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Forensic Interviewing

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Forensic Interview Protocols: An Update on the Major Forensic Interview Structures

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Introduction and History

In the early 1980s, when child welfare professionals first started to interview children about sexual abuse, they were flying by the seats of their pants. They relied on their professional training and their intuition. The focus of interviewers was on identifying every child who had been sexually abused. During this time period, there were a number of high-profile, multivictim sexual abuse cases in daycare programs. The case that led to a serious challenge to interview methods was the McMartin Pre-school case (Cheit, 2014). In the interest of transparency, the McMartin interviewers videotaped their interviews, which allowed scrutiny and criticisms of the interview methods. The McMartin case was and continues to be hotly contested, with some believing that leading interview techniques led to false allegations and others believing that sexually abused children did not experience justice.

That said, the McMartin case resulted in concerted attention to interview methods and strategies. This attention ultimately led to the development of a considerable number of forensic interview protocols, structures, and guidelines. Initially, there was only a modest body of research relevant to interviewing children. For example, there was knowledge of normal child development, and there were analogue studies that demonstrated children's strengths and vulnerabilities as reporters of events. There was also clinical knowledge and experience with traumatized children.

The demand for interview structures was also spurred by an appreciation that the mandated investigators of child sexual abuse and other forms of maltreatment were child protection workers and law enforcement investigators. These professionals did not necessarily possess knowledge about child development, the importance of building rapport with children being interviewed, and how to ask open-ended questions. Pioneers in developing interview structures were CornerHouse in Minneapolis, MN; the National Children's Advocacy Center (NCAC) in Huntsville, AL; and the American Professional Society on the Abuse of Children (APSAC), a national, multidisciplinary organization of child maltreatment professionals. These entities developed interview guidance in the late 1980s and early 1990s. NCAC also played a leadership role in the development of other Children's Advocacy Centers (CACs), where children are interviewed by trained interviewers. The National Children's Alliance has now assumed the role of developing CACs, setting standards for accreditation and providing some funding for CACs (National Children's Alliance, 2019).

In the late 1990s, the National Institute of Child Health and Human Development (NICHD) Investigative Interview Protocol emerged (Lamb, Hershkowitz, Orbach, & Esplin, 2008). NICHD developers partnered with frontline agencies, initially in the United States, United Kingdom, and Israel, which allowed NICHD to undertake field research. The NICHD Protocol had the considerable advantage of a solid research infrastructure. In addition to these initiatives, states developed interview structures to be used by mandated investigators.

Current History, Progress, and Challenges

The field of forensic interviewing has been impressively dynamic, with interview protocols evolving and being updated as new knowledge becomes available and experts generate new insights. Current interview structures vary in terms of the degree to which they are scripted versus semistructured, whether they screen for polyvictimization, advice about the use of media, whether they specifically address reluctance to disclose, whether one forensic interview is deemed sufficient, and guidance about the introduction of externally derived information and evidence.

Nevertheless, significant cross-pollination has occurred among the developers of these interview structures. A 2015 Bulletin of the Office of Juvenile Justice and Delinquency Prevention entitled "Child Forensic Interviewing: Best Practices," coauthored by representatives of all the major forensic interview structures, recognized the commonalities among these structures (Newlin et al., 2015).

For example, all interview structures recognize the importance of developing and maintaining rapport with the child being interviewed. The interview structures advise specific strategies to develop rapport during the early stage of the interview, such as "Tell me the things you like to do" or "Tell me about your last birthday." The interview structures provide less guidance about how to maintain rapport in the abuse-related part of the interview, when the interviewer is usually asking the child to speak about a painful topic(s), often ones the child avoids thinking and speaking about, because the event was and is traumatic. Moreover, the child frequently has to overcome threats and admonitions from the offender(s) and his or her supporters.

Interview structures advise narrative practice during the rapport-building phase of the interview. That is, engaging the child in a description of a positive or neutral event, using open-ended prompts/questions in order to train the child about the expectation the child should provide a narrative about the maltreatment the child has experienced. Research has demonstrated that narrative practice during the rapport-building part of the interview results in longer responses during the abuse-related part of the interview (Sternberg et al., 1997).

Interview structures stress the importance of providing children with some orientation to the expectations for the forensic interview, since they are very different and arguably contrary to most adult/child conversations. Ordinarily adult/child interactions involve adults doing most of the talking and children providing brief responses. In addition, there is consensus that children should be provided "rules" or "orienting messages." These vary depending upon the interview structure. They might merely entail an instruction to "Tell me what you know, but say you don't if you don't know," "Tell me if you don't understand," and "Correct me if I make a mistake," or there may be more rules. Some interview structures include an exercise to demonstrate the child can define a truth and a lie (Lyon & Saywitz, 1999) and obtain the child's promise to tell the truth. The efficacy of the promise to tell the truth is based upon analogue research, rather than real-world child abuse interviews (Lyon & Dorado, 2008).

Crucial to the success of the interview is the transition from rapport building to the abuse-related part of the interview; the goal of this transition is to both signal to the child the topic of concern and to motivate the child to talk about this topic. Many interview structures use as the transition instructions to the child to "Tell me the reason why you are here." The NICHD protocol provides a series of prompts from "Tell me the reason" to more specific prompts, but without describing the alleged abuse, itself. Interview structures are challenged about how to trigger children who don't know why they are being interviewed. Children who don't know why they are being interviewed and those who have not disclosed abuse remain a challenge as interviewers attempt to employ open-ended prompts.

All interview structures advocate using open-ended prompts/questions to elicit information during the abuse-related part of the interview, although there is not entire agreement on definitions and structure of these probes. In the early days of forensic interviewing, experts preferred "wh-" questions (e.g., Who did this? What did the person do? Where were you? When did this happen? How did you get into the room?) (Carnes, Wilson, Nelson-Gardell, & Orgassa, 2001), in part because the answers to these questions were central to the police investigation. Today, most interview structures advise invitational probes, such as "Tell

me everything you remember" over "wh-" questions for older children because invitations tap free-recall memory. That said, not all "wh-" questions are equal in their productivity (Ahern, Andrews, Stolzenberg, & Lyon, 2018). For example, Ahern and colleagues (2018) found "what" and "how" questions about actions were far more productive than questions such as "What color was the man's shirt?"

Today, most forensic interview structures privilege verbal disclosures over demonstrations of what happened, even though young children may be more accomplished in showing than telling. This preference is a legacy of the anatomical doll controversy. Ironically, in the 1980s, anatomical dolls were the most widely employed type of media by experts in child sexual abuse, endorsed by 92% of 212 respondents in a pioneering study of forensic interview practices (Conte, Sorenson, Fogarty, & Rosa, 1991). The doll controversy was fueled by their use in the McMartin preschool case and by faulty interview uses, specifically forming an opinion about whether or not a child had been sexually abused based merely upon the child's response to the dolls. Although some interview structures endorse the use of media, most admonish interviewers not to introduce media until after a verbal disclosure.

Most interview structures advise a phased interview, beginning with rapport building and ending with closure. How many phases are articulated in between the beginning and the end vary. Scripted interview structures tend to have more phases, whereas semistructured interviews have fewer. A challenge the field has yet to fully address is whether the interviewer should follow the child or the interview structure. Unless the child has been interviewed previously, the child will not know the structure.

There is increasing appreciation in the forensic interview field that some children require more than a single interview (Faller, Cordisco-Steele, & Nelson Gardell, 2010; La Rooy, Katz, Malloy, & Lamb, 2010). Preference for a single interview has historically derived from several concerns. One is very practical, a resource issue. In the child protection and criminal justice fields, staffing resources are already in short supply. If every child had more than one interview, the systems would be overwhelmed. The second reason for

limiting the inquiry to a single interview was a fear that the interviewer "wouldn't take no for an answer" and would use repeated interviews to browbeat the child into saying he or she had been abused, when the child had not. The third concern was that repeated interviews would be traumatic. This concern has its origins in the early practice of each professional who needed knowledge about the abuse conducting his or her separate interview. Today, multidisciplinary teams who can view the child's interview either from behind a one-way mirror or via video recording. This coordination has substantially reduced the number of interviews traumatized children experience.

There is increasing appreciation that abuse disclosure is a process for most children, which may be protracted, painful, and incremental (Alaggia, 2010). Thus, it makes sense that interview structures acknowledge the need for more than a "single chance to tell" for some children (Williams, Nelson-Gardell, Faller, Cordisco-Steele, & Tishelman, 2013).

Articles in this Special Issue

In this special issue on forensic interview structures, APSAC provides articles from leaders in the field of forensic interviewing, documenting updates on forensic interview structures. Interview structures discussed in these articles include the *APSAC Practice Guidelines on Forensic Interviewing in Cases of Suspected Child Abuse* and APSAC Clinics; Recognizing Abuse Disclosures and Responding (RADAR), which includes RADAR, RADAR JR, and FirstCall; the NICHD Revised Investigative Protocol; ChildFirst Interview Protocol and Training Program (formerly Finding Words); The Childhood Trust Child Forensic Interview Protocol and Training; the CornerHouse Forensic Interview Protocol; and the NCAC Pre-school Interview Structure.

Some of the articles describe training programs in forensic interviewing: "The Evolution of The Childhood Trust Child Forensic Interview Training," (Kenniston, this issue). Some describe both forensic interview protocols and training in the protocol use: "APSAC's Approach to Child Forensic Interviews: Learning to Listen" (Toth, this issue); "Why RADAR? Why Now? An Overview of RADAR Child Interview Models" (Everson, Snider, Rodriquez, & Ragsdale, this issue);

"ChildFirst® Forensic Interview Training Program," (Farrell & Vieth, this issue). Others describe the interview protocols themselves: "NICHD: Where We've Been and Where We Are Now" (Stewart & LaRooy, this issue); "A Look Inside The CornerHouse Forensic Interview Protocol™" (Stauffer, this issue). The NCAC article describes how preschoolers and their interviews differ from older children and youth and provides general guidelines about how to interview preschoolers: "Interviewing Preschool Children" (Cordisco Steele, this issue).

Finally, the multidisciplinary team from North Carolina has provided two additional articles. The first, entitled "Taking AIM: Advanced Interview Mapping for Child Forensic Interviewers" (Everson, Snider, & Rodriguez, this issue), addresses the issue of interviewer drift, that is, drifting away from training on interview strategies toward less acceptable interview strategies. Although most forensic interview structures support peer and expert review of interviews, the logistics and practicalities are often obstacles. The authors argue that Advanced Interview Mapping (AIM) provides a relatively simple way for interviewers to map their own interviews to determine if the interview meets the guidelines for an appropriate interview. The second article by authors Everson and Rodriguez is a provocative article, "Why Forensic Balance Should Be Recognized as a Foundational Best Practice Standard: A Commentary on the State of Child Forensic Interviewing" (this issue). They assert that forensic interview structures do not balance sensitivity (detecting children who have been maltreated) with specificity (avoiding designating children who have not been maltreated as maltreated). These authors make a good argument that, despite a brief period in the 1980s, when, for interviewers, sensitivity was more important, both prior to the 1980s and for the last 30 years, specificity has prevailed over sensitivity. The needs of adults accused of sexual abuse have been given more weight than the needs of child victims of sexual abuse. They include in this indictment most current forensic interview structures and protocols.

Conclusion

It is APSAC's sincere hope that this issue of the *Advisor* will both inform readers about the current state of forensic interviewing and generate critical thinking about the forensic interview field. Forensic interviewing must honor children who may have been sexually and physically abused, so they can provide coherent accounts of what have usually been very traumatic experiences. Forensic interviewing also needs to serve the child protection system, which aims to keep children safe from maltreatment, and the criminal justice system, whose goal is bring offenders to justice and protect society from them. These are aspirational goals; the field is certainly not there yet, but the field of forensic interviewing is evolving.

About the Guest Editor

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She has been a member of American Professional Society on the Abuse of Children (APSAC) since its inception and served on the APSAC Board of Directors 1991-1997 and the APSAC Executive Committee 1992-1997. She was a member of the APSAC Board (2013-2019) and the Executive Committee (2014-2019). She chairs the Practice Guidelines Committee. She also served as chair of the Publications Committee.

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APSAC's Approach to Child Forensic Interviews: Learning to Listen

Patti Toth, JD

Key words: child forensic interviewing, child interviewing best practices, child interview training, APSAC forensic interview clinic, APSAC forensic interviewing practice guidelines

"Learning to Listen" is the theme for the American Professional Society on the Abuse of Children (APSAC)'s Child Forensic Interview Clinic and Guidelines—helping forensic interviewers do a better job really listening to the children they're interviewing and helping interviewers and researchers do better listening to and learning from each other. Like APSAC itself, APSAC's approach to child forensic interviewing strives to bring researchers and practitioners together, so that what interviewers do is informed by relevant research at the same time that they hone their skills based on information and feedback from frontline professionals. This can be challenging, since there is often tension between researchers and interviewers. Researchers may be discouraged when interviewers are unaware of or discount important research. And interviewers may feel that research-based recommendations formulated by researchers don't take into account the daily challenges they face.

Bridging the gap between research and practice is something APSAC is uniquely qualified to do, based on its history and mission. APSAC was founded in 1986 by multidisciplinary pioneers, both researchers and practitioners, dedicated to effective intervention in, and prevention of, all forms of child maltreatment. Best practices in child forensic interviewing have been an important priority of the organization from the beginning. This is exemplified by the creation of task forces staffed by leading national experts (both

practitioners and researchers), who created the first national guidelines related to child interviewing beginning in the 1990s: *Psychosocial Evaluation of Suspected Sexual Abuse in Children* in 1990 and Second Edition in 1997, *Use of Anatomical Dolls in Child Sexual Abuse Assessments* in 1995, and *Investigative Interviewing in Cases of Alleged Child Abuse* in 2002. APSAC also spearheaded development of the first 40-hour child interview training program in the US in 1997. From the start, APSAC's Child Forensic Interview Clinic has combined didactic presentations by leading experts and experienced interviewers with interview practicum sessions. The practicum allows participants to interview actors portraying children in suspected abuse situations and receive constructive feedback from veteran interviewers and other multidisciplinary team (MDT) members. The APSAC Clinic training model has served as a prototype for numerous other child forensic interview training programs (Faller & Toth, 2004).

A frequent question about the APSAC Child Forensic Interview Clinic is, "What protocol do you teach?" APSAC's protocol is reflected in its national 2012 *Practice Guidelines on Forensic Interviewing in Cases of Suspected Abuse* (APSAC Taskforce, 2012). The guidelines describe the principles, structure, and techniques taught in the APSAC Clinic as "a narrative interview approach with an emphasis on research-based free recall techniques aimed at eliciting reliable verbal narratives whenever possible from children" (APSAC Taskforce, 2012, p. 15). These practice guidelines were an update of APSAC's original 2002 practice guidelines on *Investigative Interviewing in*

Cases of Alleged Child Abuse (APSAC Taskforce, 2002) and are based on practical experience and empirical research conducted over the last three decades. Numerous other child interview protocols recognize the value and validity of the APSAC Guidelines and point out that their approach is consistent with them (State of Florida, 2018). The APSAC Guidelines are not jurisdiction-specific and are based on the premise that best practices will continuously evolve as we learn new and better ways to interview children based on the latest research and experience.

As a result, the APSAC approach is flexible and reflects this evolution. APSAC strives to be an early adopter of lessons learned from research, even when the findings challenge conventional wisdom and established practice. An example of this is APSAC's endorsement of the critical importance of narrative event practice. Early research by the National Institute of Child Health and Human Development (NICHD), since replicated by many others, showed that inclusion of narrative event practice (NEP) in interviews can dramatically increase the number of reliable details children provide about their abuse experiences (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Price, Roberts, & Collins, 2013). APSAC's Clinic was one of the first trainings to recognize how NEP differed from traditional "rapport building" and to incorporate NEP into what is taught at the clinic.

And while analog studies and field research provide useful guidance and often point the way toward improvements in practice, APSAC also acknowledges that there are still aspects of interviewing for which there is little or no research (APSAC Taskforce, 2012, p. 3). APSAC's approach in these areas is to present options and counsel interviewers to use their best professional judgment, guided by jurisdictional preferences and legal considerations.

Ethical Responsibility of Interviewers

Underlying the APSAC approach is adherence to the *APSAC Code of Ethics*, which requires interviewers to conduct interviews "…in a manner consistent with the best interests of the child" (APSAC, 1997, p. 1). The *Code of Ethics* acknowledges that this is not always an easy undertaking and states that "We … hold this principle above all others. We recognize that determining what constitutes the best interests of the child can be a complex undertaking requiring analysis of varying values, interests, cultural differences and childhood needs and capabilities. When certain objectives or purposes compete, the APSAC member makes the best interests of the child the priority in evaluating alternatives" (APSAC, 1997, pp. 1-2). It further states that "APSAC members recognize their special responsibility to children, whose inherent vulnerability and powerlessness, combined with the betrayal, trauma, and developmental threat of abuse, make relationships between the child and professionals all the more critical. The APSAC member seeks to meet this special obligation, keeping in mind that professional judgment may sometimes be in error, and that the best interests of the child often demands balancing competing values; community, family, and child capabilities; and different traditions of culture, race, and family" (APSAC, 1997, p. 4).

Forensic interviewers should utilize techniques most likely to "elicit as much reliable information as possible from the child" (APSAC Taskforce, 2012, p. 4). Other MDT members, as well as judges and juries in criminal and civil child protection cases, rely on the information obtained during forensic interviews. Accurate information is critical to ensure that the best possible decisions are made about offender accountability and about a child's safety and well-being.

This emphasis on reliability stems in large part from negative media coverage of high-profile sexual abuse cases in the 1980s and 1990s, where doubts were expressed about the validity of information provided by children during interviews. This coverage raised serious concerns about interview methods, and interviewers were subsequently admonished to refrain from inappropriate suggestiveness that could lead to inaccurate information. It was during this time that experts began to pay attention to research that could enlighten interviewers about the best ways to elicit reliable information from children (Faller, 2015), leading to where we are today—informed by and continuing to learn from an impressive amount of both laboratory and field research specifically related

to the best ways to conduct child forensic interviews.

Reliability isn't the only consideration when determining the best interests of the child. Another key aspect is the need for interviewers to adapt to the individual child. This includes taking into account the child's cultural background and any special needs, including physical and developmental disabilities (APSAC Taskforce, 2012, pp. 5-7).

Core Principles of the APSAC Clinic and Guidelines

Influenced by the extensive research conducted by experts associated with the NICHD and by the work of Thomas D. Lyon, the primary focus of APSAC's Clinic and Guidelines is the *successful utilization of open-ended prompts*, especially those focused on actions rather than static events. Open-ended prompts are the key to eliciting the most reliable information from children, since "they invite more complete narrative responses from recall memory," producing considerably more, and more accurate, information from children (APSAC Taskforce, 2012, p. 11). Though seemingly basic and simple, research consistently shows that interviewers have difficulty taking full advantage of action-focused open-ended prompts, even when children are responsive and capable (Wolfman, Brown, & Jose, 2016; Henderson, Russo, & Lyon, 2019).

APSAC also highlights the critical significance of *building and maintaining rapport*, so that children feel the interviewer is genuinely interested in them and their well-being. Rapport is also associated with the use of open-ended prompts, since children feel most listened to, and perceive open-ended interviewers as being more interested compared to interviewers who use more closed questions (Brubacher, Timms, Powell, & Bearman, 2019). Each of these alone is powerful— the form of the prompt (open-ended vs. closed), and rapport that results in effective engagement. Each requires that an interviewer really listen to the child in order to be effective. Together, they constitute the fundamental ingredients of a good interview. Learning to really listen and to allow the child's words to direct the flow of the interview is a central feature of APSAC's approach.

APSAC Guidelines

APSAC's 2012 *Practice Guidelines on Forensic Interviewing in Cases of Suspected Abuse* are aspirational and "…intended to encourage the highest level of interview proficiency and to offer direction in the development of training for child forensic interviewers" (APSAC Taskforce, 2012, p. 3). The guidelines begin with an introduction emphasizing the need to adhere to the APSAC *Code of Ethics* and be guided by the best interests of the child. There are four sections that follow: Purpose of a Child Forensic Interview, Interviewer Attributes, Interview Context, and Interview Components, along with five Appendices – Appendix A: Basic Developmental and Linguistic Concepts, Appendix B: Using Anatomical Dolls as a Demonstration Aid, Appendix C: Possible Phrasing and Practice Examples for Interview Instructions, Appendix D: Formulating "Transition" Prompts to Shift Focus to Suspected Abuse, and Appendix E: Suggestions for Prompts during Substantive Phase.

