OREGON INTERVIEWING GUIDELINES

FOURTH EDITION 2018

WITH 2021 UPDATES

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 and revised and expanded in 2004 to address all professionals who conduct interviews with children. In 2012, the document was expanded again to incorporate updated research and distinguish between forensic interviews and field interviews.

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 edition was updated by Katie Greathouse, LCSW, Interviewer; Cari Allen, BS, Interviewer; Celeste Hasbrouck, MSW, Interviewer; Katheryn Kroeger, LCSW, Interviewer; Nichole Satterwhite, MS, Interviewer; Holly Bridenbaugh, LCSW, Interviewer; Sue Lewis, LCSW, Interviewer; and Hope Storey, LCSW, Interviewer. The 2012 edition also benefited from considerable assistance by Erik Hasselman, DDA; Tina J. Morgan, Director; Shelly Smith, Director; Marlene Mish, Director; Kathy Sewell, Director; Kevin Dowling, Director; Joanne Southey, Deputy Chief Counsel; Simonne Weyand, Assistant Attorney General; Stephanie Tuttle, Deputy Chief Counsel; Mike Maryanov, CAMI Fund Coordinator; and Brenda George, Contract Project Manager.

The Fourth Edition *OIG* with 2021 updates is supported by updated research. A workgroup comprising interviewers from the Child Abuse Multidisciplinary Intervention (CAMI) Program's five regional service provider centers drafted its 2018 revisions. The workgroup included Katie Greathouse, LCSW, Interviewer, Mt. Emily Safe Center; Cari Allen, BS, Interviewer, Children's Advocacy Center of Jackson County; Melissa Lyons, MS, Interviewer, KIDS Center; Jennifer Wheeler, LPC, Interviewer, CARES NW; and Nichole Satterwhite, MS, Interviewer, Kids FIRST. Holly Bridenbaugh, LCSW, CARES NW, contributed Section VI, "Interviewing Children with Disabilities." The 2020-21 workgroup included Katie Greathouse, LCSW, Interviewer, Mt. Emily Safe Center; Cari Allen, BS, Interviewer, Children's Advocacy Center of Jackson County; Jennifer Wheeler, LPC, Interviewer, CARES NW; and Nichole Satterwhite, MS, Interviewer, Kids FIRST. Their expertise and dedication to the completion of this project was invaluable.

The following individuals provided critical feedback and commentary on the proposed Fourth Edition updates to the *OIG:* Kevin Barton, District Attorney, Washington County; John Casalino, Chief Deputy District Attorney, Multnomah County; Summer Baranko, Assistant Attorney in Charge, Oregon Department of Justice; and Samantha Fenner, Lead Child Forensic Interviewer, Klamath-Lake CARES.

A special thank you to Oregon Child Abuse Solutions (formerly 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.

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INTRODUCTION

The primary purpose of the *Oregon Interviewing Guidelines (Fourth Edition 2018 with 2021 Updates)* is to promote consistency in the quality of care provided to those Oregon children who are interviewed when there are concerns of abuse or neglect. 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. In addition, the Oregon Child Forensic Interview Training, which is based on the guidelines, has been approved through the National Children's Alliance.

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 interviews. The *Oregon Interviewing Guidelines* (*OIG*) incorporates best-practice suggestions from a large body of research and literature in the field of forensic interviewing, as well as from a number of widely used national models (see Appendix E for examples of most established models).

The authors of the *Oregon Interviewing Guidelines* would like to thank the researchers whose work has provided a foundation for this document. *OIG* authors would like to acknowledge Dr. Michael Lamb and his colleagues for their hard work and dedication to National Institute of Child Health and Human Development (NICHD) research. 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* 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 authors, prosecutors, law enforcement officers, Department of Human Services case workers and supervisors, doctors, and 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.

The 2018 edition of the *Oregon Interviewing Guidelines* provides updated information and clarification in a number of areas. The more significant changes include:

- Clarification regarding the purpose of initial responder interviews. (Page 1)

- Revision of question types used in the forensic interview: to alleviate confusion, Direct and Focused question types have been combined under Focused. Direct is no longer a question type. (Page 7)

- Updated information about the exploration of alternative hypotheses in the forensic interview to reflect changing protocols and current best-practice standards. (Page 13)

- Updated information about the grooming and disclosure process. (Page 28)

- Updated information about memory and child perception of time. (Pages 32–34)

- Addition of information about childhood trauma and secondary traumatic stress to reflect current research. (Page 35)

- Addition of information to the Resources section to reflect new research and standards. (Page 37)

The 2021 updates of the *Oregon Interviewing Guidelines, Fourth Edition*, include:

- Updated information to Appendix B: Minimum Educational Qualifications for Center-Employed Forensic Interviewers. (Page 51)

- Addition of information about Cultural Competency in new Addendum A. (Page 55)

- Addition of information about Introduction of Evidence in new Addendum B. (Page 56)

- Addition of information about Multiple Nonduplicative Interviews in new Addendum C. (Page 57)

- Addition of information about Interviewing During Special Circumstances in new Addendum D. (Page 58)

- Updated language to reflect the change of Child Abuse Intervention Center (CAIC) to Children's Advocacy Center (CAC) per ORS 418.782.

