OREGON INTERVIEWING GUIDELINES

THIRD EDITION 2012

Oregon Department of Justice
Crime Victims' Services Division
Child Abuse Multidisciplinary Intervention (CAMI) Program
Salem, Oregon

October 2012

FOREWORD

The *Oregon Interviewing Guidelines (OIG)* were originally developed by professionals at the request of the Health Advisory Council on Child Abuse, a group convened by the Oregon State Legislature to ensure that child abuse evaluators in Oregon were highly skilled and well-trained. The OIG was published in 1998 for a target audience of assessment center–based interviewers. The 2004 revision of the 1998 *Oregon Interviewing Guidelines* expanded the document to address all professionals who conduct interviews with children either in child abuse assessment centers or in the field, including law enforcement officers and Oregon Department of Human Services (DHS) child welfare workers.

The original edition was created by Wendy Bourg, PhD; Ray Broderick, BS; Robin Flagor, BSW; Donna Kelly, JD; Diane Ervin, LCSW; and Judy Butler, MEd. The 2004 updates were provided by Sherry Bohannan, LCSW; Terry Chianello, LCSW; Robin Flagor, BSW; Jane Gallagher, Supervisor; Doug Kettner, Officer; Carl Sieg, Detective, Retired; Charles Sparks, JD; and Penny Van Ness, LCSW.

The 2012 OIG is supported by updated research. A workgroup comprised of interviewers from the Child Abuse Multidisciplinary Intervention (CAMI) Program's five regional service provider centers drafted its revisions. The workgroup included Katie DeClue, LCSW, Interviewer, Mt. Emily Safe Center; Cari Dickson, BS, Interviewer, Children's Advocacy Center of Jackson County; Celeste Hasbrouck, MSW, Interviewer, KIDS Center; Katheryn Kroeger, LCSW, Interviewer, CARES NW; Nichole Satterwhite, MS, Interviewer, Kids' FIRST Center; Sue Lewis, LCSW, Interviewer, formerly with CARES NW; Hope Storey, LCSW, Interviewer, formerly with KIDS Center. Holly Bridenbaugh, LCSW, CARES NW, contributed Section VI, "Interviewing Children with Disabilities". Their expertise and dedication to the completion of this project was invaluable.

The 2012 OIG benefitted from considerable assistance by:

- Erik Hasselman, Deputy District Attorney, Lane County
- Tina J. Morgan, Director, Kids' FIRST Center
- Shelly Smith, Director, KIDS Center
- Marlene Mish, Director, Children's Advocacy Center of Jackson County
- Kathy Sewell, Director, Mt. Emily Safe Center
- Kevin Dowling, Director, CARES NW
- Joanne Southey, Deputy Chief Counsel, Civil Enforcement Division, Oregon Department of Justice
- Simonne Weyand, Assistant Attorney General, Child Advocacy Section, Oregon Department of Justice
- Stephanie Tuttle, Deputy Chief Counsel, Criminal Justice Division, Oregon Department of Justice
- Mike Maryanov, Child Abuse Multidisciplinary Intervention (CAMI) Fund Coordinator, Crime Victims Services Division, Oregon Department of Justice
- Brenda George, Contract Project Manager, Oregon Network of Child Abuse Intervention Centers

A special thank you goes to the Oregon Network of Child Abuse Intervention Centers for its vision, project management, and valuable input and expertise. Thanks also to the National Children's Advocacy Center and Linda Cordisco-Steele—a nationally recognized expert in this field—for her expertise and input, and to the Children's Justice Act Task Force for its dedication and support of this project. Without Children's Justice Act funding, this project would not have been possible. The draft was also reviewed by multidisciplinary team (MDT) members including law enforcement officers, Department of Human Services child welfare workers, and prosecutors from counties across Oregon, whose input was invaluable. Each member contributed expertise to ensure that the 2012 guidelines are consistent with evidence-based practice and national views of appropriate practice.

INTRODUCTION

The primary purpose of the *Oregon Interviewing Guidelines (Third Edition 2012)* is to promote consistency in the quality of care provided to those Oregon children who are interviewed for possible abuse. Forensic interview practice is informed by research and practice knowledge. Regional forensic interviewers developed the guidelines after a thorough research and literature review, taking their collective experience into consideration as well. These guidelines have been vetted by local and national experts who support the practice recommendations suggested herein.

The *Oregon Interviewing Guidelines* (OIG) constitutes a guide for navigating the many levels of knowledge, practical application, and decision making involved in interviewing children about concerns of abuse. Although interviewing children about possible abuse should always be grounded in scientific method, the practice of interviewing involves human interaction. Interviewers should keep in mind that there is no "perfect" interview and that there should be no presumed conclusions. Interviewers must be knowledgeable of practice guidelines, research, child development, and use of interview tools, and they should be prepared to support their decisions in individual cases.

The workgroup, prosecutors, law enforcement officers, DHS case workers and supervisors, doctors, and MSW and LCSW forensic interviewers revised the OIG in response to the current needs identified by a large number of individuals throughout the state of Oregon and to the training requirements of the National Children's Alliance Standards for Accredited Members. The OIG should be considered a working document, to be updated further as researchers and practitioners expand scientific knowledge about child interviewing and child development.

This 2012 edition of the *Oregon Interviewing Guidelines* identifies and defines two distinct interview types (forensic and initial responder) and uses specific terminology to distinguish between these.

- **Forensic Interviews—**According to the National Children's Alliance Forensic Interview standard, "Forensic interviews are conducted in a manner that is legally sound, of a neutral, fact-finding nature, and coordinated to avoid duplicative interviewing. Following research-based guidelines will help ensure a sound process. These guidelines as recognized by the members of the MDT should be monitored over time to ensure that they reflect current day practice. Guidelines should be developed and followed to create an interview environment that enhances free recall, minimizes interviewer influence and gathers information needed by all the MDT members involved to avoid duplication of the interview process." (See Appendix A.) The purpose of a forensic interview is to document a child's statements for use in assessing safety, criminal allegations, and treatment needs. Irrespective of the setting, forensic interviewers should be trained in a nationally recognized or state-recognized forensic interview model and participate in ongoing peer review.
- **Initial Responder Interviews—**An interview conducted in the field by initial responders should elicit information regarding alleged incidents of child abuse, establish safety, determine if a criminal investigation is needed, and evaluate the need for an immediate medical evaluation. Initial responders include law enforcement officers (LEs) and/or Department of Human Services Child Welfare Personnel (DHS-CWPs). An initial responder interview typically takes place during the initial responders' first contact with the child/family. If appropriate, this interview should be followed by a formal, in-depth forensic interview conducted in a child-friendly atmosphere such as that of a child abuse intervention center (CAIC). Initial responders should make every effort to limit the number of times a child is talked with about the allegations. In some cases, enough facts

may be gathered from the reporting source, thereby eliminating the need for an initial responder interview with the child.

The OIG is a guideline that provides a general framework for how to go about conducting a child forensic interview in Oregon. This document serves as the basis for statewide training and offers interviewers information and insights to help them conduct skilled, professional, developmentally appropriate, and culturally sensitive interviews with children. However, it should not be taken as a dictate from the state or mandate from any agency that every interview in Oregon must follow this format. While the *Oregon Interviewing Guidelines* can serve as a unifying document to foster statewide consistency, the workgroup recognize that nuances in any child abuse investigation can necessitate unique interactions that might not be covered in this or any edition.

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I. OVERVIEW OF NATIONAL MODELS FOR FORENSIC INTERVIEWS

Child abuse investigations and child forensic interviews are not conducted in the same manner in all communities. Each community has particular needs that influence the ways in which they are handled. Thus, a variety of interviewing models and protocols have been developed across the United States to fit communities' unique needs related to child abuse investigations and child forensic interviewers.

Although various models and protocols are used throughout the United States, the majority are designed to obtain reliable information from the child, in a way that meets the child's developmental needs, while reducing interviewer contamination. One of the most distinguishable differences among models used across the nation is the degree of structure within the questioning format. Interview protocols range from flexible questioning to highly structured questioning. While there is some consensus regarding the basic content of a sound and effective interview, there is no consensus on whether any interview model is more effective for conducting forensic interviews.

The workgroup of the *Oregon Interviewing Guidelines* would like to thank the researchers whose research has provided a foundation for this work, specifically Dr. Michael Lamb and his colleagues in their work with the National Institute of Child Health and Human Development (NICHD). Thanks also to Tom Lyon for his hard work, dedication, research, and the tools he shares willingly with professionals who work with children. A special thank you to the American Professional Society on the Abuse of Children (APSAC) for continuing to establish guidelines in this field.

The *Oregon Interviewing Guidelines* incorporates best-practice suggestions from a number of national models, including the following, which are some of the most widely used and well-known in the United States.

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN (APSAC) GUIDELINES FOR PRACTICE

APSAC has developed best-practice guidelines for professionals conducting forensic interviews with children in suspected abuse cases. APSAC promotes a "narrative interview" approach with an emphasis on research-based free recall techniques aimed at eliciting reliable verbal narratives from children. This approach involves using open-ended questioning techniques most likely to enhance the production of reliable information from children (most similar to NICHD protocol and Tom Lyon's teachings). APSAC's focus is to keep the best interests of the child as the guiding principle. It advocates awareness of the particular values, interests, cultural differences, and childhood needs and capabilities influencing a given scenario.

For information on APSAC guidelines and APSAC forensic interviewing clinics, please visit www.apsac.org.

CORNERHOUSE INTERAGENCY CHILD ABUSE EVALUATION AND TRAINING CENTER FORENSIC INTERVIEW MODEL

CornerHouse promotes a semi-structured interview process in which each interview is geared toward the child's age and cognitive, social, and emotional development. Interviews may incorporate the use of drawings, diagrams, and anatomically detailed dolls. The organization breaks down its RATAC protocol into five possible stages: R=rapport, A=anatomy identification, T=touch survey, A=abuse scenario, and

C=closure. In 1998, CornerHouse and the National District Attorney's Association (NDAA) became partners and began presenting the CornerHouse protocol in a new training program called "Finding Words." This program includes the CornerHouse model, the RATAC protocol, and a supporting curriculum. CornerHouse now partners with the National Child Protection Training Center (NCPTC) to present the same program under the name "ChildFirst."

For information on the CornerHouse forensic interview model, please visit www.cornerhousemn.org/index.html. For information on the National Child Protection Center, visit www.ncptc.org.

NATIONAL CHILDREN'S ADVOCACY CENTER (NCAC) CHILD FORENSIC INTERVIEW STRUCTURE

The NCAC Child Forensic Interview Structure (CFIS) provides guidelines for best practices based on research and expertise demonstrated in the field. The NCAC CFIS encourages a multidisciplinary approach to interviews and promotes a flexible interview structure that can be adapted to the developmental and cultural needs of the child and, additionally, allows discretion in matters decided by state statutes and community practices. The NCAC CFIS recommends a two-stage approach. Stage One includes introductions, rapport, guidelines, narrative practice, and family; Stage Two includes transition, narrative description, follow-up questions, clarification, and closure. The interviewer is directed to use good questioning approaches throughout the interview, with an emphasis on the benefit of questions that prompt free recall by the child. Information on the NCAC model and training resources can be accessed at www.nationalcac.org.