The section on Interviewer Attributes sets forth "recommended interviewer attributes, competencies and practice behaviors" (APSAC Taskforce, 2012, p. 4). This section encourages interviewers to:

- Engage in research-informed practice
- Exhibit a stance aimed at eliciting accurate and reliable information
- Use developmentally appropriate language
- Adapt to the individual child
- Demonstrate respect for cultural diversity and strive for cultural competence (More recently, in the APSAC Clinic, APSAC has recommended cultural humility as a guiding principle for interviewers.)
- Accommodate special needs such as physical and developmental disabilities
- Actively participate as part of a MDT

The section on Interview Context discusses circumstances surrounding a forensic interview and characteristics that can influence its outcome (APSAC Taskforce, 2012, p. 7). Topics in this section include:

- Preparation
- Timing and duration

- Parent/guardian notification
- Location/setting
- Documentation
- Number of interviews
- Recommendations regarding participants in the interview process, including the number of interviewers and the presence of others including advocates or support persons, parents, the suspected offender, and other children
- Structure
- Importance of establishing and maintaining rapport
- Linguistic and developmental considerations (referring users to more detailed relevant information in Appendix A)
  - Question types, including brief discussion of closed- and open-ended prompts, with reference to and examples of various open-ended prompts such as:
    - "Tell me…" prompts
    - "Then what happened?" and "What happened next?" questions
    - Time segmentation prompts
    - Sensory focus prompts
    - Open-ended "wh-" prompts
    - "Feeling" prompts
    - Cued recall questions
- Use of interview aids and media such as anatomical dolls, child's abuse-related drawings or writings, anatomically detailed drawings/body maps and other media

The last section on Interview Components describes a recommended structure for a forensic interview that "reflects components appropriate for inclusion in many forensic interviews" (APSAC Taskforce, 2012, p. 15), featuring:

- Introduction of self, role, and purpose of the interview
- Informing the child about documentation method
- Interview instructions
- Truth/lie discussion
- Narrative event practice
- Introducing the topic of concern/transition
- Substantive questions

- Presenting a child with pictures, videos, or other physical evidence
- Closure

The five appendices that conclude the guidelines provide more details and examples related to particular areas of forensic interviewing.

Based on recent research and experience, APSAC practitioners have refined or expanded some of the information and specific examples in the guidelines during the APSAC Clinic, although the basic underlying principles of the guidelines remain in force.

How Does the APSAC Clinic Compare to Other Child Forensic Interview (CFI) Trainings?

There are likely many similarities, characterized by the agreement expressed in the Office of Juvenile Justice and Delinquency Prevention (OJJDP)'s Bulletin on Child Forensic Interviewing Best Practices (OJJDP, 2015). This bulletin represents a consensus about best practices among leaders and trainers associated with APSAC (Viola Vaughan-Eden), the National Children's Advocacy Center (NCAC) (Chris Newlin, Linda Cordisco-Steele, and Andra Chamberlin), the NICHD protocol (Heather Stewart), Cornerhouse Child Advocacy Center in Minnesota (Jennifer Anderson), ChildFirst (a national training program created by the Gunderson National Child Protection Training Center) (Amy Russell), and Ohio's Childhood Trust (Julie Kenniston).

Differences among CFI trainings sponsored by these organizations and others generally involve specific techniques that are endorsed or terms used to describe the concepts being taught, but the overarching principles that guide all trainings today are more alike than different. All specialized CFI trainings have something valuable to offer those who wish to learn about child forensic interviewing, and the APSAC Clinic is no exception. APSAC emphasizes the important role of forensic interviewer as part of the MDT, and since the information from interviews is critical to other MDT members as they carry out their responsibilities, APSAC Clinic faculty reflect

the diversity of disciplines represented on the MDT. These dedicated professionals, from all over the United States, share the goal of delivering the best possible training experience for clinic participants. Clinic faculty work hard to share their expertise and provide a true multidisciplinary perspective on best practices, to prepare interviewers to understand the principles that underlie best practices, and to help interviewers to be able to explain why they do what they do so they can effectively defend their interviews, whether in civil child protection court or criminal court.

As the APSAC Guidelines recognize, "…there is no single correct way to interview a suspected child abuse victim" (APSAC Taskforce, 2012, p. 3). APSAC Clinic instructors are clear that the weeklong Clinic alone cannot teach interviewers everything they need to know to interview children in all circumstances. Instead, the APSAC Guidelines and Clinic encourage participants to continue to participate in as many opportunities for training as possible related to child forensic interviewing, whether training on a specific protocol/approach or population, or sessions at national and regional conferences (APSAC Taskforce, 2012, p. 5). The APSAC Clinic recognizes that successful interviewers are generally trained in a variety of interview models or protocols and utilize a "toolbox of science-based techniques" individualized to the needs of the child and the case (Saywitz, Lyon, & Goodman, 2017).

Organization and Scope of the APSAC Clinic

Participants at the weeklong APSAC Clinic start by learning the foundational principles and research that underlie best practices in child forensic interviewing. These include key memory concepts—recall versus recognition memory, script versus episodic memory, and memory source monitoring—as well as review of the different types of open-ended prompts that APSAC recommends: "Tell me what happened," "Tell me more," and "Then what happened?" prompts, as well as time segmentation and time framing prompts, cued recall prompts, sensory focus prompts (what child saw, heard, and otherwise perceived), and feeling prompts (exploring both physical sensations and emotional reactions).

Clinic participants receive extensive materials including the APSAC's national 2012 *Practice Guidelines on Forensic Interviewing in Cases of Suspected Abuse* (APSAC Taskforce, 2012), the *APSAC Code of Ethics* (APSAC, 1997), APSAC's *Practice Guidelines: Challenges in the Evaluation of Child Neglect* (APSAC Taskforce, 2008), a comprehensive list of relevant research and a copy of the most recent edition of the *Handbook on Questioning Children*, an invaluable resource for anyone concerned about doing the best job possible eliciting accurate information from children (Walker & Kenniston, 2013). At the beginning of the clinic, leaders review key features of adult-focused, trauma-informed interviewing and compare them to best practices in child forensic interviewing, with discussion of their applicability to interviews with children (Middleton, 2017).

APSAC's approach is probably most comparable to the NICHD protocol and Thomas Lyon's 10 Step Interview in terms of the structure/stages, components/techniques, and principles that are taught. Participants are, however, encouraged to utilize critical thinking as they decide what to ask and how to organize their interviews. APSAC assists clinic participants in creating their own customized approach. Using the "Create Your Own Structured Narrative Interview" form, an idea borrowed from Thomas Lyon, the APSAC Clinic provides participants with examples and options used by a variety of experienced interviewers so that they can determine what works best for them within the framework of a structured narrative interview. Since every interviewer is different and unique, every child is different and unique, and every situation is different and unique, the goal is to allow interviewers the flexibility to be themselves, establish genuine connections with children, and use responsive listening (paying attention not just to what's said but to the child's actions and feelings) to think and formulate the most open-ended prompts throughout the interview.

One of the most notable stages, as mentioned earlier, is narrative event practice, and the APSAC Clinic makes a point to emphasize its importance and include specific information about how it should be done to be most useful. APSAC's approach also includes the use of developmentally appropriate interview instructions

(with the caveat that more research is needed regarding their efficacy, especially with preschoolers), formulating the most open-ended non-suggestive transition prompt possible to introduce the topic of concern ("Tell me what you're here to talk about" as the initial transition prompt for many interviews), and suggestions for how to structure follow-up questioning during the substantive part of the interview to maximize narrative responses and elicit reliable information so that interviewers "talk less and listen more."

In addition to eliciting details about the child's abuse experiences, the APSAC Clinic encourages interviewers to use open-ended prompts to learn about other possible witnesses and evidence. This includes exploring the child's reasons for disclosing and any prior disclosures that may have been made. It also includes eliciting information from the child about the circumstances surrounding the abuse so that others such as prosecutors, judges, and jurors will understand the child's perspective and dynamics that typically characterize abusive situations (e.g., how the perpetrator justified the abuse and the child's interactions with and feelings about the alleged perpetrator—before and after the abuse and currently) (Stolzenberg & Lyon, 2014).

Didactic presentations and interactive exercises at the APSAC Clinic concentrate on fundamental skills that will serve an interviewer well in any child forensic interview situation. These are followed by an interview practicum where participants practice and receive expert feedback. Interviewers also learn to use simple "Tracking Forms" developed by APSAC that allow them to provide peer review and can later be used for self review. The clinic concludes with a closed book essay test followed by a Mock Court experience, where selected participants "take the stand" and experience cross-examination by experienced lawyers.

The Interview Practicum at the APSAC Clinic is arguably the most valuable component of the training. It utilizes actors to portray children who are witnesses or victims in suspected sexual and physical abuse scenarios that are all based on real-life cases. Using actors allows the clinic to offer an experience as close to real life as possible. Every clinic participant gets an opportunity to do two interviews in a small group setting, one in a case where the child is 10 or younger, and another in a case with a preteen or teenager. Interviewers receive feedback from the practicum leaders who rotate among the groups as well as targeted feedback from other group members. All group members get to observe and learn about a variety of children and suspected abuse situations. Faculty and practicum leaders at the clinic include experienced child forensic interviewers along with professionals with experience as social workers, prosecutors, and law enforcement investigators.

APSAC Clinic participants are very diverse and represent professionals with little to no experience as well as very experienced child forensic interviewers. For example, the most recent clinic attracted professionals from 14 states, Puerto Rico, and Singapore, and included child forensic interviewers, hospital social workers, law enforcement, prosecutors, forensic psychologists, and Children's Advocacy Center staff among others. While one-third had no previous child forensic interviewing experience, about 10% had extensive experience. Clinic feedback, even from those with extensive experience, is consistently enthusiastic about the value of the clinic in reinforcing fundamental principles and skills, while highlighting current research.

Types of Maltreatment Addressed

APSAC's approach as taught in the clinic has always concentrated on interviewing children about suspected sexual and physical abuse, whether victims or witnesses. And it has always been applicable where children witness other crimes such as domestic violence. While the clinic itself doesn't focus specifically on child neglect or psychological maltreatment, many of the fundamental principles and techniques are applicable when questioning children about these other areas. The clinic includes specific information regarding questioning children about child neglect (Faller, 2013) and APSAC's *Practice Guidelines: Challenges in the Evaluation of Child Neglect* in the materials it provides to clinic participants (APSAC Taskforce, 2008).

Screening for Multiple Types of Trauma (Domestic Violence, Witnessing Violence, Parental Substance Abuse, Internet Crimes)

Participants at the APSAC Clinic are encouraged to ask questions to explore the possibility of polyvictimization when concluding an interview and to explore any other indications that come up during an interview that a child may have been the victim of or witnessed other possible crimes and/or maltreatment.

Approach to Dealing with Reluctant Children

The APSAC Clinic introduces participants to recent NICHD research related to reluctance and to revisions to the NICHD protocol that have been shown to help reduce reluctance. When a child demonstrates behaviors that indicate reluctance, especially verbal nonresponsiveness and physical disengagement, the clinic encourages interviewers to conduct narrative event practice rapport building before introducing interview instructions and to express interest in the child's experiences. The Revised NICHD protocol provides suggestions about how to inquire about and explore the child's feelings, and acknowledge expressed feelings, while offering positive reinforcement of the child's efforts (Lamb, Hershkowitz, & Lyon, 2013; Lamb, Brown, Hershkowitz, Orbach, & Esplin, 2018). Further discussion during the clinic covers the many reasons children may be reluctant to disclose abuse, with ideas about a variety of additional strategies that may help to overcome reluctance, such as distancing and depersonalizing, and asking the child what would make it easier to talk about what happened.

Interview Protocols for Special Populations (e.g., Preschoolers, Children With Disabilities, Victims of Sexual Trafficking)

The APSAC Clinic does include specific information regarding interviews with preschoolers, primarily how to adapt language, interview instructions, and specific prompts in order to encourage reliable narratives from young children. This information gives special attention to linguistic and developmental considerations. The clinic also offers information about strategies that are useful in interviews with adolescents. There isn't time available during the clinic to adequately address distinctive strategies to use in interviews of children with disabilities or victims of sexual trafficking, and APSAC doesn't currently offer free-standing training focused on these interviews. But the APSAC Institutes and the APSAC Colloquia regularly include workshops regarding these important topics.

View on the Use of Media (e.g., Drawings, Dolls)

The APSAC Clinic encourages interviewers to inquire about what would make it easier for a child to respond when they exhibit reluctance, and that a good option may be to offer and allow a child the opportunity to draw a picture or write down an explanation of what happened (APSAC Taskforce, 2012, pp. 13-15 & p. 25). "Comfort drawing," allowing a child to draw freely in order to make them relaxed and comfortable, is also an option for interviewers trained at an APSAC Clinic (Poole & Dickinson, 2014).

APSAC discourages the use of media such as anatomically detailed dolls or drawings unless and until an interviewer has tried and exhausted open-ended questioning techniques (APSAC Taskforce, 2012, pp. 13-15). This is based on the lack of clear research regarding the reliability of information elicited using such tools, and on experience that suggests that an interviewer who maximizes the use of open-ended prompts and has good rapport with the child often doesn't need them in real-life interviews (Lyon, 2012). If such media are used, interviewers should utilize open-ended follow-up questioning to explore and try to elicit clarification and additional details. The clinic itself doesn't teach how to utilize such tools but recommends that interviewers only use them if they've been trained to do so (APSAC Taskforce, 2012, p. 25).

Use of Physical Evidence in Forensic Interviews

APSAC endorses the careful use of physical evidence such as photos and stills from videos of abuse,

so long as practitioners follow general guidelines from U.S. Immigration and Customs Enforcement's Homeland Security Investigations (ICE HSI) and the FBI, often referred to as the "prepare and predict" method (Connell & Finnegan, 2013; National Center for Victims of Crime, 2014). The decision about whether to "sanitize" the images is left up to individual interviewers in consultation with their MDT, dependent on the needs of the child and jurisdictional requirements and expectations.

Guidelines about Multiple Interviews and Extended Assessments

APSAC takes the position there should be no artificial limit on number of interviews. Multiple interviews may be a good idea as long as they are carefully considered by the MDT, as long as the focus is on what's best for the child and what's necessary for the case investigation, and as long as all interviews are open-ended and nonsuggestive (APSAC Taskforce, 2012, p. 9; La Rooy, Katz, Malloy, & Lamb, 2010).

Looking Ahead

Even before the recent global pandemic focused widespread attention on the need to develop online training opportunities, APSAC recognized the need to make better use of technology in order to reach more interviewers in a cost-effective way. APSAC will be exploring the feasibility of offering a clinic that is partially or completely online, and which will include the option for participants to receive feedback and mentoring following the clinic.

No matter what form future training takes, best practices, along with the APSAC Clinic and Guidelines, will continue to evolve as we incorporate lessons from new research and ongoing experience. We are grateful for our colleagues engaged in this important work, both practitioners and researchers, and look forward to continuing to learn from them how to do a better job listening to children.

About the Author

Patti Toth, JD, manages APSAC's Child Forensic Interview Clinics, co-authored APSAC's 2012 Forensic Interviewing Practice Guidelines, and is a past APSAC President. Starting as a prosecutor in 1980, she also directed the National Center for Prosecution of Child Abuse and was in charge of Washington State's child forensic interview training for over 20 years.

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A Look Inside the CornerHouse Forensic Interview Protocol™

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Key words: CornerHouse, Forensic interviewing, The CornerHouse Forensic Interview Protocol™

CornerHouse, a children's advocacy center and training center located in Minneapolis, MN, began conducting forensic interviews of children and adolescents in 1989, using the CornerHouse Forensic Interview Protocol™ developed at CornerHouse; the following year, CornerHouse began providing forensic interview training. Since then, CornerHouse has regularly updated the CornerHouse Forensic Interview Protocol™ to adapt to findings from research and in response to knowledge gained in the practice of conducting forensic interviews [See Anderson, 2013, for a review of the protocol's evolution]. CornerHouse has used the CornerHouse Forensic Interview Protocol™ in its current form in conducting forensic interviews since 2012 and has taught it in CornerHouse Forensic Interview Training since 2013. Professionals in the field acknowledge that many of the forensic interview protocols in use, including the CornerHouse Forensic Interview Protocol™, have drawn from the same pool of research (Newlin et al., 2015) and professional guidelines (APSAC Taskforce, 2012; NCA, 2016) in the development of forensic interview protocols and training programs. While this shared foundation means the CornerHouse Forensic Interview Protocol™ has much in common with other protocols, there are some distinctive aspects to the CornerHouse Forensic Interview Protocol™, derived from CornerHouse's application of the research and literature and based upon CornerHouse's unique position in the field, with three decades of engaging in the practice of forensic interviewing and providing training. This knowledge, experience, and history created the CornerHouse Forensic Interview Protocol™ in practice today.

The CornerHouse Forensic Interview Protocol™

The Guiding Principles of the CornerHouse Forensic Interview Protocol™ are Person Centered, Semi-structured, and Forensically Sound (Anderson, 2013; CornerHouse, 2018a). CornerHouse built the protocol around these concepts, and interviewers should actively consider the Guiding Principles during the forensic interview process. Additionally, the concept of *intentionality* holds significance for CornerHouse practice. Knowledge of the stages and specific techniques of the protocol is necessary; having an understanding of why and how to apply a particular technique is essential for conducting a forensic interview that is individualized and responsive. An interview conducted using the CornerHouse Forensic Interview Protocol™ is intended to be a dynamic process, using the flexibility integrated into the protocol to engage in an interaction unique to the individual.

The protocol is designed for use in a range of circumstances with a variety of individuals. CornerHouse uses "individual" to refer to the person being interviewed; this reflects CornerHouse's person-centered guiding principle, respecting and responding to each unique interviewee. "Individual" may refer to a child, adolescent, or vulnerable adult. The protocol is developmentally based, and there are specific modifications regarding the Recommended Methods or Possible Tools that interviewers might use

depending on the individual's functioning; however, the overall protocol remains the same regardless of if the individual interviewed is a child, adolescent, or vulnerable adult. Similarly, the protocol is designed for interviews regarding a range of alleged experiences; whether the presenting allegations—or experiences ultimately reported by the individual—involve sexual abuse, physical abuse, neglect, emotional abuse, exploitation, witnessing a violent crime, or any other type of allegation about which an individual may have information to share, interviewers can conduct the forensic interview using the same basic interview protocol.

The semi-structured CornerHouse Forensic Interview Protocol™ [Figure 1] consists of four possible Stages, each with an identified Purpose, along with Recommended Methods and Possible Tools for achieving those purposes (CornerHouse, 2018a; CornerHouse, 2018c).

Since it is a semi-structured protocol, practitioners may modify or eliminate the Stages of the CornerHouse Forensic Interview Protocol™, in response to the spontaneity or needs of the individual; for example, if a spontaneous disclosure occurs during Build Rapport, the interview can transition directly to Explore Statements, eliminating the Seek Information stage. Within each stage, interviewers may use or omit particular Recommended Methods and Possible Tools in response to the presentation of the individual; additionally, there is no designated sequence in which interviewers should use the Recommended Methods within a specific stage, with the exception of those for the Seek Information stage.

The following sections describe each stage, with some illustration and examples; however, this is not intended to provide comprehensive information or to serve as an alternative to attending a full forensic interview training.

The CornerHouse Forensic Interview Protocol™: Build Rapport

The purpose of the Build Rapport stage is to establish a foundation for the interview process by orienting the individual, learning about the individual, and facilitating the individual's best possible functioning.

Figure 1. CornerHouse Forensic Interview Protocol™

BUILD RAPPORT

PURPOSE

To establish a foundation for the interview process by:
- Orienting the individual
- Learning about the individual and their functioning
- Facilitating the individual's best possible functioning

POSSIBLE METHODS
- Orienting Messages
- Face Drawing
- Narrative Practice
- Family Information

SEEK INFORMATION

PURPOSE

To provide an opportunity for the individual to report their experience by:
- Choosing a forensically sound strategy for approaching the topic of inquiry, fully utilizing indirect prompts
- Incorporating interview tools in an intentional manner, when appropriate

POSSIBLE METHODS
- Open Opportunity
- Anatomy ID
- Touch Inquiry
- Extended Touch Inquiry
- General Inquiry
- Specific Inquiry

EXPLORE STATEMENTS

PURPOSE

To allow the individual to share details of their experience by:
- Listening to the individual
- Allowing a range of communication, including use of interview tools as beneficial
- Returning to Seek Information as appropriate

POSSIBLE METHODS
- Utilize foundation from Build Rapport
- Encourage narratives using Invitation and Inquiry
- Follow individual's information
- Return to Seek Information

END RESPECTFULLY

PURPOSE

To provide respectful closure to and transition from the interview by:
- Attending to the individual's presentation, communicated experience, and observed needs
- Providing a developmentally sensitive and individual-centered transition

POSSIBLE METHODS
- Explore Resources
- Acknowledge Participation
- Provide Opportunity for Questions
- Return to Neutral Topic
- Offer Face Drawing/Business card

A Look Inside the CornerHouse Forensic Interview Protocol™

The Recommended Methods and Possible Tools are intended to provide the individual with what they[1] may need to best participate in the forensic interview, and to provide the interviewer with what they may require in order to adjust for this individual.

Establishing a foundation for the forensic interview includes providing an orientation to the interview process and the environment, as the forensic interview is likely to be a novel experience for most interviewees. This can occur through providing *orienting messages* at the interview's outset, as well as by integrating orienting messages throughout the subsequent stages of the interview as applicable situations arise. For example, early in the interview, an interviewer may provide an orienting message introducing the interviewer's role ("My job is to listen and to learn about you.") and lack of knowledge ("When I ask questions, it's because there are things I don't know."); later in the interview, a situation may arise to reiterate this message ("Remember before, I told you I ask questions because I don't know what happened."). Providing orienting messages can impact the individual's participation in the forensic interview, such as through the individual's spontaneously telling the interviewer if they cannot answer a question (Anderson, Anderson, & Krippner, 2016). While there are similarities with practices that practitioners may refer to as "ground rules" or "interview instructions," orienting messages are distinct from these, as the primary intention is to provide information to assist with acclimating to the unique culture of the interview (Stauffer, Maples, & Lukas Miller, 2018). Interviewers adjust orienting messages for the development and particular needs of the individual; this includes variation in the specific orienting messages provided and in how and when interviewers convey particular messages.

Establishing a foundation for the forensic interview also includes identifying how to adjust the forensic interview to fit each unique individual. The Build Rapport stage includes opportunities to learn about the individual's abilities and communication and to discover what is useful for maximizing their abilities.