The *Oregon Interviewing Guidelines* 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 or that a different format may not be appropriate in a particular situation. While the *OIG* can serve as a unifying document to foster statewide consistency, the authors recognize that nuances in any child abuse investigation can necessitate unique interactions (such as cases of commercial sexual exploitation of children) that might not be covered in this or any edition.

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I. INITIAL RESPONDER INTERVIEWS

An interview by an initial responder is used to collect the minimal amount of information necessary regarding alleged incidents of child abuse to establish safety, determine if a criminal investigation is needed, or assess the need for an immediate medical evaluation. Initial responders, law enforcement officers, and Department of Human Services Child Welfare Personnel 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 Children's Advocacy Center (CAC).

The initial responder interview must be flexible to permit the initial responder to use common sense in following individual guidelines/policies of the associated multidisciplinary team (MDT). 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 further questioning, 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 the child that they are to blame.

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.

INFORMATION TO BE OBTAINED REGARDING THE ALLEGATION

- If there is a concern of abuse

- Where the alleged abuse took place, determining jurisdiction and whether additional evidence may need to be gathered

- When approximately the last incident occurred. This will aid in determining whether immediate medical attention is necessary. If medical attention is necessary, initial responders should follow their county's MDT protocol for acute physical and sexual abuse medical evaluations

- Names, dates of birth, addresses and description of the alleged perpetrator(s)

- Names of anyone else who may have witnessed, been present, or was involved with the alleged abuse

- Whether there are immediate safety concerns for the child or other children

FACTS TO BE DOCUMENTED

- Start and end time of the initial responder interview

- Location of the interview

- Those present during the interview

- How the disclosure arose, if it did

- Questions the child was asked

- The child's answers to questions, documented as close to verbatim as possible. Do not change words of the child or offer alternative vocabulary

The first concern of any investigation must be the safety of the child. While it is best practice for a child to be interviewed at a Children's Advocacy Center, the initial responder may determine that expansion of the initial interview is necessary. If it is deemed necessary that a more in-depth interview is needed in the field, investigators should always use neutral, open-ended, non-leading question types to elicit information.

II. INTERVIEW SETTING AT A CHILDREN'S ADVOCACY CENTER (CAC)

The interview setting can influence and may be directly related to the amount and quality of the information obtained. Research indicates that stress interferes with recall, which may be 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**—Furniture should be comfortable and inviting. It may be helpful for the interviewer to be seated at the same level as the child.

- **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**—If the interview room is used for multiple purposes, remove as many items as possible prior to bringing the child into the room to avoid distractions. Avoid the use of fantasy in the images or items present in the environment.

- **Tools for the interview**—Any items used (e.g., writing utensils, blank paper, pictures for coloring, Play-Doh) should be readily available in the room and limited so as not to overwhelm or distract the child.

- **The room should be safe and at a comfortable temperature**—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. Regardless of how the camera is positioned, the child must be informed that he or she is being video recorded and that people are observing. Any interview conducted at a CAC 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, potentially influencing 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 and Department of Human Services Child Welfare Personnel (DHS-CWPs), observe the interviews when possible. The local MDT or CAC may develop a written protocol for allowable observers during the child's interview.

- Inform the child that he or 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 law enforcement officers 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.

PRESERVATION—VIDEO RECORDING

- Follow your county protocol for preserving video recordings of interviews, such as ensuring that appropriate identifying information is attached to the recorded interview. Identifying information may include the child's name, date of birth, date of interview, interviewer, and CAC 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. Often, gathering some history is relevant and helpful for both the interviewer and investigative team.

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 multidisciplinary team (MDT) partners have case information or evidence, the interviewer should ideally collect this prior to the interview, along with information about any tools or props that may have previously been used with the child. Presentation of evidence within the interview should be discussed prior to the interview with MDT partners and in accordance with MDT/county protocols. If the child has been thoroughly interviewed in the field by an investigator, assess whether a Children's Advocacy Center (CAC)–based forensic interview is in the best interest of the child and what the goal or purpose is for an additional interview.

When possible, information about the child's history should be gathered by the interviewer from someone who knows the child well. This information may inform the interviewer about the child's environment, background, and other factors relevant to both the child's ability to participate in a formal interview as well as the interviewer's approach to the child. Below are examples of information interviewers may gather during pre-interviews:

- What the child knows about why they are at the CAC today

- What may have prompted the child to disclose

- The questions asked of the child regarding the disclosure

- The exact words that the child used when making the disclosure

- Reactions to the disclosure by the caregivers

- Prior conversations specific to the disclosure

- 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 of 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 preserve 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 or her 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 elicit 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 cue a child's memory to elicit clarification and more specific detail. They are typically asked when a child has exhausted narrative recall with the use of open-ended questions. Focused questions could be used to gather sensorimotor and other details about the child's statement. Reluctance, developmental considerations, and trauma may be reasons to use focused questions.