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD) PROTOCOL

Published in 2000, the NICHD protocol promotes a structured, scripted approach to the interview. It was designed to allow investigators to use professional recommendations in a practical manner. The structured interview format provides the interviewer with a specific interviewing format to use throughout the interview process.

Several additional models that promote a modified version of the NICHD interview protocol have become widely used:

- The Ten Step Investigation Interview (Adaptation of the NICHD Investigative Model) developed by Tom Lyon
- The RADAR Interview Protocol (Recognizing Abuse Disclosure types And Responding)

To learn more about the NICHD protocol, please visit www.nichd.nih.gov.

Other forensic interview protocols and models are in use in the United States. The workgroup of the *Oregon Interviewing Guidelines* do not intend to suggest or recommend that the above-mentioned models/protocols should be used.

II. INTERVIEW SETTING AT A CHILD ABUSE INTERVENTION CENTER (CAIC)

The amount and quality of information obtained can be influenced by and may be directly related to the setting in which the interview is conducted. Research suggests that stress interferes with recall, which is, in turn, associated with heightened suggestibility. Providing a child with an opportunity to be interviewed in a safe, neutral, child-centered environment minimizes the possibility of further trauma, maximizes the quality and quantity of information shared, and reduces the introduction of contaminating influences, thereby improving the accuracy of information provided while maintaining the integrity of the interview.

CHILD FRIENDLY INTERVIEW ROOM

- **Furniture**—Use child-friendly furniture, neutral to age and gender. The child should be seated at the same level as the interviewer.
- **Sound-proofing**—The room should be quiet, with as few distractions as possible. Sound-proofing the walls or putting a white-noise machine just outside the room may be helpful.
- **Walls and décor**—Some CAICs paint child-friendly images on the walls or hang pictures or quilts. It is important to have as few distractions as possible; limit the number of stuffed animals, toys, and signs. If the interview room is used for multiple purposes, remove as many items as possible prior to bringing the child into the room. Avoid the use of fantasy in the images used in the environment.
- **Tools for the interview**—Interview tools can include writing utensils, blank paper, pictures for coloring, Play-Doh, and anatomically detailed drawings and dolls. Any items used should be child-friendly and limited so as not to overwhelm or distract the child. Collect and preserve as potential evidence any materials obtained or produced during the interview. Follow state law and/or your county protocol as to the preservation of that evidence.
- **The room should be safe**—Do not include any breakable items, sharp edges, or toys with small parts that could pose a choking hazard to very young children. Electrical outlets should be covered.
- **Audio/video**—If the camera is in the room, ensure that it is out of reach of young children. Cameras may be hidden in baskets, behind mirrors, or inside pictures or cabinets. Regardless of how the camera is positioned, the child must be informed that she is being video recorded and that people are observing. Any interview conducted at a CAIC should be video/audio recorded.

ROLE OF SUPPORTIVE CAREGIVERS

The presence of parents, school personnel, private therapists, caretakers, or other family members in the interview room is strongly discouraged. Even supportive adults can intentionally or unintentionally coach or nonverbally cue a child, thereby contaminating the interview. There are possible exceptions to the standard of excluding a support person; these should be discussed on a case-by-case basis by the multidisciplinary team (MDT) members participating in the interview process. For example, children with disabilities or extremely traumatized children who cannot separate from a supportive caregiver may be an exception or may need additional rapport building prior to the formal forensic interview.

OBSERVERS OUTSIDE THE ROOM

- It is best practice to have those professionals with investigative responsibility, such as law enforcement officers (LEs) and Department of Human Services Child Welfare Personnel (DHS-CWPs), observe the interviews, when possible. The local MDT or CAIC will develop a written protocol for allowable observers during the child's interview.
- Inform the child that she is being observed and provide a child-appropriate explanation of the role of the observer(s). This explanation may vary depending upon the child's age and developmental level. The interviewer may seek input from observers such as LEs and DHS-CWPs, who may have questions or need additional clarification. It is the interviewer who decides whether to incorporate any suggested questions, keeping in mind the best interest of the child. If leaving the room, explain why to the child, and keep the camera running.

DOCUMENTATION—VIDEO RECORDING

- Follow your county protocol for documenting video recordings of interviews, such as ensuring that appropriate identifying documentation is attached to the recorded interview. Identifying information may include the child's name, date of birth (DOB), date of interview, interviewer, and CAIC where the interview was conducted. Each MDT has a responsibility to follow all state and federal laws regarding confidentiality and disclosure.

III. PRE-INTERVIEWS

The amount and type of history gathered depends on the role of the evaluation and investigation teams. In Oregon, what can be agreed upon is that at least some history is relevant and helpful.

If possible, obtain and review any documentation and information regarding the current reported disclosures made by the child. This may include initial law enforcement, DHS, school, mental health, or medical reports/records. If MDT partners have case information, ideally the interviewer should collect this prior to the interview, along with any tools or props that may have previously been used with the child. If the child has been thoroughly interviewed in the field by an investigator, assess whether a CAIC-based forensic interview is in the best interest of the child.

Information about the child's history should be gathered, when possible, from someone who knows the child well. This information can inform the interviewer about the child's environment, background, and other factors relevant to the child's ability to participate in a formal interview as well as the interviewer's approach to the child. Information gathered may include:

- Prior conversations specific to the disclosure
- The exact words that the child used when making the disclosure
- What may have prompted the child to disclose,
- Reactions to the disclosure by the caregivers
- Any changes in the child's body, behavior, and/or environment since the initial disclosure
- Any relevant or concerning behaviors
- Sources of sexual knowledge
- Daily routines
- Names for relevant caregivers and family members
- Level of support the child receives from primary caregiver(s)
- History of custody issues or family discord
- Demographic information
- Developmental or other disabilities
- Information about the alleged perpetrator's access to the child
- Family risk factors, which may include family violence, drug/alcohol use, criminal activity, DHS history, historical abuse/trauma, and mental health issues

IV. FORENSIC INTERVIEWS

According to the National Children's Alliance Forensic Interview standard, "Forensic interviews are conducted in a manner that is legally sound, of a neutral, fact-finding nature, and are coordinated to avoid duplicative interviewing." (See Appendix A.) The purpose of a forensic interview is to document a child's statements for use in assessing safety, criminal allegations, and treatment needs.

QUESTION TYPES

The task of a forensic interviewer is to help the child provide a complete and reliable account of events in his life, including abusive/traumatic experiences. The interviewer's questions and tools can be memory cues. The interviewer should use discretion in selecting questions to elicit accurate information and facilitate complete disclosures. Interviewers are encouraged to use an hourglass continuum of questioning. Throughout the interview, interviewers should move from open-ended to more focused questions to gather clarifying information and then move back to open-ended questions.

- **Open-Ended**—Open-Ended questions/prompts encourage a free narrative response from recall memory; examples include, *"Tell me why you are here today,"* and *"Tell me everything from beginning to end."* Open-Ended questions are followed by prompts for more information, such as, *"What happened next?"* and *"Then what happened?"* The interviewer can encourage the narrative to continue by making a narrative request such as, *"You said* X *happened—tell me more about* X*."* Interviewers should allow the child to complete their narrative response prior to asking additional questions.
- **Focused**—Focused questions can be asked when the child has exhausted recall with the use of open-ended questions or is unresponsive to open-ended questions. Focused questions direct him to a particular topic, place, or person, but refrain from providing information about the subject. Focused questions may be used to elicit clarification and more specific detail regarding statements the child provided during his narrative. They could be used to gather sensorimotor and other details about an incident. For example, an interviewer could ask, *"Where were you when* X *happened?"* followed by, *"What happened next?"* or *"How did that make your body feel?"* and then by, *"Tell me more about* [use child's words]."
- **Direct**—Direct questions are those in which the actor and act are specified. Ask direct questions to confirm or clarify information the child has already provided during the interview. Once he has responded to a direct question, it is important to return to open-ended questions. *"You said grandpa spanked you, what did he spank you with?"* followed by, *"Tell me more about* [child's word for object]." When a child is reluctant, it may be appropriate to use externally derived information from a credible source. "I heard a police officer came to your house. What happened?"
- **Closed-Ended questions**—Closed-Ended questions are usually answered with one or two words and may include multiple-choice or yes/no questions. Generally, Closed-Ended questions should be used to clarify a disclosure or information already provided. Closed-Ended questions can also be used to clarify a previous question that seems confusing to the child. They can be helpful in gathering contextual information, particularly from young children. End a multiple-choice question by providing the child with an Open-Ended option. For example, ask, *"Did it happen in the living room, bedroom, or someplace else?"* An example of a Yes/No question would be, *"Did your mom want other people to find out what happened?"* It is important to limit the number of closed-ended questions asked. Once he has provided a response to a Closed-Ended question, return to Open-Ended questions.

- **Leading**—Leading questions introduce information with a question in which the actor, an act, and a tag are included, as in, *"Your dad touched your pee-pee, didn't he?"* Such questions are leading because they encourage the child to provide a particular response, usually an affirmative one. These types of questions should be avoided.
- **Coercive**—Coercive questions or statements are those that pressure the child to do or say something. An example would be, *"If you tell me what I want to know, you can leave the room."* These types of questions should not be used.

NONVERBAL LANGUAGE

"Nonverbal" communication can play a role in a forensic interview. It may involve emotional expressions, actions, body language, and even silence. The interviewer should be aware of the impact that nonverbal communication may have on the child. Conversely, the interviewer should pay attention and note nonverbal communication from the child.

Nonverbal cues can include gestures, facial expressions, spatial distance, and vocal tones.

- **Gestures**—One of the most common forms of nonverbal communication used by children is the gesture. A gesture can be anything that incorporates a movement of the body and signifies a message. Some children shrug their shoulders, throw their hands up in the air, or storm off with heavy feet to show they are angry or upset. Gestures are typically paired with verbal communication, but they do not have to be. Each child is different, so it is important to inquire in order to learn his gestures and meanings.
- **Facial expressions**—Paying close attention to a child's facial expressions and asking the right questions helps the interviewer understand more deeply what the child is thinking or feeling.
- **Spatial distance**—A child will typically learn his "normal" spatial distance (personal space) from his family, upbringing, and cultural environment. Everyone has personal space, even children. Recognizing spatial distance differences will help the interviewer understand and relate to each child. Reinforce appropriate boundaries with the child being interviewed. For example, if a child demonstrates inappropriate personal space boundaries such as lap sitting, gently reinforce an appropriate boundary by guiding the child to a seat.
- **Vocal tones**—A child's tone of voice can help decode the message he is sending. If a child says he feels happy, but his vocal tone sounds otherwise, consider asking a few questions to determine if and why there is a contradiction between what he says and how he is saying it.

PREPARATION FOR THE INTERVIEW

Effective Ways to Facilitate Communication Throughout the Interview

- Turn off pagers and cell phones.
- Restrain from obvious emotional response to a child's disclosures.
- Respect his personal space.
- Do not suggest feelings or responses for the child.
- Avoid correcting his behavior unless doing so is necessary for safety purposes.
- Make the interview room child friendly, with limited distractions.
- Guns should not be visible.