The Recommended Methods of Build Rapport, employed in an intentional manner, can serve multiple functions. As an example, the Recommended Method of engaging in *narrative practice* regarding a neutral topic can be used to orient the individual and convey that they are the focus of the interview ("My job is to find out about you—tell me about something you like to do."). Interviewers may also use it to establish patterns of communication ("Tell me everything that happened at your last softball game from the beginning to the end."). Additionally, narrative practice during Build Rapport is an opportunity to learn about the individual, such as how the individual naturally communicates and how they respond to the interviewer. For example, the interviewer may note whether the individual provides extended, detailed narratives if the interviewer remains silent, if the individual benefits from specific orienting messages ("I wasn't there and I don't know what happened."), whether they use a combination of verbal and non-verbal methods of communicating, if particular types of invitations or inquiries impact sharing of information, or other unique aspects of this individual's communication the interviewer may observe.

Facilitating the individual's best possible functioning involves applying what the interviewer learned in Build Rapport to the later stages of the interview. For example, if stating, "I wasn't there and I don't know what happened," was useful in eliciting details about their softball game, the interviewer may provide this same orienting message when inviting the individual to share details about a time their stepfather whooped them. If the individual drew a map of the softball field to tell about their game, the interviewer may offer a marker and paper to provide the option of drawing the location where the whooping took place. If the individual paused for an extended time before beginning to share about their softball game, the interviewer may allow for at least as much silence when the individual is later reporting about their experience of being whooped.

The protocol does not stipulate a fixed point in

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[1] CornerHouse uses practices and language that are as inclusive as possible, in acknowledgement and respect of the range of gender expressions and identities of the individuals who trust us with their stories. To reflect this, the pronoun "they" is used throughout this article as a singular and a plural pronoun.

identifying completion of rapport building or defining specifically when to transition to subsequent stages. The interviewer adjusts Build Rapport to the individual and their needs, and the interviewer is intentional in determining when and how to transition from Build Rapport. Considerations include the individual's sense of comfort and their engagement, communication, and what the interviewer has had opportunity to learn to inform how they may approach the remainder of the interview. For some individuals, additional rapport building may be beneficial, and transitioning too soon may not provide their best opportunity to participate in the forensic interview. For some, more extended rapport building may be unnecessary and could have potential negative impacts on the individual's continued participation in the interview. It is recommended that the Build Rapport stage continue for as long as is necessary to establish an adequate foundation for the rest of the interview; however, transitioning from Build Rapport should occur as soon as is appropriate for the individual.

The CornerHouse Forensic Interview Protocol™: Seek Information

The purpose of the Seek Information stage is to provide an opportunity for the individual to report their experience. This occurs through the interviewer's choosing a forensically sound strategy for approaching the topic of inquiry, fully utilizing indirect prompts, and by incorporating interview tools in an intentional manner, when appropriate. Recognizing that disclosure of abuse or other potentially traumatic experiences is a process, acknowledging that individuals may arrive for their forensic interview with varying levels of preparation, and understanding that interviewees represent a range of developmental abilities, the CornerHouse Forensic Interview Protocol™ incorporates Recommended Methods that provide multiple, progressive options to allow the opportunity to report experiences of concern. This design—beginning with the most indirect strategy, and potentially becoming more concrete or specific if necessary—is intended to balance the possible needs of the individual with the responsibility to remain forensically sound.

The Seek Information stage begins with the Recommended Method of Presenting an Open Opportunity, offering a broad invitation for the individual to share a topic of concern (e.g., "Tell me about coming to talk with me today." or "What did you come to talk about?"). Interviewers present a form of open opportunity for nearly every interview, as it may offer the most indirect opportunity to make a disclosure. Many individuals will report when presented with an open opportunity. However, this Method may be more effective for individuals with particular circumstances, such as individuals who have some understanding of the purpose of the forensic interview; who have been prepared for the forensic interview; who have a sense of comfort or safety in reporting information; who have the abstract abilities to understand the question; or who are generally ready, willing, or able to disclose an experience of concern. If an individual does not make a disclosure in response to an open opportunity, additional Recommended Methods are available that may allow an individual to report experiences, if experiences of concern have occurred. These Recommended Methods include options that are more concrete or grounded, that introduce general concepts in order to increase comfort in talking about potentially difficult topics, or that may offer cues for memory retrieval. One example is a neutral introduction of the topic of touch, inviting the individual to share about touch they have experienced (e.g., "Sometimes I ask people

Figure 2. Possible Recommended Methods for the Seek Information Stage

Recommended Methods ©CornerHouse	Present Open Opportunity	Anatomy Identification	Touch Inquiry	Extended Touch Inquiry	General Inquiry	Specific Inquiry
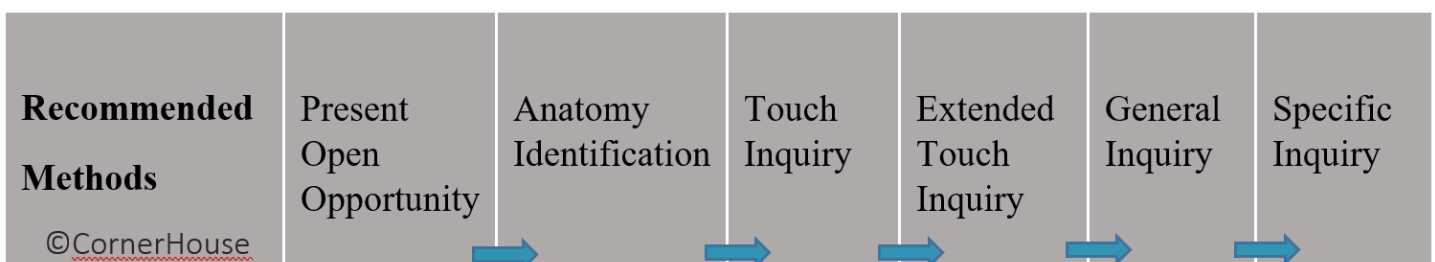
about touches; tell me about touches you get."). Neutral introduction of the topic of touch may be more effective for some individuals in providing an opportunity to report their experience. It may be less abstract and better understood for individuals who are developmentally concrete, such as younger children or individuals with particular disabilities, could orient individuals to the acceptability of talking about bodies and experiences of contact, or may serve as a memory retrieval cue for an individual as to an experience or event.

As with all stages of the CornerHouse Forensic Interview Protocol™, there are specific modifications based upon development regarding the Recommended Methods and Possible Tools available for use in Seek Information. Unique to this stage is the designated sequence for incorporating the Recommended Methods, starting from the most indirect prompt and moving toward progressively more direct prompts, if necessary, for the individual. Figure 2 illustrates this progression. While maintaining the sequence of these Recommended Methods is important, it is not necessary to use all the available Methods. The function of each distinct Recommended Method in Seek Information is to allow the individual an opportunity to report their experience; once an individual has made a report during the forensic interview, using additional Methods would be superfluous. At any point that a disclosure occurs, the interview transitions directly into the next possible stage of Explore Statements.

While the protocol includes options for approaching the topic of inquiry that are progressively more direct, the Recommended Methods in Seek Information do not include strategies that could negatively impact the individual's sharing of accurate information. For example, with Specific Inquiry, the most direct of the Recommended Methods, an interviewer might use a specific piece of information to compose a question that intentionally remains as open and neutral as possible (for example, "Did something happen at your house?"). Strategies such as an interviewer's introducing an event and implying that they have knowledge of an event's occurring or asking an individual to speculate regarding specific acts or events are not present in the Seek Information stage.

Not all individuals will report experiences of concern during a forensic interview. Some may not be ready, willing, or able to report (or to effectively participate) during the forensic interview, and some individuals may not have experiences or information to report. As the purpose of the Seek Information stage is to provide an *opportunity* for the individual to report their experience, the forensic interview proceeds to the End Respectfully stage if there is no report after forensically sound strategies have been exhausted.

The CornerHouse Forensic Interview Protocol™: Explore Statements

If an individual discloses an experience of potential concern, the interview transitions to the Explore Statements stage. The purpose of Explore Statements is to allow the individual to share details of their experience, by listening; by allowing a range of communication, including use of interview tools as beneficial; and through a return to the Seek Information stage, as appropriate. The Recommended Methods facilitate this communication, eliciting details within a person-centered and forensically sound approach in efforts to maximize what the individual can share and minimize potential barriers. Strategies to support the individual's sharing of information include applying what was learned about the individual in Build Rapport, having developmentally appropriate expectations, encouraging narratives, recognizing the individual as the expert regarding their own experience, and being responsive to the individual's needs.

The CornerHouse Forensic Interview Protocol™ refers to the approach for eliciting information as Invitation & Inquiry (Anderson, 2013; CornerHouse, 2018c). As illustrated in Figure 3, corresponding to a traffic light: Interviewers can use Invitations, denoted in green (i.e., "go"), freely; they can use Inquiries, represented in yellow ("caution"), with care; and they should avoid attempts to elicit information that are leading, suggestive, or coercive, represented in red ("stop"). Although Invitation & Inquiry is employed throughout all stages of the CornerHouse Forensic Interview Protocol™, it has a particular function for the Explore Statements stage's purpose of allowing details. The Invitations are those which invite an individual to share about their experiences in their own words,

Figure 3. Invitation and Inquiry

drawing upon what is most salient to them or best remembered. Invitations can elicit information which is more likely to be accurate (APSAC Taskforce, 2012; Newlin et al. 2015), and they provide minimal parameters or direction from the forensic interviewer.

Examples of the Invitations include "Tell me more about that," "And then what happened?," or use of silence to facilitate the individual's sharing of information at their own pace. Invitations are preferable for eliciting information whenever possible. However, Invitations alone may not be sufficient for allowing the individual to share particular details of their experience or for eliciting potentially imperative elements. In such situations, the use of Inquiry may be necessary. These are more specific, direct types of questions. Some examples are questions such as "What's your babysitter's name?," "Did it hurt?," or, "Were you in your room or your brother's room or somewhere else?" Use of Inquiry may be appropriate at times, and the individual may provide information in response. However, there are potential drawbacks, as Inquiry might limit the overall information that an individual may share, and there is a possible negative impact upon accuracy (APSAC Taskforce, 2012; Newlin, et al., 2015). CornerHouse recommends that use of Inquiry be judicious.

Often, there will be several options for how an interviewer could phrase a question, necessitating that the interviewer consider which option is most appropriate for allowing the individual to share details of their experience. Even when using Inquiry, interviewers should compose attempts to elicit information in the most open way possible (for example, asking "How did it feel?" rather than "Did it hurt?"), with more specific or direct options used if necessary. For example, if an individual appears confused and unable to answer the question "How did it feel?", asking in an alternative way may be helpful, such as "Did it hurt, or tickle, or something else?" Use of Invitation & Inquiry in the CornerHouse Forensic Interview Protocol™ recommends for an Inquiry to be paired with a follow-up Invitation (e.g., "Where were you when you saw mom get hit?" - "In the hallway" - "Tell me all about being in the hallway"); doing so can encourage narrative responses and allow the individual to communicate more fully from their own experience.

While verbal communication (including sign language) facilitated through the use of Invitation & Inquiry is the primary way that individuals are likely to share details, the CornerHouse Forensic Interview Protocol™ provides for additional options, to be incorporated in an intentional manner, which may allow the individual to communicate in the way most effective for them. See "Use of Media" in this article for additional information.

Incorporated into the Explore Statements stage are intentional strategies for actively avoiding possible bias or assumption regarding what the individual has experienced or the information they may share. These include following the information reported by the individual during the interview, regardless of pre-interview allegations; considering alternative explanations; eliciting clarification or inviting correction; and providing opportunities for other reports. Research and practical experience have identified that individuals frequently experience polyvictimization, not only experiencing repeated, similar abuse events but also multiple types of abuse (Finkelhor, Turner, Shattuck, Hamby, & Kracke, 2015). However, individuals may not initiate reporting of additional experiences, and an individual's process of disclosure may result in their incrementally

disclosing experiences. To increase the potential for an individual to share the breadth of what they may have experienced, the CornerHouse Forensic Interview Protocol™ includes intentional opportunities for individuals to report experiences of abuse beyond what they may have already shared in the forensic interview, through a return to the Seek Information stage. This may include screening for other alleged abuse with the same or another alleged perpetrator; other types of abuse, including abuse involving photos/videos or commercial sexual exploitation; or witnessing abuse of others. If the individual makes additional disclosures, the interview will move back into allowing the individual to share details, continuing to cycle between Seek Information and Explore Statements as necessary.

The CornerHouse Forensic Interview Protocol™: End Respectfully

The purpose of End Respectfully, the final stage of the CornerHouse Forensic Interview Protocol™, is to provide a respectful closure to and transition from the forensic interview, through attending to the individual's presentation, communicated experience, and unique needs, and by providing a developmentally sensitive and individual-centered transition. In accordance with CornerHouse's Guiding Principle of being person-centered, the interview is not finished simply because the interviewer is done gathering information; the interview is complete when the individual states or indicates that they have nothing additional to share, that they want to be done, and/or they are ready to transition. While interviewers offer individuals the opportunity to ask questions, the interviewer's role in this stage, as throughout the interview, remains one of receiving, rather than providing, information. Interviewers should consider this when responding to questions and in other exchanges as the interview nears conclusion. Interviewers may explore resources by asking an individual who they have available as resources ("Do you have someone you can talk to if you ever need help?"); through inviting such information, there is an opportunity to learn if the individual has a support system they recognize and that is available, or if there may be potential vulnerabilities. The additional Recommended Methods of End Respectfully are more specifically intended as ways to bridge the individual's

experience within and outside of the interview and to intentionally facilitate the individual's transition from the forensic interview setting. The End Respectfully stage is meant to be just as individualized as the other stages of the protocol, responding to the unique needs of the individual and what will best support their transition from the forensic interview.

Use of Media in the CornerHouse Forensic Interview Protocol™

CornerHouse supports the intentional and judicious use of specific media as interview tools during forensic interviews using the CornerHouse Forensic Interview Protocol™. The use of these interview tools in the protocol provides opportunities for the individual to share details regarding experiences, serves as a visual reference, offers options aside from referencing the individual's own body, allows opportunities for clarification and correction, and provides an alternative to exclusively verbal communication. In general practice, the types of media incorporated into The CornerHouse Forensic Interview Protocol™ are limited to paper, anatomical diagrams, and anatomical dolls. Their usefulness is dependent upon the abilities of those employing them—namely, forensic interviewers who are trained in their use, during forensic interviews with individuals (children, adolescents, or vulnerable adults) who are developmentally capable of using the tool. Responsible use requires understanding by both the interviewer and the individual of how a tool is used, the reason for its use, and parameters of recommended use. Introduction should include verbal clarification of their purpose and appropriate instruction regarding their use. These interview tools, when used effectively, can enhance communication during the forensic interview.

Paper. The CornerHouse Forensic Interview Protocol™ incorporates paper, used for drawing or writing, in a variety of ways. Large chart paper, mounted to an easel or wall, provides shared access; the individual and the interviewer may use the paper, and anything written or drawn is visible to both. Options for use may include opportunities for drawing people, places, objects, or events the individual is describing; noting information to use as a reference during the interview; or offering the individual the option to write their information.

While drawings may provide useful information, individuals should be invited to verbally describe what they are drawing, as interpretation of an individual's drawing is not supported practice in the CornerHouse Forensic Interview Protocol™.

Anatomical diagrams. The CornerHouse Forensic Interview Protocol™ allows for the use of a specific set of anatomical diagrams, which are detailed male and female anatomical diagrams that show front and back views of the body and are consistent in appearance with the age/physical development and ethnicity of the individual being interviewed. CornerHouse does not recommend the use of other types of diagrams, which may depict figures that are clothed or without genitals. Diagrams which cover or omit particular body parts could result in potential misunderstanding or difficulty in identifying which part of the body is being referenced (Brown, Pipe, Lewis, Lamb, & Orbach, 2007; Gunderson National Child Protection Training Center, 2016; Lyon, 2012; Otgaar, Horselenberg, van Kampen, & Lalleman, 2012). It is also CornerHouse's position that such diagrams could convey that there are parts of the body (or experiences involving those parts) that may not be acceptable to talk about. Introduction and use of anatomical diagrams may occur during the Seek Information or Explore Statements stages. Interviewers present anatomical diagrams in a neutral manner that is adjusted for the development of the individual and combined with orienting messages. The CornerHouse Forensic Interview Protocol™ identifies options for specific use of the anatomical diagrams, and functions may include using anatomical diagrams to learn the individual's names for various parts of the body, to serve as a reference, to offer an alternative or additional means of communication, or to allow for specificity or clarification.

CornerHouse has adapted previous practices regarding the introduction and use of anatomical diagrams (Lukas Miller, 2018). Individuals are no longer asked to identify, nor will interviewers label, a diagram as a "boy" or a "girl"; rather, the focus is on the individual's identifying the anatomical diagram that best represents them (e.g., "the one that has parts like you"). In this way, interviewers and the individuals being interviewed can use anatomical diagrams

in a manner that is more inclusive and respectful of the range of gender identities and expressions of individuals, while still providing a mechanism for communication regarding the physical parts of the body that may have been involved in reported experiences.

As with any practice during the forensic interview, practitioners should apply forensically sound principles when incorporating anatomical diagrams. Anatomical diagrams in the CornerHouse Forensic Interview Protocol™ are intended to be used in conjunction with providing opportunities for the individual to share narrative regarding their experiences; they should not be used in a manner that limits or replaces such opportunities.

Anatomical dolls. CornerHouse supports the use of anatomical dolls during the forensic interview as a tool that can enhance an individual's ability to communicate their experience. CornerHouse uses commercially produced male and female anatomical dolls with body parts similar to people, including oral, anal, and genital openings; with adjustable, removable clothing; of a size that can easily be maneuvered; and available in a range of ages and skin tones, to best represent the individual, the alleged perpetrator, or others. Recommended use includes consideration of the individual's developmental ability to use the anatomical dolls.

The CornerHouse Forensic Interview Protocol™ restricts when interviewers may introduce the anatomical dolls, to occur only after an individual has made a verbal disclosure during the forensic interview. Use of the anatomical dolls is limited, used only as a demonstration aid for the individual to show what happened. It is essential that the interviewer encourage the individual to verbally describe what they are showing, as the CornerHouse Forensic Interview Protocol™ does not support the practice of interpreting what the individual is demonstrating. As with other interview tools, interviewers should use anatomical dolls in a manner consistent with overall best practices of forensic interviewing. Before, during, and after use of anatomical dolls, interviewers must give individuals opportunities to provide narrative regarding their experience.

A Look Inside the CornerHouse Forensic Interview Protocol™

The intentional use of these specific interview tools (paper, anatomical diagrams, and anatomical dolls) is an intrinsic element of the CornerHouse Forensic Interview Protocol™. They are represented in each stage and offered as valid options for communication. However, it is not CornerHouse's position that use of paper, anatomical diagrams, or anatomical dolls is required, appropriate, or necessary in every forensic interview. Further, as with any technique, interviewers should not rely upon these interview tools as the sole means of obtaining information from an individual. Yet, it is also CornerHouse's position that verbal communication, exclusively, may not be most effective for every individual. Factors such as an individual's culture, development, or their response to trauma may influence an individual's communication. The Guiding Principles upon which the CornerHouse Forensic Interview Protocol™ is built direct interviewers in conducting forensic interviews that are mindful of best practices *and* which provide the best possible opportunity for each unique individual to communicate their experiences in their own way. When used with intentionality and in alignment with the CornerHouse Forensic Interview Protocol™, such interview tools can be a valuable component of the forensic interview process.

The CornerHouse Forensic Interview Protocol™ and Other Practice Considerations

Given differences in individual agency practices or jurisdictional requirements, interviewers sometimes use the CornerHouse Forensic Interview Protocol™ in conjunction with practices not specifically taught or recommended by CornerHouse. For example, The CornerHouse Forensic Interview Protocol™ does not include a routine truth-lie discussion, but some jurisdictions require this; CornerHouse encourages video recording, but some agencies do not record their forensic interviews. While particular practices may not specifically be supported by CornerHouse, they would not necessarily preclude conducting an interview using the CornerHouse Forensic Interview Protocol™.

Multiple-session forensic interviews. While the majority of forensic interviews will be the traditional single session, there are times when this does not fit an individual's needs. CornerHouse advocates

for flexibility in the number of interview sessions, consistent with current best practice guidelines and research (APSAC Taskforce, 2012; Faller, Cordisco-Steele, & Nelson-Gardell, 2010; La Rooy, Katz, Malloy, & Lamb, 2010). CornerHouse's options for multiple-session forensic interviews are considered to be a single interview, separated into multiple sessions. CornerHouse does not support a practice of repeated, duplicative forensic interviews.

Three distinct types of multiple-session forensic interviews are incorporated into CornerHouse practice, applicable to particular circumstances. CornerHouse MultiSession Interviews™ are scheduled at the time of intake to occur over multiple sessions; these are based upon specific criteria, such as when the individual is a very young child or has special needs. Adjusted forensic interviews were scheduled to occur as a single session but extend into another session; a possible circumstance could be with an individual who discloses multiple perpetrators. A Follow-up forensic interview occurs when a forensic interview was completed, but something prompts the individual's return; for example, a non-disclosing individual who later indicates readiness to report. Interviewers use an intentional process in considering if a multiple-session forensic interview is appropriate and how the interview is approached. These multiple-session interviews are conducted using a modification of the CornerHouse Forensic Interview Protocol™.

