The Child Forensic Interview Training Institute of the Childhood Trust, Cincinnati Children's Hospital

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

A good child forensic interview is a neutral, information-gathering process intended for the courts. It is conducted by an open-minded investigator, who keeps multiple hypotheses in mind and avoids any rush to judgment. Whether forensic interviewers work in advocacy centers, law enforcement settings, medical facilities, or social work agencies, they function as neutral fact finders when they conduct interviews for the courts.

The Childhood Trust teaches both a structured protocol—Thomas D. Lyon's (2002a) adaptation of the National Institute of Child Health and Human Development (NICHD) protocol—and the Childhood Trust Flexible Guidelines. Although academic debates about structure versus flexibility continue, Cincinnati's Childhood Trust believes that interviewers need to learn more than one approach to respond effectively to the complexity and diversity of actual cases.

Underlying both the structured protocol and the flexible guidelines models are the goals of inviting lengthy responses from children early in an interview and continuing to use open questions and prompts throughout. An impressive body of research analyzing interviewer question types and child witness responses on transcripts of actual interviews has repeatedly and robustly shown the effectiveness of this narrative-inviting approach (Lamb, Sternberg, & Esplin, 1998; Orbach & Lamb, 2001; Orbach & Lamb, 2000; Orbach, Hershkowitz, Lamb, Sternberg, Esplin, & Horowitz, 2000; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001; Sternberg, Lamb et al, 1997). However, an array of cultural, developmental, and personal characteristics of child witnesses may require interviewers to use additional strategies and interview aids to enhance communicative competence. Not every child can respond with a coherent narrative when instructed by a stranger to "Tell me all about what happened" (Saywitz, Goodman, & Lyon, 2002). Among those children who often need greater clinical sensitivity, flexibility, and pacing from interviewers are preschoolers; children of all ages who are depressed, anxious, traumatized, or developmentally delayed; children from chaotic or violent homes; and children inhibited by familial, cultural, and/or social constraints (Lyon, 2002b).

John Yuille has stated that a child interviewer's goals should be to maximize the information elicited, minimize stress or trauma to the child, and avoid contaminating the child's memory or statements (Yuille, 1996). No single approach accomplishes these ends. Child forensic interviews are by their very nature often stressful to children, as are necessary medical and dental procedures. We teach that the goal of good child forensic interviewing must realistically be to minimize stress to the child, not to eliminate it. The ultimate intention is to create an atmosphere that fosters full and accurate statements from children. A good child forensic interview avoids both false denials and false allegations (Lyon, 1995).

Since we offered our first 5-day child forensic interview training in

March 1998, we have continuously modified our interviewing models as new research has appeared. For example, we originally taught only flexible guidelines, but added a structured protocol after thorough consideration of the extensive body of research in its support. We incorporated Sandra K. Hewitt's semi-structured protocol for administering the Touch Survey after her excellent book on interviewing preschoolers became available in 1999. When a review of Hewitt's book appeared (Gilstrap & Ceci, 2001) that criticized some aspects (but not the core principles) of Hewitt's version of the Touch Survey, we modified our Touch Survey flexible protocol to respond to these concerns.

We now place a stronger emphasis on teaching peer review skills after research results were published indicating the crucial importance of ongoing peer review in maintaining optimal interviewing practice (Lamb, Sternberg, Orbach, Hershkowitz, Horowitz, & Esplin, 2002). Copies of our current peer review forms are included as appendices.

Although many of the interview approaches and components we teach are derived from research studies, others are drawn from experience or common sense. For example, experienced trainees routinely tell us that interviewers should develop and maintain rapport with children, but what constitutes "rapport"? Do the guns and uniforms of police officers inhibit children, or do they make children feel safer? The research is virtually silent on this point, but many centers ask detectives to interview in plain clothes. What constitutes a "child-friendly" interview setting? Does it include toys? Experienced interviewers tell us that a room full of toys distracts children, especially those reluctant children who would rather do anything than talk about the topic of concern. It goes without saying that pagers, telephones, noisy offices, and other interruptions distract everyone. It also makes sense to interview children in a setting that feels private and safe, without the alleged offender, family members, or others close by. But even this is not a hard and fast rule. Some children absolutely will not separate from nonoffending parents or caretakers. In addition, many school districts have policies requiring that a teacher or counselor be present for child forensic interviews in schools.

Other components of rapport do have a strong research basis. For example, more than a decade of work by Gail Goodman, Bette Bottoms, and colleagues has established that a consistently supportive interviewer manner enhances recall and decreases suggestibility in young children (Carter, Bottoms, & Levine, 1996; Davis & Bottoms, 2002; Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991).

