

Child Forensic Interview Structure, National Children's Advocacy Center Linda Cordisco Steele, MEd, LPC

Do you have a training model of what constitutes a competent or "good enough" child forensic interview? What are its components and its characteristics?

The National Children's Advocacy Center (NCAC) has developed a model for the forensic interview of a child. Its flexible structure honors both the "forensic" and the "child" aspects of this conversation and encourages the interviewer to engage in a decision-making process throughout the interview. We regularly introduce this model through a one-week training, which may be provided to professionally and regionally mixed groups from across the country or to more homogenous groups within a community. Logistically, this one-week format allows us to participate in training the large number of professionals needed to interview children, but it is necessarily simplified. We recommend that to produce a skilled and effective interviewer, attendance of a one-week training be followed by (a) supervised interview experience with a variety of children, (b) ongoing training, and (c) peer review.

Engaging children in conversation about their life experiences is a weighty and complex undertaking. Interviewers need a structure to anchor and guide the conversation, but must also be receptive to guidance from the child's internal structure and meaning. Consequently, we are concerned that a "cookbook" approach, which albeit may be simplified and more easily taught, may not provide the best format in which individual children can share their information. We introduce the concept of a "good enough interview," drawing the comparison to Dr. D. W. Winnicott's description of a "good enough mother."

In the NCAC training, the introduction of our interview process is preceded by the review of a number of the currently recognized interview models and schools, along with the acknowledgement that these models possess many more similarities than differences. Philosophically, we know that professionals have not reached a complete understanding of the complex task of questioning children about their memories of unique life experiences and that we are indebted to the contributions and strengths of other models. Our approach is to be inclusive and collaborative, proceeding with an open and inquisitive mind that would incorporate new knowledge (research and practice) in our model.

We do not assume that the work of child abuse investigation is done in exactly the same way in all communities. Many factors influence the investigation, including population characteristics, specialization within professions, cultural demands, resources, and standard of practice within courts with jurisdiction over criminal and child protection decisions. The presence or absence of multidisciplinary teams and child advocacy centers also affects interviews and investigations. We have attempted to reach a balance between providing a clear structure and acknowledging that the interviewers must adapt the structure to their professional background, tasks, state statutes, and community practices. Although we attempt to educate trainees about recommended best practice, we know that interviewers are often not the final decision makers within their community and that limits to their work are established by outside influences.

As with all interview-training curricula, the stages of our model are presented in a linear fashion, but conversation with a child is seldom linear. We address the different approaches and skills that may be required by the child in active disclosure and by the nondisclosing child. We emphasize the importance of using the rapport-building/developmental-screening portion of the interview to learn about this individual child and to guide the rest of the interview.

The following are the stages of the NCAC model:

- Introductions
- Rapport building/developmental screening
- Guidelines for the interview
- Transition questions
- Abuse-specific inquiry, which proceeds differently with a child who is in
 - (1) active disclosure
 - (2) tentative disclosure
 - (3) denial
- Gathering details of any disclosure by the use of narrative/open-ended inquiries, follow-up detail questions, and the use of tools for clarification (if needed)
- Closure

Most models include the instruction to avoid leading questions. What is your operational definition of a leading question?

Our definition of a leading question would be "a direct question that also indicates a preference for a particular response." In other words, it asks the question and implies the answer. However, to merely instruct the trainee to avoid the use of leading questions is limiting and not helpful.

Focused questions are often necessary to explore the many areas of concern and to assist children in recalling stored information about a topic already under discussion. Repetition of a particular question is less desirable than approaching the topic of concern from a new direction. This avoids the possibility of pressuring the child to change or give a response, but also offers an opportunity to pose another question that may make more sense to the child.

We teach the use of a continuum of questions: narrative invitations, focused narrative requests, direct questions, multiple-choice questions, and yes-no questions. We also introduce suggestive and coercive questions, but discourage their use. Along with internalizing the flexible structure of the interview, our procedures focus on assisting trainees in learning to recognize and use the question styles throughout the interview. Learning about the child's ability to make use of various types of questions is a goal of the rapport-building/developmental screening portion of the interview. Attempts to bring children to their optimal level of providing narrative responses to questions should be encouraged.