- Engage in active listening; say *"uh-huh"* or repeat the last few words of the child's statement.
- Periodically use the child's name.
- Provide verbal encouragement, such as, *"You really helped me understand."*
- Try action invitation, as in, *"Tell me more about* [action]."
- Allow for and be comfortable with silence. Give the child time to process the question and formulate an answer.
- Ask questions that may facilitate additional details, such as, *"How did you feel?"*

Three useful statements in child interviews are:

- *"I wasn't there, so tell me…."*
- *"Even if you think I know, tell me anyway."*
- *"Even if you think it does not matter, tell me anyway."*

Use of Tools

Children's disclosures of abuse can be enhanced through use of tools such as drawings, timelines, mapping, and anatomically detailed dolls or drawings. Tools may best be used to elicit further detail about a disclosure that has been made. **Before introducing these tools in an interview, the interviewer should be trained in their application, benefits, and limitations**.

Tools are most often used with younger children, who often need external cues to facilitate memory retrieval and communication. However, these tools are not exclusive to younger children. They also help older children who are embarrassed to share what has happened to them or help the interviewer gain clarification once a disclosure has been made.

- **Line drawings**—The interviewer may draw a human figure to assist a child with disclosure or to make a developmental assessment.
- **Free drawings/mapping**—Done by the child, these drawings may depict a map of a landscape or cityscape, a map of the room(s) in which offenses occurred, a timeline of events, body parts and positions, and weapons.
- **Real photographs/videos**—Introducing evidence during a forensic interview should be done with caution, after discussions with involved MDT partners, and using a clearly defined protocol by an interviewer who has specific training in this area.
- **Other props**—These include paper, pencils, and markers. These tools may be useful as instruments for assessing a child's development as well as facilitating a disclosure. A child can use paper and pencil to write about an abuse experience when it is too difficult or embarrassing (for the child) to state out loud.
- **Anatomically detailed dolls and drawings**—These dolls and drawings depict individuals of varying ages in both genders, with facial features and identifiable genitalia.
- **Anatomically neutral dolls and drawings**—These dolls and drawings are similar to those above, but without genitalia.

Any drawings, photographs, videos, or other tools used by the child should be kept as evidence. Interviewers should consult their state laws and/or county protocols for evidence-preservation procedures.

Tips for Use of Tools

- Before introducing tools in an interview, the interviewer should be trained in their application, benefits, and limitations.
- Remember that more than one tool can be used during the interview.
- Prepare the child when introducing a tool.
- Have him identify important characteristics of the dolls/drawings. Encourage him to use his words.
- Be the one to determine whether and which tool(s) to use.
- Refrain from interpreting the child's behaviors with the tools.
- Be willing to abandon the use of the tool if it results in discomfort or a negative reaction from the child.

BEGINNING THE INTERVIEW

The overall goal during the beginning of the interview is to establish rapport and obtain information about the child's developmental and communication abilities. Rapport development is associated with greater accuracy in event reports. During this phase, the forensic interviewer should make introductions, establish roles, give instructions, explain expectations of the interview, assess the child's development, set a precedent of eliciting narrative responses, and create a relaxed and friendly environment.

Introductions and Instructions

- Orient the child to the room; inform the child that a video recording is being made and that others may be observing. (See Appendix C, "Orienting the Child to the Room," for specific examples.)
- Make introductions, including names and roles.
- Give the child a sense of control by giving him choices whenever possible. Give him permission to ask questions about the interview room or process.
- Research indicates that reinforcing answer options reduces children's suggestibility and enhances resistance to misleading questions. Standard answer options/instructions may include:
  - *"Correct me if I get something wrong."*
  - *"Let me know if you don't understand my questions."*
  - *"If you don't want to answer a question, it's okay to say so."*
  - *"If you don't know, then it's okay to say, 'I don't know.'"*
  - *"Don't guess."*
  - *"You can leave or take a break anytime you need to."*
  - *"We don't do pretending or make believe in this room. We are going to discuss true things today."* OR *"We will talk only about things that really happened."*

For younger children, consider asking them to demonstrate their ability to follow the instructions. When the child is able to successfully correct the interviewer, positive reinforcement may be used to highlight his ability to demonstrate the skill. Younger children may do better with a limited number of rules and practice. Older children may be able to handle more and may not need to practice.

Practice Narrative—Establishing Precedent for Eliciting Narrative Responses

Using open-ended questions/prompts, ask the child to tell about a salient event—such as a recent birthday—to elicit a practice narrative, encouraging him to tell *all* about the event, from beginning to end. *"Tell me about your last birthday/recent holiday." "Tell me everything that happened." "Tell me what happened from the beginning to the end."*

Narrative practice increases the child's comfort level and facilitates rapport building. It allows the interviewer to assess the child's developmental level, cognitive functioning, and language abilities. It also establishes the precedent that the child provides narrative responses to the interviewer's questions. Conducting a practice narrative using open-ended questions increases the amount of reliable information the child provides later in the interview.

A child's ability to comprehend time is dependent on his age and developmental capacities. Asking a child for details regarding specific events, rather than the number of times an event occurred, will help him recount reliable information. One way to gather this information would be to ask the child about individual, specific events, such as the first time the event occurred, the last time, and those that occurred at different locations and at different times of the year.

INTRODUCING THE TOPIC OF CONCERN

The transition to the "topic of concern" or "allegation-focused portion" of the interview should be accomplished in the most open-ended, non-suggestive way possible. This can be achieved in many ways:

- Spontaneous disclosure may occur during the early stages of the interview, allowing a natural transition to the topic of concern. For example, during narrative practice, the child describes that the police recently came to the house. At that time, the interviewer would request a narrative of the incident.
- In the absence of a spontaneous disclosure, it is best practice to follow the continuum outlined below.
  - *"Tell me why you are here today."* Research consistently finds that at least one-half of children who disclose abuse in forensic interviews do so by the time of the initial, *"Tell me why…"* request.
  - *"Is someone worried about you?"* If the answer is yes, follow with, *"Tell me what ____ is worried about."*
  - *"I heard you talked to ____. Tell me what you talked about."*
  - *"I heard that something may have happened to you _____. Tell me about that."* [Fill in the blank with words from the child's disclosure, such as "at the pool" or "that bothered you."]
  - The above continuum should be a guide and not an absolute; honor the process and individuality of each child and interview.

Alternative Hypotheses Exploration

Forensic interviews *test* hypotheses rather than *confirm* hypotheses. Prior to an interview, the interviewer should consider alternative hypotheses about the sources and meanings of the allegations. During an interview, the interviewer should attempt to rule out alternative explanations for the allegations.

Exploring Risk Factors

Additional risk factors, other than the abuse allegation(s), may be explored with the child during the interview. The interviewer may discuss topics such as exposure to violence, drug and alcohol abuse, animal abuse, exposure to pornography, weapons, and family dynamics, including divorce or separation. CAIC or MDT protocols may determine whether or when to ask additional risk factor questions. When exploring risk factors, follow the same format and question types used during the allegation-focused discussion.

ENDING THE INTERVIEW

A child forensic interview can be concluded once the interviewer has obtained sufficient information and/or the child is unwilling or unable to further participate in the interview.

Prior to ending the interview, the interviewer should attempt to consult with MDT partners, specifically LEs and DHS-CWPs, to ensure that sufficient information has been obtained and crucial elements of the interview have not been overlooked. It is the interviewer's responsibility to decide if the team's suggestions should be incorporated into the interview. There may be times when it would not be appropriate.

If the child is unwilling or unable to participate in the interview, the interviewer should attempt to determine why and appropriately respond to him. The child's best interests should always be the first priority. He should not be pressured to stay in the interview room; that pressure could result in him making inaccurate statements and could also adversely affect his well-being. In cases in which relevant information has not been obtained from the child, the interviewer may need to explore other options such as a therapy referral or additional interviews.

Closing Components of an Interview

Give the child an opportunity to ask questions. Answer questions honestly, providing information, if able, and deferring to the appropriate MDT team members when necessary. Do not make promises or guarantees as to what may or may not occur after the interview.

Allow the child to discuss topics/issues/concerns he feels are important, including topics not previously addressed. This provides the child with the opportunity to communicate information that he deems important, which could be something that the interview questions did not address or information that he did not relate to the questions that were asked. Try asking the child questions such as, *"Are there any questions that I forgot to ask you today?"* and *"Is there anything else you remember that you think is important for me to know today?"*

Acknowledging the Child's Feelings

Children experience an assortment of emotions during interviews. Some children may experience or display a strong emotional response. Some interviewers choose to acknowledge the child's emotional state with a comment such as, *"I see that you have tears in your eyes. Tell me about your tears."* If doing so,

be careful not to make judgments or interpretations that suggest the child is feeling a certain way, such as, *"I see you have tears in your eyes—you must be sad."*

Transitioning to Neutral Topics

Make an effort to transition the child to a discussion of neutral topics prior to leaving the interview room. This may include talking with the child about his plans following the interview, pets, school, or other topics discussed during the beginning of the interview. This process may vary in length depending upon the child's needs. Some children may be well served with a short conversation around a neutral topic. Other children may need more time to transition, and it is important to make the appropriate accommodations.

Optional Closing Components

The interviewer should thank the child for his participation in the interview, which relays to him that his statements are important. Thank him for his participation whether or not a disclosure was made. Thanking the child should not include any reinforcement of specific information disclosed.

V. CHILD DEVELOPMENT

The child's developmental age is the most important factor in determining what questions to ask. For this reason, a strong foundation in child development is essential.

TODDLERS: AGES 18 MONTHS TO 2 YEARS

*This section applies mostly to children age two.