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

We teach a typology of questions model, derived from the "Hierarchy of Questions" developed during an APSAC Think Tank in 1996 and modified by the Childhood Trust to include, among other

changes, the language developed by Michael Lamb, Kathleen J. Sternberg, and their colleagues for their research studies. We changed "hierarchy" to "typology" after finding that a strict hierarchy from preferred, to less preferred questions does not apply in many circumstances. There are occasions when a "yes-no" question is less suggestive than a "wh" question. For example, the yes-no question "Did your uncle say something?" may be less suggestive than the presumptive "What did your uncle say?" if a child has not previously stated that the uncle said anything. The Childhood Trust typology of questions peer review sheet follows this article.

We have incorporated Laura Merchant's metaphor of the "hourglass," rather than the older and less precise "funnel" metaphor to describe the questioning strategy we teach (L. Merchant, personal communication, January 2002). Some children will disclose genital touching only in response to very direct questions (Saywitz, Goodman, Nicholas, & Moan, 1991). Using the "hourglass" approach, we teach interviewers to follow any direct question with an open, invitational prompt, rather than remaining at the narrowest point of the questioning funnel. Thus, a question such as "Did your uncle Billy touch your front private?" which we teach interviewers to ask a child only when other strategies have been exhausted, should be followed with "Tell me all about it" if the child answers "Yes." We find that many interviewers move too quickly to "where, how, when" questions in such cases. The open prompt may elicit full and idiosyncratic information in cases when Uncle Billy did touch the child and no information at all in cases when Uncle Billy did not. We are, of course, all aware of the one child in the analogue study by Karen Saywitz and colleagues who elaborated falsely in response to direct questions that the doctor did touch her anus with a "long stick" and "it tickled" (Saywitz et al, 1991, p. 687). However, without the direct yes-no questions naming both act and "perpetrator" (in this case, the analogue study pediatrician), the overwhelming majority of children in this study failed to report even nonabusive anal and vaginal touching in response to free recall and doll demonstration queries. Direct questions that name both alleged act and alleged perpetrator may be suggestive to some children, but they are not legally or linguistically leading.

What, then, is a leading question? We acknowledge that many researchers, interviewers, and fact finders carelessly refer to direct questions as "leading," but they are being linguistically sloppy. We teach precise and limited definitions. *Black's Law Dictionary* has defined a leading question as one that "instructs the witness how to answer or puts into his mouth words to be echoed back" (Black, Connolly, & Molan, 1983, p. 460), and in more gender-neutral, contemporary language, a question that "suggests the answer to the person being interrogated, especially, a question that may be answered by a mere 'yes' or 'no'" (Garner & Black, 1999, p. 897). The California Evidence Code defines a leading question as follows: "… a question that suggests to the witness the answer that the [questioner] desires" (cited in Myers, 1998, p. 125). The strict linguistic definition of a leading question is one that contains a negative tag instructing the witness how to answer. Examples of tag leading questions are "Your dad beat your mother last night, didn't he?" or "Didn't your therapist tell you what to say?" or "He put his finger inside your anus, isn't that right?" (Walker, 1999; Saywitz, Goodman, & Lyon, 2002).

In addition, we agree with Mark Everson and others that presumptive questions or prompts are also leading, even though they are not included in the strict linguistic definition (Everson, 1999; Walker, 1999). To decide whether such questions are presumptively lead-

ing, it is necessary to know what preceded them. For example, if a child has said that a man touched her, and the interviewer's next prompt is "Point to the place on the doll where the man *hurt* you," this is a presumptive leading question. Other examples include the following: "Tell me what the *bad* man did to you," "How many times did she whip you?" and, of course, the classic "Have you stopped beating your wife?" (Everson, 1999). Everson cites research indicating that children are more likely to be misled by presumptive leading questions than by more blatant tag leading questions, but this may depend on the presumptive content (Bruck, Ceci, Francoeur, & Renick, 1995). For example, if a child spontaneously describes an act of abuse and the interviewer's next question is "How many times did that happen?" John E. B. Myers argues that this question might be considered "mildly leading" because the interviewer seems to be communicating a presumption or belief that more than one abusive act took place (Myers, 1998, p. 125). A preferred question would be "Did this happen one time or more than one time?"

We also point out that in the real world of the court room, a leading question is whatever your judge defines as leading, and we warn that arguing with a judge about linguistic precision is not likely to help your case. We ultimately teach interviewers either to apply the narrow definitions of leading questions and try to avoid leading questions, or to accept looser definitions and acknowledge, with Myers (1998), that sometimes "mildly leading" questions during child interviews are unavoidable (1998, pp. 136-138). In any case, whether a yes-no question is defined as specific, direct, or leading, we instruct interviewers to remind their fact finders that they strive to follow up such questions with open and free-recall prompts.