  An example of a focused question might be *"You said grandpa spanked you. What did he spank you with?"* Once the child has responded to the direct question, it is important to return to open-ended questions. For example, an interviewer then could ask, *"Tell me all about [what grandpa spanked you with]?"*

  Other examples include *"Where were you when X happened?"* and *"How did that make your body feel?"*

- **Closed-ended**—Closed-ended questions, such as multiple choice and yes/no questions, pose options and are 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. For example, *"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?" Once the child has provided a response to a closed-ended question, return to open-ended questions. Closed-ended questions should be used sparingly.

- **Leading**—Leading questions introduce information with a question in which the actor, an act, and a tag are included and may suggest to the child a desired response. An example would be *"Your dad touched your pee-pee, didn't he?"* These types of questions should be avoided.

- **Coercive**—Coercive questions or statements are those that pressure the child physically or emotionally to do or say something. Examples include *"If you tell me what I want to know, you can leave the room"* or *"If you don't tell me what happened I can't help you."* 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 gesturing. 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 a "normal" spatial distance (personal space) from his or her 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 or she is sending. If a child says he or she feels happy, but the vocal tone sounds otherwise, consider asking a few questions to determine if and why there is a contradiction between what is being said and how the child is saying it.

CONSIDERATIONS FOR THE INTERVIEW

Effective Ways to Facilitate Communication Throughout the Interview

- Turn off technology (or silence).

- Restrain from obvious emotional response to a child's disclosures.

- Respect personal space.

- Do not suggest feelings or responses for the child.

- Avoid correcting behavior unless doing so is necessary for safety purposes.

- 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.

- 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?"*

USE OF TOOLS

Children's disclosures of abuse can be enhanced through use of tools. Tools can include writing utensils, blank paper, pictures for coloring, Play-Doh, and anatomically detailed dolls. Any items used should be readily available in the room and limited in number so as not to overwhelm or distract the child. **Before introducing tools in an interview, the interviewer should be trained in their application, benefits, and limitations.**

Use tools to:

- Elicit further detail about a disclosure that has been made

- Facilitate communication and memory retrieval by providing external cues

- Assist children with disabilities and children who are reluctant to disclose

- Clarify information provided by the child

Examples:

- **Drawing/Mapping**

  Drawing by the child can facilitate disclosure as well as clarify information disclosed during the interview. Drawing by the child has the benefit of providing recall-based information, rather than a recognition-based prompt. This allows the child to provide information using their own

free recall. In addition, drawing helps to organize location and can ground the child. Use of this tool may help provide a map of the room(s) in which offenses occurred, a timeline of events, body parts and positions, weapons, and other objects. Reassure the child that the drawings (or maps) can be simple and do not need to be perfect. Refer to the drawing and use it to help structure questions, including where the child and/or alleged perpetrator were, who else was there, and peripheral details of the surroundings (sounds, smells).

Example: *"You drew the bed. Tell me about the bed."*

- **Gestures**

  Gesturing by the child can include the child showing how something occurred, pointing to a body part, or demonstrating body positioning. Interviewers may request the child to gesture, or the child may provide a gesture spontaneously. When a child gestures, ask for additional clarification.

  Example: *"I see you put your hand like this (gesture). Tell me more about your hand like this."*

- **Technology-related evidence (chat logs, photos, etc.)**

  Introducing external evidence during a forensic interview should be thoughtfully done, after discussions with involved multidisciplinary team (MDT) partners, and use a clearly defined protocol. If evidence is introduced, the child still may not discuss the concerns. If this is the case, respect where the child is in the disclosure process.

- **Writing**

  A child can use paper and pen to write about an abuse experience when it is too difficult or embarrassing (for the child) to verbalize. The writing may be read back to the child for agreement that it is accurate. Additional questions may then be asked.

- **Anatomically detailed dolls**

  Anatomically detailed dolls depict individuals of varying ages and both genders, with facial features and identifiable genitalia.

  A note of caution when using anatomically detailed dolls: These tools should be used only by experienced interviewers who have had advanced training on their use and are interviewing in a Children's Advocacy Center (CAC) and in accordance with MDT protocols.

Any drawings, photographs, videos, or other tools used by the child should be preserved. Interviewers should consult their state laws and/or county MDT 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 by describing it and explaining its use.

- ▪ Have the child use their own words and labels when using tools.

- ▪ 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.

- ▪ Know your county/MDT protocols for introducing and preserving evidence in the interview.

BEGINNING THE INTERVIEW

The 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, observe 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.

- ▪ Make introductions, including names and roles.

- ▪ Give the child a sense of control by giving him or her choices whenever possible. Give the child 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 know, then it's okay to say, 'I don't know.'"*

    - – *"If you do know the answer, tell me."*

    - – "*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 the child's 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. (See "Appendix D: Introductions and Instructions" for a card that summarizes these steps.)

Practice Narrative—Establishing Precedent for Eliciting Narrative Responses

Using open-ended questions/prompts, ask the child to tell about a neutral, salient event (such as a recent school event) to elicit a practice narrative, encouraging him or her to tell *all* about the event, from beginning to end. *"Tell me about your last [salient event]." "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.