Physical Development

- Walks well, goes up and down steps alone, runs, and can seat self on chair
- Is developing toileting and other self-help skills
- Attempts to dress self

Language and Cognitive Development

- Says words, phrases, and simple sentences
- Has a vocabulary of approximately 272 words
- Exhibits short attention span
- Can identify simple pictures
- Uses receptive language that is superior to expressive language
- Holds an egocentric view of life
- Is a concrete thinker
- Shows difficulties with classification and sequencing

Social and Emotional Development

- Enjoys solitary play
- Depends upon guidance from adults
- Refers to self in the third person
- Is socially immature
- Has a limited concept of others as people
- Is developing a sense of personal identity
- Is developing and asserting independence

Behaviors Related to Sexual Development

- Explores own body
- Is interested in toileting behaviors
- Touches/rubs own genitals
- May experience pleasure when touching own genital areas
- Is developing an awareness of differences between male and female bodies

- May exhibit uninhibited behaviors

PRESCHOOL: AGES 3 TO 4 YEARS

Physical Development

- Shows improved balance
- Is developing the ability to dress self
- Runs well, rides tricycle, skips, dances, kicks, and throws balls
- Demonstrates improvement in drawing; may be able to make shapes, people, and scenes
- Is able to feed self

Language and Cognitive Development

- Is capable of short sentences
- Uses complete sentences
- Has a vocabulary of approximately 896 to 1,540 words
- Tells simple stories
- Is highly imaginative
- Demonstrates dramatic behaviors and language
- Uses receptive language that is superior to expressive language
- Has an egocentric view of life
- Shows difficulty with classification and sequencing
- Has a poor understanding of time
- Demonstrates difficulty with source monitoring and source attribution
- Is learning to generalize

Social and Emotional Development

- Better understands own gender (age 3)
- Concept of gender identity is better developed and becomes important (age 4)
- Is less resistant to change
- Has a greater sense of personal identity
- Demonstrates and asserts more independence
- Enjoys helping others
- Is developing the ability to take turns
- Conducts parallel play (age 3)
- Participates in cooperative play (age 4)
- Is developing relationships, extending social network

Behaviors Related to Sexual Development

- Touches and rubs own genitals
- Is developing curiosity about own body functions
- Exhibits interest in the difference between male and female bodies
- Enjoys being nude
- May display both serious and silly behaviors regarding genitals and bodily functions
- Acts out gender roles during play

Considerations During Forensic Interview

Remember that the child:

- May have difficulty separating from caregiver
- Has a short attention span
- May possibly be unable to provide narrative
- Can exhibit compliant, assertive, and independent behaviors
- Has difficulty differentiating between fantasy and reality
- Demonstrates receptive/expressive language differences
- Has a poor understanding of time
- Shows difficulties with classification and sequencing

KINDERGARTEN: AGES 5 TO 6 YEARS

Physical Development

- Shows improved gross motor coordination—can skip, hop, kick, and throw
- Has improved balance
- Demonstrates improved skills in dexterity
- Vision has reached maturity
- Exhibits improved self-help skills—better able to feed, dress, bathe, and use toilet on own

Language and Cognitive Development

- Demonstrates a fixed concept of gender identity
- Understands colors and counting
- Better understands classifying and sequencing
- Shows incomplete understanding of time
- Has an improved understanding of truth and lies
- Engages in complex symbolic play
- Is still somewhat egocentric
- Makes causal links

- Is better able to differentiate between fantasy and reality
- Is beginning to understand "same" and "different"

Social and Emotional Development

- Appreciates and responds to praise and encouragement
- Has an improved ability to interpret, predict, and influence others' emotional reactions
- Can express empathy
- Demonstrates a more thorough use of language
- Is better able to solve social problems
- Developing a sense of morally relevant rules and behaviors
- Has a wider social network
- Enjoys imitating caregivers
- Identifies with and can be protective of caregivers

Behaviors Related to Sexual Development

- Touches and rubs own genitals; may engage in this behavior when tense, excited, or afraid
- Plays house; may engage in role playing of household members
- Is interested in own body parts and those of others, including the genitals
- Is interested in having babies and birthing
- Engages in funny and serious behaviors/language regarding genitals
- Asks questions regarding adult toileting and adult sexual behaviors

Considerations During Forensic Interviews

Remember that the child:

- Has limited time and sequencing abilities
- Has an increased ability to provide narratives
- Identifies with and can be protective of caregivers
- Is developing a sense of morality and rules
- Has an improved ability to interpret other people's feelings

TIPS FOR TALKING WITH CHILDREN AGES 3 TO 6 YEARS

- Use names, not pronouns.
- Use simple words, such as "guns" versus "weapons" or "beer" versus "alcohol."
- Avoid double negatives, such as, "*Didn't Mom tell you not to go?*"
- Try to avoid "basket words"—words with more than one meaning. For example, use "kiss/lick" (concrete) rather than "touch" (basket word) or "pants" (concrete) rather than "clothes" (basket word).

- Use simple tenses, such as "did" versus "might have done."
- Avoid asking two questions in one, such as, *"Has a person hurt or touched your pee-pee?"*
- Remember, young children are very concrete thinkers. Trigger the child's memory by using her words (e.g., "whoop" versus "spank").
- Anchor the child's memory to a specific episode by requesting details about where she was, how she got there, and the location of others.
- Use mapping to cue memory.
- Have the child use actions instead of words by asking questions such as, *"Point to where you were hit."*
- Test the child's knowledge of words that are often difficult for children to understand (e.g., "on/off" and "before/after") by asking questions such as, *"What room were you in before this one?"*
- Use "somebody" or "a person," rather than "anyone" or "anybody."
- Avoid asking "why" questions. Cause/effect may be too abstract to comprehend.
- Avoid clauses such as, *"Do you remember?"* or *"Can you tell me?"* because they make the question too long and solicit a yes/no (forced-choice) answer.

Difficult words—When using words such as "ask/tell," "first/last," "move/touch," "anyone/anybody," "before/after," "some/all," "let/make," and "more/less," try to test the child's understanding and be prepared to explain why she may have had difficulty with them.

ELEMENTARY SCHOOL: AGES 7 TO 10 YEARS

Physical Development

- Has rapidly improving fine motor skills
- Gross motor skills are becoming more fluid, but there is clumsiness and difficulty with muscle control
- Experiences high levels of energy, sometimes followed by fatigue
- Is undergoing the onset of puberty, including growth of pubic and armpit hair
- Girls possibly experiencing first menstrual cycle
- Girls (age 10) showing widening of hips and breast development
- Boys (age 10) experiencing changes in voice tenor

Language and Cognitive Development

- Has an improved ability to understand and express abstract concepts
- Can separate fantasy from reality
- Verbal development is demonstrated in both boys and girls; boys are typically less verbal than same-age girls
- Is more capable of sequencing events
- Can comprehend complex relationships

- Has an improved sense of time
- Thinking is becoming less egocentric

Social and Emotional Development

- Has an increased understanding and sense of morality, justice, and fairness
- May begin to experience conflict between family and peer values
- Is capable of expressing a wide range of emotions, both through verbal and nonverbal language
- Is increasingly sophisticated in managing emotions

Behaviors Related to Sexual Development

- Engages in masturbation and body exploration
- Has a developing sense of modesty; may express need for privacy
- Is developing romantic feelings
- May show interest in looking at nude pictures or at people while undressing
- Has an increased perception of male and female roles
- Is developing strong connections and friendships with same sex

Considerations During Forensic Interview

- Remember that the child may have experience with internal conflicts or mixed emotions and that she has a better understanding of morality, fairness, and rules.
- Be aware of her potential external conflicts, such as conflicting family/peer values, embarrassment, teasing, and the desire to fit in with her peer group.
- Keep in mind that she may have begun experiencing feelings of arousal and/or possible romantic feelings toward others.
- Use fewer verbal cues, as she can provide better narratives.
- Acknowledge that this "stuff" can be embarrassing.
- Ask the child about any worries and answer questions as appropriate.
- Consider asking questions related to self-reflection, such as, *"How did you decide to tell?"*
- Children in this age range are still challenged by timelines regarding when a well-remembered event occurred.

EARLY ADOLESCENCE: AGES 11 TO 13 YEARS

Physical Development

- Has hormones that are becoming active with puberty (Average onset of puberty for boys is age 12; for girls, it is 10.)
- Demonstrates improved coordination, endurance, balance, and physical tolerance
- Is experiencing rapid physical growth, including gains in weight and height

- Has greater sexual interest

Language and Cognitive Development (brain continues to develop until approximately age 25)

- Shows greater awareness of others; is beginning to imagine what others may be thinking
- Is less suggestible; no longer views parents as source of absolute truth
- Is interested in the present, with limited thoughts of the future
- Has a growing capacity for abstract thought
- Intellectual interests are expanding and becoming more important
- Engages in deeper moral thinking

Social and Emotional Development

- Struggles with sense of identity
- Is developing concern for others/empathy
- Focuses on social relationships and expectations, worries about being normal
- Is increasingly influenced by peer group
- Is developing feelings of responsibility and guilt
- Has increased worries and anxiety, resulting in more questions
- Sexuality may be a source of embarrassment
- Is beginning to withdraw from family, move toward independence
- Has a tendency to return to "childish" behavior, particularly when stressed

Considerations During Forensic Interview

- Use fewer verbal cues, as the child can provide better narratives.
- Acknowledge that this "stuff" can be embarrassing.
- Ask her about any worries and answer questions as appropriate.
- Consider asking questions related to self-reflection such as, *"How did you decide to tell?"*

MIDDLE TO LATE ADOLESCENCE: AGES 14 TO 18 YEARS

Physical Development

- Puberty is completed
- Physical growth slows for girls, continues for boys

Language and Cognitive Development

- Shows continued growth of capacity for abstract thought
- Exhibits new form of egocentrism beginning to emerge
- Tends to believe others are thinking about her

- Tends to misread facial expressions based upon her egocentric thinking
- Has a greater capacity for setting goals
- Is interested in moral reasoning

Social and Emotional Development

- Exhibits intense self-involvement, high expectations, and poor self-concept
- Continues to adjust to changing body, worries about being normal
- Has a tendency to distance herself from parents, strive for independence
- Relies on friends to a greater degree; places importance on popularity
- Experiences feelings of love and passion

Considerations During Forensic Interview

- Spend more time explaining why things are happening, using such phrases as, *"Some questions I ask may seem obvious or ridiculous, but I cannot make any guesses and need to make sure I get it right."*
- Be aware of body language and tones of voice during the interview to prevent the child from misreading expressions.
- Maintain a calm demeanor regardless of the teen's expression of a strong feeling such as anger, sadness, or defensiveness.
- Give choices whenever possible, such as, *"Would you like to sit in this chair or that chair?"*
- Avoid assumptions about the teen's knowledge base; always clarify terms and phrases.
- Provide reassurance.
- Keep the wait to be interviewed as brief as possible to minimize anxiety.
- As with all children, avoid asking "why" questions to diminish defensiveness.
- Regardless of their size or developmental appearance, teens do not have fully developed brains. Be sure to keep questions simple and clear.
- Teens may not say anything if they don't understand a question; be sure to check to ensure they understand.

VI. INTERVIEWING CHILDREN WITH DISABILITIES

Disabilities affecting children can be numerous and complex. The most important thing to remember when interviewing a child with disabilities is that the child is first and foremost a child; the disability should not define him. All children have strengths and limitations. Building on the child's strengths and making accommodations for limitations shows him respect and allows for the most successful interview.

Interviewers should educate themselves about various disabilities and put aside any potential biases, fears, and assumptions about children with disabilities. Shifting the focus away from the diagnosis or label and focusing instead on four common categories of disabilities will lead to more successful interviews of children. The four categories of disabilities are *communication, intellectual, social/emotional, and physical*. The child's disability can be a medical, educational, or psychological condition that interferes with his ability to:

- Speak, understand, and use language (*Communication Disabilities*)
- Think and reason (*Intellectual Disabilities)*
- Behave appropriately, socially and emotionally, in most settings (*Social/Emotional Disabilities)*
- See, hear, move, and be healthy (*Physical Disabilities)*

Below is a set of questions the interviewer can ask prior to the interview to help think about the disability's potential impact on the child's ability to report abusive events and what accommodations might be useful. By doing so, the interviewer can quickly identify and organize what is known and what would be helpful to know before proceeding.