What is the history of the Childhood Trust Forensic Interview Institute?

The Institute grew out of a peer review group of child maltreatment professionals invited by David L. Corwin, MD, to meet regularly at Cincinnati's Childhood Trust in 1995. Planning for the first 5-day forensic interview training began in 1997, when Dr. Corwin asked Julie Kenniston, a Cincinnati child protective services worker and a member of the original peer review group, to coordinate the program. Like most major forensic interview training programs, the Childhood Trust's was envisioned as a "teach, show, do" model that included lecture, filmed demonstrations, small group videotaped interviewing practice with peer review, and a concluding mock trial. The original core faculty included Corwin as training director, Kenniston, Barbara W. Boat, Jane Sites, and Erna Olafson. Guest speakers have included Karen Saywitz, Mark Everson, Toby Tyler, Robert Shapiro, John E. B. Myers, and Pat Myers.

In 1999, Olafson became director of the program, and the core faculty now includes Olafson, Kenniston, Boat, and Detective John Ladd. Selected Childhood Trust forensic training graduates from Cincinnati Children's Hospital social work and CAC staff as well as graduate interviewers from throughout Ohio return regularly to assist with small group exercises. CCHMC child psychiatrists Frank W. Putnam and Daniel A. Nelson offer guest lectures about trauma and brain development to every on-site training. Child psychiatry fellows and forensic fellows are required to attend the forensic training institute as part of their CCHMC and University of Cincinnati College of Medicine didactics.

In addition to the full 5-day training, which is nearing its thirtieth iteration, the Childhood Trust program has trained off site in Wash-

ington, DC, Indiana, Illinois, New York, Missouri's Fort Leonard Wood, Oklahoma, Wyoming, Belize, and many locations within Ohio. To give our several hundred graduates the opportunity to update their skills and receive specialized training, we offer advanced one-day trainings in Cincinnati and elsewhere about children's memory and suggestibility, child abuse allegations in the context of separated parents, interventions to assist nonoffending parents, anatomical dolls and drawings, and the toxic triad of child abuse, spousal battering, and animal cruelty. We have written statewide child forensic interviewing curricula for Illinois and Ohio. With the support of the Ohio Network of Child Advocacy Centers, we are currently training trainers to teach a new curriculum that covers the core principles of child forensic interviewing to be made available to every one of Ohio's 88 counties.

What are the characteristics of the Childhood Trust trainings?

Central to the Childhood Trust's training are adult learning theory principles. First and foremost is the principle of respect for participants, who are generally experienced professionals with much to teach the trainers. In accordance with this principle, we have transformed the mock trial theater at the end of the training into a voluntary and collaborative process. In the real world of forensic training and interviewing, there are no perfect interviews. However, if trainees become aware that their mistakes can be displayed without their consent before the entire group during Friday's Mock Trial, they may protect themselves during videotaped practice sessions by playing it safe. We want our trainees to take risks during the week by trying new approaches and experimenting with newly learned interview aids. Because people learn from their mistakes, rather than from their successes, we encourage participants to shake up old interview habits and even to flounder.

We ask participants to watch for moments in their small group videotaped interviews to bring before the assembled trainees during mock trial practice. Trainees who choose to do so then show problematic interview segments for a discussion about what they did, ways to improve, and how they might defend what they did in court. For example, if the interviewer asks a leading question, our mock trial "defense attorney" will ask the interviewer if the Childhood Trust training he or she attended recommends strongly against leading questions. Yes, the interviewer will have to concede. We then call upon a group think tank to help the interviewer find ways to manage this issue while on the stand. Yes, the group might agree, this was not a desirable question, but the group might point out, for example, that the child (or the adult actor who played the child), disclosed no forensically relevant material in response to this question, and that when disclosure did come, it was in response to an open question. Another example might be an interviewer inadvertently pointing to the private parts on the anatomical doll when asking the child where she was touched. How would the interviewer deal with this in the court room? After 5 days in a supportive learning environment where trainees are allowed and even encouraged to take risks and try new interview approaches, we find that many trainees volunteer to share their taped segments with the group. Trainees with years of experience on the witness stand share courtroom tips with beginners. This mock trial practice begins a collaborative process for subsequent peer review in the home agencies and offices of our diverse participants.