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, a good sample continuum is 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 is a sample guide and not an absolute; honor the process and individuality of each child and interview, as well as the integrity of the interview.

Acknowledging the Child's Feelings

Many children do not manifest emotional reactions or express emotional feelings during an interview. However, other children may experience or display a strong emotional response.

Interviewers may 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."* In 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."*

Exploring the Child's Feelings

It is recommended that interviewers ask the child about their feelings. This may elicit emotional feelings as well as physical sensations experienced during an event, providing an opportunity for further exploration and information gathering. Examples include *"Tell me about how you felt when* [X] *was happening"* or *"Tell me about how your body felt when* [X] *was happening."*

Additional Considerations

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. CAC 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.

During the course of investigating alleged abuse, the investigative team may consider alternative explanations regarding the child's disclosure; perhaps the allegation is a misinterpretation or a false allegation made by either the child or someone else. The exploration of alternative explanations can occur throughout the entire investigation and may evolve as additional information is gathered to determine outcomes.

During the interview, the interviewer may attempt to explore alternative explanations by asking questions that provide context to the disclosure. The interviewer may do this by exploring sensory details; possible source-monitoring information; circumstances surrounding the disclosure such as how the disclosure arose, reactions to it, or discussions about it; family dynamics; secondary gain; or other pertinent factors. There is no set list of questions used by interviewers to explore alternative explanations; questions may differ depending on circumstances of the case or may not be asked at all.

ENDING THE INTERVIEW

The forensic interview may be concluded when no further information can be gathered or the child is unwilling or unable to participate further in the interview.

Prior to ending the interview, the interviewer should consult with MDT partners, when possible, to determine if there are additional questions or further areas to be explored. The incorporation of suggested or additional questions is up to the discretion of the interviewer.

If the child is unwilling or unable to participate in the interview, the interviewer should attempt to determine why and appropriately respond. The child's best interests should always be the first priority. The child should not be pressured to stay in the interview room; that pressure could result in the child making inaccurate statements and could also adversely affect his or her 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

Allow the child to discuss topics/issues/concerns he or she feels are important, including topics not previously addressed. This provides the child with the opportunity to communicate information that he

or she deems important, which could be something that the interview questions did not address or information that the child did not relate to the questions that were asked.

Examples include *"Are there any questions that I forgot to ask you today?"* and *"Is there anything else you think is important for me to know today?"*

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.

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

In certain circumstances, an additional interview may be needed. Interviewers may discuss the possibility of the child returning.

V. USING AN INTERPRETER

The child has a right to ethical, professional, accurate, and confidential interpretation. Interpreters 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 their role 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, and they must be prepared to testify in court

During the forensic interview, it may 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 Children's Advocacy Center are prepared and able to appropriately deal with a variety of sensitive topics related to child maltreatment.

CONSIDERATIONS DURING THE 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.

▪ When setting up the interview room, consider the positioning of the interpreter. The interpreter should be visible on camera and positioned in a way that will keep the child engaged with the interviewer and not the interpreter.

▪ Avoid engaging in a side conversation with the interpreter.

▪ 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.

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 or her. All children have strengths and limitations. Building on the child's strengths and making accommodations for limitations shows 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 the child?

3. What strengths or abilities does the child 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 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 or her.

▪ 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 the child is taking medications, inquire about how the medications affect him or her 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: Interviewing Children with Disabilities* (Rev. 2017), a reference guide that provides instruction on how to develop appropriate accommodations for children with disabilities. The reference guide is available at https://www.doj.state.or.us/wp-content/uploads/2018/02/Project_Ability_Reference_Guide.pdf.

VII. 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. It is important to ensure that a child's chronological and developmental age allow for them to participate in a forensic interview.

TODDLERS: AGES 18 MONTHS TO 2 YEARS

Note: 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 limited vocabulary (generally under 300 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

- Demonstrates difficulty with source monitoring and source attribution

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

- Is developing understanding of truth and lie

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 and 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

- May have difficulty with source monitoring

KINDERGARTEN: AGES 5 TO 6 YEARS

Physical Development

- Shows improved gross motor coordination—can skip, hop, kick, and throw

- Has improved balance

- Demonstrates improved 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

- Is developing understanding of truth and lie

- 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

- Is 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," that is, 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 his or her words (e.g., "whoop" versus "spank").

- Anchor the child's memory to a specific episode by requesting details about where the child was, how he or she got there, and the location of others.

- 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.

- Avoid asking abstract questions that attribute intent, such as, "Did uncle do that on purpose or by accident?"

Difficult words—Words such as "ask/tell," "first/last," "move/touch," "anyone/anybody," "before/after," "some/all," "let/make," and "more/less," may be difficult for the child to conceptualize as they can be very concrete in their thinking.

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

- May be beginning the onset of puberty

Language and Cognitive Development

- Has an improved ability to understand and express some 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 forward in time; may have difficulty going backwards in time

- Can comprehend complex relationships

- Beginning to develop the concept of time; however, may have difficulty recalling the timing of past events

- 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 the same sex

Considerations During Forensic Interview

Remember that the child may have experience with internal conflicts or mixed emotions and that he or she has a better understanding of morality, fairness, and rules.