1. Does this child have a disability or difficulty with:
   - Speaking, understanding, and using language?
   - Thinking and reasoning?
   - Socializing, feeling, and behaving?
   - Hearing, seeing, moving, or staying healthy?
2. How does the disability affect him?
3. What strengths or abilities does he have?
4. What else is necessary to know about the child and the disability?
   - Are there medical or educational records available for review? For example, a child may have an Individual Education Plan (IEP) that can provide information on his strengths, weaknesses, and communication preferences.
   - Who might be available for a general consultation on this disability (e.g., the child's caseworker or an expert in the community)?
5. How can the setting and questions be structured for a successful interview?

Prior to any interview of a child with disabilities, the interviewer should:

- Attempt to gather history about the child's preferred communication style. Often caregivers, school personnel, and DHS caseworkers have insight into the child's strengths and the most successful ways to communicate with him.
- Limit distractions in the room, such as ticking clocks or numerous stuffed animals.
- Provide a clear description of the interview process, possibly showing the interview room to the child before starting the interview.
- Inquire about any medications the child takes. If he is taking medications, inquire about how the medications affect him and also ask about the timing of the medications to determine the best timing for the interview.

For additional information on interviewing children with disabilities in Oregon, refer to *Project Ability: Demystifying Disability in Child Abuse Interviewing* (Revised 2010), a curriculum that provides instruction on how to develop appropriate accommodations for each child with disabilities. The curriculum is available online at http://cms.oregon.gov/DHS/children/committees/cja/proj-abil.pdf.

COMMUNICATION DISABILITIES

Difficulties with communication fall into two main categories—speech and language—and range from mild to severe, from simple mispronunciations of certain sounds to an inability to understand spoken or written language. Speech is the production of understandable sounds used for communication. Language includes the sharing of thoughts, ideas, feelings, and information. *Receptive* language refers to what the child hears and understands. *Expressive* language refers to what and how the child speaks. A child can have problems with one or both of these areas of language development.

Communication difficulties are complex because they involve at least a four-way interaction: what the child says, what the adult says, what the child understands about what the adult says, and what the adult understands about what the child says. Most learning disabilities fall into the communication category.

During the interview:

When interviewing a child with *receptive* communication difficulties:

- Minimize distractions in the interview room.
- Use short sentences that express one thought at a time.
- Allow for long silences.
- Pay attention to eye contact, body language, and other cues the child provides to indicate he does not understand (e.g., squirming, grimacing, or long pauses).
- Stop periodically to ask if he understands or has any questions.

When *expressive* language is a concern:

- If properly trained, use tools to enhance communication (e.g., drawings, anatomically detailed dolls, and mapping).
- Allow for long silences. Not all children speak in full sentences—resist the temptation to fill in the blanks.

- Acknowledge communication challenges in the beginning of the interview during rapport building by saying, *"You are new to me. Sometimes it is hard for me to understand new people. I may ask you to repeat some things."* Or say, *"I will have to learn what words you use for things. I may ask you to make drawings to help me understand what happened."*
- Listen carefully to ascertain what words the child uses and what those words mean to him. For example, if he says, *"He beat me,"* ask, *"When you say 'beat,' what do you mean?"*
- To assure accuracy, repeat back to the child what you understood him to say.
- Clarify pronouns and use identifiers whenever possible. For example, use *"your uncle," "Sally," "the man with the yellow hat,"* rather than *"he," "she,"* and *"him."*

Autism Spectrum Disorders (ASD)

The term "autism" represents not one disability but a range of functional disorders, from mild to severe. The hallmark of ASD is pervasiveness, in that it affects several domains of development at once. Children identified with Asperger's Syndrome—which is at one end of the spectrum—may have normal intellectual abilities but have difficulty with interpersonal communication. On the other end, a child with severe autism may have a low IQ, limited language, and problems with adaptive functions. The diagnostic criteria for ASD require impairments in both communication and social interaction domains. Children with ASD may or may not use speech to get their needs met.

Communication difficulties that may be associated with ASD include:

- Very limited vocabulary or vocabulary that does not fit with the conversation or situation
- Use of echolalia, in which the child repeats back to you what you or she just said; this may indicate that she does not understand what has been said to her or is unable to make a response using appropriate speech; the child may repeat words or phrases associated with a question/answer long after the original interaction occurred
- Exaggerated focus on only one topic of interest
- Inability to "read" body language or facial expressions to understand social situations
- Very literal interpretations
- Difficulty understanding sarcasm, jokes, slang, and innuendos
- Actively avoiding eye contact or other physical contact during communication
- Unusual speech and/or flat intonation

Prior to proceeding with an interview, gather as much information as possible regarding how the child communicates and what sensory issues he may have (e.g., reactions to overhead lighting, reactions to touch). Also, limit any potential distractions in the room, and possibly show him the interview room before starting the interview.

During the interview:

- Be mindful that children with ASD are very sensitive to touch. Avoid touching them.
- Provide brief, yet clear descriptions of ground rules and the interview process so that the child knows the expectations both of him and of the interviewer.
- Proceed slowly and take as much time as necessary to establish rapport.

- Minimize eye contact if he is anxious.
- Do not assume that a child is not engaged in the interview process if he fails to make eye contact or speaks in a monotone.
- Be aware that a child with ASD may provide an inordinate amount of detail with each answer, as he may not be able to discern what is important. Resist the temptation to move on to another section of the interview.
- Avoid use of slang, jokes, sarcasm, and colloquialisms such as, *"Are you pulling my leg?"*

Attention Deficit Hyperactivity Disorder (ADHD)

Children with ADHD may exhibit behavioral issues, such as impulsivity, hyperactivity, or distractibility. However, communication difficulties are also associated with ADHD. Children with ADHD may be unable to focus on a sentence, paragraph, or conversation long enough to hear the entire message. They also may be unable to keep the message in mind long enough to develop a response, send a meaningful reply, and await the next message. Another form of attention difficulties for children with ADHD involves "getting stuck" on a topic or activity to the exclusion of all other stimuli (known as hyperfocus). When hyperfocused, they may have difficulty changing their focus from one topic or activity to another. They may also struggle with saliency of a detail or topic, causing them to digress from the topic to discuss irrelevant or tangential details.

When interviewing a child with ADHD:

- Remove distractions from the interview room.
- Assess the child's level of attention during narrative practice.
- Repeat a question if the answer he gives suggests that his mind has drifted or he is distracted.
- Comment on distractibility when repeating a question so that the child does not think his answer was incorrect (e.g., *"You seem distracted. Let me ask again."*).
- Consider asking more focused questions to cue him about the information sought. For example, after asking him to tell about what happened with a person he mentioned, prompt him with, *"Tell me more about what ___ did."*
- Allow him to fidget and/or move about the room, as this can help him focus on the words he is hearing.

INTELLECTUAL DISABILITIES

The term "intellectual disability" applies to children with below-average intelligence who have difficulties with thinking and reasoning. Causes for intellectual disabilities may be congenital (present at birth) or acquired (from traumatic brain injuries, neglect, deprivation, or severe infection such as meningitis). Children with intellectual disabilities may have diagnoses such as Down syndrome or ASD. Often, school-aged children have an IEP from school. Review this for tips on the child's strengths, areas of struggle, and how best to communicate with him.

Children with intellectual disabilities may have:

- Slower development than peers
- Failure to achieve developmental milestones

- Difficulties with memory, problem solving, time concepts, math, reading, communication, and interpersonal skills
- Limited adaptive skills in areas of daily living such as dressing, toileting, or self-feeding
- Impulsivity in decision making
- Inability to perceive danger when danger presents as an abstraction
- Limited thinking and reasoning abilities but normal sexual development

During the interview:

- Do not "talk down" to a child with disabilities. Be respectful of and adapt to his abilities and level of functioning.
- Make introductions and explain what will happen during the interview, how long it will probably take, and the unique features of the interview room.
- Give him permission to take a break or use the restroom if needed.
- Clearly review his answer options.
- Spend extra time establishing rapport to become familiar with his language abilities. As with all children, attempt a practice narrative about a neutral topic, using open-ended questions and invitational prompts.
- Assess his ability to respond to abstract questions.
- Ask one question at a time. Avoid compound questions and sentences. Avoid asking "why" questions.
- Match the language used in the interview to his language.
- Allow the child to speak at his own pace, with time for silence. Be patient.
- Notice changes in his behavior, such as preoccupation with activities or subjects, humming or groaning, and withdrawal, all of which may indicate he is becoming anxious and/or struggling with expressive communication. Use yes/no questions, sparingly, to help ease communication.
- If he does show signs of fatigue, anxiety, or distraction, consider taking a break either from the interview or from the topic of conversation. Initiate the break by saying, *"I'd like a quick break. Would you also like one?"*

Consider conducting more than one forensic interview for a child with intellectual disabilities, which may be more productive and less stressful. Take care to follow appropriate guidelines for multiple interview sessions. (These can be found in Appendix D, "Extended Forensic Interviews.")

SOCIAL/EMOTIONAL DISABILITIES

Social and emotional needs drive human behavior; children may have problems in one or both areas. Social behaviors determine how people integrate themselves and their personal needs and desires with the desires and needs of the group. Children with emotional problems are unable to manage feelings to control their behaviors. Emotional problems typically stem from three sources: a lack of guidance regarding managing one's feelings, a disturbance in brain biochemistry, and/or a traumatic event.

Diagnoses for these children include anxiety disorders, posttraumatic stress disorder (PTSD), bipolar disorder, conduct disorder, depression, reactive attachment disorder, and emotional disturbances. Because social and emotional disabilities are less apparent than other disabilities, caregivers and society often have higher expectations for children with these disabilities than with others, and often they respond punitively when the children do not meet those expectations.

Prior to interviewing a child with social or emotional disabilities, attempt to gather information regarding the child's baseline behaviors and whether there have been changes in them. Inquire about the child's reactions when anxious and whether he takes any medications. Medication timing and possible side effects can have an impact on the success of an interview. Ask about any triggers for the child, such as specific words that can upset him.

During the interview:

- If the child has anxiety issues, provide a careful review of the rules and structure of the interview.
- Spend time on introductions and explain roles, the interview room, and the interview process.
- If he becomes agitated, allow space for him to fidget, wiggle, crawl, or move about, as this may be self-soothing. However, if such movements become too disruptive, appropriately set limits and/or redirect the behaviors. Consider redirecting the child by saying, *"I'm worried you are going to hurt yourself. Come back to the table so we can talk and you can be safe."*
- If he withdraws, allow for periods of silence to give space to process his reactions.
- Take breaks or temporarily engage him in an activity (e.g., drawing, playing with Play-Doh), and then re-engage him in the discussion.
- Acknowledge his difficulty discussing a topic with a phrase such as, *"It seems like this is hard to talk about."*

PHYSICAL DISABILITIES

Physical disabilities are directly related to physical functioning—hearing, vision, movement, and health. As with other categories of disability, physical impairments can be mild to severe. Sometimes physical impairments are temporary in nature, such as a broken leg requiring assistance for mobility and rehabilitation. Others are lifelong disabilities, which may severely affect function and activities of daily life. Barring co-occurring disorders, children with physical disabilities understand and process information similarly to children without physical impairments.