Trainees are introduced to two primary ways of using the continuum of questions. One format follows the work and directive of Michael Lamb and colleagues and can be effective with a highly narrative child. Dr. Lamb recommends that the interviewer exhaust the use of focused narrative requests as the means of gaining information

from the child, before moving to more direct questioning and techniques for clarification. The other primary questioning format is well represented by the work of Dr. Kathleen Fallor and recommends that the interviewer move up and down the continuum of questions to assist the less narrative, younger, or more reticent child in relating stored information. In this approach, the interviewer may introduce a new topic with a direct or a multiple-choice question, then follow up with an invitation to tell more or explain the previous answer. We discuss the benefits and limitations of each format and provide practice.

What is the history of the NCAC Child Forensic Interview model?

The NCAC Forensic Interviewing Academy was established in 1999. For the initial academy, curriculum planners reviewed other training models and incorporated many of their strengths. We introduced our model at that time and have developed and refined it through subsequent classes.

Whom do you train? Rationale?

There are no limits, other than legitimate need and professional status, to those who may register and attend our training. Individuals or small groups from the same community attend. We hold classes in our training facility in Huntsville, Alabama, approximately six times a year with a regional and professional cross section of trainees. Additionally, we conduct customized forensic interview trainings for homogenous groups from a single community or region or representing a particular profession or group.

Our typical classes provide variety among professionals (law enforcement, social workers, interview specialists, doctors, nurse practitioners, and prosecutors) as well as community types (urban, rural, tribal, and international.) The discussion around different needs, points of view, resources, and job descriptions stimulates interest and participation. We encourage trainees to maintain contact with NCAC and with each other following this training experience.

Is the questioning focused on child sexual abuse only? Do your guidelines routinely include questions about physical abuse, neglect, domestic violence, substance abuse, and felony animal abuse? Rational?

Our goal was to develop a model that could be effectively adapted to children experiencing all forms of maltreatment as well as to those who are witnesses to acts of violence. We also wanted a model that would be flexible enough to adapt to children from different cultural and socioeconomic backgrounds.

Maltreatment in a child's life is complex; obtaining facts about an isolated incident seldom tells the story. Acts of physical and sexual abuse are often not exclusive; rather, abusive acts, maltreatment, and inappropriate caretaker behavior are dynamic and interactive. For children who are able to provide information in a narrative format, we have the possibility of a much fuller description of their experiences. Without initially focusing on isolated incidents, we have the opportunity to hear a description that is much closer to the child's experience. This approach does not preclude our returning to target incidents to ask about specific details. The approach may help us understand more fully this child's dilemma and may

suggest other areas of the child's life that should be explored and addressed.

For less verbal children, this inclusive description may not be possible, and it may be of benefit to question the child about other areas where there is concern. However, this multitopic approach may be difficult for young children, who often have trouble making use of direct questions about events that are not salient or connected to the moment. Young children also are unable to group individual incidents into a "type" of experience.

Do you see your interview protocol or guidelines as prosecution-focused or protection-focused? Do you see conflicts between these goals?

Our training format is equally useful for prosecution-focused and protection-focused questioning. A holistic approach to questioning can elicit the most complete information about the child's situation. For trainees who may be working in prosecution-driven arenas, we offer the suggestion of addressing prosecution concerns earlier in the conversation and moving to protection issues or more direct questioning as the interview progresses. This may serve to protect the forensic integrity of earlier statements, and yet not exclude the possibility of protection where prosecution does not seem to be an option.

As for the second question, standard practice varies greatly from community to community. Therefore, we believe that it is impossible to provide definitive answers to issues such as these. Decisions concerning the focus of interviewing must be made at the community level and be consistent with the community's intentions. Our goal is to present and support best practice, as we in the field know it, and to empower the individual interviewer to work with other professionals and institutions in their community to best serve children.

Do you teach structured protocol, semi-structured protocol, or flexible guidelines?

The NCAC Child Forensic Interview guidelines would best be described as flexible. Children differ remarkably in how they encode and retrieve memories of experienced events. These differences are the result of their developmental characteristics, inherent and developed cognitive abilities, the impact of family and culture on language as an expression of meaning and understanding, temperament, coping strategies, and experiences with unfamiliar adults. While this conversation or interview must be given a recognizable form and should be guided by forensic principles, a protocol that is highly structured cannot be responsive to the traits of the individual child.

Our training approach is to present an outline of the structure with the rationale and intended goals for each stage of the interview. We follow with suggestions and a discussion of various ways that the stage might proceed. The option to omit or return to any stage for a particular child is offered. For example, preschool children may not be able to make use of the guidelines for the interview and so this stage may be omitted.