- Be aware of his or her potential external conflicts, such as conflicting family/peer values, embarrassment, teasing, and the desire to fit in with his or her peer group.

- Use fewer verbal cues, as he or 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

- 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

Behaviors Related to Sexual Development

- Interested in sexuality

- May engage in viewing of nude pictures, videos, etc.

- May experience feelings of arousal and or attraction

- May stimulate own body for curiosity of exploration

- Has the capacity to learn about intimate, loving, long-term relationships

- Understands that he or she is sexual; is beginning to understand the options and consequences of sexual expression

Considerations During Forensic Interview

- Use fewer verbal cues, as the child 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?"*

- Regardless of their size or developmental appearance, teens do not have fully developed brains until approximately age 25. Be sure to keep questions simple and clear.

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 him or her

- May misread facial expressions based upon his or 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 himself or herself from parents, strive for independence

- Relies on friends to a greater degree; places importance on popularity

- Experiences feelings of love and passion

Behaviors Related to Sexual Development

- Interest in sexuality intensifies

- Exploration of sexuality

- Expresses sexuality/sexual interest in a variety of ways

- May engage in consensual sexual activities

- May experience intense feeling of arousal and or attraction

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 tone of voice during the interview to prevent the teen 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 before the interview 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 until approximately age 25. 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.

VIII. DYNAMICS AND PROCESS OF DISCLOSURE

Disclosure is a process, not typically a one-time event. How and when children disclose is an individual process and influenced by a variety of factors. It is not uncommon for children who have experienced abuse or trauma to withhold or delay disclosures, minimize, or deny abuse altogether. While somewhat less common, recantation of prior statements can occur. Recantation is when a victim later states that his or her original report of abuse was untrue or minimizes the extent of the abuse. This can occur before, during, or after the interview. In order to facilitate and maximize the opportunity for children to disclose, it is important to understand the reasons that delayed disclosure or recantation may occur and identify effective ways to reduce denials and minimizations.

THE GROOMING PROCESS

Grooming is a process whereby the offender deliberately elicits the cooperation of the child by blurring of boundaries and by maintaining compliance through a variety of methods. Grooming also occurs with caregivers and the community. Methods may include careful victim selection, befriending the child and family, testing boundaries, desensitization through either touch or exposure to sexual material, bribes and threats, gift giving and special treatment, initiating abuse, and continual assessment of the risk of disclosure.

THE DISCLOSURE PROCESS

Disclosure can be purposeful, accidental, elicited or withheld. Where children are in their disclosure process may impact how they present in a forensic interview. Disclosure happens on a continuum ranging from denial to fully detailed disclosure. For this reason, additional interviews *(not duplicative interviews)* may be helpful in understanding the totality of the events.

The four types of disclosure can be described as follows:

- Purposeful: The child makes a conscious decision to tell someone about the abuse. The disclosure is intentional, deliberate, and through direct verbal means.

- Accidental: The child makes statements without forethought or conscious intent. Accidental disclosures may also occur when children make statements without the developmental ability to understand that they are disclosing abuse or making concerning statements. The child may tell another person (such as a friend) without the intent of the abuse being reported.

- Elicited: The child is questioned or spoken to, and a disclosure of abuse occurs as a result. The disclosure may happen after the child is provided with information, education, knowledge about their body, etc., or the disclosure may happen after someone else witnesses the abuse or symptoms associated with abuse and questions the child.

- Withheld: The child may choose not to tell. *See Barriers to Disclosure*.

BARRIERS TO DISCLOSURE

Note: Barriers to disclosure may also be reasons for the child to minimize or deny.

- There is nothing to disclose, or there was a misinterpretation.

- The child has a close relationship with the alleged perpetrator.

- The child has been groomed by the alleged perpetrator. The child was instructed to keep the abuse a secret.

- The child fears reprisals, such as harm threatened by the alleged perpetrator, negative consequences for his or her family, or removal from home.

- Due to young age, the child lacks the understanding that the abuse was wrong.

- The child has feelings of shame and culpability.

- The child lacks support from a non-offending caregiver.

- The child disclosed abuse before, but the response was inadequate to keep them safe (i.e., a previous system response failure).

- The child fears they will not be believed.

- There are societal or cultural barriers preventing the child from disclosing.

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 often a longer delay in disclosure for boys than girls.

- Girls are generally more likely to disclose during a forensic interview.

- Both boys and girls may delay disclosure for varying reasons. Some examples:

  – They fear they will be blamed by others.

  – They blame themselves.

  – They do not want to be viewed as victims.

  – They fear a homophobic reaction.

  – Their physical pleasure complicates the subsequent emotional reaction.

–   They do not perceive what happened to them as abuse.

–   Boys may adhere to more socially defined gender roles that males are strong, tough, and do not need protection.

REASONS FOR RECANTATION (DENIAL OF ABUSE POST-DISCLOSURE)

▪   Many of the reasons for recantation are similar to the barriers to disclosure as noted above.

▪   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 10 years old.

▪   The child and/or family may have experienced stigma and losses following the disclosure.