Deafness or Hearing Impairment

Many people who are deaf or hearing impaired do not see themselves as having a disability; they see themselves as part of a culture with different means of communication. It is important not to assume a child who has hearing impairments has no usable hearing. Before interviewing him, gather information about his preferred means of communication, which could be sign language, speaking, or writing. Writing is a useful accommodation when clarification is needed. If the child communicates with sign language, it is important to use a sign language interpreter who is versed in the child's particular language (e.g., American Sign Language, Spanish Sign Language, etc.). Follow the guidelines in Section VIII, "Using an Interpreter."

During the interview:

- Always explain interruptions or odd noises, such as a door slamming or a phone ringing.
- If trying to get the child's attention, touch his arm or shoulder.
- Eye contact is essential. Pantomime and gestures may be useful.
- Speak in a normal voice; yelling may distort words and interfere with lip reading.

Visual Impairment

Do not assume that the child has no usable vision; many people who are "legally blind" can see shapes, colors, and/or light.

During the interview:

- Ask where the child would like to sit in the room. Avoid seating him directly in front of a light or window. The primary light source will optimally be behind him so he can see facial expressions well.
- Use natural lighting or lamp lighting, if possible.
- Announce all entrances into and departures from the room.
- Always ask before petting a service animal; the animal is working.
- To guide a child, let him take an arm, not the other way around. Tell him where he is going and what is in front of him before he gets there.
- If possible, have written materials available in other formats such as large print, Braille, audiotape, or pictures.
- When assessing knowledge of prepositions, ask him to hold an object, such as a pen, to show the object's location (e.g., on, under, behind, or inside).

Cerebral Palsy

Cerebral palsy is a group of disorders that affect movement, posture, and speech. Cerebral palsy is caused by a brain injury early in life and ranges from mild to severe. Most often, cerebral palsy affects mobility, but it also can affect speech and communication. Do not assume that a child with cerebral palsy has intellectual delays based on his involuntary movements or speech. Typically cognition is not affected.

During the interview:

- Ask the child where he would like to sit in the room.
- Allow for movement in the interview room, at any time during the interview.
- If he has a wheelchair, do not touch or maneuver it without his permission.
- Expect emotional dysregulation and quick mood swings, which may be neurocognitive in origin.
- Pay attention to the need for repositioning for comfort and respiratory efficiency.
- Take note that stress may have an impact on his ability to express himself. For example, it may cause him to stutter.

VII. INITIAL RESPONDER INTERVIEWS

An interview by an initial responder is used to collect necessary information regarding alleged incidents of child abuse. Initial responders, LEs and DHS-CWPs, typically conduct this interview during their initial contact with the child/family. If appropriate, this interview will be followed by a formal, in-depth forensic interview conducted in a child-friendly atmosphere such as that of a child abuse intervention center (CAIC).

An interview may be used by an initial responder to establish safety, determine if a criminal investigation is needed, or assess the need for an immediate medical evaluation. Initial responders should make every effort to limit the number of times a child is talked with about the allegations. In some cases, enough facts may be gathered from the reporting source, thereby eliminating the need for an initial responder interview.

The initial responder interview must be flexible to permit the initial responder to use common sense in following individual MDT guidelines/policies. For example, if the child volunteers detailed information, that information should be written down or otherwise recorded, and the report should reflect the circumstances under which the child made the disclosures. If the child is not volunteering information, the initial responder should avoid questioning her, particularly asking leading questions, and the information needed should be obtained from sources other than the child whenever possible. Do not ask the child why the abuse happened, as it implies to her that she is to blame.

FACTS TO BE DOCUMENTED FOR BEST PRACTICE

- Start and end time of the initial responder interview
- Location of the interview
- Those present during the interview
- That the child gave consent for the interview
- How the disclosure information arose, if it did
- Questions asked that elicited the disclosure information
- The child's answers, as close to verbatim as possible

INFORMATION TO BE OBTAINED FROM THE CHILD

- If there are concerns of physical or sexual abuse, what happened to the child's body, including the parts of the body touched or injured
- If there are concerns about exposure to violence, what violent acts were witnessed by the child
- Where the alleged abuse took place, to determine jurisdiction and whether corroborating evidence may need to be gathered
- When the last incident occurred (Children under 11 may not be able to provide this information.)
- Determine whether immediate medical attention is necessary; if so, initial responders should follow their county's MDT protocol for acute physical and sexual abuse medical evaluations
- Names of the alleged perpetrator(s)

- Names of anyone else who may have witnessed, was there during, or was involved with the alleged abuse
- Safety concerns for the child or other children

FACTS TO BE OBTAINED FROM COLLATERAL SOURCES

- The age/DOB of the alleged perpetrator(s)
- Names of other victims or witnesses
- Steps necessary to protect the child or other victims (Does the alleged perpetrator have access to siblings or other children?)
- A determination as to whether immediate medical attention is necessary; if so, initial responders should follow their county's MDT protocol for acute physical and sexual abuse medical evaluations

The first concern of any investigation must be the safety of the child. If, in the judgment of the law enforcement officer or the child protection worker, expansion of the initial responder interview is necessary, the policy of avoiding in-depth interviews must give way to the investigator's on-the-scene judgment.

VIII. USING AN INTERPRETER

The child has a right to ethical, professional, accurate, and confidential interpretation. Interpreters and translators facilitate the cross-cultural communication necessary in today's society by converting one language into another. These language specialists do more than simply translate words—**they must thoroughly understand the subject matter** in order to accurately convey information, concepts, and ideas from one language to another. In addition, they must be sensitive to the cultures associated with their languages of expertise.

It can often be tempting to use a family's relative or friend to interpret or translate information, but this should be avoided. A family member or friend may not have the necessary fluency in the languages involved and/or the ability to interpret accurately. Additionally, this person may be biased and is not bound by formal ethical guidelines and confidentiality.

Because of the delicate nature of some of the information disclosed by a child or parent regarding suspected abuse, it is strongly recommended that interpreters for each CAIC are prepared and able to appropriately deal with a variety of sensitive topics related to child maltreatment.

CONSIDERATIONS DURING INTERVIEW

- Orient the interpreter to the child abuse evaluation process, the interpreter's role, and any additional issues that may be relevant, such as the possibility of a subpoena for court testimony.
- Set up the interview room so that the interpreter is slightly behind and off to one side of the interviewer. This will keep the child engaged with the interviewer instead of the interpreter. Avoid engaging in side conversation with the interpreter.
- Ensure that the interpreter is visible in the recording.
- Keep sentences as brief as possible.
- Allow for clarification and transparency.
- Maintain eye contact with the child.
- If what the interpreter says does not make sense, repeat the question or rephrase it, just as when clarification is necessary during interviews with English-speaking children.
- If a physical examination is part of the evaluation, allow the interpreter to have a place to stand or sit where the child's privacy is respected.

IX. DENIAL, DISCLOSURE, AND RECANTATION

It is not uncommon for children who have experienced abuse or trauma to withhold or delay disclosures or deny abuse altogether. While somewhat less common, recantation of prior statements is also a common phenomena. Recantation occurs when a victim later states that his original report of abuse was untrue or minimizes the extent of the abuse. Recantation can occur at the time prior to the interview or may follow a disclosure of abuse during the interview. In order to facilitate and maximize the opportunity for children to disclose, it is important to understand the reasons delayed disclosure or recantation may occur and identify effective ways to reduce denials and minimizations.

REASONS CHILDREN MINIMIZE OR DENY

- There is nothing to disclose. This is particularly true in situations with young children, as their earlier statements or physical symptoms may be misinterpreted.
- The child has a close relationship with the alleged perpetrator.
- The child has been groomed by the alleged perpetrator. Grooming is a process whereby the offender deliberately elicits the compliance and often the cooperation of the child.
- The child was instructed to keep abuse a secret.
- He fears reprisals, such as harm threatened by the alleged perpetrator, negative consequences for his family, and removal from home.
- Young children lack the understanding that the abuse was wrong.
- Feelings of shame and culpability may cause him to minimize or deny.
- The child lacks support from a non-offending caregiver.
- Previous system response failure (i.e., the child disclosed abuse but the response was inadequate to keep him safe).

AGE AND DISCLOSURE

- Preschoolers are less likely to disclose than older children.
- The likelihood of disclosure during the forensic interview is higher for older children, and it is higher for children who were older at the onset of the abuse.

GENDER AND DISCLOSURE

- There is a longer delay in disclosure for boys than girls.
- Girls are more likely to disclose during a forensic interview.
- Boys delay disclosure for the following reasons: they fear they will be blamed by others; they blame themselves; they do not want to be viewed as victims; they adhere to socially defined gender roles that males are strong, tough, and do not need protection; they fear a homophobic reaction; their physical pleasure complicates the subsequent emotional reaction; or they do not perceive what happened to them as abuse.

REASONS FOR RECANTATION (DENIAL OF ABUSE POST-DISCLOSURE)

- Parentally abused children with low levels of family support exhibit lower disclosure rates and higher recantation rates than other abuse victims.

- Children at highest risk of recantation are 8 to 9 years old.

CONSIDERATIONS DURING THE FORENSIC INTERVIEW TO ASSESS THE RISK OF DELAYED DISCLOSURE AND RECANTATION

- Elicit from the child details that explain pre-disclosure delays and post-disclosure recantation.
- Gather details as to how he feels about the alleged perpetrator, both before and after the alleged abuse.
- Gather details on others' responses to the child's disclosure. Determine changes in his living situation or other family disruptions.

QUESTIONS TO EVALUATE RISK OF RECANTATION

- Is the alleged offender someone loved by the family?
- What is the family response?
- Is the child fearful of negative outcomes (e.g., the family will be unable to pay the rent, the siblings will grow up without a father)?
- What is the age of the child? Is he vulnerable to influence by adults in the home?
- Is there evidence of direct pressure to recant?
- Is there evidence of a negative reaction to the criminal justice system?
- Is there media coverage?

PREVENTION OF RECANTATION

- Minimize trauma.
- Minimize disruption.
- Support the child.
- Corroborate the child's account.
- Refer child, non-offending parent and family members to therapy.
- Demystify the criminal justice system.
- Minimize the number of interviews, as they can result in the child:
  - Feeling he is not believed
  - Becoming annoyed with re-telling
  - Shutting down and not talking
  - Becoming hostile
  - Recanting his earlier statements because of a desire to protect

X. MEMORY AND SUGGESTIBILITY

Children in various stages of development perceive, remember, and report events in different ways. The interviewer's fundamental task is to cue the child's memory to an event that occurred in the past without tainting the memory or adversely affecting the way it is reported. The interviewer must take into consideration the age, developmental level, and any disability of the child; possible trauma associated with the event; and external social influences.

"**Memory**" refers to the capacity to bring elements of an experience from one moment in time to another by creating an internal representation of the external world.