Ours is the only major training program in which trainees, not hired actors, play alleged child victims during the interview practice scenarios. Trainees are not required to play children, but most choose to do so. All trainees receive a list of brief scenarios describing the allegations to be investigated, and they meet on the afternoon of the third day of training in their small groups with one trainer to allocate cases. It is part of the respect we accord trainees that they choose their case scenarios, their interview schedules, and their actors, and thus best achieve their individual training goals. After trainees choose their adult actors, each trainer gives a copy of a fuller case scenario to the trainee actors so that they will have a full day to get into role and learn their parts. Participants scheduled to play children do not disclose the content to other trainees before the practice interviews.

The advantages of having trainees play alleged child victims are several. Many graduates inform us in posttraining feedback that the experience of being interviewed while playing a child affected them profoundly and taught them a great deal about how to interview effectively. In addition, child abuse professionals generally know a good deal more about child abuse than hired actors do; indeed, our participants play their roles with great depth and authenticity. For forensic teams from a single county who train together, enacting these child abuse scenarios functions as a powerful team builder, and this has been an unintended, positive consequence.

Every training begins with a pretest. At the end of every training day, trainees are given review questions about the day's content as part of their homework, and we go over their answers every morning. At the end of the training, the group reviews a final set of content questions, and we then administer a posttest. We average at least a 25% increase in knowledge from pretest to posttest. The over learning of training content is necessary (but not sufficient) for the acquisition and maintenance of interviewing skills.

Every trainee now receives a CD with a set of current research studies, papers, peer review forms, interview aids, and a reference list. Although we would like to facilitate ongoing contact with past trainees to update them and get feedback about how they are doing, this is an area still in development. We welcome suggestions from other training programs about how to facilitate ongoing contact with graduates.

Whom do you train? Rationale?

We train all professionals who conduct child forensic interviews, both as individuals and in teams. We have trained entire advocacy centers, as in Washington, DC, prosecutor-headed county teams, and isolated individual law enforcement, medical, or social work professionals from tiny rural counties. Despite the proliferation of child forensic interviewer training programs nationwide, there are still not enough competent trainers available to fill the need. Increasingly, we are training and mentoring trainers.

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

We teach both individuals and teams to practice corroborative questioning skills. Criminal prosecution ensues in only a minority of child abuse and neglect cases, but good forensic questioning belongs in every case. A case that appears to be a straightforward neglect case may suddenly reveal itself to be potentially criminal once a child starts talking. While the window is open and the child willing to speak, the social worker needs to be skilled in the basics of

prosecution-focused interviewing. This may be the child's first outcry to anyone in authority; it may be Saturday evening and the prosecutor-headed investigation team may not be available until Monday afternoon. Thus, the time to question competently is at hand.

Even though cases involving preschoolers are prosecuted less commonly than those involving older children, we emphasize that careful forensic interviewing with these youngest victims is crucially important. When victims are young children, it can be difficult even to protect adequately, but competent forensic interviewing can help authorities to rescue these most vulnerable victims. We present trainees with recent research showing that chronic, severe childhood abuse and trauma inhibits brain development, lowers IQs, and compromises health (De Bellis, Keshavan, Clark, Casey, Giedd, Boring, Frustaci, & Ryan. 1999; Fellitti, 2002; Koenen, Moffitt, Caspi,, Taylor, & Purcell, 2003; Putnam, 2003). Whether a case ends in protection or prosecution, we argue that corroborative, evidence-gathering questioning in those cases is necessary so that the child's interview need not stand alone (Vieth, 1999).

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

We teach both a structured protocol and flexible guidelines. We believe that decisions about whether to use a structured protocol or flexible guidelines rest with trained interviewers, whom we teach to assess the circumstances of each case, the needs of each child, and critical points within an interview when choosing an interview approach. Our trainees come from many disciplines. They have caseloads that vary from the high suspicion child sexual abuse cases that are routine for child advocacy centers, to the miscellaneous assortment of often unsubstantiated abuse and neglect cases called in by mandated reporters to child protective services. No single child interviewing approach suffices for the variety of children and of case circumstances that child forensic interviewers confront. Abraham Maslow is widely quoted as having said that when the only tool you have is a hammer, every problem begins to resemble a nail (Maslow, 1954). Children are not nails. We give trainees a tool bag rather than a single hammer.

The structured protocol we teach was adapted by Thomas D. Lyon from the National Institute of Child Health and Human Development (NICHD) protocol developed and extensively tested by Kathleen J. Sternberg, Michael Lamb, and their colleagues (Lyon, 2002a: Orbach, Hershkowitz, Lamb, Sternberg, Esplin, & Horowitz, 2000). Professor Lyon has found that the protocol is effective with children aged 6 and older who are in at least partial disclosure, and we teach that this is its most appropriate application. We offer the protocol as one tool for the interviewer's tool bag, rather than as the single correct way to interview.