▪   There is a lack of continued support from the non-offending caregiver, guardian, or family members.

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 the child 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 the child 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.

- Support the child's non-offending caregiver(s).

- 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 or she is not believed.

    - Becoming annoyed with re-telling.

    - Shutting down and not talking.

    - Becoming hostile.

    - Recanting earlier statements because of a desire to protect.

IX. MEMORY AND TRAUMA

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 and cultural 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. Both are equally important to understanding a child's experience.

- Episodic representations are recalled in individual or unique accounts and relate to events that occur one time or that include a unique set of defining circumstances, such as the time it occurred in the car when it usually would happen in the bedroom.

- A scripted representation recalls the "typical features" of repeated events that occur 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*."

MEMORY STRENGTH

- With highly salient or emotional events, recall is typically accurate over time.

- "**Suggestibility**" refers to the degree to which an individual's memory or recounting of events may be susceptible to suggestive, leading, or biased information.

- A child's suggestibility is influenced by their age, the strength of their memory, source monitoring, and the social context of the interview.

- 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 may be more susceptible to suggestion.

- Suggestibility may increase 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.

- By the time a child reaches approximately 10-12, they appear to be generally no more suggestable than adults.

SOURCE MONITORING

- Source monitoring is the ability to distinguish how, where, or from whom a piece of information is acquired. Preschool-age children may particularly have difficulty explaining how they acquire knowledge.

- It is unlikely that a child will be knowledgeable of abusive events unless that child has witnessed the activity, is told how the activity occurs, or participated directly in the activity.

- Proper source monitoring inquiries may help the interviewer distinguish between situations in which the child observed, experienced, or was told about an event. It may also help clarify concerns of coached, inconsistent, or misunderstood statements.

- An interviewer may ask the child about things they were told to say. In addition, interviewers may ask the child about things they were told not to talk about. These types of questions may elicit information on coached statements and/or threats.

- Sensory detail questions may be used to clarify the child's experiences during the event and may elicit details that the source did not think to coach or suggest.

TIME

Time, duration and frequency are difficult concepts for children of all ages, particularly younger children. Children's knowledge of current time (their age, date, etc.) does not predict their ability to estimate when an event occurred in the past. Children have difficulty with numerical estimates in general, and they are not likely to remember their age when describing remote events or the frequency of an event. Therefore, asking children how old they were when an event happened, the number of times an event occurred, or if an event occurred one time or more than one time should be avoided or done with caution. It is preferable to have the child describe individual episodes, and to rely on contextual information given to later determine timing.

When a child uses terms such as "usually" or "sometimes," these are cues that the event happened more than one time. The child can be prompted to tell more about an event based on episodic cues they

provide. If the child does not provide episodic cues, the interviewer may ask questions such as, *"Tell me about the first time"* or *"Tell me about the last time"* to elicit episodic details. If during the child's narrative the timing is unclear, the child may be asked "when," though not with the expectation of a date, but rather, to obtain contextual clues. For example, a child may be asked when an abusive event occurred and report that "It happened when my little sister was being born in the hospital." The timing of the event, as well as where the family lived, can be gleaned from this information. Asking about different locations, the location of other people, a time something different happened, etc., are examples of ways to differentiate between events and gather valuable information regarding time and frequency.

Asking a child how long something lasted is also discouraged, as children will not likely be able to accurately provide this information. Instead, the child may be asked *"What happened first?" "What happened next?"* and *"What made it stop?"* to elicit contextual details.

SOCIAL INFLUENCE

- Children may be socialized to please adults and avoid challenging or correcting them.

- The environment in which a child discloses may affect his or her suggestibility.

- Interview the child alone, outside the presence of any parent, alleged offender, or non-supportive caregiver.

- Child development, individual experiences, and personality may affect children's memory.

- Interviewers should be aware of their own personal and professional biases in an effort to prevent introducing 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

- Take a balanced approach 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.

- 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 capture individual episodes, use prompts such as, *"Tell me everything about the first time* [action] *happened"*; *"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?"*

TRAUMA

Childhood trauma is an event or events occurring in childhood where there is a real or perceived threat to a person's life or their physical integrity. It can include serious bodily injury or sexual violation. It causes an overwhelming sense of terror, helplessness, and horror. Traumatic experiences often produce intense physical effects such as pounding heart, rapid breathing, trembling, or dizziness. The child may directly experience the event, witness the event, or learn that the event happened to a loved one. Sexual abuse, physical abuse, neglect, and witnessing domestic violence are all potentially traumatic events in a child's life.

It is important to remember that trauma is personal, defined by the one experiencing it. Therefore, what is traumatic to one is not necessarily traumatic to another. There are many factors which may influence the effects of trauma on a child, including but not limited to: age, gender, culture, past trauma, level of caregiver support, caregivers' response to the trauma, and system's response to the trauma.

Children who have experienced trauma may experience a variety of symptoms and present in a multitude of ways. Many of these reactions and presentations may be mistaken for other mental health or behavioral issues. During an interview, a child may present angry, with a flat or odd/incongruent affect, distractible, inattentive, or fatigued/lethargic. The child may provide minimal details, appear delayed, test limits and boundaries, or seem disorganized in their thinking. Children who have been through trauma may need more control, more reassurance, and more information to feel psychologically and physically safe.