MEMORY ACQUISITION AND RETRIEVAL

- Event details stored in long-term memory are influenced by age, gender, culture or ethnicity, family constellation, self-concept, social interaction, salience, and contextual knowledge.
- The child's knowledge or understanding of the event will also have an impact on the level of detail encoded.
- The nature, emotional impact, individual importance, and distinctiveness of the event are all factors in storing the memory long term.
- In memory retrieval, the senses first recognize information and then recall the information from long-term memory in the form of semantic or episodic memories. Semantic memories present as factual (e.g., the earth is round), rules (e.g., red means stop), and concepts (e.g., elephants are large gray animals). Episodic memories present as knowledge of events experienced.

MEMORY EVENT REPRESENTATION

- Autobiographical events are recalled in two different ways: an *episodic* representation of events and a *scripted* representation of events.
- Episodic representations are recalled in individual or unique accounts and relate to events that occur one time or include a unique set of circumstances that define the event, such as the time it occurred in the car, when it usually would happen in the bedroom.
- A scripted account of an event recalls the "typical features" of an event that occurs frequently over a period of time. The account includes several memories blended together to form a "gist memory," a generalized statement about how the event usually occurs. Key words that cue the interviewer include "*always*," "*usually*," "*every time*," and "*generally*."

"**Suggestibility**" refers to the degree to which an individual's memory or recounting of events is susceptible to suggestive, leading, or misleading information. A child's suggestibility is influenced by the strength of her memory, source monitoring, and the social context of the interview.

MEMORY STRENGTH

- Suggestibility is less likely to be a risk when the memory includes strong, salient details that are personal, meaningful, and have a direct impact on the child.
- Recollection of peripheral or mundane details is more susceptible to suggestion. Suggestibility increases with long periods of time between experiencing the event and recalling it.

- Memory recall accuracy may decline with repeated, suggestive retrieval attempts; however, details and accuracy may improve when an open-ended, non-leading approach is used.

SOURCE MONITORING

- Source monitoring is the ability to distinguish how, where, or from whom a piece of information is acquired. Young children may have difficulties explaining how they acquire knowledge.
- It is important to note that it is unlikely that a child will be knowledgeable in detailed sexual activities unless she is subject to extended periods of directly witnessing the activity, told in great detail on multiple occasions about how the activity occurs, or participates directly in the activity. Children are not likely to dream about sexual abuse events or make detailed reports based on what others have told them.
- Proper source monitoring inquiries may help the interviewer understand situations where the child's account significantly changes or there is a concern about coached statements. Discrepant statements can be explored to clarify source monitoring.
- Questions about things the child was told to say and not told to say may elicit information on coached statements and/or threats that an alleged offender may have used.
- Sensory detail questions may be used to clarify her experiences during the event and may elicit details that the source did not think to coach or suggest.

SOCIAL CONTEXT

- Children are socialized to please adults and avoid challenging or correcting them.
- The environment in which a child discloses may affect her suggestibility.
- Child development, individual experiences, and personality may affect children's suggestibility. Intellectual delay, passive personality, or lack of social skills may impede a child's ability to resist interviewer suggestion.
- Avoidance of interviewer bias can prevent suggestive or misleading information in the interview. The interviewer should not introduce information about what is assumed to have occurred or make statements about information that was not previously documented as the child's experience, as these could be erroneous.

CONSIDERATIONS DURING FORENSIC INTERVIEW

- Interview the child alone, outside the presence of any parent, alleged offender, or non-supportive caregiver.
- Take a balanced approached with young children: use focused questions to cue or elicit memories of an event and open-ended questions to elicit details associated with the event.
- Evaluate the interview in its entirety rather than on a question-by-question basis.
- Preschool-aged children are the most susceptible to suggestibility.
- Anchor the child's memory by asking about location of self when the event occurred, using questions such as, *"Where were you when* X *happened?"*, *"How did you get there?"*, *"What happened first?*", and *"Tell me what the room looked like."*

- To minimize script narrative accounts of events, make statements such as, *"Tell me everything about the first time* [action] *happened,"* which illustrates grooming and progression; *"Tell me everything about the last time* [action] *happened,"* which is more recent in memory and therefore may be easier to recall; *"Tell me about a time that something different happened;"* and *"How was it different?"*

XI. PEER REVIEW

The purpose of peer review is to provide support and constructive feedback. It plays an essential role in forensic interviewing. Peer review sessions should be made up of experienced and beginner interviewers presenting and discussing one another's video-recorded interviews. Peer review sessions may also involve those who conduct video-recorded interviews outside of the CAIC setting. Depending on the volume of children seen within the setting, peer review/consultation should be accomplished on a regularly scheduled basis, which may be weekly, monthly, or quarterly and/or on an as-needed basis.

Peer review provides an opportunity for interviewers to examine their work and problem-solve with peers, discuss research and new techniques, and discuss complex cases. Peer review is separate from supervision to evaluate job performance and from crisis incident debriefing.

XII. RESOURCES

The OIG workgroup and contributors drew on the following materials to create and update the *Oregon Interviewing Guidelines.*

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APPENDIX A. NATIONAL CHILDREN'S ALLIANCE FORENSIC INTERVIEWS ACCREDITATION STANDARD

STANDARD: FORENSIC INTERVIEWS ARE CONDUCTED IN A MANNER THAT IS LEGALLY SOUND, OF A NEUTRAL, FACT FINDING NATURE, AND ARE COORDINATED TO AVOID DUPLICATIVE INTERVIEWING.

Rationale

Forensic interviews create an environment that provides the child an opportunity to talk to a trained professional regarding what the child has experienced or knows that resulted in a concern about abuse. Forensic interviews are typically the cornerstone of a child abuse investigation, effective child protection and subsequent prosecution, and may be the beginning of the road toward healing for many children and families. The manner in which a child is treated during the initial forensic interview may significantly impact the child's understanding of, and ability to respond to the intervention process and/or criminal justice system. Quality interviewing involves: an appropriate, neutral setting; effective communication among MDT members; employment of legally sound interviewing techniques; and the selection, training and supervision of interviewers.

The purpose of a forensic interview in a Children's Advocacy Center is to obtain a statement from a child, in a developmental and culturally sensitive, unbiased and fact-finding manner that will support accurate and fair decision making by the involved multidisciplinary team in the criminal justice and child protection systems. Forensic interviews should be child-centered and coordinated to avoid duplication. When a child is unable or unwilling to provide information regarding any concern about abuse, other interventions to assess the child's experience and safety are required.

CACs vary with regard to who conducts the child forensic interview. At a minimum, anyone in the role of a forensic interviewer should have initial and ongoing formal forensic interviewer training. This role may be filled by a CAC employed forensic interviewer, law enforcement officers, CPS workers, medical providers, federal law enforcement officers or other MDT members according to the resources available in the community. State laws may dictate which professionals can or should conduct forensic interviews.

The CAC/MDT's written documents must include the general interview process, selection of an appropriately trained interviewer, sharing of information among MDT members, and a mechanism for collaborative case planning. Additionally, for CAC's that also conduct *Extended Forensic Evaluations* a separate, well-defined process must be articulated.

CRITERIA

Essential Components

A. Forensic interviews are provided by MDT/CAC staff who have specialized training in conducting forensic interviews.

The CAC must demonstrate that the forensic interviewer(s) meets at least ONE of the following *Training Standards*:

- Documentation of satisfactory completion of competency-based child abuse forensic interview training that includes child development.

- Documentation of 40 hours of nationally or state recognized forensic interview training that includes child development.

A system must be in place to provide initial training on forensic interviewing for anyone conducting a forensic interview at the CAC. Many CACs use a combination of MDT members and CAC staff to fulfill this role. While many of the members of the MDT may have received interview training, forensic interviewing of alleged victims of child abuse, and in the context of an MDT response, is considered specialized interviewing and thus requires additional specialized training.

B. The CAC/MDT's written documents describe the general forensic interview process including pre- and post-interview information sharing and decision making, and interview procedures.

The general forensic interview process should be described in the agency's written guidelines or agreements. These guidelines help to ensure consistency and quality of interviews and related discussions and decision making. These guidelines or agreements must include criteria for choosing an appropriately trained interviewer (for a specific case), which personnel are to attend/observe the interview, preparation/information sharing with the forensic interviewer, use of interview aids, use of interpreters, communication between the MDT and the interviewer, recording and/or documentation of the interview, and interview process/methodology (such as the state or nationally recognized forensic interview training model(s)).

C. Forensic interviews are conducted in a manner that is legally sound, non-duplicative, non-leading and neutral.

Following research-based guidelines will help ensure a sound process. These guidelines as recognized by the members of the MDT should be monitored over time to ensure that they reflect current day practice. Guidelines should be developed and followed to create an interview environment that enhances free recall, minimizes interviewer influence and gathers information needed by all the MDT members involved to avoid duplication of the interview process.

D. MDT members with investigative responsibilities are present for the forensic interview(s).

MDT members, as defined by the needs of the case, are routinely present for the forensic interview. This practice provides each MDT member access to the information necessary to fulfill their professional role and ensures that their respective informational needs are met. Members may include local, state, federal or tribal child protective services, law enforcement and prosecution; they may vary based on case assignments but these parties are routinely present. Observation of interviews does not have to be limited to these parties; the unique needs of the case may require others to observe.

E. Forensic interviews are routinely conducted at the CAC.

Forensic interviews of children, as defined in the CAC/MDT's written documents, will be conducted at the CAC rather than at other settings. The CAC is the setting where the MDT is best equipped to meet the child's needs during the interview.

On rare occasions when interviews take place outside the CAC, steps must be taken to utilize appropriate forensic interview guidelines. Some CACs have established other interview spaces such as a satellite office. MDT members must assure the child's comfort and privacy and protection from alleged offenders or others who may unduly influence the child.

RATED CRITERIA

F. The CAC/MDT's written documents include:

- **Selection of an appropriate, trained interviewer;**
- **Sharing of information among MDT members; and**
- **A mechanism for collaborative case planning.**

The CAC/MDTs written documents should outline in writing how these tenets are assured. In doing so, the documents provide for a defined, proactive process for decision making in regards to the forensic interview.

G. The CAC and/or MDT provide opportunities for those who conduct forensic interviews to participate in ongoing training and peer review.

The CAC and/or MDT must provide initial and ongoing opportunities for professionals who conduct forensic interviews to receive specialized training. Training forums may include: attendance at workshops or conferences, reading current research and literature on forensic interviewing, role playing, interviewing children on non-abuse related topics, review of recorded interviews, observations of interviews, peer review, and ongoing supervision.

In addition, there must be demonstration of the following *Continuous Quality Improvement Activities*:

- Ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 3 hours per every 2 years of CEU/CME credits
- Participation in a formalized peer review process for forensic interviewers.

H. The CAC/MDT coordinate information gathering whether through history taking, assessment or forensic interview(s) to avoid duplication.