Introduction of externally derived information. Introduction of externally derived information during the forensic interview is a complex practice consideration. What is identified as externally derived information encompasses a broad range, including a continuum of the amount and type of information and how it is introduced. Consideration involves weighing potential concerns and benefits of introducing externally derived information, including how doing so may impact the individual, the forensic interview, and the investigation (Hayes & Weigman, 2018). CornerHouse considers these complexities along with case factors and other circumstances regarding if, when, and how externally derived information is introduced. The CornerHouse Forensic Interview Protocol™ does not include specific provisions for the introduction of physical evidence (such as bringing

photos into the forensic interview), and this is not part of current CornerHouse practice. However, there are ways in which interviewers may incorporate the judicious use of externally derived information, such as during the Seek Information stage, where approaching a topic of concern may include using particular allegation information to compose inquiry. For example, after more indirect opportunities have been exhausted, an interviewer may ask the child, "Do you go to camp? Tell me about camp," if allegation information indicated abuse reportedly occurring at camp.

As we look toward the future, CornerHouse remains actively engaged in reflection of the CornerHouse Forensic Interview Protocol™ and in considering how these and other practices intersect with the protocol.

Conclusion

The CornerHouse Forensic Interview Protocol™ provides the opportunity for CornerHouse forensic interviewers and multidisciplinary team members to listen to the more than 500 children, adolescents, and vulnerable adults interviewed at CornerHouse each year, and to the countless others interviewed by those trained in the CornerHouse Forensic Interview Protocol™, which to date includes more than 33,000 professionals from all 50 states and from 20 countries (CornerHouse, 2018b). As best practices and professional guidelines continue to evolve, and as research and direct experiences continue to inform practice, the CornerHouse Forensic Interview Protocol™ will continue to adapt as well, while remaining committed to the Guiding Principles of being Person Centered, Semi-structured, and Forensically Sound.

About the Author

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NICHD: Where We've Been and Where We Are Now

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Key words: NICHD Protocol, adaptations, forensic interviewing, children

NICHD Forensic Interviewing Protocol History

In the 1990's a Children's Justice Center in Utah was among one of the first jurisdictions to test and implement what has now come to be known as the [NICHD Protocol](#) (Lamb, Hershkowitz, Orbach, & Esplin, 2008; Lamb et al., 2003; Orbach et al., 2000; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). At that time, researchers had made some important discoveries about children's cognitive abilities that guided a consensus about the overall approach that practitioners should take when interviewing children. This involved discouraging the use of techniques that were suspected or shown to be suggestive while at the same time encouraging the use of open prompts to elicit information safely from children (Poole & Lamb, 1998). The NICHD developed and validated this protocol as a training tool to help interviewers conduct better quality interviews and maintain high standards.

Practitioners and researchers alike realized that there were two important issues that must be addressed when training forensic interviewers. First, there was a need to be able to take relatively untrained, newly assigned child abuse investigators and, in the space of only a few days, equip them with the capability and confidence to conduct research-informed interviews. The structure of the NICHD Protocol achieved this by providing specific language of what interviewers should say at the various stages of the interview, which interviewers could learn in a short space of time. This differs from other approaches where trainers communicate general principles to interview trainees and then leave them with the task of operationalizing the advice themselves—this has been shown to be an ineffective method of training that most often results in interviewers continuing to conduct interviews that are of poor quality (Sternberg, Lamb, Esplin, Orbach, & Herskowitz, 2002). Second, and most importantly, researchers and practitioners knew that anyone tasked with interviewing children about alleged abuse needs to have regular ongoing training and feedback included in their training regimen in order to maintain and develop their skills moving forward (Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002; Price & Roberts, 2011).

The NICHD Protocol includes several phases. A brief overview:

Introduction. The interviewer introduces herself, explains the ground rules, and provides opportunity to practice so children can demonstrate an understanding of the ground rules.

Rapport building. The interviewer uses open prompts to get acquainted with the child. The interviewer invites the child to provide biographical information and discuss things the child likes to do.

Training in episodic memory. The interviewer then encourages the child to "travel back in time" to retrieve

a stored memory of an event and invites the child to talk about it. The open prompts the interviewer uses help the child practice their memory retrieval skills. By being encouraged to use their own words, the child becomes acclimated to the communication style that will be utilized throughout the interview. The interviewer assesses the child's language and developmental abilities, reluctance, cooperativeness, and overall level of comfort and can adapt their style accordingly.

Getting an allegation/transition to substantive issues. The interviewer uses a series of prompts to assist the child in transitioning to the topic of concern. These prompts are ranked on a continuum with the interviewer using open prompts first before following up with more focused prompts if required.

Investigating the incidents. If the child makes a disclosure, the interviewer uses open-ended prompts to invite the child to tell more about what happened and gather more information. If there are multiple incidents, the interviewer explores details for as many specific incidents as the child is able to remember.

Break. The interviewer leaves the room, confers with observers about ideas for follow-up questions. Interviewers may take as many breaks as the child or interviewer need. If the child is reluctant, the interviewer uses the break to discuss potential barriers, how to address them, and whether to terminate the interview.

Using focused questions to address information not mentioned by the child. If the interviewer must address forensically relevant information that the child has not spontaneously provided, the interviewer can then ask additional focused questions.

Information about the disclosure. The interviewer explores the circumstances of the initial disclosure that the child made.

Closing. The interviewer thanks the child for talking and leaves the door open for future interviews if necessary.

Despite receiving consistent support within the research literature, the approach that the NICHD Protocol advocates has received both warranted and unwarranted criticism. Some commentators have suggested that the fully structured NICHD Protocol would make interviewers seem robotic and detached as if they are reading from a predetermined script. Some critics have also argued that because *every child is different*, a standardized one-size-fits-all script is inappropriate. These are somewhat unfair criticisms and expose a conceptual misunderstanding about the function and use of the NICHD Protocol: It was designed to be primarily used as a training tool. It should be used rigidly in training sessions in order to familiarize trainees with the language, basic approach, and phases of the interview. As interviewers' confidence grows over time, however, they adopt a more relaxed and personalized approach, while still following the overall structure and decision-making processes advocated by the NICHD Protocol. The NICHD Protocol is flexibly structured and was never intended to be applied rigidly in forensic interviews with children.

Fundamentally, however, the NICHD approach to training forensic interviewers was to focus primarily on cases where children have made a clear abuse outcry and are ready to talk about what happened to them. Indeed, research shows that the majority of children who have made a clear prior disclosure go on to repeat their allegations in forensic interview following the NICHD Protocol format (Hershkowitz, Horowitz, & Lamb, 2007). Thus, the NICHD Protocol solved an immediate and pressing problem around the quality of forensic interviews, which resulted in much better outcomes for children in the active stage of disclosure. Research in Utah has also confirmed that interviewers continue to conduct interviews at a high standard when adhering to the core principals and spirit of the NICHD Protocol.

Interviewers already experienced in interviewing children have also criticized the NICHD Protocol because it doesn't provide much help or specific advice in particularly difficult cases where children are clearly reluctant to talk, traumatized, and fearful of consequences. In fact, somewhat counterintuitively, research has shown that reluctant children interviewed with the NICHD Protocol receive less support from interviewers in cases with difficult dynamics, when it would be expected that they would naturally

receive additional support to help them disclose (Hershkowitz, Orbach, Lamb, Sternberg, & Horwotiz, 2006). It appears that interviewers find it easier to provide support to children who are actively disclosing because they are "doing well" and can be further encouraged. Difficult children are harder for interviewers to support because the same types of positive encouragement that come naturally to interviewers when interviewing cooperative children don't work. In addition, because of their resistance, reluctant children provide fewer opportunities for the interviewer to provide support. This realization sparked rethinking around the guidance interviewers may need when interviewing less forthcoming children, which, in part, led to the development of the Revised NICHD Protocol.

The Revised NICHD Protocol

In an effort to reach children who are not in active disclosure, to focus more intentionally on rapport building, and to address reluctance and motivational factors, the NICHD developed the Revised NICHD Protocol (RP) (Lamb, Brown, Hershkowitz, Orbach, & Esplin, 2018; Lamb, Hershkowitz, & Lyon, 2013). The main adaptation includes greater emphasis on training about recognizing and responding to reluctance, providing supportive but non-suggestive statements throughout, as well as moving the rapport building phase to the very start of the interview while saving the technicalities of the "ground rules" to later in the interview once the interviewer has established rapport.

The RP has been the focus of some initial promising research. In one study, Hershkowitz, Lamb, and Katz (2014) report that interviewers obtained 60% disclosures when interviewers were trained to use the RP compared to only 50% when using the original NICHD Protocol. Based on the findings of this initial research, Israel implemented the RP nationwide, and some experts recommend that interviewers elsewhere do the same.

NICHD Adaptations

As Everson (2015) noted, the NICHD Protocol "has been widely adapted" (p. 2). In fact, a recent paper included an international review of adaptations in many countries including the United States, Canada,

Finland, Israel, Japan, Korea, Norway, Portugal, and Scotland (La Rooy et al., 2015). U.S. adaptations include RADAR, the Ten Step Investigative Interview (Lyon, 2005), the Utah Children's Justice Center Program Child Interview Guidelines, and several other statewide models. Many of the adaptations of the NICHD Protocol do not reflect changes to fundamental aspects of the approach, but rather, changes that are required to accommodate different legal, professional, practical, and cultural requirements in particular jurisdictions.

Utah's NICHD Adaptations

Utah continues to benefit from a close relationship with Michael Lamb and the NICHD research that began more than 20 years ago. Research on implementation of the NICHD Protocol was conducted in Utah from 1997-2000, followed by additional collaborative projects. Practitioners have widely used the NICHD Protocol in Utah since 2000. Utah's revised their forensic interview training curriculum in 2018, and the new interview protocol still closely resembles the original NICHD Protocol. It also includes elements of the RP, other non-NICHD research, and practice-informed material. Of all the adaptations, Utah's is the most collaborative and closest reflection of the original NICHD Protocol and thus is an important component of the overall interviewing approach and training program.

The RP informed many of the updates incorporated into Utah's curriculum revisions in 2018. The most significant has been the increased focus on providing non-suggestive support to the child. Listening to the child and attending to the child's feelings about the interview experience is crucial. Research has demonstrated that providing support decreases reluctance and increases informativeness during all phases of the interview (Karni-Visel, Hershkowitz, Lamb, & Blasbalg, 2019; Blasbalg, Hershkowitz, & Karni-Visel, 2018). Interviewers should not ignore signs of reluctance or discomfort. The interviewer should acknowledge the child's feelings, provide support, and convey empathy. For example, interviewers are encouraged to periodically check in with the child and ask, "How are you feeling about talking to me?" Then, to validate the child's feelings, provide non-suggestive encouragement, and

accommodate any reasonable requests to increase the child's comfort. It is also important to thank the child throughout the interview for the child's efforts and participation, not content.

The RP recommends that when children voluntarily describe subjective reactions to abuse that they be asked to elaborate. The Utah model recommends inquiring directly about children's emotions and physical sensations (Stolzenberg, Williams, McWilliams, Liang, & Lyon, in press; Lyon, Scurich, Chio, Handmaker, & Blank, 2012). Helping children express their thoughts, feelings, and reactions to abuse further allows opportunity to support the child, develop the narrative, and understand the abuse dynamics. Toward the conclusion of the interview, the Utah model also recommends exploring familial support or pressure and reasons for delaying and then eventually disclosing. This lends insight about the child's experience and family dynamics, and interviewers intentionally explore this, as many children can articulate this information but often fail to do so spontaneously.

Screening for Multiple Types of Maltreatment and Trauma

The Utah model added an appendix of supplemental questions for use depending on case concerns, special populations, and screening purposes. This includes child witness interviews, recantation interviews, inquiring about sexualized behavior, preschoolers, and screening for polyvictimization and additional trauma exposure. Examples include:

Use of Media

The Utah model endorses the National Children's Advocacy Center (NCAC)'s position regarding the use of human figure drawings (NCAC, 2015). The NCAC does not recommend routine use. Rather, when a child has provided a narrative that is concerning for abuse, verbal prompts have been exhausted, and the location on the body is still unclear, the child can use a human figure drawing to indicate the part of the child's or alleged suspect's body for which the child's label is unclear.

The Use of External Evidence

The NICHD Protocol and Utah model have always advocated for the introduction of external evidence when necessary. When the child does not spontaneously offer evidence known to exist and investigators have determined its utility during the preplanning meeting before the interview, an interviewer may introduce it in an attempt to cue the child. An interviewer can use verbal prompts, such as, "I heard about some text messages. Tell me everything about them." The NCAC also supports this: "If they exist, other forms of evidence may be introduced such as the child's diary or a note written by the child or to the child. Similarly, when there is digital evidence available (i.e. texts, emails, chat logs, pictorial documentation), the opportunity to introduce evidence ascends to a new level" (NCAC, 2013).

Multiple Interviews

There are many reasons that children may need to be interviewed more than once. Children may be too

WITNESS	How do you know/did you find out about ___?
	Tell me everything you heard/saw.
RECANTATION	Last time we talked you told me about things that happened with ___. Tell me again what happened. [If child says "I lied" >] Tell me what DID happen.
PRESCHOOL	What happened when [child's words]? What did ___ do?
SCREENING	Tell me about all the food you ate today. If you need something/help, what do you do? What happens when you're in trouble? Tell me about the last time you were [scared/felt like crying…].

distressed, fail to build rapport, or may have too much information to disclose in the initial session. Learning disabilities and short attention spans may limit the breadth and scope of initial interviews. Children may remember more information or investigators may discover additional evidence during the investigation that warrants additional interviews. The NICHD Protocol and the Utah model support more than one, nonduplicative forensic interview when necessary (La Rooy, Katz, Malloy, & Lamb, 2010).

The quality of interaction between the interviewer and the child may significantly affect what the child does or does not say (Lamb et al., 2013). Further, interviewers tend to feel challenged by children's reluctance and often respond in counter-productive, ill-advised ways (Hershkowitz et al., 2006). To some extent, children's uncooperativeness and reluctance early on in an interview, if not overcome, can predict their later behavior. Therefore, both the RP and the Utah model instruct interviewers to strongly consider ending the interview when children remain reluctant in the presubstantive phase of the interview and sufficient rapport has not been established. Interviewers should schedule a subsequent interview

to continue rapport-building efforts and transition the child to the substantive phase of the interview once reluctance subsides. If reluctance reemerges at any point thereafter and cannot be overcome, interviewers should end the interview and plan an additional interview or other appropriate intervention as determined by the multidisciplinary investigation team.

About the Authors

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Why RADAR? Why Now?
An Overview of RADAR Child Interview Models

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Key words: RADAR Child Forensic Interview, RADAR JR Child Forensic Interview, FirstCall Investigative interview, forensic balance, forensic interview protocols

RADAR v 1.0 (Recognizing Abuse Disclosures and Responding) premiered in Fayetteville, North Carolina in November 2009. At the time, RADAR seemed superfluous in an already crowded field of established forensic interview protocols. Eleven years and several states later, RADAR v 11.0 has earned a place on the national stage as a forensically balanced, best practice interview model, especially geared toward new interviewers.

RADAR now comprises three child interview models for use in investigations or evaluations of child maltreatment:

- RADAR Child Forensic Interview (for ages 5 through adolescence)
- RADAR JR Child Forensic Interview (for ages 3½ to 5½)
- FirstCall Initial Investigative Interview (first responder interview)

All three models are grounded in current best practice and undergo periodic updates to reflect the latest research. To facilitate learning and ease of use, especially for new interviewers, consistent terminology and parallel interview structures are used across the three models. All three models employ sample phrasing to expedite the learning process, as discussed later in the section on instructional methods. The authors chose the word "models" over "protocols" to emphasize interviewer flexibility for responding to specific child needs and case exigencies, in contrast to the rigidity of a one-size-fits-all script.

This article is organized into two parts. Part 1 outlines the rationale for the development of RADAR. Part 2 briefly describes the three RADAR models as well as RADAR's instructional methods.

PART 1: RADAR Objectives

Four objectives served as our impetus for developing RADAR. These four objectives also define RADAR's singular niche in the field of forensic interviewing:

1. RADAR Was Developed to Operationalize and Promote Forensic Balance in Child Forensic Interviews.

Child forensic interviewing can be viewed as having two core objectives: the protection of child victims from abuse and the protection of innocent adults from false allegations. Forensic balance is defined as emphasizing both objectives equally in interview design, instruction, and practice. In a separate article in

this issue of the *APSAC Advisor*, we argue that our field has long prioritized adult protection (or preventing false allegations) over child protection (or minimizing false denials) (Everson & Rodriguez, 2020, this issue). Despite the fact that the disclosure process is often "painful, incremental, and protracted" (Faller, 2020, p. 133), the single-session, stranger interview (SSSI) has been the predominant interview format in our field since at least the 1990s. In addition, the emphasis on preventing errors due to interviewer suggestion far exceeds attention paid to addressing perpetrator "suggestion" through manipulation, threats, and intimidation (see Everson & Rodriguez, 2020, this issue).

Although our field would undoubtedly endorse forensic balance in principle, actually *achieving* forensic balance in practice is an enormously challenging and elusive goal (Faller, 2015). RADAR incorporates four standards of practice to operationalize and promote forensic balance in all child forensic interviews. The following four practice standards are designed to increase the accuracy of case decisions by combining interview strategies that reduce false allegations with strategies that reduce false denials or disclosure failures:

A) Interviewers should have the flexibility to conduct more than one interview session, as needed. *All* interviewers should be trained to recognize when follow-up sessions are warranted and how to conduct such sessions.
B) The interview should include assessment of potential psychological barriers that may deter the child from communicating openly and accurately.
C) The primary goal of the interview should be to elicit a detailed, free-narrative account of the child's experiences, in the child's own words.
D) The interviewer should avoid questioning errors that can undermine the goal of eliciting a complete and accurate account from the child (Everson and Rodriguez, 2020, this issue). Such questioning errors include, but are not limited to, leading and overly suggestive questioning.

RADAR provides interview strategies to implement each of these four forensic balance standards of practice. RADAR is also one of the first forensic interview protocols to provide instruction on when and

how to conduct follow-up sessions as part of the initial five-day training. RADAR views forensic balance as a core, foundational value.

2. RADAR Was Developed to Make Best Practice Forensic Interview Training Accessible to a Broader Range of Child Abuse Professionals.

RADAR offers an economical, logistically simple, portable training model, geared especially toward new and inexperienced interviewers. To reduce costs and simplify logistics, RADAR training does not require outside actors or children to serve as practice interviewees. Nonetheless, each participant conducts a complete practice interview and receives detailed, individualized faculty feedback.

Traditional forensic interview trainings are effective in producing *better* interviewers, but not necessarily *good* interviewers. Some trainings may produce graduates who are better informed about topics such as questioning typologies and research on suggestibility, but who may not be fully equipped to conduct interviews on their own. Our experience has been that training is more effective when the focus includes not only *what* and *what not*, but also *how*.

RADAR training focuses heavily on skill development to provide new and inexperienced interviewers the preparation, structure, and confidence needed to conduct successful child interviews right out of training. Our training objective is to prepare novice interviewers so well that cancellation of their first real interview after training would result in feelings of disappointment rather than relief. At the same time, the comprehensive nature of the model, the step-by-step operationalization of best practice, and the model's flexibility have proven to be appealing to many experienced interviewers, including many trained on multiple interview models.

3. RADAR Was Designed to Equip Novice Interviewers in Becoming Good Interviewers and Good Interviewers in Becoming Expert Interviewers.

To expedite the transformation of forensic interviewers from new to good to great, RADAR relies heavily on the methods and insights of master interviewers in

its design. In developing RADAR, we analyzed the interviews of expert interviewers whom we considered masters of the craft to identify how they operationalized best practice principles. Our goal was to distill the interview strategies developed over thousands of interviews into reproducible, teachable steps. The interview methodology derived from this process forms much of RADAR.

Our study of master interviewers revealed three sets of essential competencies that expert interviewers commonly share. The development of these competencies requires a shift in the interviewer's focus. Rather than a primary focus on interview process (*What should I ask next?*), the focus must shift to the child (*What is this child communicating in word and demeanor?*). RADAR facilitates this shift in focus by providing a logical interview structure that includes easy-to-remember rubrics to guide questioning. Once internalized, this structure frees the interviewer to attend more completely to the child. We consider the development of the following three expert interviewer competencies to be integral for RADAR mastery:

Expert interviewers are conversationally fluent interviewers. Expert interviewers present as interested conversationalists rather than interviewers following a script or administering a questionnaire. To facilitate the process of becoming conversationally fluent in administering RADAR while capturing the child-sensitive interview strategies of the experts, the RADAR Model provides learners with sample phrasing of the more challenging sections of the interview. We encourage RADAR learners to use the sample phrasing until they have internalized the gist and nuance implicit in the RADAR wording. RADAR learners can then personalize the interview to their own conversational style.

Expert interviewers are skilled at building bridges to the children they interview. Building rapport with the child is often seen as a passive process involving small talk about pleasant topics. Our examination of expert interviewing revealed building rapport to be an active, deliberate process akin to building a bridge. By our observation, the expert interviewer's attempts to bridge the distance between interviewer

and child inevitably involve offering the child three personal assurances:

- "I am a safe and competent adult helper."
- "I value what you have to say."
- "I care about you as a person."

Spoken explicitly, such claims by the interviewer may sound phony and contrived. But when conveyed implicitly by the interviewer's affect, attitude, and manner, these assurances are effective in building connections with children with a wide range of backgrounds and presentations.

Expert interviewers are skilled at reading the child. Expert interviewers successfully inhabit the middle ground between two interview extremes: *following the child* and *following the protocol*. The expert interviewer is able to monitor the child's psychological state and respond accordingly with adjustments to the pace and focus of the interview while continuing to guide the child-centered conversation to forensic topics of interest. The RADAR Model operationalizes this process, in part, by identifying several assessment points and offering options about how to proceed based upon the interviewer's reading of the child.