Interviewers should have an awareness of the prevalence of trauma, as well as knowledge about the impact of trauma on one's physical, emotional, and mental health, as not to re-traumatize the child or family. In addition, it is important for interviewers to be aware of the secondary traumatic stress that may result when an individual hears about the firsthand trauma experiences of another.

Secondary Traumatic Stress

Secondary Traumatic Stress (STS) refers to the impact of helping professionals' indirect trauma exposure. Symptoms of STS can mimic those of post-traumatic stress disorder (PTSD). *Vicarious Trauma* (VT) is often used interchangeably with STS. The risk of STS is higher for those with larger caseloads, those who are socially or organizationally isolated, or those who feel professionally compromised due to inadequate training. Many professionals have their own history of trauma which may factor into their risk of developing STS as well. Ideally, professionals working with children and families regarding abuse can maintain *Compassion Satisfaction,* which refers to positive feelings derived from competent performance as a trauma professional, characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

X. PEER REVIEW

The purpose of peer review is to provide support and constructive feedback to other interviewers. Feedback plays an essential role in forensic interviewing and can occur one on one or in a group setting. Group 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 Children's Advocacy Center 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, 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.

XI. RESOURCES

The *OIG* authors and contributors drew on the following materials to create and update the *Oregon Interviewing Guidelines.* These materials and many more are available at the Child Abuse Library Online (CALiO) at https://calio.org/.

OVERVIEW OF NATIONAL MODELS FOR FORENSIC INTERVIEWS

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XII. APPENDIX

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

The National Children's Alliance (NCA) sets and maintains standards for NCA-accredited Children's Advocacy Centers, including a standard specific to forensic interviewing. The NCA standards may be viewed online at https://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/

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

Minimum educational qualifications exist for forensic interviewers employed by, or serving in a voluntary capacity for, Children's Advocacy Centers.

Forensic interviewers must meet the following qualifications:

- 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 with at least two years of experience working with children; or
- have a bachelor's degree in a related field with at least four years of experience working with children; or
- have a combination of education and experience at least equivalent to the above as determined by the Children's Advocacy Center where the forensic interviewer is employed or volunteers.

In addition, the forensic interviewer must:

- complete the Oregon Child Forensic Interviewer Training;
- complete at least 8 hours of training in child maltreatment and/or forensic interviewing every two years; and
- participate in peer review at least semi-annually or more frequently if required by the Children's Advocacy Center.

The Child Abuse Multidisciplinary Intervention (CAMI) Program may impose additional training and peer review requirements as a condition of an applicant receiving grant funding.

APPENDIX C.
OREGON CHILDREN'S ADVOCACY CENTERS (CACs)

An up-to-date map and searchable list of CACs can be found on the Oregon Child Abuse Solutions website: oregoncas.org. An up-to-date map and more information about Oregon's Regional Children's Advocacy Centers (RCACs) can be found on the CAMI RCAC website: https://www.doj.state.or.us/crime-victims/grant-funds-programs/child-abuse-multidisciplinary-intervention-cami-fund/cami-regional-service-providers/

The map of Oregon's RCACs:

CAMI Regional Service Provider Map

1	Mt. Emily Safe Center
2	KIDS Center
3	Children's Advocacy Center of Jackson County
4	CARES Northwest
5	Kids FIRST

Beginning the Interview

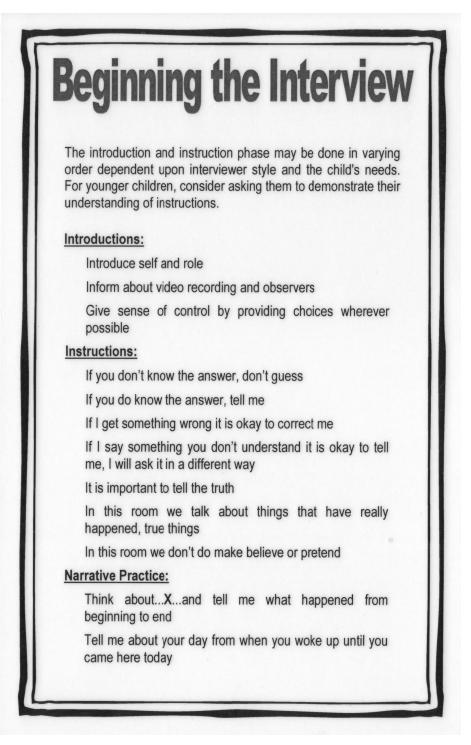The introduction and instruction phase may be done in varying order dependent upon interviewer style and the child's needs. For younger children, consider asking them to demonstrate their understanding of instructions.