Particularly with children who are making a tentative disclosure or are denying any knowledge of why they are being interviewed, a

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variety of approaches may be appropriate. A strict directive to use a particular technique at any critical juncture of the interview disregards the interviewer's understanding of the child's emotional and cognitive needs. Communicative competency (which considers both the competence of the child and the interviewer to engage in this conversation) calls for a wide range of skills, interest in and knowledge of children, and awareness of the cultural, community, and family context of the children one is interviewing.

How do you build rapport? How do you initiate the questions to move to the topic of concern or the abuse allegation?

In their hurry to get to the "real" conversation, interviewers often hurry past rapport building with a few peremptory questions. We see rapport building and developmental screening as an essential, integrated process. Rapport building may be strictly conversational or may incorporate the use of materials such as markers and paper for drawing, Play-doh, simple puzzles, or other activities to engage and relax the child. One can only build rapport in a manner that fits the child. Consequently, the building of rapport can be a difficult skill to teach, as it should engage the interviewer in an active and a receptive way. The interviewer is encouraged to pay attention to the child's verbal and nonverbal responses and to engage the child in conversation in which he or she has interest and knowledge. This kind of conversation allows for the best assessment of the child's language and narrative abilities as well as the opportunity for the interviewer to encourage full description and explanation. We recommend a relaxed conversational style and the avoidance of techniques that appear to be "testing" skills and knowledge.

The introduction of guidelines for the interview can assist latency age and adolescent children in understanding that this is a specific kind of conversation, but this will only be effective if the guidelines govern the interaction from its beginning. Different questioning styles may be used during this phase, which can be instructive in selecting questioning strategies for more difficult portions of the interview. We have found that this approach provides children with the opportunity to develop confidence and some degree of comfort with the interview process. For younger, shyer, more anxious, and less flexible children, this stage may need to be extended.

Children who know why they are being interviewed may initiate the topic of concern at the point where they feel comfortable. If this does not happen, transitional questions, such as "Who told you that you were coming here today? What did they tell you about coming here? What are you here to talk about?" can be used to invite the child to move into the allegation-specific portion of the interview.

A strength of our model is that the trainee or interviewer is offered different options for proceeding, based on the child's response to transition questions. Children's responses may indicate that they are in active disclosure, in tentative disclosure, or in denial of any problem. Each type of response is discussed separately, and we instruct our trainees on effective strategies for each kind of response.

Does your protocol vary according to the developmental level of the child being interviewed? Rationale?

The structure of the protocol remains basically the same with all developmental levels, with the exception that some stages may be eliminated for preschoolers (e.g., guidelines, competency assessment

more open-ended approaches to abuse-specific topics, use of tools where representational skills are not developed). Each stage can be developed differently in response to the child's developmental level, interest, personality, cultural group, or mental health characteristics. Interviewers are encouraged to gather information beforehand, which can serve to instruct their thinking about the best approaches for each child. That vision, of course, may change in response to a child's behavior, demeanor, or statements during the early stages of the interview.

As already discussed, we view the rapport-building/developmental-screening phase as an opportunity to place the child with regard to language, narrative ability, self-knowledge, expressive skills, and response to question styles. This knowledge should guide the interviewer in both questioning strategies and expectations of the child in the abuse-specific portion of the interview.

What do you teach about the use of interview aids? Rationale?

Children vary in their verbal ability, comfort level, and communication style. Although great emphasis is placed on verbal description and consistency for forensic purposes, some children struggle with providing verbal descriptions of complicated, embarrassing, and confusing acts. Interview aids can offer children the opportunity to demonstrate what they cannot explain. Further, aids may assist children in initiating verbal description or responding to questions.

We teach trainees how to use a number of interview aids, such as drawings, anatomical drawings, anatomical dolls, and touch inquiries. None of those interview aids are indicated as a standard part of the interview, but rather are to be used to assist certain children in providing verbal disclosures or in the clarification of a disclosure. The child's performance and preferences during rapport building guide the interviewer in determining what, if any, aids may be helpful or risky with this child.

To facilitate or clarify the verbal disclosures of less verbal or reticent children, we provide trainees with a simplified structure for using anatomical dolls. Additionally, we supply them with a number of articles, a bibliography, and the recommendation that they pursue additional training, practice, and supervision in the use of dolls.

We offer trainees two models for the use of anatomical drawings: the introduction of drawings to facilitate, elaborate, or clarify a disclosure that is already in progress, and the introduction of anatomical drawings as part of anatomy identification and touch inquiry. However, we do not recommend that drawings be used in all interviews or in the same manner with all children. Again, additional reading material is provided.