A specialized form of reading the child involves the interviewer's ability to 'mind the gap,' especially during substantive questioning. The gap is the interval between interview questions, from the end of one question to the start of the interviewer's next question. Minding the gap requires considerable multitasking: receiving and processing the child's response, formulating the next question, and maintaining/enhancing rapport. Novice interviewers often struggle during these gaps just to determine the next question, while expert interviewers effortlessly meet the range of mind-the-gap challenges. Expert interviewers process the child's response and identify follow-up questions, while simultaneously signaling to the child that they are interested and caring listeners. Expert interviewers are likely to be rewarded with rich and detailed accounts of the child's experiences. Novice interviewers are more likely met with limited responses to their questions as their initial store of

rapport is depleted.

Our analysis of the interviews of master interviewers also revealed a number of specific interview strategies that have been incorporated into RADAR to expedite the transformation of beginners to expert interviewers. One example is an interview strategy to strengthen initial rapport by asking personalized "you" questions to encourage reflective "I" responses. For example: "You said you really like gymnastics. What makes *you* like gymnastics so much?" This simple interview technique not only encourages the child to share at a deeper level, but also helps to convey the message, "I care about you as a person."

4. RADAR Was Created as a Platform for Advancing the Field of Child Forensic Interviewing Through Innovations in Interview Design and Instruction.

RADAR's ongoing efforts to advance the field of child forensic interviewing have centered on two strategies: operationalizing good interview practice into reproducible, teachable steps; and identifying and addressing areas of need in forensic interview instruction and design.

Examples of RADAR innovations are briefly described below. More complete descriptions, including instructions for use, are available by emailing the first author.

A) Need: Most training models rely on written pre- and posttests to assess mastery of the course material. Written tests are useful in evaluating increased knowledge but are limited in their effectiveness in assessing interview skills. What is needed is a method for assessing improvements in actual interview performance to supplement written testing.

Remedy: We have developed a practical methodology for collecting pre- and posttest interview samples for comparison purposes. Class members are taught a simplified version of AIM (Advanced Interview Mapping, described later) for use in assessing their improvements in question selection and sequencing between pre- and posttesting.

B) Need: Newly trained interviewers often report that the eliciting account phase of the interview after a child reports of possible abuse is the most difficult and anxiety-provoking part of the interview process.

Remedy: We have developed the 5-Step Narrative Rubric as a practical, effective, and easy-to-remember strategy for organizing questioning after the child's disclosure (See Table 1, page 46). The rubric aids in eliciting a comprehensive narrative account of the child's experiences, without being leading or suggestive.

C) Need: Interviewer drift after training has been identified as a serious problem. Interviewer drift from the use of open-ended narrative prompts to more specific question strategies leads to a less complete, potentially less accurate account of the child's experiences (Poole & Lamb, 1998).

Remedy: We developed Advance Interview Mapping (AIM) as a practical, easy-to-learn tool for use in peer and self-review. The objective of AIM is to ensure interview quality and to prevent interviewer drift. AIM is described in a separate article in this same issue of the Advisor (Everson, Snider, & Rodriguez, 2020, this issue).

D) Need: Interviewing preschool age children is perhaps the greatest challenge for the forensic interviewer. Unlike interview protocols geared for older children, there is substantially less consensus on what constitutes best practice for protocols serving 3- and 4-year-olds. Two significant areas of disagreement include whether and how to present interview instructions such as "I don't know" and how best to offer memory practice given the broad developmental range among preschoolers (Brubacher, Poole, & Dickinson, 2015; Cordisco Steele, 2015).

Remedy: As part of RADAR JR, we developed Party Animal Memory Practice (PAMP) as a visually engaging task for 3- to 5-year-olds for both memory practice and rapport building (See Figure 1). PAMP provides practice conducting free and cued recall

memory searches with immediate feedback on accuracy. PAMP also offers a more engaging and realistic task for preschoolers to practice the "I don't know/remember" interview instruction than many traditional approaches.

Our primary objective in these innovation efforts is to advance the field of forensic interviewing, especially in places of weakness or need. Our innovation efforts are limited somewhat by the fact that RADAR does not have an in-house research arm. PAMP is a case in point. We are comfortable in promoting PAMP as a memory practice exercise and as a method for introducing the "I don't know/remember" instruction. However, without appropriate normative data, we must be cautious in promoting PAMP as an assessment tool for making normative comparisons to other children. Starting with PAMP, RADAR offers researchers a target-rich environment for identifying meaningful and potentially impactful research projects in the field of child abuse assessment.

Part 2: Model Descriptions

RADAR Child Forensic Interview Model

The RADAR Child Forensic Interview Model is the flagship of the three RADAR models. RADAR is a structured, child-friendly model for interviewing children (ages 5+) and adolescents in cases of suspected child maltreatment and sexual exploitation. RADAR is adapted from the National Institute of Child Health and Human Development (NICHD) Investigative Interview (Lamb, Hershkowitz, Orbach, & Esplin, 2008) and includes memory enhancement techniques from the Cognitive Interview (Fisher & Geiselman, 1992). RADAR was also uniquely shaped by the perspectives of its developers (the four authors of this article) as forensic evaluators, interviewers, and instructors dating back to the early 1980s (see review by Everson, 2015).

As described in Part 1, RADAR places special emphasis on forensic balance, with the dual objective of minimizing false positive as well as false negative errors in case decisions. As a result, RADAR offers the flexibility to serve as either a single or a multi-session interview model to better accommodate the nature of the disclosure process and the needs of the individual child. RADAR training includes instruction on the criteria for determining when a follow-up session is needed, how to bridge or prepare the child for the follow-up session, and how to conduct the additional session(s).

RADAR adheres to the best practice standards published by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) (Newlin et al., 2015). To ensure interview quality and ease of learning, RADAR operationalizes best practice as reproducible, teachable steps and provides sample phrasing for the more challenging sections of the interview. Despite RADAR'S structured format and instructional use of sample phrasing, the model offers substantial flexibility to accommodate varying types of maltreatment experiences, developmental levels, and disclosure histories.

RADAR 6-step instructional method.

RADAR introduces a direct path to interviewer excellence. Like many forensic interview models, RADAR is comprised of phases (e.g., Foundation), with each phase divided into smaller, specialized modules (e.g., Orientation and Promise, Narrative Practice). For training purposes, these specialized modules serve as the unit of instruction, either individually or in combination. RADAR employs the following six instructional steps to teach these modules efficiently and effectively:

1. Show it. Provide a video or live demonstration of the interview module(s) conducted by a skilled interviewer. A clear standard to emulate facilitates the assimilation of new skills.
2. Explain it. Provide the rationale and objectives for the interview module(s). This explanation might include a review of relevant research.
3. Distill it. Distill interviewer behavior for each module into three to six reproducible, teachable steps. Most steps will include sample phrasing or examples of acceptable phrasing for the interviewer learner.
4. Practice it right. Provide multiple mock interview opportunities for learners to practice the component steps and sample language of each interview module. The objective is

to internalize the module's structure and language to facilitate personalization in the next instructional step.

5. Personalize it. Encourage learners to personalize the interview by incorporating the gist and nuance of the sample phrasing into their own conversational style.

6. Master it. Encourage learners to strive for interview mastery. As described in Part 1, this includes the development of the following three competencies of expert interviewers: becoming conversationally fluent as an interviewer, becoming skilled in building rapport with children and teenagers of varying backgrounds and presentations, and developing skills in reading the child's verbal and behavioral cues to better pace and focus the interview. Note that mastery of these competencies usually requires substantial interviewer experience and supervision after the initial RADAR training.

RADAR Training Course

RADAR offers a five-day forensic interview training course that meets the National Children's Alliance (2017) training standards for forensic interviewers in accredited child advocacy centers. The course includes lectures, discussions, reviews of video examples, assigned readings, skill-based exercises, and a mock interview with both faculty and peer feedback. Written pre- and posttests are used to assess knowledge development. Pre- and posttest interview samples are compared to evaluate improvements in interview performance.

RADAR phases. The RADAR Forensic Interview Model is comprised of a pre-interview preparation stage and four interview phases. The four interview phases include Foundation, Screening, Eliciting Account, and Bridge/Closing. Each phase is comprised of three or more modules (see next column).

At first impression, RADAR's pre-interview stage and four interview phases appear quite similar to the phases of other established protocols. One can discern the RADAR difference, however, in the emphasis on forensic balance throughout the interview. In this section, we highlight several RADAR interview modules and their role in attempting to reduce false

RADAR Phases

Pre-interview Preparation	*Referral and Background History* *Identify Key Topics to Explore* *Safe-To-Tell Assessment*
Foundation	*Rapport and Engagement* *Orientation and Promise* *Narrative Practice* *Barrier Assessment*
Screening	*Transition Decision Tree* *Screening Options* • *Open Inquiry* • *Guided Conversation* • *Body Safety Screening* • *Case Specific Screening*
Eliciting Account	*Specific Event vs. Script Memory Strategy* • *5-Step Narrative Rubric* • *Screen for Other Events* • *Screen for Other Concerns/ Offenders*
Bridge/Closing	*Break and Appraisal* *Bridge-to-Follow-up Session* -or- *Closing Well*

denials and to elicit detailed, narrative accounts. We also offer examples of RADAR's sample phrasing in the described modules.

The Safe-To-Tell Assessment during Pre-Interview Preparation involves a review of case and family factors that might suggest a barrier or obstacle to the child's open reporting. Examples include a possible offender with continued access to the child or a possible offender who is a close family member. After reviewing case characteristic and potential barriers, the interviewer is asked to consider this question: "In this child's shoes, if abused, would I tell?" If the answer is no, the interviewer is encouraged to consider the option of delaying the interview until the barriers are addressed or planning a multisession interview.

The Engagement and Rapport module formally represents the first component of the Foundation phase,

though the interviewer's rapport and engagement efforts actually begin at the greeting in the waiting room and extend through the final goodbye. The interviewer's objective throughout the interview is to demonstrate in word and manner: "I value what you have to say" and "I care about you as a person." The Engagement and Rapport module ends with an unconventional invitation: "Thank you for telling me about X, Y, and Z. Do you have any questions for me? You can ask anything you want." This broad invitation for questions is one of several attempts throughout the interview to offer children an opportunity to express their concerns, lest unspoken fears or misconceptions impede the interview process.

The interviewer will typically answer the child's question with a follow-up question to clarify the child's meaning:

C: "Who's going to find out what I say?"
I: "Tell me the reason you ask that question."
C: "Because my grandmother said she would punish me if I tell."

Our experience from 2000+ interviews is that children rarely ask inappropriately personal questions. Such questions are usually easily deflected with the interviewer's standard follow-up question:
C: "Did your daddy sexually abuse you?"
I: "Tell me the reason you ask that question."
C: "Because that's what my daddy did to me."

Barrier Assessment is the final component of the Foundation Phase. The Barrier Assessment Module includes questions to alert the interviewer about possible barriers to disclosure before proceeding to Screening. Examples of sample phrasing include:

- "We've been talking about a lot of things to get to know each other better. How are you feeling so far about talking to me?"
- "Some kids/teenagers I see are worried about talking. Are you worried about talking with me today?"
- "Is someone else worried?"

This last question elicits a significant number of disclosures. Our preliminary research data suggest that approximately 10% of children who disclose do so to this question.

The Screening Phase begins with the Transition Decision Tree, which includes a check on the child's readiness to transition to substantive questioning (e.g., anxiety level, personal connection with interviewer, level of openness/responsiveness, existence of obvious barriers). Open Inquiry follows next, which includes open-ended screening questions such as, "Let's talk about the reason you came to see me. What did you come to talk with me about?" If there has been a prior report of abuse by the child, Open Inquiry will include questions such as, "I heard you talked to your guidance counselor about something that happened. Tell me all about that."

The Screening Phase includes four modules to offer multiple approaches in eliciting disclosure statements from abuse victims and providing multiple opportunities for child victims to report their abuse. The Guided Conversation screening module initiates conversation regarding important caregivers, locations, or events related to the abuse/neglect concern. Once the discussion is within the context of the location/event/person of concern, the Guided Conversation serves as a platform to screen for abuse concerns based on the case history. RADAR offers sample questions to screen for multiple psychosocial concerns (e.g., physical abuse, exposure to domestic violence, substance abuse). The multidisciplinary team (MDT) can determine the need for broader polyvictimization screening on a case-by-case basis.

When an escalation in questioning is warranted, Body Safety Screening is a good option. Body Safety Screening involves more direct questions about possible sexual and physical abuse. Sample questions include:

- "What are the rules for private parts?"
- "Sometimes people break the rules about private parts. Do you know someone who has broken the rules about private parts?"

At any point in the interview that the child reports a possibly abusive event, the interviewer advances to the Eliciting Account phase. RADAR places substantial emphasis on obtaining a detailed narrative account of the child's experiences in the child's own words.

The first step, if possible, is to isolate and label a specific event (e.g., the time you had to stay at home because you had chicken pox). The interviewer uses the 5-Step Narrative Rubric (refer to Table 1) to elicit such an organized and hopefully complete account. Our experience is that if the interviewer's questioning is disorganized, the child's account will likely appear disorganized and less credible.

The Bridge/Closing Phase is named for the two options available for ending the interview session. At the conclusion of the Eliciting Account Phase, the interviewer is encouraged to take a break to meet with the MDT or to break alone, to review the interview for gaps, inconsistencies, contradictions, etc., and to make an appraisal of whether additional questioning now or in a follow-up session is needed. Criteria indicating the need for a follow-up session include:

- Nondisclosure despite compelling prior disclosure or other substantive evidence
- Significant barriers to disclosure reported or suspected
- Significant discrepancies in child's account vs. other evidence
- Additional perpetrator(s) likely
- Child's disclosure statement vague, unclear, lacking details

Depending upon the results of the appraisal and the need for a follow-up session by the current interviewer, the interviewer will meet briefly for a few final questions before conducting either the Bridge-to-Follow-up or Closing Well module.

The Closing Well module is designed to finish the interview warmly and well. For children who have made a disclosure during the interview, one of the Closing Well steps involves screening for the risk of retraction or reprisal. Example questions include:

- "We've talked about what X did. What do you think will happen now?"
- "Do you have some worries about what will happen?"
- "Who is a good person to talk to if you have worries?"

For children who have not made a report of abuse, there is a last probe for things left unsaid. Example questions include:

- "There is one thing I always wonder when I talk to kids and teenagers. Is there something that happened that you are not ready to talk about?"
- "Is there something else that you want me to know?"

Summary

The RADAR interview model is geared toward training new interviewers to become skilled interviewers, while providing more experienced interviewers both structure and flexibility to promote improved practice. The model uniquely operationalizes best practice techniques while adapting to the needs of the individual child. RADAR strives towards the challenging target of forensic balance by incorporating tools to avoid false positive and false negative errors, with the underlying premise that accurate information from children's full narrative accounts will best serve the child, family, and case outcome.

RADAR Research

Research on RADAR is underway. We are examining disclosure patterns in a sample of 400+ RADAR forensic interviews conducted at a large metropolitan children's advocacy center (CAC). The sample includes both child sexual abuse and physical abuse cases.

RADAR JR Child Forensic Interview Model

RADAR JR is a semistructured, child-friendly forensic interview model for interviewing preschool age children (ages 3 ½ to 5 ½) in cases of suspected child maltreatment and sexual exploitation. RADAR JR is significantly less linear and sequential than RADAR. RADAR JR is comprised of three- to six-minute visually engaging modules. These modules are designed to hold the attention of preschoolers while serving a similar function as their counterpart modules in RADAR.

Guiding principles of RADAR JR.

The authors developed RADAR JR to provide structure and guidance for interviewers struggling to adapt established models to interviewing preschoolers. Guiding principles include:

- Like its predecessor, RADAR JR emphasizes forensic balance, with the dual objective of minimizing interview errors contributing to either false positives or false negatives.
- RADAR JR was designed as a two-session model to better accommodate the developmental needs of preschool children. Interviewers and MDTs have the flexibility to add a third or fourth session as needed or to forego the second session, if contraindicated.
- Interviewers choose from interchangeable, developmentally appropriate interview modules to tailor the interview to the individual child.

RADAR JR is founded on the hard-earned wisdom of the 1980s: When interviewing preschool children, "Get in and get out." The implication is that the interviewer should elicit the child's statement without lingering past the child's attention span or pushing beyond the child's memory limits.

RADAR JR training.

The authors offer RADAR JR as a two-day training, with the prerequisite completion of a five-day RADAR training. The phases and language of RADAR JR mirror RADAR to facilitate ease of learning.

RADAR JR phases. RADAR JR is comprised of a pre-interview preparation stage and four interview phases. The four interview phases include Foundation, Screening, Eliciting Account, and Bridge/Closing. These phases and their components are listed (see next column).

Interviewers generally use the initial session to establish rapport and to assess the child's developmental and language skills. The interviewer may choose to continue screening the child in the first session or hold off substantive questions for the second session. Interviewers may forego the second session, such as cases with children clearly unable to provide accurate history. Critically, however, decision-making is based on data points on the individual child's functioning gleaned from the initial session, as opposed to proceeding with rote scripted questioning or simply labeling a child as "not interviewable."

The *Foundation* phase includes tools to assess the

RADAR JR Phases

Pre-interview Preparation	*Referral and Background History Identify Key Topics to Explore Safe-To-Tell Assessment*
Foundation	*Greeting and Tour Rapport and Engagement Party Animal Memory Practice (PAMP) Family Drawing Open Inquiry*
Screening	*Decision Tree Screening Options* • *Guided Conversation* • *Body Safety Screening* • *Case Specific Screening* • *Feeling Faces* • *Family Photos*
Eliciting Account	*One vs. More Than One Modified Event Rubric Screen for Other Concerns/Offenders*
Bridge/Closing	*Break and Appraisal Bridge-to-Follow-up Session -or- Closing Well*

child's development, language, and any potential barriers to reporting accurate history. As discussed earlier, we developed the PAMP as a visually engaging task for 3- to 5-year-olds for memory practice and for introducing the "I don't know" interview instruction. Consistent with the goal of forensic balance, PAMP is useful in identifying behavioral cues or "tells" that the child has reached his or her memory limit—a critical tool to prevent inaccurate history during the substantive phase of the interview. The *Foundation* phase often includes a Family Drawing as an engagement/assessment tool, as well as initial open-ended screening questions as an initial foray into screening.

As in RADAR, the *Screening* phase in RADAR JR recommends a gradual approach from open-ended inquiry to more directed screening questions based on

case history. RADAR JR utilizes the same screening tools (Guided Conversation, Body Safety Screening, and Case Specific screening) from RADAR, adapted to the developmental needs of a preschool child. The authors also offer Feeling Faces and Family Photos as two additional screening tools, especially for extended evaluations.

If the child reports abuse/neglect at any point, interviewers utilize the *Eliciting Account* phase to obtain clarification and information regarding the concern. The child's reporting, language, and memory abilities observed throughout the interview process helps inform question phrasing in this phase. As a guiding principle of RADAR JR, the interviewer focuses on *who, what,* and *where* during this portion of the interview, and watches for the child's idiosyncratic "tell" behaviors indicating the responses may have strayed beyond the child's memory.

In the *Bridge/Closing* phase, the interview appraises next steps based on the child and the particular case history. The model provides explicit guidance on transitioning to additional sessions and/or closing the interview process, including suggested outlines for second (or third) interview sessions.

Summary

The authors offer RADAR JR to conduct the complex task of interviewing young children and contend that the model is preferable to interviewers adapting interview models designed for older children for use with the preschool population.

FirstCall Initial Investigative Interview Model

FirstCall is a semistructured, child-friendly investigative interview for first-line responders from child protective services and law enforcement. It is designed to serve as the initial investigative interview in investigations of child maltreatment and sexual exploitation. FirstCall offers sufficient flexibility to accommodate varying types of cases and developmental levels. This flexibility includes FirstCall being abbreviated in cases in which a formal forensic interview is soon to follow.

Development

FirstCall is the newest RADAR-based model. Developed through a grant collaboration with the Children's Advocacy Centers of North Carolina (CACNC), FirstCall answers the need to better define and guide initial interviews conducted by child protective service workers and law enforcement officers. FirstCall is designed for use at case initiation to elicit critical information needed to inform case planning, with the expectation that a formal forensic interview may follow.

Many states and MDTs utilize a "first responder" or "minimal facts" interview model at case initiation. Critical information includes the nature of concerns, the alleged offender's access to the child, and immediate safety/health needs of the child. There may also be evidentiary issues depending on the timing and nature of alleged abuse. The ability to obtain accurate information at case initiation leads to a higher likelihood of improved services and case outcomes for families and children. Thus, FirstCall does not replace formal forensic interviewing, but instead guides case planning by assessing safety, health, evidence, and agency concerns.

FirstCall phases. The structure and language in FirstCall mirrors other RADAR models to facilitate ease of learning across interview platforms. FirstCall includes a pre-interview preparation stage and four phases (see table on next page).

Many aspects of this model are similar to other RADAR models already described within this article. However, there are specific differences given the different purpose and use of FirstCall as opposed to formal child forensic interviewing. For example, pre-interview planning demands consideration of the timing and location of the interview away from possible offenders, as well as information which could be obtained from collateral sources. The Eliciting Account phase includes an abbreviated 5-step Rubric, but also addresses safety and case planning needs at the time of case initiation.

FirstCall training. Approved use of FirstCall Initial Investigative Interview requires completion of a two-day training.