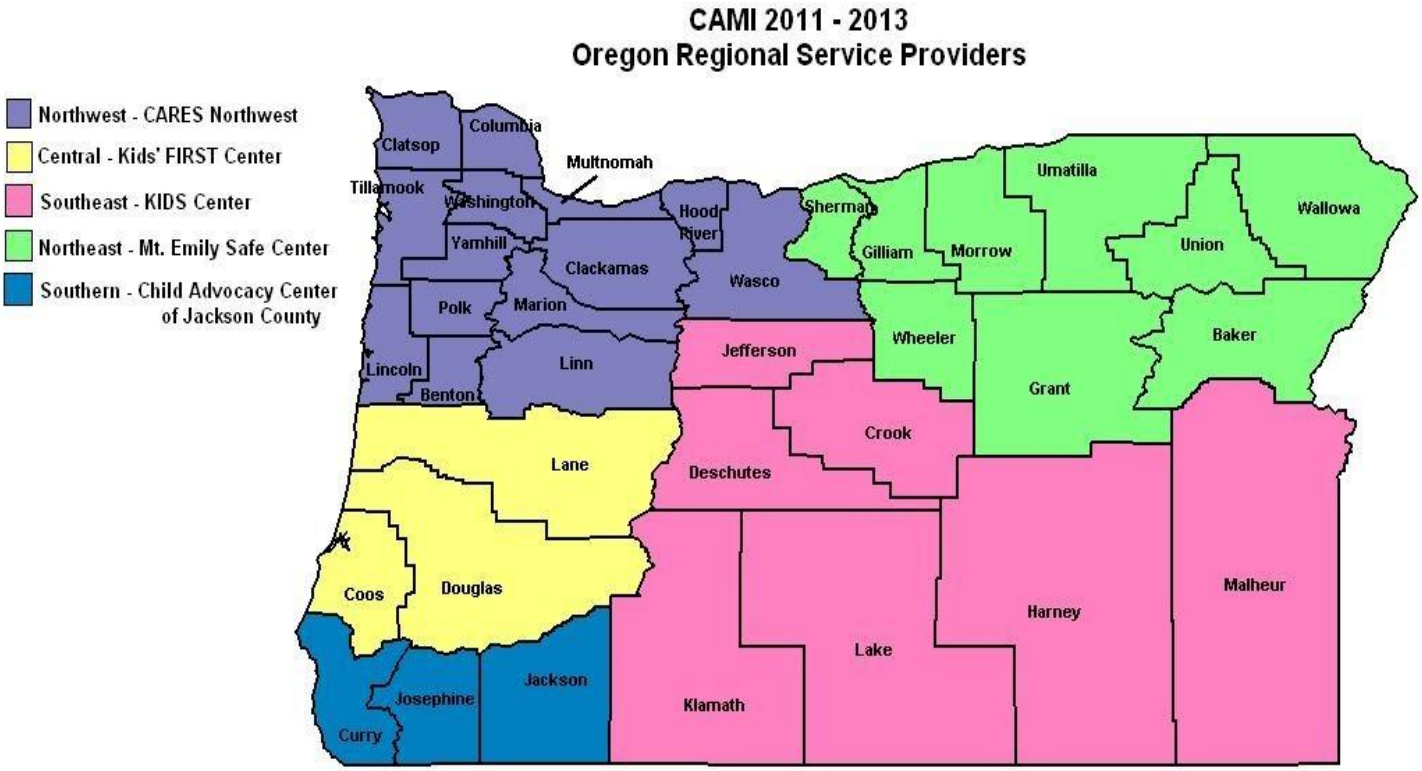
All members of the MDT need information to complete their assessment/evaluation. Whether it is the initial information gathered prior to the forensic interview, the history taken by the medical provider prior to the medical evaluation, or the intake by the mental health provider every effort should be made to avoid duplication of information gathering from the child and non-offending family members and should be a process of information sharing among MDT members.

APPENDIX B. MINIMUM EDUCATIONAL QUALIFICATIONS FOR CENTER-EMPLOYED FORENSIC INTERVIEWERS

Minimum educational qualifications exist for Forensic Interviewers employed by CAICs. These qualifications are:

Forensic Interviewer must be or have been a law enforcement officer or a DHS-Child Welfare worker; or have a Master's degree in a related field and two years of experience working with children, or a Bachelor's degree and four years of experience working with children; and have completed the Oregon Child Forensic Interviewer Training.

APPENDIX C. REGIONAL SERVICE PROVIDER MAP OF OREGON



APPENDIX D. ORIENTING THE CHILD TO THE ROOM

Younger Than 8

"*I want to tell you about this room. See that mirror (camera, etc). There is another room where _____ can see and hear us. Detective _____, Dr. _____, etc. are in that room. They have jobs where they help kids and families be safe. We are also being recorded. That means pictures and words are being taken down while we talk*." (You might need to clarify that parents/others are not watching.)

Older Than 8

"*That is a video camera, which is recording us. This helps me do my job so that way I can remember everything we talk about today. There are also some people watching us right now in another room—they are* [list names and roles]. *Do you have any questions about the room?*"

Orient Child to Your Role

Say your name and description of job. *"My name is___. My job is to talk with kids. I talk to kids about their families, about things they like, and things that worry them. I talk to kids about being healthy and safe."* Match your introduction to the age and developmental level of the child. For example, for adolescents, you can say, *"My name is ___. I talk to teenagers about things that may have happened."*

APPENDIX E. EXTENDED FORENSIC INTERVIEWS

An extended forensic interview (EFI) is essentially a "slowed-down" forensic interview used with children who, due to age or other factors, have difficulty with the single-session forensic interview approach. An EFI gives children more time to develop a sense of safety and comfort with the interviewer. Instead of meeting with the child for a one-time interview, the interviewer meets with the parent for one session and with the child for two to five sessions. Each session is video-recorded and covers a different phase of the interview process. The National Children's Alliance recommends that CAICs that conduct EFIs have a separate written, well-defined EFI process. Forensic interviewers should receive specialized training prior to conducting EFIs.

REFERRALS FOR AN EFI

A recommendation for a child to participate in an EFI comes from the county's MDT or the CAIC. The EFI may be planned at the conclusion of the initial or forensic interview or after a presentation of the child's case at an MDT case review.

A child may benefit from an EFI given the following:

- The child is between the ages of 3 and 9.
- He is traumatized, shy, reticent, or frightened.
- Cultural or communication barriers exist.
- The child exhibits developmental delays.
- He witnessed violent crimes (e.g., murder, domestic violence, etc.).
- He experienced negative reactions or threats from the alleged perpetrator(s) or caregivers.
- He has not made a disclosure, but there are compelling reasons to suspect that abuse may have occurred.
- Forensic evidence indicates that the child has been abused or witnessed abuse.
- Information gathered in the initial CAIC interview is concerning but not conclusive, and it requires further clarification.

ELEMENTS OF AN EFI

- EFIs consist of up to five interview sessions with the child, covering the following key elements:
  - Rapport building, practice narrative, the beginning of a developmental assessment, and guidelines/ground rules
  - Continued developmental assessment, reinforcement of guidelines/ground rules, additional narrative practice, and family conversation
  - Transition to allegation/disclosure(s)
  - Further discussion of disclosure concerns, risk factor questions, follow-up, and clarification questions
  - Closure

- Developmental inventories and/or behavioral checklists may be used to more thoroughly assess the child.
- An EFI affords greater opportunity for the child to become comfortable and familiar with the interview setting.
- Each EFI session is not time limited.

APPENDIX F. OREGON CHILD ABUSE INTERVENTION CENTERS

ABC House
Linn & Benton Counties
1054 29th Avenue
PO Box 68
Albany, OR 97321
Phone 541-926-2203
Fax 541-926-1378
www.abchouse.org
NCA Accredited Member

Amani Center
Columbia County
1621 Columbia Blvd
PO Box 1001
St Helens, OR 97051
Phone 503-366-4005
Fax 503-366-0314
www.amanicenter.org

CARES Northwest
Multnomah & Washington Counties
2800 N Vancouver Avenue Suite 201
Portland, OR 97227
Phone 503-276-9000
Fax 503-276-9010
www.caresnw.org
NCA Accredited Member

Child Abuse Intervention Center
Coos County
2590 Woodland Drive
Coos Bay, OR 97420
Phone 541-266-8806
Fax 541-266-9805
www.womensafety.org

Children's Advocacy Center of Jackson County
Jackson County
816 West 10th
Medford, OR 97501
Phone 541-734-5437
Fax 541-734-2425
www.cacjc.org

The Children's Center
Clackamas County
1713 Penn Lane
Oregon City, OR 97045
Phone 503-655-7725
Fax 503-655-7720
www.childrenscenter.cc

Columbia Gorge Children's Advocacy Center
Hood River, Gilliam and Wheeler Counties
1340 Wasco Street
PO Box 904
Hood River, OR 97031
Phone 541-436-2960
Fax 541-436-2961
www.cgcac.org

Curry County Advocacy Team Inc.
Curry County
29821 Ellensburg Avenue
PO Box 746
Gold Beach, OR 97444
Phone 541-247-3340
Fax 541-247-6680

Douglas CARES
Douglas County
256 SE Stephens Street
Roseburg, OR 97470
Phone 541-957-5646
Fax 541-957-0191
www.douglascares.org

Guardian Care Center
Umatilla & surrounding Counties
431 SE 3rd Street
Pendleton, OR 97801
Phone 541-276-6774
Fax 541-276-1486
www.guardiancarecenter.org

Josephine County Child Advocacy Center
Josephine County
304 NW D Street
Grants Pass, OR 97526
Phone 541-474-5438
Fax 541-474-5323

Juliette's House
Yamhill & Polk Counties
1075 SW Cedarwood Avenue
McMinnville, OR 97128
Phone 503-435-1550
Fax 503-435-1435
www.julietteshouse.com
NCA Accredited Member

KIDS Center
Deschutes, Crook & surrounding counties
1375 NW Kingston Avenue
Bend, OR 97701
Phone 541-383-5958
Fax 541-322-0580
www.kidscenter.org
NCA Accredited Member

Kids' FIRST Center
Lane County
2675 Martin Luther King Jr. Boulevard
Eugene, OR 97401
Phone 541-682-3938
Fax 541-682-8743
www.lanecounty.org
NCA Accredited Member

Klamath-Lake CARES
Klamath & Lake Counties
2220 Eldorado Avenue
Klamath Falls, OR 97601
Phone 541-274-6289
Fax 541-884-5172
www.klamathlakecares.org
NCA Accredited Member

Liberty House
Marion & Polk Counties
2685 4th Street NE
Salem, OR 97301
Phone 503-540-0288
Fax 503-540-0293
www.libertyhousecenter.org

The Lighthouse for Kids
Clatsop County
1230 Marine Drive, Suite 301
Astoria, OR 97103
Phone 503-325-4977
Fax 503-501-2973
www.thelighthouse4kids.org

Lincoln County Children's Advocacy Center
Lincoln County
122 NE 47th Street
PO Box 707
Newport, OR 97365
Phone 541-574-0841
Fax 541-574-0821
www.childrensadvocacycenter.net
NCA Accredited Member

Mt. Emily Safe Center
Union and surrounding counties
2107 3rd Street
PO Box 146
LaGrande, OR 97850
Phone 541-963-0602
Fax 541-962-0345
www.mtemily.org
NCA Accredited Member

STAR Center at Treasure Valley Pediatric Clinic, P.C.
Malheur County
P.C. 1219 SW 4th Avenue #1
Ontario, OR 97914
Phone 541-881-0153
NCA Accredited Member