We also introduce trainees to Dr. Sandra Hewitt's touch inquiry and refer them to her book, *Assessing Allegations of Sexual Abuse in Preschool Children: Understanding Small Voices* (1999, Sage), for further explanation and rationale.

What do you teach about questioning reticent (nondisclosing) children?

In considering children's responses to the demands of the interview, we have identified three groups: (1) children in active disclosure, (2) children who are making tentative disclosures, and (3) children

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in denial. For each group we explore the dynamics and child characteristics that might impact the disclosure process. We provide a structure for questioning children who are able and willing to disclose (active disclosure group); this structure may be followed with less forthcoming children once a topic of concern has been brought forth.

Tentative or reticent children may be willing to admit that there is a problem, but then employ various tactics (i.e., distraction, forgetting, minimization, avoidance, empowerment) for a variety of reasons. We encourage interviewers to think strategically about the source of the blocks for the individual child. We then explore and practice strategies that may be used with these children.

The same process is repeated for children who are in denial, including the added consideration that a portion of these children may truly not have anything to tell. We repeat the process of exploring a variety of approaches. Even though we focus on each category separately, some strategies may be appropriate for both groups and some are more helpful with one or the other.

We introduce trainees to the “process of disclosure.” We also encourage them to consider (with their communities) alternative responses to children who experience great difficulty with the traditional one-interview model, such as additional interview sessions, extended forensic evaluation, or therapy.

How are diversity issues integrated into your guidelines or protocol?

The flexibility of the interview structure encourages the interviewer to adapt each stage to the needs of the child. Those needs may be the result of developmental, linguistic, or cognitive issues, temperament and trauma characteristics of the child, as well as ethnic and cultural backgrounds. It is impossible to provide training in all of these specific considerations; however, it is crucial that we acknowledge the need for adaptations to fit the child.

Cultural and historical variables in the lives of children, families, and groups influence their behavior, language, and communication styles, as well as the meaning they make of life experiences. We raise these issues at all points of the training and provide some direction and suggestions for steps that trainees might take to sensitize themselves to the worldview of other groups.

We use a variety of examples. Addressing such variables by changing “surface structure” components (e.g., environment, appropriate forms, bilingual interviewers) may be the place where we all begin. But this still does not address “deep structure” aspects of this type of conversation for children and families from groups that may have suffered intergenerational trauma, cultural shame, and disenfranchised grief. We raise the questions; nevertheless, we do not yet have all of the answers. NCAC is actively engaged in developing training programs for interviewers who serve identified cultural and ethnic groups.

What do you teach about interviewing with the intent to obtain corroborative evidence, so that the child’s interview need not stand alone?

It is crucial that interviewers (especially those who are not from a law enforcement background) be trained to interview children

toward a goal of obtaining information that can be corroborated. Children bear an unfair burden when asked to carry the proof of the case with their statements alone. We encourage a multidisciplinary approach, which increases the possibility that this type of information will be gathered and noted.

When children are able to both provide narrative descriptions and respond to follow-up questions, we have the possibility to gain the greatest amount of detailed information. That is, we address the topic from the child’s point of view, and we pursue the investigator’s concerns. Further, we encourage documentation through videotaping, which creates the most complete record of the child’s statement. Nonetheless, we recognize that such an option is not allowable in all communities. The question of corroboration is only partially addressed by developing good interviewing techniques; it is also greatly influenced by thorough and timely investigations.

Have you measured training or protocol outcomes, and if so, how? What have you found?

NCAC is actively developing a practical and scientifically valid method to measure training and protocol outcomes. The research consists of a quasi-experimental survey design and makes use of repeated measures. Specifically, we will collect information concerning trainees’ knowledge and skill level as well as information concerning their practice context, prior to the training. We will then administer a knowledge and skills assessment survey immediately after the training, to determine the internalization of the content material.

We will also conduct two waves of follow-up surveys, at 6 and 12 months after the trainees’ return to their community. In each wave, we will collect information concerning their retention of knowledge, application of skills and practices, and both the barriers and facilitators that they have experienced in applying the interview model. We will also inquire about any additional peer review, mentoring, or other professional support they have received since the initial training, as well as needs for further training for themselves or other professionals in their community.

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Linda has previously served as clinical director and a forensic interviewer for three child advocacy centers: the National Children’s Advocacy Center in Huntsville, Alabama, the Prescott House CAC in Birmingham, Alabama, and the Safehouse in Albuquerque, New Mexico.