Before RADAR

In our position on the national stage, near the wings, we are honored to stand with the true luminaries in the field of child forensic interviewing. These pioneers and pillars of forensic interviewing include CornerHouse and NICHD as well as APSAC, ChildFirst, Childhood Trust, and the National Children's Advocacy Center (NCAC). The four authors/developers of RADAR each received training on one or more of these forensic interview models, and RADAR is all the better for it. We are especially proud of our heritage as an adaptation of NICHD. We are also encouraged to discover that RADAR and the Utah NICHD adaptation have evolved along parallel paths in the pursuit of forensic balance (Stewart & La Rooy, 2020, this issue).

FirstCall Phases

Pre-interview Preparation	*Referral and Background Information* *Information from Caregivers* *Prior Statements/Concern for Child*
Foundation	*Rapport and Engagement* *Orientation* *Promise*
Screening	*Open Inquiry* *Explorer Barriers (if needed)*
Eliciting Account	*5-Step-Rubric* *Safety and Discovery Guide* *Explore Things Unsaid*
Bridge/Closing	*Review* *Bridge-to-Next-Step* *Closing Well*

Table 1. 5-Step Narrative Rubric

Step 1- Elicit narrative   Use free-narrative invitation to elicit initial narrative of the target event (e.g., "Start at the beginning and tell me everything you remember about the time that X.…")
Step 2- Push to end   Use "what happened next?" prompts to encourage extension of narrative to the clear ending of target event.
Step 3- Circle back   Circle back to key elements of narrative, in sequential order, for elaboration and context (e.g., "You said the first that happened was X. Tell me everything you remember about X.").
Step 4- Get emotional   Intersperse questions about thoughts, feelings, and body sensations.
Step 5- Fill the gaps   Formulate follow-up questions, including Y/N questions as needed, to complete comprehensive account of event.

Figure 1: Party Animals Memory Practice Drawing

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The Evolution of The Childhood Trust Child Forensic Interview Training

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Key words: key words: forensic interview, touch survey, Childhood Trust

The Childhood Trust's Child Forensic Interview Training Institute, known by many in the field as "Childhood Trust," has evolved as new practices and research emerge. By equal measure, it has stayed true to its core components and commitment to offering an excellent skill-building opportunity to forensic interviewers. In June 2013, the course officially moved from The Childhood Trust Cincinnati Children's Hospital Medical Center and the title of the course was changed to Child Forensic Interview Training. Julie Kenniston continues to manage the five-day course, which, although no longer under the auspices of The Childhood Trust, carries on the legacy of David Corwin, MD; Erna Olafson, PsyD, PhD; and Barbara Boat, PhD. Practitioners have offered the course, which is approved by the National Children's Alliance, in Ohio, Kentucky, and New Hampshire with registrants from a variety of locations across the United States.

The origin of the program can be found in the *APSAC Advisor* (Olafson & Kenniston, 2004). The Child Forensic Interview Training is the inspiration for the Wisconsin Forensic Interview Guidelines (2018) and will be the basis for the state of Kentucky forensic interview training. The Child Forensic Interview Training teaches a flexible, narrative-inviting approach for all types of maltreatment, witnessing violence, and other crimes and traumatic experiences. The course relies on research-based and practice-informed techniques and is consistent with the American Professional Society on the Abuse of Children

(APSAC) *Practice Guidelines on Forensic Interviewing in Cases of Suspected Child Abuse* (2012) and "Child forensic interviewing: Best practices" (Newlin et al., 2015). The training offers a basic script from which participants create their own interviews. The script is an adaptation of the National Institute of Child Health and Human Development (NICHD) interview model (Lamb, Hershkowitz, Orbach, & Esplin, 2008) and a modification of "Ten step investigative interview" by Thomas Lyon, JD, PhD (2005).

The Child Forensic Interview Training focuses extensively on blending art and science to engage children in a conversational and defendable way. Skill-building primarily focuses on how each interviewer can maximize accurate information *from* a child while minimizing negative impact *on* the child during the interview. The approach is child-focused and trauma-informed. To support these goals, the course teaches the Cognitive Interview (Fisher & Geiselman, 1992) and the Hourglass Approach to participants to enhance the child's memory and narration. There is a heavy focus on gathering details and corroboration. Media (e.g., drawings, timelines, and other communication aids) is incorporated, only as needed after narrative-inviting attempts, to maximize information from children having difficulty communicating with words alone and to help clarify what children are expressing. The course teaches interviewers to pair media with continued narrative-inviting prompts to give context to the incorporated media. The course also teaches interviewers to "read the room" and pay attention to the child's needs, affect, and presentation and to "check in" with the child throughout the interview to minimize any

potential negative impact that the interview might create, addressing those issues if they arise. Peer and faculty review are essential in the learning process with a focus of both improving skills and assessing an interview for defensibility in court.

Types of Maltreatment

The Child Forensic Interview Training has, since its inception, always incorporated content for interviewing about all types of maltreatment. Over the years, the course has provided several tools to participants that allowed for nonsuggestive questions about an array of topics, including but not limited to sexual abuse, physical abuse, domestic violence, animal violence, neglect, and psychological maltreatment. The course now provides this information in supplemental training resources to increase the toolbox for interviewers, but interviewers are no longer practicing the use of these tools during the course. One such example is the Touch Survey, which was modified from *Assessing Allegations of Sexual Abuse in Preschool Children: Understanding Small Voices* (Hewitt, 1999). The updated approach to the Touch Survey addresses criticisms in the literature (Gilstrap & Ceci, 2001) and emphasizes an open-ended, balanced inquiry. The course offers a script example so that participants understand the intended flow of the updates, and a section was added that includes witnessing different types of touch. Since generating multiple hypotheses to account for alleged or known details has always been a cornerstone of this course, the updated Touch Survey allows for assessing and addressing a variety of experiences.

Throughout the course, participants are encouraged to remain open-minded and take steps to mitigate any possible assumptions or interviewer bias during the interview. The course endorses an informed interviewer approach but has trained interviewers working in jurisdictions that utilize blind interviews as well. An informed interviewer has conversations with the multidisciplinary team (MDT) and might review records prior to the interview to gather information that assists in generating hypotheses and formulating question strategies. A blind interviewer has very limited information prior to the interview, sometimes only the child's name and age. Regardless of the approach utilized in a jurisdiction, the interviewer

should minimize suggestibility in question type and communication style. To reinforce the concept of generating multiple hypotheses (which includes consideration of polyvictimization), the scenarios for practice interviews include a variety of maltreatment allegations and some of the scenarios include concerns associated with nonabuse situations.

Screening in Forensic Interviews

The Child Forensic Interview Training differentiates screening in four ways: screening to assess for multiple types of trauma, screening for role-based content, screening for topic-related content, and screening "at risk" youth (also known as "precautionary" or "exploratory" interviews). In any given case, the needs of the MDT dictate the screening content explored in a forensic interview.

Screening for Multiple Types of Trauma

As stated earlier, the Child Forensic Interview Training has always included tools to assess for multiple types of trauma and encourages participants to maintain an open mind and use a multiple-hypotheses-testing approach while assessing the complex experiences of children. Although some jurisdictions would prefer that interviewers focus on the allegation only, the Child Forensic Interview Training pushes interviewers to go beyond the allegation to get the totality of the circumstances for the child. Interviewers are taught to inquire extensively about the circumstances and dynamics of a child's situation rather than solely discussing the alleged abusive act and its details. This includes, but is not limited to, the following dynamics between the child and the alleged offender: relationship, communication, non-abusive activities, manipulation, access, and control. An interviewer can do this in a variety of ways and should discuss this ahead of time with the prosecutor on the MDT. Sometimes screening for multiple types of trauma identifies multiple perpetrators in one interview, and this could be problematic for some jurisdictions.

In jurisdictions where the forensic interview and safety assessment of the child are separate interviews, the child protective services (CPS) worker sometimes does

the assessment of other types of trauma and/or other perpetrators either during the initial contact prior to the forensic interview or subsequent to the completion of the forensic interview. If the child discloses another incident that prompts an MDT response during the CPS assessment, the child can be scheduled for an additional forensic interview regarding the new allegation. The narrative-inviting interview strategies taught in the Child Forensic Interview Training benefit forensic interviewers, law enforcement officers, and CPS workers because they are taught to provide children the opportunity to elaborate on their experiences. Practitioners combine the data children provide with other investigative and assessment data to guide decisions about cases. The key for MDTs is to minimize duplicative interviews of children. If the forensic interview does not screen multiple types of trauma, CPS workers completing these assessments should refrain from conducting a duplicate forensic interview while gathering this information. CPS workers can engage the child through narrative-inviting questions, being careful not to repeat the same process that the forensic interviewer used, thereby minimizing interview fatigue or monotony for the child. The same goes for follow-up interviews that are sometimes necessary with children as investigations evolve.

Screening for Role-Based Content

The Child Forensic Interview Training addresses how to include screening questions during forensic interviews when the MDT decides that specific content is necessary based on the needs of a team member. The course teaches participants to screen in an open-ended way and to refrain from a list of yes/no questions at the end of the interview. A major factor that contributes to whether or not interviewers use screening questions is how the forensic interview fits into the overall investigation and assessment of the child. To minimize duplicative interviews, the course teaches interviewers to discuss with the MDT both who is making follow-up contact with the child and whether those screening topics will be covered at another time. If the team decides that certain areas should be covered in the forensic interview, the course teaches interviewers to use a narrative-inviting and balanced approach. For example, if safety assessment information regarding parental mental health or substance abuse are

dynamics that the MDT requests to be assessed in the forensic interview, the course encourages interviewers to ask about those issues in a nonassumptive, open-ended way. Instead of asking a list of closed-ended questions (Do you know what drugs are? Are there drugs in your house? Do your parents use drugs? Does your mom take medicine?), the course teaches interviewers to ask narrative-inviting prompts (Tell me what you know about drugs. How do you know when someone is using drugs? Tell me about something that worries you.) and to pair closed-ended questions with narrative follow-ups when closed-ended questions are needed (Have you seen drugs in your house? Tell me all about that.). The preferred method of gathering information is in narrative format. However, when needed, interviewers can focus the child with closed-ended questions and then immediately follow with narrative prompts to provide context to the child's response to the closed-ended question. This is especially true when the interviewer asks a yes/no question and the child replies with a "no" response.

"No" Response Follow-Up Example

    Interviewer: Have you seen drugs in your house?
    Child: No.
    Interviewer: Tell me all about not seeing drugs in your house.
    Child: My mom hides them in the top cupboard from the little kids so they can't reach them and she only uses them in the bathroom.
    Interviewer: Tell me more about your mom using the drugs in the bathroom.
    Child: I can smell it when she smokes the drugs. And she always comes out of the bathroom acting funny and smiling.
    Interviewer: Tell me how you know that mom smokes the drugs.
    Child: I saw her do it in the living room when the babies were little. I smelled it. It smells the same in the bathroom after she comes out.
    Interviewer: Tell me more about your mom acting funny and smiling.
    Child: My mom is always sad and she cries a lot. But when she smokes the drugs, she says she is happy and she laughs a lot.

Child maltreatment investigations include many interactions that involve a child. Although MDTs

try to minimize the number of times a child is interviewed, each team member has a role that requires information gathering. Medical providers inquire about medical history. CPS workers assess safety and well-being. Law enforcement officers establish whether a crime has been committed and investigate those crimes. Prosecutors prepare children for court. A forensic interview is one part of a larger ongoing investigation with multiple moving parts. Cases evolve over time. A single interview with a child near the beginning of a child maltreatment investigation will likely not gather all the information that every partner on the MDT needs. The Child Forensic Interview Training encourages MDTs to thoughtfully discuss the role of the forensic interview in the larger investigation.

Forensic interviews focus on both protection and prosecution. However, the role of the forensic interviewer as part of the MDT functioning might influence the depth and breadth of content covered. Some jurisdictions rely on trained CPS workers and law enforcement officers to conduct forensic interviews. Some others use medical providers, advocates, or prosecutors for the forensic interview. An increasing number of jurisdictions use dedicated forensic interviewers who do not have a dual role in the investigation. It stands to reason that the interviewer's professional role, experience, and training might influence the depth and breadth of information gathered in a forensic interview. For example, CPS workers who are trained to conduct forensic interviews might gather more information regarding safety, while medical social workers might gather more information to guide the follow-up medical exam. Whether or not an interviewer has dual roles, an MDT relies on that interviewer to complete a comprehensive forensic interview, gathering the details needed for the MDT. Communication with the MDT during the interview, whether with technology or by taking a break, is one way to ensure that the interviewer gathers the needed information for each team member. In addition, MDTs decide whether or not the forensic interview replaces other interactions that could occur with the child in order to minimize interviews. For example, some teams use the forensic interview as a means of gathering the necessary information required by the CPS worker to conduct

an initial safety assessment. In this situation, a forensic interviewer might include questions to screen for types of maltreatment that are not the focus of the investigation (physical abuse or domestic violence, for example, when the allegation is concerning sexual abuse) and also screen for dynamics that go beyond the allegation and assess for child safety and well-being (meeting basic needs, supervision, attachment and bonding, drug/alcohol use, physical and mental health, discipline, etc.). Some MDTs rely on the forensic interviewer to gather information that guides the medical exam, thus having the interviewer ask the child questions about pain, bleeding, menstruation, or concerns about their body. Frequently, the forensic interviewer is asking questions required by law enforcement to help establish probable cause for a search warrant and subsequent arrest warrant. Although any forensic interviewer on a team could be asked to gather information specific to one partner's needs in the investigation, the depth of these inquiries is likely linked to interviewer role, training, and experience. The Child Forensic Interview Training does not teach one approach, but instead offers guidance on how to ask those questions when the MDT decides that an interview should include those topics.

Screening for Topic-Related Content

A forensic interview is an opportunity for a child to talk about things that have happened in the child's life. In order to assess whether or not those things require safety plans or prosecution, interviewers need to fully explore what the child shares. To do so, interviewers should be asking narrative-inviting questions that provide context and a deeper understanding of the child's experiences. Some dynamics are easily understood when a child offers detailed explanations. But even then, there might be a need to screen for topic-related content. For example, inquiring about secrets, the use of technology, money, gifts, or indicators of exploitation can provide insight into the power dynamic or grooming and manipulation used by the alleged offender in a sexual abuse investigation. If the child does not offer that information in the interview, screening questions are a way to gather that data. Other examples of topic-related screening would be to inquire about weapons, threats, stalking, strangulation/asphyxiation, property damage, or

animal cruelty in domestic violence or sex trafficking cases. By assessing for patterns of coercive control, the interviewer provides information to the MDT partners who are making case decisions around safety and prosecution.

The Child Forensic Interview Training uses the Hourglass Approach throughout the interview, but particularly for screening questions. The course teaches interviewers to engage in topics with narrative invitations whenever possible. When closed-ended questions are occasionally needed, the course teaches interviewers to pair those closed-ended questions with narrative prompts to get context for the closed-ended response.

The Hourglass Approach starts with narrative invites that prompt a child to give rich detail. The visual of the hourglass represents the amount of information the child gives in response to questions. The large part of the hourglass represents narrative prompts that yield many words from the child. The narrow part of the hourglass represents questions that yield minimal information, often one or two words in response to a multiple choice; yes/no; or who, what, where, when, how many/how long question. Interviewers should be in the large part of the hourglass for the majority of the interview, only moving to the narrow part when a closed-ended question is needed. The interviewer should then move directly to the large part of the hourglass again (just like the sand in the hourglass). This approach minimizes the potential of screening questions becoming a list of closed-ended or yes/no questions in an interview, as demonstrated in the "No" Response Follow-Up Example provided above. The goal is to use as many narrative prompts as possible throughout the interview (i.e., to stay in the large part of the hourglass) and to revert to narrative prompts as soon as possible after the interviewer uses closed-ended questions.

Hourglass Approach Example

> **Interviewer:** Tell me more about what Caleb said to you.
> **Child:** Caleb was really mean and he told me not to tell. He said it really mad with his mean face like this [child grits her teeth and squints her eyes]. And he said, "You better not tell or I'm gonna hurt

you!"
> **Interviewer:** How did people find out about what Caleb did?
> **Child:** They just found out.
> **Interviewer:** Did you ever tell someone?
> **Child:** No.
> **Interviewer:** Tell me more about you not telling.
> **Child:** I never told someone. I only texted my friend Anna that Caleb did that stuff to me and she told my teacher.

The course teaches interviewers to invite narratives even after children respond "no" to a yes/no question. This allows interviewers a chance to understand the answer instead of assuming the "no" response (in this example) means that the child never disclosed. This is one of the many benefits of the Hourglass Approach.

Screening "At Risk" Youth

Sometimes, an MDT uses a forensic interview to screen for potential maltreatment when there is no specific allegation but there is a concern or high level of risk to the child. This might be the case for children with sexualized behaviors, siblings of children who have made a disclosure, children in the care of offenders who collect sexually explicit pictures/videos of youth, or vulnerable high-risk youth. Many interview models are built on the concept of transitioning to a topic of concern. Consequently, the problem with these screening interviews is that there is not a specific topic of concern, there is merely an overall concern that something might have happened. These interviews can feel like fishing expeditions, so they require good planning and much discussion with the MDT.

Forensic interviews have a purpose. Bringing a child in to "just see" if something happened, or repeatedly interviewing a child because they haven't disclosed, would be a fishing expedition and would not meet the purpose of a forensic interview. There is no widely accepted approach for conducting screening interviews for "at risk" youth. The Child Forensic Interview Training briefly addresses this topic and offers suggestions as well as cautions for this interview type. The interview technique is to create balanced inquiries to assess for potential topics of concern and to use the Hourglass Approach. The Touch Survey,

as written in the updated version, is a good option for younger children. The key is to create narrative-inviting prompts to assess for concerns while also assessing and addressing any potential barriers to disclosure. Because interviewers will do some "at risk" interviews with children who are not being abused and others with children who are being abused but are not in the disclosure process, knowing when to quit is essential. Children should not be badgered in the interview but instead provided an opportunity to talk about their life experiences. Children might not have anything to share or might not be ready to talk on the day/time of the interview. The course teaches interviewers to complete the process as much as possible and finish with a respectful closing that leaves the door open to additional conversations or interviews if needed. The MDT is the guiding force for how far to go in these screening interviews. In addition, providing information to the child about what to do if the child has something to share in the future is an important step. This might include a psychoeducational component in the interview. The Child Forensic Interview Training teaches to close these interviews with an option to talk with the child again if something arises.

Special Populations

The Child Forensic Interview Training has always been one component of a menu of training options. The updates in the last several years have been crucial in streamlining the course and keeping it basic so that practitioners are taught and practice primary forensic interview skills during the basic five-day course. Additional training and advanced courses complement the five-day basic course. The basic course covers the topic of preschoolers to the extent that it presents the linguistic work of Anne Graffam Walker, PhD (Walker & Kenniston, 2013) in addition to content regarding development, memory and suggestibility, and question strategies. Training faculty have offered additional courses for interviewers seeking more information about interviewing preschool children. There is also focus on adolescents and the impact of their development, communication style, and exposure to a variety of influences.

The Child Forensic Interview Training does not specifically address the needs of individuals with

developmental disabilities. However, there are many options for advanced training that will assist interviewers in improving those skills. An excellent complement to the basic five-day course is FIND—Forensic Interviewing for Individuals with Disabilities created by Modell Consulting Group.

The topic of child sex trafficking is complex and requires an advanced level of training. The Child Forensic Interview Training provides information and practice interviews for interviewing teens but suggests that interviewers hone their basic skills before adding the specialized approaches for child sex trafficking victims. The Child Forensic Interview Training utilizes faculty that are a part of the National Criminal Justice Training Center (NCJTC)'s Child Sex Trafficking Forensic Interview Training (CST FIT). This course originated with an Office of Juvenile Justice and Delinquency Prevention (OJJDP) grant awarded to the National Center for Missing and Exploited Children (NCMEC) in 2011. The course has evolved to the updated Sex Trafficking and Exploitation Forensic Interview Guidelines taught in the CST FIT course that NCJTC offers. See ncjtc.fvtc.edu for details.

An important supplement to the CST FIT course is Presenting Evidence in Child Forensic Interviews, a skill-building, advanced forensic interviewer course that covers the practice of presenting a variety of evidence in all types of child abuse and exploitation cases. This includes evidence that is intangible (verbal information or reports that are externally verifiable) as well as tangible (physical). The course teaches participants interview strategies that are child-focused and trauma-sensitive as well as being legally defensible. Participants discuss strategies for presenting and managing graphic evidence as well. Because this topic often comes up in the basic Child Forensic Interview Training, there is brief mention of it in the five-day course, but the course gives participants information about attending these advanced courses for additional skill-building.

Use of Media

The Child Forensic Interview Training has always offered the use of drawings as a communication option for children. The primary approach in training is that interviewers would use drawings, only as needed, to

complement narrative-inviting questions. Interviewers use drawings to *enhance* prior details, as in the case of children drawing an event, a person/thing, or floorplan after narrating about it. In this situation, the course encourages participants to consistently invite narrative and never make assumptions about a child's drawing. The course discusses comfort drawing as an option for the child or the child and interviewer. The course shares pros and cons of comfort drawing from both the practice and research perspectives. It also discusses body maps as an option in cases where other verbal prompts have not focused the child and the allegation requires, at a minimum, a screening of the child's experience of touch. Interviewers also use body maps as a clarification tool *after disclosure* if the child's words do not clearly indicate necessary information.