We describe the advantages and disadvantages of a structured protocol as follows:

Advantages

1. Both the NICHD protocol and Lyon's adaptation of it are designed to guide interviewers to ask open, invitational, free-recall questions that invite narratives from children, and to follow up consistently with open-ended prompts.

2. The structured protocol guides interviewers to invite narrative from children early in the interview so that when the topic of concern is reached, the child has become accustomed to respond-

ing in full sentences rather than single words. Research has shown that the repeated use of invitational prompts from interviewers results in lengthy, accurate, free-recall narratives from many (but not all) children.

3. The Lyon adaptation of the NICHD protocol offers exact language for the interviewer to introduce oneself, to inform the child about interview expectations (rules), and to practice the rules.

4. The protocol offers exact language for a simplified truth-lie ("competence") segment.

5. The protocol offers a number of structured questions to focus the child on the topic of concern.

6. The protocol offers exact language for inviting narrative about the topic of concern and about events that have been repeated many times (the "script memory" problem).

7. For beginners in agencies and departments that have high turnover, the protocol offers interviewers "training wheels" to start them out using an excellent, evidence-based interview approach.

Disadvantages

1. The protocol does not offer scripted guidelines for corroborative questioning, that is, questions about precise crime scene information to assist law enforcement with the evidence-gathering that may make or break a case. Corroborative questioning is especially crucial when the only witness to or victim of a crime is a child (Vieth, 1999).

2. The protocol does not offer guidelines for the use of interview aids such as dolls, anatomical drawings, Feelings Faces, and the Touch Survey. These tools are often necessary as demonstration aids. Indeed, both adult and child witnesses often benefit from interview aids.

3. Because the NICHD protocol was researched by tabulating interview utterances on transcriptions of actual interviews and classifying them according to the kinds of questions asked and the responses of child witnesses to them, the protocol does not address many other aspects of good child interviewing. Interviewer demeanor, flexibility, pacing, and cultural and developmental sensitivity are among the components that interview transcripts cannot fully reveal.

4. By ensuring that interviewers ask open and nonsuggestive questions, the protocol helps guard against false statements or false allegations by children, but it does less to deal with the issue of false denials (Lyon, 1995). In difficult cases, staying with the protocol rather than with the child may lead to a clumsy and nonproductive interview.

5. The danger of teaching a structured or scripted protocol is that defense attorneys may accuse interviewers of straying from "best practice" when they do not adhere rigidly to the script. For this reason, we emphasize that the structured protocol is a tool, an approach, one example of good interviewing for certain circumstances, rather than the only way to interview a child.

6. Because many abused and neglected children are developmen-

tally delayed, guidance about how to perform a developmental screening is often necessary. The protocols contain no guidelines for this screening.

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? Rationale?

The structured protocols were designed for alleged child sexual abuse cases, and they do not include routine questions about other stressors in children's lives. Because child abuse can occur in homes where there is mental illness, substance abuse, or violence, it makes sense to ask children about their full range of experiences. The case information contained in the referral may be only the tip of the iceberg. For example, a mother who appears to be "collusive" may be a terrified battered woman. Battering is a crime that can be prosecuted. Indeed, when we protect battered mothers we help them support their abused children to maintain consistent disclosure, to testify competently in court, and to recover more completely from abuse. In addition, because of a continued backlash about child sexual abuse (Myers, 1994), it makes sense to obtain information about other potential crimes, such as drug dealing or felony animal abuse. This strategy may serve ultimately to protect children from criminally abusive adults, even when sexual abuse victims are preschoolers not admitted as competent witnesses in the court room.

Our flexible guidelines provide interviewers with a variety of questioning strategies. We instruct interviewers that a multiple hypotheses approach should cover many aspects of a child's experience. For example, the Childhood Trust Touch Survey, an interview aid that all of our trainees learn and practice, guides interviewers to ask children about physical as well as sexual abuse. In addition, Dr. Barbara Boat offers a training module about child abuse, domestic violence, and animal cruelty, with semi-scripted questions for participants to incorporate into their protocols. Our case scenarios are also designed to jar trainees out of tunnel vision about cases. Although we strive for graduates who are secure in standardized interview structure and language, we also intend for them to think while they work. No two cases are exactly alike.

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

Both our interview protocol and our flexible guidelines offer guidance for rapport building. Lyon's adaptation of the NICHD protocol for children aged 6 and older gives the rules all at once as the interview begins and then builds rapport by asking children open questions about neutral topics to get the child talking. It includes no rapport-building interview aids, such as drawing with the child.

