions, such as "What happened? What else happened?" often leads them into making false claims of sexual abuse.	2.39 (1.02)	6	24	7	5	2
Repeatedly asking children specific questions, such as, "Did he touch your private parts?" often leads them into making false claims of sexual abuse.	3.57 (.97)	1	6	10	21	6
If a child has been repeatedly and painfully sexually abused as an infant, he or she can remember it.	2.91 (.80)	2	10	22	10	0
Rapport is important for forensic interviews about alleged CSA.	4.30 (.82)	1	1	1	22	19
Children who have experienced CSA always disclose to an interviewer, parent, or therapist.	1.53 (.55)	21	21	1	0	0
Children should testify in criminal court about their sexual abuse allegations.	3.32 (.80)	3	14	21	6	0
When testifying, a child should be allowed a comfort object with them.	4.55 (.76)	1	0	1	14	28

Table 2. Descriptive Statistics for Survey Items Assessing Clinical Professional's Knowledge and Beliefs Pertaining to Use of Therapy Animals in Child Sexual Abuse Cases

Statement Item	M (SD)	Response Frequencies (%)				
		Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Having a therapy animal present during the forensic interview will ease the child's nerves.	4.23 (.78)	0	0	9	15	19
Having a therapy animal present during the forensic interview will increase rapport between the interviewer and the child.	4.05 (.83)	0	0	14	14	16
Having a therapy animal present during the forensic interview will devalue the process of the forensic interview.	1.73 (.69)	18	20	6	0	0
Having a therapy animal present during the forensic interview will distract the child and lead to inaccurate information.	1.86 (.73)	15	20	9	0	0
If a therapy animal is used in a forensic interview, the interview is not admissible in court.	2.11 (.78)	10	20	13	1	0
A therapy animal can be used as a child's comfort object when testifying in court.	3.82 (.69)	0	1	12	25	6
If a child has a therapy animal present while testifying in court, the animal should be hidden from the jury.	2.43 (.82)	4	22	13	5	0

Appendix

Therapy Animals

Informed Consent

Please read this consent document carefully before you decide to participate in this study. Please email amjohnson2013@my.fit.edu if you have any questions before signing this consent. You are about to enter into a survey being used for research. Confidentiality: Your identity will be kept confidential to the extent provided by law. You will not be asked to provide any identifying information. Your answers will be compiled along with those of other participants and will remain confidential. Voluntary participation: Your participation in this study is completely voluntary. There is no penalty for not participating. You may also refuse to answer any of the questions we ask you. Right to withdraw from the study: You have the right to withdraw from the study at any time without consequence. Whom to contact if you have questions about the study: Alyssa M. Johnson, MS, SATP Counselor Email: amjohnson2013@my.fit.edu Whom to contact about your rights as a research participant in the study: Dr. Lisa Steelman, IRB Chairperson 150 West University Blvd. Melbourne, FL 32901 Email: lsteelma@fit.edu Phone: 321.674.8104 Agreement: I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

- Agree (1)
- Disagree (2)

Please select the gender you identify with:

- Male
- Female
- Other

Please provide your age:

Please select your race:

- Caucasian
- African-American
- Hispanic
- Asian
- Multiracial
- Other

Please select the region of the country in which you currently reside:

- Northeast
- Midwest
- South
- West

What is your highest level of education

- GED/High School Diploma
- Bachelors Degree
- Masters Degree
- Doctoral Degree

Do you have children?

- Yes
- No

Do you have a dog or cat as a pet?

- Yes, dog(s)
- Yes, cat(s)
- Other Pet
- No Pets

Have you worked professionally with child victims of sexual abuse?

- Yes
- No
- Somewhat

How many years of experience do you have working professionally with child victims of sexual abuse?

What is the nature of your work with victims of childhood sexual abuse (job title)?

- Psychologist
- Psychiatrist
- Dependency Case Manager
- Clinician (student or not yet licensed)
- Guardian ad Litem
- LMHC
- LCSW
- Dependency Care Coordinator
- Forensic Interviewer
- Other

I have a general knowledge of Childhood Sexual Abuse (CSA)

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I have a general knowledge of the legal processes related to CSA cases (Department of Children and Families/Child Protective Services and police investigations, forensic interviews, etc.)

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

I have a general knowledge of memory development in children.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Children can remember repeated, common experiences, but not experiences that happen just once.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Children's episodic memory (memory of autobiographical events) is no different than adult's episodic memory.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Children know the difference between telling the truth and a lie.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Children are no more suggestible than are adults.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

If a child recants an allegation of CSA, it likely means the allegation was false.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

If the forensic interviewer does not get a disclosure, law enforcement will re-interview the victim to try to get a disclosure.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Repeatedly asking children general open-ended questions, such as “What happened? What else happened?” often leads them into making false claims of sexual abuse.

- Strongly agree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Repeatedly asking children specific questions, such as, “Did he touch your private parts?” often leads them into making false claims of sexual abuse.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

If a child has been repeatedly and painfully sexually abused as an infant, he or she can remember it.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Rapport is important for forensic interviews about alleged CSA.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Children who have experienced CSA always disclose to an interviewer, parent, or therapist.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Children should testify in criminal court about their sexual abuse allegations.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

When testifying, a child should be allowed a comfort object with them.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Having a therapy animal present during the forensic interview will ease the child's nerves.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Having a therapy animal present during the forensic interview will increase rapport between the interviewer and the child.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Having a therapy animal present during the forensic interview will devalue the process of the forensic interview.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Having a therapy animal present during a forensic interview will distract the child and lead to inaccurate information.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

If a therapy animal is used in a forensic interview, the interview is not admissible in court.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

A therapy animal can be used as a child's comfort object when testifying in court.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

If a child has a therapy animal present while testifying in court, the animal should be hidden from the jury.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Have therapy animals been used in your practice?

- Yes
- No

In what areas/contexts are therapy animals used in your practice:

- Prior to a forensic interview
- During the forensic interview
- On home visits and initial investigations
- During therapy with the children
- As greeters at the CAC
- Other _____

How are the therapy dogs used in your practice trained?

Do you feel the therapy animal decreases the stress level of the child being interviewed?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Do you feel the therapy animal decreases the stress level of the professional (interviewer, therapist, etc.)?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Are you a forensic interviewer?

- Yes
- No

Do you feel use of a therapy animal reduces the number of questions you need to ask the child during the interview?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

Do you feel use of the therapy animals makes obtaining a disclosure easier?

- Definitely yes
- Probably yes
- Might or might not
- Probably not
- Definitely not

How often are therapy animals used in your practice?

- Always
- Most of the time
- About half the time
- Sometimes
- Never

How effective do you believe the use of therapy animals to be in increasing rapport?

- Extremely effective
- Very effective
- Moderately effective
- Slightly effective
- Not effective at all

How effective do you believe the use of therapy animals to be in obtaining accurate information from the child?

- Extremely effective
- Very effective
- Moderately effective
- Slightly effective
- Not effective at all

In your experience, what does use of the therapy animal accomplish?

At what point in the process and in what context (ranging from initial home visits and investigations to treatment) should the therapy animal be used?

Who is in charge of and responsible for the therapy animal used in your practice?