In the past, the Child Forensic Interview Training offered content and practice time for using anatomical dolls. Currently, the five-day program very briefly discusses anatomical dolls, which the course views similarly to body maps. If needed, anatomical dolls would be incorporated only after disclosure as a demonstration aid, and the interviewer would continue to use narrative-inviting prompts as the child demonstrates with the anatomical dolls. The course instructs interviewers to put the dolls away once the demonstration is completed and continue with narratives. Anatomical dolls are referenced as a last resort when a narrative approach is not enough to understand what the child is trying to communicate.

As stated previously, the course offers the Touch Survey as supplemental material. The Touch Survey, a systematic screening procedure for child abuse, is a highly engaging approach that includes drawing and inquiries about different types of touch children experience and witness (Hewitt, 1999). However, interviewers can also use the Touch Survey without drawings by incorporating the series of questions conversationally in the forensic interview. This approach can be helpful for interviewers who conduct "at risk" interviews when there is no prior disclosure or there is concern that does not rise to the level of an allegation. To date, there is no universally accepted approach for screening interviews, particularly with young children and siblings of allegedly abused children. This modified Touch Survey provides a neutral, narrative-inviting, balanced option.

Using Evidence

The Child Forensic Interview Training supports presenting evidence to the child in forensic interviews when the interviewer and the MDT have assessed the case facts and the child's needs and deem the presentation of evidence necessary. Practitioners present evidence in a child-focused and trauma-informed way. Because presenting evidence is an advanced skill, the basic five-day forensic interview course does not attempt to incorporate this content but instead provides information regarding advanced training on the topic (see above training opportunities in Special Populations).

Multiple Interviews and Extended Assessments

The Child Forensic Interview Training does not offer guidelines regarding extended assessments in the basic course. However, the basic course discusses concepts regarding number of interviews and minimizing duplicative interviews as stated previously.

Unique Practices

The Child Forensic Interview Training focuses on adult learners' needs throughout the five days. Participants practice components during the week as they create their own interviews from a basic script, which culminates in having each participant conduct a full interview with a peer acting as the child. This interaction is purposeful in that each participant experiences the role of interviewer and interviewee. In over 22 years of offering this approach, the most consistent feedback is that participants learn what it is like to be asked questions in a forensic way. For some participants, this experience is sometimes more powerful than asking the questions.

A large part of the Child Forensic Interview Training is balancing the science and art of interviewing. The course encourages participants to be conversational and to pay attention to their style of engagement while also minimizing suggestibility. In addition, the continual focus on generating and testing hypotheses has been advantageous for learners. A clear understanding of why and how to generate hypotheses

assists participants in formulating responses when defending their interviews. Training staff who plan and offer The Child Forensic Interview Training see the five-day course as the foundation on which to build additional skills, and so they attempt to keep the five-day course at a basic level. As the course continues to evolve and update interview practice based on new research, the practitioners offering the course have streamlined it. The course's creators have pulled out additional content to be offered separately in order to give enough time in the basic course to fully cover and practice skills. The Child Forensic Interview Training addresses the fact that MDTs have differing needs and interviewers come from a variety of work backgrounds that can influence how they interview.

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ChildFirst® Forensic Interview Training Program

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ChildFirst® is an international, national, and state forensic interviewer and multidisciplinary team (MDT) training initiative developed and administered by child protection professionals at the Zero Abuse Project (ZAP) as well as professionals from child protection agencies throughout the United States, Japan, and Colombia.

From *Finding Words* to *ChildFirst®*: A Brief History

ChildFirst® dates back to 1998. The original program, called *Finding Words*, was a collaboration between the National Center for Prosecution of Child Abuse (NCPCA) and CornerHouse. At the time, there were only a handful of national forensic interview training programs in the U.S. and many MDTs lacked the resources to attend a five-day course, particularly a course that involved out of state travel and other expenses. In an attempt to allow more MDTs to receive forensic interview training, NCPCA and CornerHouse offered *Finding Words* at a national level with federal funding covering travel and expenses.

The first time NCPCA and CornerHouse offered the course, more than 400 professionals from throughout the United States applied for a course that seats a maximum of 40 students. Although the response to the course reinforced the belief many MDTs could not access forensic interview training, it also made clear that a national course offering would be insufficient to meet the demand even if expenses were covered (Vieth, 2006).

To address this need, NCPCA received a four-year grant from the United States Department of Health and Human Services to assist states in establishing the states' own version of the course that would meet national standards but would be locally taught and administered (Shabazz & Vieth, 2001). As a result of this federal funding, NCPCA established a "train the trainer" program to assist state agencies in developing a local pool of faculty. This proved to be a successful model with a number of states and, eventually, other nations implementing the course. The replication of the course at the state level made *Finding Words* a "very influential" forensic interview training model that is "among the most widely trained interview structures in the United States" (Faller, 2015, p. 49).

In 2007, the initiative changed its name from *Finding Words* to *ChildFirst®* with the national program coming under the administration of the National Child Protection Training Center (NCPTC). In 2013, CornerHouse developed a new forensic interview protocol and, in turn, NCPTC and the state and international forensic interview training programs worked collaboratively in developing the *ChildFirst®* protocol. In 2019, NCPTC merged into the ZAP, a non-profit organization with offices in Virginia and Minnesota. Since the merger, ZAP has added a number of resources to the *ChildFirst®* initiative.

In its current form, *ChildFirst®* has international, national, and state course offerings as well as a number of advanced courses and other resources to improve the skills of forensic interviewers and other members of the MDT.

ChildFirst® Forensic Interview Training Course

ChildFirst® is a five-day forensic interview training program that meets the National Children's Alliance training standard for interviewers working in an accredited Child Advocacy Center (CAC) (National Children's Alliance, 2017, p. 2). The course consists of lectures and discussion, reading assignments, review of electronically recorded interviews, skill-building exercises, and a practicum in which each participant conducts a mock forensic interview with an actor and participates in as many as ten interviews as a peer reviewer. Although individuals can apply for the course, we strongly encourage students to attend as part of a team. Each student must pass a written examination to get a course certificate. ZAP faculty and consultants teach the course at the national level.

ChildFirst®: International and State Courses

Practitioners also teach *ChildFirst®* in Japan through the Child Maltreatment Prevention Network and in Colombia through the organization Safer Children and Women International. Faculty who have completed our "train the trainer" program also teach *ChildFirst®* at a state level. These states are: Alaska, Arkansas, Connecticut, Delaware, Georgia, Illinois, Indiana, Kansas, Maryland, Minnesota, Mississippi, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Virginia, and West Virginia. Practitioners also present the program approximately 20 times annually in the state of New York.

ChildFirst® Advanced Courses

ChildFirst® faculty present a number of advanced workshops at international, national, and state child abuse conferences every year. For example, we offer workshops on ethical issues arising in a forensic interview or MDT investigation. We have also taken a lead role in educating MDTs on the spiritual impact of child abuse (Walker, Reid, O'Neill, & Brown 2012; Russell, 2018), how these issues may arise in a forensic interview (Tishelman & Fontes, 2017), and how forensic interviewers and other MDT members can respond to this dynamic (Vieth, 2010a; Vieth & Singer, 2019).

In addition to providing advanced workshops on numerous topics, *ChildFirst®* provides two advanced courses that states bring to their local communities.

ChildFirst® EX

ChildFirst® EX is an expanded forensic interview process for conducting interviews with children who may not succeed in a standard, single interview due to trauma, special needs, developmental considerations such as attention span, polyvictimization, or other factors. This training details an expanded interview process as well as research supporting multiple, non-duplicative interviews with child victims and witnesses. *ChildFirst®* EX can be utilized with any forensic interview protocol and includes not only lecture but practice for participants in conducting an expanded forensic interview.

Forensic Interviewer at Trial

This is a 2 ½ day course in which teams of forensic interviewers and prosecutors participate in a mock trial. The teams participate in mock direct examinations and cross examinations. A defense expert critiques each team's forensic interview and the team must respond to this critique in court. Zero Abuse Project faculty and consultants provide concrete suggestions to improve the skills of each participant. Students also receive a workshop on the legal standards for testifying as an expert witness on the subject of forensic interviewing (Vieth, 2009b).

ChildFirst® Forensic Interview Protocol

Foundations for the Protocol

ChildFirst® joined representatives from other major forensic interview training programs (APSAC, CornerHouse, NCAC, NICHD) and produced a guide that reflects "generally accepted best practices of those conducting forensic interviews of children in cases of alleged abuse or exposure to violence" (Newlin et al., 2015, p. 2). The Office of Juvenile Justice and Delinquency Prevention (OJJDP) published the guide, entitled *Child Forensic Interviewing: Best Practices* (Newlin et al., 2015). This guide is required reading

for *ChildFirst®* students and is foundational for the protocol.

Ethical Considerations in the Protocol

The overriding ethical principles of the *ChildFirst®* protocol are prioritizing the best interests of the child and interviewing the boy or girl in a manner that is sensitive to the child's cognitive, physical, emotional, and psychological needs and abilities. These overriding principles often prove critical when MDTs face ethical challenges such as showing a potentially traumatic image to a child.

The Forensic Interview Does Not Stand Alone

A forensic interview is one component of an entire child abuse investigation. Accordingly, we believe a forensic interview should be conducted as part of a multi-disciplinary response that includes not only forensic interviewers but also law enforcement officers, child protection workers, prosecutors, and medical and mental health professionals. *ChildFirst®* places a strong emphasis on MDTs working collaboratively to obtain corroborating evidence (Vieth, 2010b), which includes routinely photographing the crime scene (Vieth, 2009a). The interrogation of a suspect, the interview of a nonoffending caretaker and other household members, the photographing of a crime scene, and interviews with teachers, neighbors, and other potential witnesses are critical in determining what may have happened to a child. Corroborating evidence also plays a significant role in whether or not a case gets accepted for prosecution or results in a guilty plea (Cross & Whitcomb, 2017).

General Principles for the Protocol

ChildFirst® does not have a checklist or "check-the-box" approach to forensic interviewing. Instead, we allow the individual needs of the child to stand at the forefront of every decision the forensic interviewer and team make. It is our belief that everything a forensic interviewer does must have a purpose and must be legally defensible. Each phase of the protocol is designed to reflect best practices and to allow local jurisdictions to adapt the process to meet the needs of the child. *ChildFirst®* emphasizes the use of open-ended

questioning techniques and supports an hourglass approach to questioning a child (Newlin et al., 2015).

Development of the Protocol

The *ChildFirst®* protocol was developed by representatives from our state and international programs who reviewed the protocols of all of the major forensic interviewing training programs (Faller, 2015). The protocol incorporates features that are common to all of the major models and includes a polyvictimization screen, which explores for all forms of maltreatment including sexual abuse, physical abuse, emotional maltreatment, neglect, witnessing violence, and torture (Knox et al., 2014). A "decision tree" method of interviewing adapted from that utilized in the Recognizing Abuse Disclosure Types and Responding (RADAR) forensic interview training protocol aids in the exploration of multiple forms of abuse or neglect.

Four Phases of the *ChildFirst®* Protocol

Rapport

The purpose of rapport is to orient the child to the forensic interview and to encourage narratives. During rapport, the interviewer will introduce him or herself and orient the child to the setting. The interviewer then engages in narrative practice, which is also known as "episodic memory training." This involves discussing a neutral topic from the beginning, middle, and end while gathering sensory information about sights, smells, sounds, and taste. Rapport often includes a discussion as to who the child lives with and what activities the child engages in with her/his family or others.

ChildFirst® teaches students the research and recommended practices for incorporating interview instructions, promises to tell the truth, truth/lie discussions, and other techniques that a jurisdiction may require. Teams make decisions as to which, if any, of these components to add to their interviews.

ChildFirst® makes it clear to attendees that rapport is not something to be employed during one stage of the protocol but needs to be maintained throughout the

entire interview.

Transition to Topic of Concern

The purpose of this phase of the protocol is to provide the structure to communicate about possible maltreatment. During this phase of the protocol, a fluid "decision tree" allows the interviewer to explore an open invitation with every child and utilize verbal open-ended questioning in which the child is asked questions such as, "What do you know about being here today?" The interviewer also typically asks the child what, if anything, someone may have said to them about the process. In addition, the "decision tree" allows for additional explorations about family relationships, names for body parts, and discussion about experiences or conduct that are "OK" and "not OK" with the child. This is a much broader conversation than simply an inquiry about touches because children can be maltreated without being touched. During this phase of the interview, children have disclosed being scared at home, that they have witnessed mommy being hit, and that there is a lot of yelling, and one child said, "My tummy hurts when I don't have food so that's not OK." A child growing up in a home functioning as a meth lab said, "Good cooking is OK but bad cooking is not OK." As part of the decision tree process, a child's answers may lead to a discussion of these or other types of maltreatment a child has experienced or witnessed.

Explore Details

The purpose of this phase is to elaborate on what the interviewer learned from the episodic memory training/narrative practice and explore and gather the details verbally from the child about his or her experience. During and after the gathering of details, the interviewer should explore alternative hypotheses and other explanations for the report. This phase provides another opportunity to explore the possibility a child has experienced other types of abuse beyond what was initially reported or previously disclosed in the interview. The interviewer conducts a safety screening or polyvictimization screening before moving to closure, and *ChildFirst®* training gives students sample language for this screening.

When screening for the possibility that a child has been depicted in sexually exploitive images, a forensic interviewer might ask, "Has someone taken/shown you pictures, computers, or movies of people with no clothes on?" When screening for physical abuse, one option may be to ask, "Do people get in trouble in your house?" With respect to domestic or interpersonal violence, an interviewer may ask, "Do adults fight in your house?" One possibility in exploring emotional abuse may be to inquire, "Do people/adults call you names or say mean things to you?" In assessing the possibility of neglect or risk of harm, an interviewer may ask, "Do people drink alcohol (or do drugs) in your house?"

The interviewer only asks these questions if the child has not already indicated these additional forms of abuse earlier in the interview. If the child indicates additional forms of abuse or neglect are taking place, the interviewer simply asks the child to "tell me more about that."

During this phase interviewers can use drawings, which may assist the child in giving details about the location or type of abuse endured, as well as anatomical diagrams or dolls, which may assist a child in clarifying the location of touches or the manner in which maltreatment occurred. Diagrams and dolls, though, never replace the child's verbal account but rather aid the child in clarifying or providing additional details about a disclosure.

Closure

The purpose of closure is to provide a respectful ending to the interview and ask if the child has any questions or concerns. Interviewers often do this by simply bringing the child back to a neutral topic. The interviewer does not provide the child with a personal safety lecture during closure because the child may not be aware that abuse is wrong. However, the interviewer asks the child whether they feel safe at home and asks him/her to identify safe people in and outside of their family to whom they can reach out.

The Adaptability of the Model for All Forms of Abuse

Although *ChildFirst®* has always been a model that can be used with multiple forms of abuse, the program incorporated a polyvictimization screen

(or safety screening) beginning in 2013. This means that irrespective of the nature of the report or any initial disclosure in the interview of one type of abuse, practitioners screen each child for the possibility of other forms of abuse.

Interviewers may do this when exploring family relationships, when exploring details of a child's disclosure, or prior to closure. As previously noted, *ChildFirst®* incorporates a decision tree that provides for a fluid process and allows the forensic interviewer to consider and explore all forms of maltreatment as needed and at any point in the interview.

The reason *ChildFirst®* includes a screening for multiple forms of maltreatment is because children experiencing one form of abuse often experience multiple forms of abuse or neglect (Turner, Finkelhor, & Omrod, 2010; Finkelhor, Omrod, & Turner, 2007). Determining the full extent of a child's maltreatment is also critical in selecting services to address the needs of the child and the family.

Interviewing Special Populations and Extended Assessments or Multiple Interviews

ChildFirst® concurs with the conclusion contained in APSAC's forensic interviewing guidelines which state in part:

> A policy that limits the investigative or fact-finding process to a single interview is not recommended.… The number of interviews should be governed by the number necessary to elicit complete and accurate information from the child. One interview is sometimes sufficient, but multiple interviews may produce additional relevant information, as long as they are open-ended and non-leading (APSAC Taskforce, 2012, p. 9).

ChildFirst® has developed a 2 ½ day training course to meet the needs of children who require additional, non-duplicative sessions with a forensic interviewer. *ChildFirst® EX* is a purposeful and defensible process for conducting interviews with children who may

not succeed in a standard, single interview due to trauma, reluctance, multiple victimizations, or other complicating factors including polyvictimization. Victims of human trafficking, preschool children, or children with developmental, linguistic, or cognitive challenges often require an expanded interview process.

When interviewers separate leading, suggestive, or coercive questions from repeated interviews, studies demonstrate that repeated interviews have some advantages (Hershkowitz & Terner, 2007). Research supporting multiple, non-duplicative interviews with child victims and witnesses is part of the training course (Faller, Cordisco Steele, & Nelson-Gardell, 2010; La Rooy, Katz, Malloy, & Lamb, 2010; La Rooy, Lamb, & Pipe, 2009).

ChildFirst® EX can be utilized with any forensic interview protocol model and includes not only lecture but practice for participants in conducting an expanded forensic interview.

ChildFirst® Position on the Use of Media in the Forensic Interview

Although adults strongly prefer that children verbally recount their experiences, some children may have limited verbal abilities and may communicate in multiple ways. Dr. Kathleen Coulborn Faller notes six "empirically and practically sound advantages of using media" (Faller, 2007, p. 11). These advantages are:

1. Children, particularly young children, may be better at demonstrating an event or experience than describing it.
2. Using media gives the forensic interviewer and, more importantly, the child two means of communication—verbal and actions.
3. The use of media may, in some instances, limit the number of leading questions. This is because instead of an interviewer probing for details with a series of direct questions, a child may be able to demonstrate his or experience with the use of dolls or by drawing.
4. Some media may provide "cues" that triggers a child's memory.
5. Media may overcome the reluctance of children to disclose abuse (Dickinson & Poole, 2017).

6. Even if a child is willing to share an experience of abuse, it may simply be less stressful to show than to tell.

ChildFirst® supports the use of anatomical dolls when appropriate and when used consistent with research and applicable guidelines (Gundersen National Child Protection Training Center, 2016; Faller, 2005; Faller, 2007; APSAC Taskforce, 1995; Everson & Boat, 1994). This means there needs to be a legitimate purpose for introducing the dolls, the child needs to be able to make a representational shift, and the tools need to be properly introduced and utilized. The dolls are only used as a demonstration aid (Hlavka, Olinger, & Lashley, 2010) and only after the child has verbally disclosed maltreatment. The *ChildFirst®* international, national and state programs have published a detailed literature review on the research on dolls and their appropriate and inappropriate use (Gundersen, 2016).

ChildFirst® teaches the utilization of anatomical diagrams in two ways. First, with certain ages of children, used only after an open invitation, to see what the child calls different parts of a body. Second, at any age, the diagrams can be used for clarification purposes after a child has disclosed or communicated a touch or other activity concerning a body part.

Unlike anatomical dolls, there are comparatively few studies on anatomical diagrams and the applicability of these studies to actual usage of diagrams in the field is debatable (Gundersen, 2016; Lyon, 2012). According to the OJJDP *Best Practices Guide*, "Ongoing research is necessary to shed further light on the influence of various types of media on children's verbal descriptions of remembered events" (Newlin et al., 2015, p. 7). *ChildFirst®* has called for more research, better research, neutral research, the direct involvement of frontline professionals in the design of future studies, and studying the possible usage of media not only in sexual abuse cases but also cases of physical abuse, emotional abuse, neglect, torture, and polyvictimization (Gundersen, 2016, pp. 21-22).

Use of Physical Evidence in Forensic Interviews

Introducing physical evidence in forensic interviews has been a topic of discussion and debate for many years. *ChildFirst®* believes that we should be very thoughtful before we introduce physical evidence to a child in a forensic interview or, for that matter, in a court of law or any other phase of an investigation or prosecution. In most cases, introducing evidence to a child is not necessary in obtaining the information needed to protect a child or secure justice.

Although introducing evidence may expedite a disclosure or the arrest of a suspect, some physical evidence may be traumatic for a child and this trauma may extend long into the future (Gewirtz-Meydan, Walsh, Wolak, & Finkelhor, 2018). Introducing evidence may also weaken the case by focusing only on the evidence already in the possession of law enforcement as opposed to learning all the details of a child's experience—details that often involve multiple forms of abuse (Turner, Finkelhor, & Omrod, 2010; Finkelhor, Omrod, & Turner, 2007). Stated differently, focusing on the evidence already obtained may bring confirmation from a child concerning the tip of the iceberg but may result in the MDT missing the iceberg itself.

Introducing evidence requires advanced training, and whether or not to do this is a decision best made by a multidisciplinary team that includes, if at all possible, input from a mental health professional. Forensic interviewers and teams should consider and prioritize the child's health, welfare, and safety (National Children's Advocacy Center, 2013, APSAC Taskforce, 2012).

Summary

Although *ChildFirst®* has undergone many modifications over the past twenty years, the program has steadfastly maintained that the needs of children must outweigh the needs of professionals. *ChildFirst®* has also unreservedly continued our commitment to making high quality forensic interview training available at the local and state levels. If high quality training is not available or affordable, MDTs are ill-equipped to properly assess allegations of abuse and are severely hampered in their ability to pursue justice and secure critical services for a child or family. Simply stated, quality training is the foundation of our nation's

child protection system.

We believe that every jurisdiction has professionals capable of teaching the complexities of properly conducting a forensic interview as one part of an MDT investigation. Indeed, we believe that local professionals can teach the course more effectively because they are better equipped to take into account differences in state laws and the nuances of local judges, and they have a deeper understanding of local cultures and communities. Twenty years of ongoing teaching of the course in states throughout the United States, as well as the nations of Colombia and Japan, indicate our trust in frontline professionals is well placed.