In the Childhood Trust flexible guidelines, the goals during the first stage of the interview are to get the child talking, to show interest and noncontingent warmth, and to create an atmosphere that feels safe and private. Getting down to eye level, sitting at right angles rather than interrogatively straight across from a child, and engaging in the drawing of the child's house or family are all strategies that enhance rapport. We have often seen a warmly administered developmental screening establish rapport with preschoolers. The rapport stage varies greatly in length, but it can be quite brief. Once a child is talking, interviewers transition to the topic of concern, while continuing to maintain rapport.

Transitioning to the topic of concern can be fraught with dangers, but there are a number of effective neutral ways to do so before presenting a child with anatomical drawings. We offer many such strategies, from neutral questions to more focused and direct ones. We teach that in most cases, interview aids such as anatomical drawings or the Touch Survey are used to focus on the topic of concern only when verbal inquiries have proven unproductive.

The recommended neutral prompt in most structured protocols is "Do you know why you came to see me today?" or "Tell me the reason you came to talk to me." Although these prompts work well with children aged 6 and older who are in active disclosure, these questions will be useless for the many others who have no clue why they are being interviewed. We offer lists of alternatives, including the very effective feelings prompts from Lyon's protocol, such as "Tell me the time that you were the most happy" and continuing with "sad," "mad," and "scared," followed in each case by "Tell me more" prompts. Among the other effective ways to move to the topic of concern are the balanced "best" and "worst" questions. For example, if an allegation is about one parent, we teach trainees to ask children what they like best and least about each parent, one at a time. Every protocol offers other ways to move to the topic of concern, and we make a list of these and other strategies available to trainees and discuss their merits and demerits.

With preschoolers or reticent children, interview aids such as Feelings Faces, the Touch Survey, and anatomical drawings can effectively introduce the topic of concern. The neutral and balanced touch questions of the Childhood Trust's adaptation of Hewitt's Touch Survey inquire factually and in value-free language about common forms of interpersonal physical contact young children can experience, such as hugging, tickling, spanking, hitting, and private parts touching. For a number of reasons, including forensic soundness, we prefer these questions to those taught in some other programs, such as questions about places on the body that it is "not OK" for people to touch or that people "should not" touch.

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

We teach the Lyon adaptation of the NICHD protocol as one option for children aged 6 and older. We teach modifications of the protocol and flexible guidelines for preschoolers and adolescents. We teach and have trainees practice the Cognitive Interview for children aged 7 and older and adult witnesses, but we emphasize that the CI should be used only to amplify previously narrated detail and not as a means to focus initially on the topic of concern. We teach the Touch Survey for preschoolers, early school age children, and children with developmental delays. All trainees learn and build skills with a variety of preprinted and freehand drawings to use with witnesses of all ages. Our module on anatomical dolls addresses developmental issues with respect to their application. We teach greatly simplified interview rules for preschoolers. For adolescents, we refer to them as "guidelines" or expectations," rather than "rules."

We positively *drill* our trainees in the basic principles of communicative competence as taught by forensic linguist Ann Graffam Walker. Every trainee leaves our training knowing, for example, to avoid asking a 4-year-old "when" or "how many times" something happened. We offer alternative questioning strategies to help find out when something happened, and we teach five scripted questions to get detailed information when children have a "script memory" problem in cases of repeated or chronic abuse. We tell every trainee to

acquire Walker's indispensable book (1999) and to read the relevant chapters in the most recent *APSAC Handbook on Child Maltreatment* (Myers, Berliner, Briere, Hendrix, Jenny, & Reid, 2002).

We have only our years of experience and the collective wisdom in the room when the training moves to effective forensic interviewing of adolescents. Research in this area is scant to nonexistent (Saywitz, Goodman, & Lyon, 2002). We teach the older research showing that anger is the primary motivator for disclosure in otherwise corroborated adolescent sexual abuse cases, so that trainees will not automatically assume that an angry teenager is lying (Deaton & Hertica, 1993). We counsel trainees to be steady and patient as they deal with adolescent witnesses. We emphasize that there is a great need for further studies to assist professionals in both the interviewing and the treatment of abused and traumatized adolescents.

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

The structured protocols do not include interview aids, but we agree with Lori Holmes and Victor Vieth that children should not be deprived of interview aids when they are commonly offered to adult witnesses (2003). In our flexible guidelines, we teach and train the use of both drawings and dolls as needed at various stages of interviews. Freehand drawing may facilitate rapport with preschoolers or reticent children. Anatomical drawings, either freehand or preprinted, may assist in moving to the topic of concern, to ascertain the words children use for body parts, and as demonstration aids to clarify verbal statements by the child. An interviewer who draws the Touch Survey feelings faces and stick figures while asking a child questions can keep the attention of even the most hyperactive, distracted, or traumatized child witness.