Introductions:

Introduce self and role

Inform about video recording and observers

Give sense of control by providing choices wherever possible

Instructions:

If you don't know the answer, don't guess

If you do know the answer, tell me

If I get something wrong it is okay to correct me

If I say something you don't understand it is okay to tell me, I will ask it in a different way

It is important to tell the truth

In this room we talk about things that have really happened, true things

In this room we don't do make believe or pretend

Narrative Practice:

Think about...**X**...and tell me what happened from beginning to end

Tell me about your day from when you woke up until you came here today

APPENDIX E.
OVERVIEW OF NATIONAL MODELS FOR FORENSIC INTERVIEWS

Although various models and protocols are used throughout the United States, they are all 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. However, most experts and professionals agree that various models are more similar than different.

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. For information on APSAC guidelines and APSAC forensic interviewing clinics, 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. For information on the CornerHouse forensic interview model, visit cornerhousemn.org/training. For information on the National Child Protection Center, now in partnership with Zero Abuse Project, visit zeroabuseproject.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. 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. To learn more about the NICHD protocol, visit www.nichd.nih.gov.

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

XIII. ADDENDUM

ADDENDUM A.
CULTURAL COMPETENCY AND DIVERSITY

NCA promotes cultural competency for CACs and forensic interviews. According to the NCA:

Cultural competency is defined as the capacity to function in more than one culture, and requires the ability to appreciate, understand, and interact with members of diverse populations within the local community. Cultural competency is a fundamental component of the MDT and is as central to its operation as developmentally appropriate, child friendly practice. Like developmental considerations, cultural norms influence nearly every aspect of working with children and families, such as welcoming a child and family to the center, employing effective forensic interviewing techniques, assessing the likelihood of abuse, selecting appropriate mental health providers, and securing services that are relevant and accessible to a child and family.

ADDENDUM B.
INTRODUCTION OF EVIDENCE

Important note: Evidence introduction of any type should be carefully considered; many counties have developed a process and/or MDT protocol to assist in this process.

Consideration of the victim's needs are most important when choosing the type and quantity of the evidence being introduced. Generally, during the interview, attempts should first be made to elicit a narrative without introducing evidence. If those attempts are not successful, the interviewer may choose to proceed using physical evidence to assist in eliciting disclosure. **It is never the purpose of the interview to get information at the expense of the youth's emotional and psychological well-being.** At times, community partners may request the introduction of evidence, even when a youth is making a disclosure, for investigative purposes. As discussed in the *OIG* and OCFIT, abuse dynamics are always important to consider, as they have a direct impact on how the child participates in the interview.

Considerations:

1. The purpose of the introduced evidence.

2. The expected outcome.

3. The potential negative impact on the youth.

4. The potential negative impact on the interview if the youth denies involvement.

5. The interviewer's experience.

6. The interviewer's comfort.

Introduction of external information/evidence in the forensic interview:

This occurs when the Interviewer uses some type of known information and introduces this information to the child. Interviewers should only use information that they know to be factual and accurate. Interviewers may use this information to prompt the child to discuss topics that have not come up during the narrative and information gathering phases of the interview. There is a continuum with regards to the type of information presented ranging from verbal to child abuse images.

Introduction of information/evidence produced by the child in the forensic interview:

This occurs when the child uses, or brings into the interview, their own media, journals, writing, etc., or technology to show the interviewer what may be considered evidence. Interviewers should work with their MDT partners regarding preservation of the information the child introduces.

ADDENDUM C.
MULTIPLE NONDUPLICATIVE FORENSIC INTERVIEWS

One comprehensive interview may be sufficient. However, research and practice has evolved to support the efficacy of conducting more than one interview in some situations. Nationally and in research, the terms 'additional', 'multiple', 'subsequent' and 'repeated' may be used interchangeably to refer to another interview being conducted. In Oregon we refer to these as 'additional forensic interviews.'

Additional interviews in this context are different than Extended Forensic Interviews (EFI), recantation interviews, or an interview regarding a new case or allegation. Ideally, the decision to pursue these types of interviews should be made in consultation with your MDT. Many CAC/MDTs have written protocols outlining this process.

Additional interviews are when a child returns for another forensic interview regarding the same or similar concerns, when one is not sufficient for various reasons.

An **Extended Forensic Interview** (EFI) is a forensic interview model that spreads one interview across multiple sessions and requires advanced training. More information can be found at the NCAC: https://www.nationalcac.org/extended-forensic-interview-training/

A **recantation interview** is a forensic interview where a child returns and the recantation is explored. Please refer to your MDT protocols for more information.

A **separate forensic interview** is one where regarding a new case or allegation.

ADDENDUM D.
INTERVIEWING DURING SPECIAL CIRCUMSTANCES:

During natural disasters, crisis, or pandemic, such as the 2020-present Coronavirus pandemic, forensic interviewing practices may shift to accommodate safety, accessibility, and best practices. These situations pose challenges, including decisions regarding case triaging, following health and safety protocols, and meeting best practice standards.

There have been some national guidelines created to guide new practices and decision making:

- **Zero Abuse Project:** *Conducting and Defending a Pandemic-Era Forensic Interview.* https://www.zeroabuseproject.org/conducting-and-defending-pandemic-era-forensic-interview/
- **National Children's Alliance:** *Emergency Tele-Forensic Interview Guidelines.* https://learn.nationalchildrensalliance.org/telefi

Please refer to your MDT for additional information and guidance.