We are fortunate to have Barbara W. Boat as a trainer for the anatomical dolls in a module that covers the research, including her recent literature review with Mark Everson (2002), as well as skills-building exercises using the dolls with practice scenarios. Dr. Boat instructs every trainee to teach their prosecutors to ask them when they are on the stand, *not* "Did you use the anatomical dolls?" but rather, "What *function* did the anatomical dolls serve in your interview?" She teaches that the dolls should be used by well-trained interviewers primarily as demonstration aids to clarify a child's verbal statements. We offer one-day advanced trainings in the use of anatomical dolls and drawings.

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

Because we teach both a structured protocol and flexible guidelines, the interviewing of reticent children is covered at every stage of our training, and we devote one of our longer modules to this difficult topic. We go over the current debates about children's disclosure patterns and offer trainees a reference list of major studies, including Lyon's very useful recent works (Lyon, 2002b; *Stogner v. CA*, 2003). We systematically present children's many kinds of blocks to talking with interviewers, and we offer guidelines for dealing with them, including the use of free-hand drawings and other interview aids. We tell trainees that although there is an impressive body of research showing that invitational, open questions produce superior child interviews, these results may apply primarily to the easy kids, the children who know why they are being interviewed, are old enough to construct narratives, and are ready to talk. We need other approaches to respond effectively to the more challenging children in our caseloads (Faller, 2003).

We agree with the APSAC Clinics that some children are reticent because they have nothing forensically relevant to tell us. In high-suspicion cases with reluctant children, we teach that it may be preferable to stop the interview on a given day rather than to persist too long in questioning. As an alternative, we recommend to trainees that they have one specialist in each center trained in the Huntsville Extended Interview Protocol (Carnes, Wilson, & Nelson-Gardell, 1999) for children in high-suspicion cases who need more than one interview. Preliminary research results on this approach are promising (Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001).

How are diversity issues integrated into your guidelines or protocol?

We address diversity as it impacts child abuse investigation and interviewing throughout the training and in a separate module. We alert trainees to ways in which social and cultural meanings can affect both the content of an interview and a child's attitudes toward the interviewer and the interview process. In addition, we stress that awareness of cultural and social meanings is essential when dealing with the families and communities of alleged victims. We offer guidelines for selection, training, and debriefing of translators. We refer trainees to the excellent works and presentations by Lisa Fontes (1995). We caution trainees about using explicit interview aids, such as anatomical drawings or dolls, when interviewing children from very modest subcultures, for example, recent immigrants from Middle Eastern countries.

What do you teach about interviewing with corroborative evidence in mind, so that the child's interview need not stand alone?

The resource CD that every trainee receives includes a copy of Vieth's 1999 paper about corroborative questioning, and we stress evidence-gathering questioning throughout the training. In good multidisciplinary teamwork, police and social workers interview together, but the reality is that a social worker is sometimes alone on a case when corroborative questioning becomes necessary. We teach every trainee the basics of corroborative, evidence-gathering approaches. We also agree with Detective Rick Cage and psychologist Dennison Reed (Reed & Cage, 2003) that when authorities move quickly to search potential crime scenes and question alleged offenders, rather than waiting days after the child interview, (as is common practice in many jurisdictions), they may increase both their rates of confession and of successful prosecution.

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

Our pretests and posttests show a good increase in knowledge in the course of 5 days of training, but we are aware of research studies showing that even when interviewers can articulate clearly what they should be doing, that does not mean they are actually doing it. With support of a grant from the National Children's Alliance (NCA), Erna Olafson, in affiliation with Frank Putnam, MD, and Heidi Malott, MSW, of Cincinnati Children's Hospital, are beginning a research study of our training outcomes. We will train raters to systematically review randomly selected videotapes of actual interviews, applying criteria from the three peer review forms or subsequent revisions of these form. Rater scores will be compared with case outcomes. In addition to studying interview practice among our graduates in various disciplines, we hope as one outcome of the study to produce sound child forensic interview peer review forms for widespread use by others.

About the Authors

Erna Olafson, PhD, PsyD, is an associate professor of clinical psychiatry and pediatrics at Cincinnati Children's Hospital and the University of Cincinnati College of Medicine. She directs the Cincinnati Childhood Trust's Forensic Training Institute and is Training Director for the CCHMC's Level II site in the National Child Traumatic Stress Network (NCTSN). Dr. Olafson is editor in chief of the *APSAC Advisor*.

Julie Kenniston, LSW, is an independent consultant and trainer presenting nationally and internationally on interviewing, investigation, and the prosecution of child abuse cases. She specializes in the areas of forensic interviews, interdisciplinary teamwork, peer review, sexual abuse issues, assessment, and planning. She mentors Children's Services workers in child maltreatment investigations and conducts training for interdisciplinary team development. Ms. Kenniston is associated with the Childhood Trust in Cincinnati, Ohio, as well as APRI Finding Words Indiana, the Office of Juvenile Justice and Delinquency Prevention, and the Institute for Human Services.

Peer Review Forms

Full size copies of these peer review forms, with instructions for their use, are available from Erna Olafson. Please e-mail your request to: erna.olafson@uc.edu. Dr. Olafson is evaluating these forms for possible revision. She welcomes feedback from interviewers and peer reviewers who use them. Please make amendments or modifications to these forms only in consultation with Dr. Olafson.

VIDEOTAPED INTERVIEW PEER REVIEW FORM 1.0

Interviewer Name _____   Reviewer Name _____

Date _____   Child's age _____   Child's Gender _____

INTERVIEWER COMPONENTS   COMMENTS

Check off each component as it is covered.

YES	NO	N/A	STAGE ONE COMPONENTS
			Introduce self and role
			Establish rapport
Check below			Truth-Lie
			Interviewer explain
			Child demonstrate
			Child promise to tell truth and to try hard
Check below			Rules
			Don't know (explain)
			Don't know (demonstrate)
			Don't understand (explain)
			Don't understand (demonstrate)
			You're wrong (explain)
			You're wrong (demonstrate)
			"Help me understand" (explain)
			Developmental screening
			Invite narrative
YES	**NO**	**N/A**	**STAGE TWO COMPONENTS**
			Transition to topic of concern
			Invite free narrative
			Obtain specific details
			Corroborative questioning
			'Hourglass' questioning
			Explore multiple hypotheses
YES	**NO**	**N/A**	**STAGE THREE COMPONENTS**
			Safety planning
			Invite child's questions
			Ask any other concerns?
			Neutral topic
			Explain what's next
			Thank child

[Comment on the right side about components omitted or shortened because of the developmental level of the child. Rules and Truth-Lie often have to be adapted for preschoolers and adolescents, and developmental screening adapted or omitted for children aged 7 and older.]

THE TYPOLOGY OF QUESTIONS PEER REVIEW FORM 1.0

(As you review a transcript, videotape, or live interview, count and add up kinds of questions)

Interviewer Name _____   Reviewer Name _____

Date _____   Child's age _____   Child's Gender _____

Interview Time Elapsed	0-5	6-10	11-15	16-20	21-2	26-30	31+	TOTAL
1. Free Recall questions Open, Broad "Invitational" *								
2. Focused questions Free recall on a topic								
3. Facilitators *Circle Y or N*	Y N	Y N	Y N	Y N	Y N	Y N	Y N	
4. Specific questions "Directive Utterances" *								
5. Multiple choice questions								
6. Externally derived questions								
7. Yes-no questions								
8. a. Tag Leading questions								
8. b. Presumptive Leading questions								
9. a. Bribing (Coercive)								
9. b. Shaming (Coercive)								
9. c. Threatening (Coercive)								

* Lamb, Michael E., & Fauchier, Angele. (2001). The effects of question type on self-contradictions by children in the course of forensic interviews. *Applied Cognitive Psychology, 15*, 483-491. Lamb and colleagues call broad/open/free recall questions "invitational" and specific "wh" questions, "directive utterances." Some question types included under our definition of "focused" (i.e., "Tell me all about your last birthday") are included in the Lamb et al. "invitational" category.

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THE ART OF INTERVIEWING 1.0

Interviewer Name _____ Reviewer Name _____

Date _____ Child's age _____ Child's Gender _____

At the conclusion of the tape or interview, rate the interview on the following qualities and write a sentence justifying your number.

1. Develop and maintain rapport, showing interest and warmth.   1   2   3   4   5
    Be WITH that child.
    Comment:

2. Show developmental sensitivity.   1   2   3   4   5
    Comment:

3. Show cultural sensitivity.   1   2   3   4   5
    Comment:

4. Invite narrative, wait for child's answers and do not interrupt.   1   2   3   4   5
    Comment:

5. Use interview aids competently, if indicated.	1	2	3	4	5
Comment:					
6. Maintain consistent voice tone and posture even when child's statements are unexpected.	1	2	3	4	5
Comment:					
7. Keep child focused on topics at hand.	1	2	3	4	5
Comment:					

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