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Interviewing Preschool Children

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Key words: child sexual abuse, physical abuse, forensic interview, preschoolers, developmental issues, young witnesses, forensic questioning, interview adaptations

Conducting forensic interviews of child witnesses is an important and complex task, no matter the ages of the children (Lamb, Brown, Hershkowitz, Orbach, & Esplin, 2018; Poole, 2016; Saywitz, Lyon, & Goodman, 2018). The responsibility of helping frightened or confused children to feel as comfortable as possible speaking with a stranger about difficult experiences and doing so in a forensically sensitive and legally defensible manner is challenging. It requires the pairing of interpersonal skills, warmth, and developmental sensitivity with critical thinking, neutrality, and the mastery of a unique conversational pattern. Other adults in children's lives do not talk or form questions like forensic interviewers do, making forensic conversations unfamiliar and potentially stressful for children. Forensic interviewers request much detail and seek clarification and specificity (Lamb & Brown, 2006). Fortunately, science has provided forensic interviewers with tools (e.g., interview instructions, narrative practice, consistent use of cued-open recall questions) to help prepare child witnesses for this unfamiliar task, although every forensic interviewer knows these evidence-based practices are more effective with some children than with others (Lamb et al., 2018; Poole, 2016). Challenges arise when interviewing children of a different culture, or who have cognitive or linguistic challenges, are extremely traumatized, or reluctant to be forthcoming for a variety of social and interpersonal reasons (Alaggia, Collin-Vézina, & Lateef, 2019; Fontes, 2008; Fontes & Faller, 2007; Walker, 2013). However, forensic interviewers face unique challenges when questioning preschool children, for a variety of cognitive and socioemotional reasons.

Challenges Arising from the Preschool Developmental Stage

While it is widely accepted that individual children develop at different rates, age and development will generally limit 3-, 4-, and 5-year-old children in their ability to comprehend and perform complex tasks of communication. Their perception and interpretation of events is based on limited and personal knowledge of the world, as well as the guidance and conversational influence of the family and community (Rogoff, 1990). Language is limited, concrete, and personal, perhaps understood by close family members, but challenging for an unfamiliar interviewer. A 4-year-old child's interpretation and memory of an event will be different than if this same child experienced the exact same event at 9 years old.

While there is variation among child advocacy centers, most forensic interviewers will attempt to interview children as young as 3 years of age and at times even 2-year-olds, especially when there is serious injury to children or when interviewers know that the child was present at the time of a homicide or traumatic injury to another person.

These are daunting interviews. Young children can certainly be at risk for maltreatment by caregivers, other familiar adults, or older children and may be considered a safe target because of language limitations and their trust in the benevolence of those to whom they are attached. Because of limited understanding of sexuality and cultural boundaries, preschoolers may not identify inappropriate sexual or physical acts as such and so may not tell or ask for help (Faller & Hewitt, 2007; Hewitt, 1999). Caregivers may be highly alarmed by concerning

behaviors or statements that preschool children make. In trying to make sense of or interpret the observed behaviors, these adults may resort to their own version of questioning preschoolers. Adults may question, reassure, and give information or words to preschoolers that reflect adult interpretations of the children's experiences. Very young children may adopt caregivers' descriptions without having the maturity to distinguish between the adults' words and their personal experiences (Korkman, Juusola, & Santillan, 2014; Lamb et al., 2018; Lindsay, Johnson, & Kwon, 1991).

While older children, and even adults, can be suggestible to misinformation under certain conditions, there is a greater risk for preschoolers (Bruck & Ceci, 1999; Melinder, Endestad, & Magnussen, 2006), stemming from deficits in developmental skills. Source monitoring, theory of mind, cognitive control, executive functioning, and metacognition are among the developmental tasks that preschool children and their adult caregivers are working toward, but children generally accomplish these tasks during the latency years.

Source monitoring, or the ability to identify how one knows something, is not fully developed in preschoolers (Poole & Lindsay, 2001). Indeed, preschool children often respond to a question about how they know certain information with "I just *knowed* it," articulating their understanding of knowledge as something one has rather than something one acquires. Because of an inability to identify the source of information, preschool children may believe they heard, saw, or experienced something about which they were told.

Theory of mind is a developmental accomplishment that allows children to comprehend that no two individuals will have the exact same experience or understanding of an event depending on each party's location, viewpoint, emotional response, or perception of the event (Flavell, 1985, 1986; Wellman, Cross, & Watson, 2001). Consequently, preschool children do not appreciate the need for description and clarification, assuming others know what they know.

Cognitive control, also known as executive process,

is a set of brain processes that enables children to exercise control over thought, attention, and behavior. This ability to exercise cognitive control, allowing children to carefully listen to the question, monitor their understanding of the question, and only provide an answer that is responsive and true, is not well developed in most preschool children (Poole, Dickinson, Brubacher, Liberty, & Kaake, 2014; Siegel, 2012).

Metacognition is the ability to not only think but also to reflect on and monitor one's thought process. Metacognition encompasses a range of memory strategies that allow children to monitor understanding, "think about their thinking," and respond appropriately to the question (Brubacher, Poole, & Dickinson, 2015; Carter, Bottoms, & Levine, 1996; Markman, 1981).

Several researchers have noted that source monitoring, theory of mind, and cognitive inhibition/executive functioning interact to influence children's susceptibility to intentional or accidental influence from adult conversational partners (Bright-Paul, Jarrod, & Wright, 2008; Melinder et al., 2006). These concerns should not lead investigators or prosecutors to mistrust preschool children's ability to provide accurate information about a meaningful event that they experienced or observed. However, it does caution forensic interviewers to be especially attentive to minimizing the introduction of information through their questions or statements and to be observant for indications in young children's responses that could indicate influence may have occurred prior to the interview.

Clear communication between forensic interviewers and child witnesses is essential and highly dependent on the receptive and expressive language skills of both parties. Language development is remarkably active during the preschool years with children going from a vocabulary of zero words at birth to approximately 10,000 words by first grade (Haskill & Corts, 2010). Preschool children's day-to-day environment, interactions with others, and conversational partners influence the number and types of words preschoolers use as well as their understanding of the purpose and pragmatics of communication. Preschool children's

vocabulary is unique and idiosyncratic, often allowing immediate family members who participated in the cocreation of shared language to understand the children's needs and desires (Fivush, Haden, & Reese, 2006; Reese & Fivush, 1993). Preschool children who family members describe as "very verbal" may not appear so in the forensic interview setting as they have had little experience in communicating with strangers.

Forensic interviewers and young children must overcome the challenge of establishing a common language for even routine events. Preschool children tend to be literal and concrete in the labeling of people, objects, and activities (Walker, 2013). Collecting some specific information from caregivers can prepare interviewers to be better conversational partners, especially about everyday matters. Such information might include the children's name for all family members in their households, the basic routine of their day, names for anatomy, and favorite interests and activities. The use of an unfamiliar word may cause preschool children to misunderstand or fail to respond to a question. For example, young children who attend daycare or an educational setting may only recognize the familiar label "4-K" as opposed to "preschool" or "Miss Nancy" rather than "teacher."

Preschool children typically report less information about a remembered event than older children, although accuracy for recalled elements may be similar to older children (Gagnon & Cyr, 2017; Lamb et al., 2018). Autobiographical memory retrieval strategies are poorly developed in preschool children, even for bright and verbal preschoolers who demonstrate recall competency with rote memory tasks. Forensic interviewers and investigators should not dismiss preschool children's ability to provide information, which can be used in conjunction with other investigative information to make informed decisions about both protection and criminal matters. Gagnon and Cyr (2017) state, "children as young as three years old are able to produce short but informative responses when questioned appropriately about the CSA incident" (p. 110).

Forensic interviews are characterized by an unfamiliar pattern for conversations between adults and children. Adults are the naïve participants; children are the

knowledgeable participants, as they had the experience being discussed; and adults must ask a series of questions to obtain information from children as witnesses (Lamb & Brown, 2006). Questions that elicit preschooler's free memory recall (cued invitations and open or concrete "wh" questions) correlate with higher percentages of accurate responses (Gagnon & Cyr, 2017; Hershkowitz, Lamb, Orbach, Katz, & Horowitz, 2012; Lamb et al., 2003). Open "wh" questions ask for a more narrative response from children (e.g., "What happened?"), and preschoolers understand concrete "wh" questions (who, what, and where) more easily than abstract "wh" questions such as when, how, and why (Malloy, Orbach, Lamb, & Walker, 2017). Cued invitational questions will be most effective when more narrowly focused (e.g., "What do you do in school?") as opposed to a more general narrative request (e.g., "Tell me everything about school."). Preschoolers benefit from greater scaffolding (e.g., "I heard you go to kindergarten. What is your teacher's name? What do you do in school?") with the earlier statements or question serving as a directive to "think about school."

Option-posing questions (multiple-choice and yes/no) present the greatest risk for eliciting misinformation from preschool witnesses (Fritzley & Lee, 2003; London, Hall, & Lytle, 2017; Mehrani & Peterson, 2015; Okanda, Kanda, Ishiguro, & Itakura, 2013; Peterson, Dowden, & Tobin, 1999). Forensic interviewers face decisions with preschool witnesses about when to end interviews, as even good disclosures from preschool children often feel incomplete. The risk of continuing to question preschoolers by resorting to option-posing questions is that these questions may elicit incorrect information (Fritzley, Lindsay, & Lee, 2013; Mehrani & Peterson, 2015; Peterson et al., 1999; Poole et al., 2014).

As every parent and preschool teacher knows, preschool children can have short attention spans, particularly for tasks that are not engaging for them (Gladwell, 2000). Adults who routinely interact with preschool children have developed supportive behaviors, such as limiting expectations, changing up activities, giving breaks for rest and play, and using scaffolding language (repetition of children's words, elaboration, and expanding their understanding). Many of these strategies for managing the short

attention spans of preschool children in other settings are not appropriate for forensic interviews.

Adaptations for Conducting Forensic Interviews of Preschool Children

Based on 20 years of research, there is considerable consensus about effective child forensic interview strategies (Poole, 2016; Saywitz et al., 2018). However, questioning preschool witnesses requires adaptations of every phase of a forensic interview without abandoning the basic principles.

Experts direct forensic interviewers to provide comfortable interview settings (National Children's Alliance, 2017) and to establish rapport with child witnesses (Eisen et al., 2019; Hershkowitz, Lamb, Katz, & Malloy, 2015; Poole, 2016). Establishing comfortable environments for preschoolers and adequate preparation for interviews can help to set the stage. A room that is pleasant and inviting with child-size furniture, but not over-stimulating or introducing fantasy or an invitation to play, creates the right space (Saywitz & Camparo, 2014). Preschool children reluctant to separate from caregivers or anxious about engaging with a stranger in an unfamiliar place may benefit from "something to do" as the interviewer establishes initial rapport (Rogoff, 1990). The availability of a single can of Play-Doh® with a couple of plastic cutters, or an easel with large paper and washable markers, or even a simple wooden puzzle for 2-year-old or young 3-year-old children can allow interviewers to engage with children around concrete, shared activities. For anxious preschoolers or children who have difficulty separating from a caregiver, it may be helpful to use a two-session approach, giving space for a relaxed pace and growing familiarity. This may allow the interviewer to establish comfort in the first meeting and address the topic of concern in a second session.

Experts also advise interviewers to adopt a relaxed and engaged demeanor, use simple sentence construction (fewer and concrete words), and allow greater time for preschoolers to respond. Conversation should initially be about concrete things and activities in the room, as this is a more familiar interactional pattern for preschoolers with adults, and then move to simple questions that ask children to access memory about familiar topics. Earlier preparation can aid forensic interviewers in being better conversational partners (i.e., they know the answers to many of the questions asked during rapport) as well as deciphering preschool language that may be difficult to understand. Time with preschoolers in the presubstantive phase of interviews is more productive when spent listening to children, as opposed to interviewers talking at children or testing them. Listening to children informs the forensic interviewer about children's types of words, sentence construction, use of concepts, number of conversational exchanges before interest is lost, and signals for lack of understanding or interest in a topic. Interviewers may omit instructions, which mostly address children's use of developmental skills that preschoolers lack or are unable to implement (Lamb et al., 2018). Interviewers can adapt narrative practice by relinquishing the request for sequencing of a single episode of an event, but still provide preschool children an opportunity to describe something they know about or have experienced. It is helpful to ask about a known family event (e.g., a birthday party, day in the park, trip to the zoo, or routines at school) when possible; interviewers should solicit this information from caregivers ahead of time. Finally, preschool children can be asked to name the people who live with them, which should happen immediately prior to the transition to the substantive phase of the interview. For the rare preschoolers in active disclosure who understand the intended purpose of the interview, the naming of family members may allow them to spontaneously begin talking about the topic of concern. It is difficult to predict the amount of time needed for individual preschool children to "warm up" to the conversation. Forensic interviewers should allow adequate time for establishing rapport and gaining a sense of children's conversational abilities without tiring them before any attempts to transition to the substantive portion of the interview.

Forensic interview protocols universally instruct interviewers to transition to the allegation portion of the forensic interview through an open prompt such as "What are you here to talk to me about today?" (Lamb et al., 2018; Poole, 2016; Saywitz et al., 2018).

This prompt is seldom effective with preschoolers who often do not come to forensic interviews with the conscious intention of reporting about previous conversations or concerning incidents. Forensic interviewers often must cue preschoolers to the topic of concern without being overly suggestive or informative. This is challenging for many reasons. Earlier conversations between preschool children and parents or adults may have been coconstructed; consequently, interviewers are not sure which words or statements came from the children (Ceci, Huffman, Smith, & Loftus, 1994; Korkman et al., 2014). Even when there are spontaneous outcries from preschoolers, developmental immaturity can make it difficult for preschool children to know that they should deliver this information to a forensic interviewer. Hopefully, preinterview planning will provide some guidance for the forensic interviewer. During preinterview planning, forensic interviewers in conjunction with law enforcement (LE) and child protective service (CPS) investigators should review information from the original maltreatment report, information gleaned from caregivers, and information about follow-up actions to the children's initial statements (e.g., doctor's exam, visit to home by LE and/or CPS, etc.). Interviewers can select topics for the purpose of focusing children on areas of interest to explore. Forensic interviewers can engage children in conversations about people (Mommy, Daddy, Big John, etc.), environments (Mommy's/Daddy's house, school, etc.), context (babysitting, bedtime, etc.), activities (wrestling, bathing, swimming, etc.), follow-up reactions or actions (doctor/police came to the house), or words reportedly used by children previously ("tickling game," "messing with me," "humping," etc.). Topics selected should be limited to only those thought to potentially have some meaning for the preschool interviewee, and questions should stay within the recall-based realm (cued open-questions and "wh" questions, both of which are scaffolded) as much as possible.

Gathering details about incidents of possible abuse and obtaining clarification is an additional challenge in preschool interviews. Children of this age will recall and focus on elements of the experiences that drew their attention and that they understand in their own unique ways. Preschool children will not organize the description of an event in the same way adults or older children might, and they often omit some elements considered essential in informative narratives (e.g., location, participants, sequence, emotions). It can be difficult for interviewers to understand exactly what preschool children are describing because of their unique language and limited recall. Forensic interviewers should exercise caution when attempting to clarify or expand on preschoolers' information through use of option-posing questions (Gagnon & Cyr, 2017; Lamb et al., 2018; London et al., 2017; Mehrani & Peterson, 2015). Preschool children may choose to demonstrate or point on their bodies and not be able to follow up with verbal descriptions or clarifications. The introduction of media, such as human figure drawings or dolls, can stray away from recall-memory questions and prompts and can run the risk of introducing information or suggesting answers to young children. Indeed, preschool disclosures are typically incomplete, and outcomes are highly dependent on thorough investigations conducted by LE and CPS investigators. Closure is typically simple as preschool children are either happy to return to the waiting room to be reunited with caregivers and a greater number of toys and activities or negotiate for more time in the forensic interview room to continue engaging activities such as playing with Play-Doh® or drawing on the easel.

Preschool children can be informative witnesses when allowed to stay within their developmental abilities. In all cases, investigative teams would do well to respect that even well-done forensic interviews are only one part of investigations. This is especially true for cases involving preschool children.

About the Author

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Taking AIM: Advanced Interview Mapping for Child Forensic Interviewers

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Key words: advanced interview mapping, interviewer drift, child forensic interview, peer review

Child forensic interview protocols universally agree that eliciting a detailed, free-narrative account of the child's experiences, in the child's own words, is best practice (Newlin et al., 2015; Powell & Snow, 2007). Despite this consensus across protocols and their affiliated training programs, in actual practice child forensic interviewers vary widely in their emphasis on free-narrative questioning strategies to elicit such accounts from the child. (See review and commentary by Lamb, 2016.)

Rather than adhering to the best practice standards taught in training, many interviewers revert within months to old habits like reliance on specific and closed questioning (Smith, Powell, & Linn, 2009). Interviewer drift from the use of open-ended narrative prompts to more specific question strategies typically leads to a less complete, potentially less accurate report of the child's experiences (Poole & Lamb, 1998). As a result, interviewer drift represents a threat to the validity of the investigative process. In addition, failure to follow best practice standards to elicit a structurally adequate and complete narrative can undermine the child's believability (Walker, 2013).

Experts have long recognized unconstrained narratives as the best source of information about children's experiences (Poole & Lamb, 1998). For example, in research on the accuracy of children's memory conducted in the early 1900's, Pear and Wyath (1914, p. 397) concluded that the evidence children provide is "exceedingly reliable" when it is given in spontaneous accounts, at their own speed, unhampered by adult questions. More recent research has confirmed that the information children provide in free-narrative accounts is more accurate and detailed than the information provided in response to more direct or specific questions (e.g., Lamb, Hershkowitz, Sternberg, Boat, & Everson, 1996; Lamb, Orbach, Hershkowitz, Horowitz, & Abbott, 2007). It is best for interviewers to elicit free-narrative accounts: (a) using broad narrative invitations, (b) that encourage elaborate free recall responses, and (c) give the child the flexibility to report the information he/she remembers best (Powell & Snow, 2007). An example of such a free-narrative invitation is, "Start at the beginning and tell me everything you remember about your camping trip last weekend."

By age five, most children can provide chronologically ordered accounts of their experiences (Powell & Snow, 2007). Because of the memory processing requirements of free-narrative recall, however, children typically need ongoing prompting (e.g., "What happened next?") to persist in retrieving and reporting a complete narrative. Powell and Snow (2007) recommend delaying "wh" and other types of specific questions until after the child's free-narrative account is exhausted. Newlin and his colleagues (2015) offer similar advice: "Do not interrupt this narrative, as it is the primary purpose of the forensic interview" (p. 9). Poole and Lamb (1998) describe interviewers prematurely shifting from the free-narrative phase to more specific "wh" questioning as a common interviewer error.

Our experiences as trainers, peer reviewers, and expert witnesses are consistent with these findings. We have observed many interviewers abandon narrative questioning after a single narrative attempt, regardless of the child's response. Given the consistent emphasis across interview protocols on obtaining uninterrupted free-narrative accounts, it seems likely that such interviewer errors may be further evidence of widespread interviewer drift among forensic interviewers.

Tool for Preventing Interviewer Drift

Advanced Interview Mapping (AIM) is a practical, easy-to-learn tool for use in peer and self-review to ensure interview quality and to prevent interviewer drift. We developed AIM as a method for assessing the degree to which interviewers adhere to good/best practice standards (e.g., Newlin et al., 2015; Faller, 2007; Powell & Snow, 2007) in attempting to elicit a detailed, free-narrative account of the child's experiences. AIM offers a method for mapping questions during the Eliciting Account or Substantive phase of the interview on a visual diagram, tracking both the type and sequence of questions. As a result, AIM provides a unique methodology for objective appraisals of questioning strategies—regardless of the interview protocol used.

We have organized this paper into three sections. Section I provides a description of AIM methodology, including definitions for coding question types and instructions for interview mapping. In Section I, we also introduce the 4-Step Narrative Rubric as a guide for directing and evaluating question selection. Section II demonstrates the use of AIM in appraising two contrasting interview examples. In Section III, we propose AIM as a remedy for a number of limitations inherent in current peer review practice and as a resource for more productive interviewer self-evaluation.

I. How to Take AIM

Question Types

Advanced Interview Mapping (AIM) is based on the familiar "recycling funnel" conceptualization of the interview process. Questions are mapped on a funnel diagram in sequential order by question number (Q#). More specific, less open, and less desirable questions are positioned lower on the funnel. The recycling feature is a visual reminder that interviewers should look for opportunities to recycle up to higher level, open-ended questions rather than finding themselves mired at the bottom of the funnel in a series of specific, close-ended questions.

AIM examines the use of five question types. Figure 1 illustrates the five question types in their ranked positions on the funnel diagram. The authors selected these question types because they represent the common range of question categories used in the Eliciting Account phase of forensic interviews. They also capture the range of relevant question types on two critical, overlapping dimensions: the degree of question specificity and the degree to which the interviewer rather than the child directs the memory search. Question types include:

Free-Narrative Prompts (Free-NP). Free-Narrative Prompts are the premium question type in the AIM typology. Free-NPs are open-ended requests for narrative information about an event or experience that the child previously mentioned (e.g., "Tell me everything you remember about the first time your stepbrother hurt your front privates.") The Free-NP is unique among question types in that it offers the child an open invitation to provide a narrative description of any or all of the five elements of the target event: context; actions by each person present; verbal statements by each person; subjective responses of each person; and miscellaneous elements (e.g., use of pornography, presence of witnesses, occurrence of interruptions).

Figure 1. AIM Map

Free-Narrative Prompts (Free-NP)

Cued-Narrative Prompts (Cued-NP)

Open-Focused (OF)

Choice (CH)

Yes/No (YN)
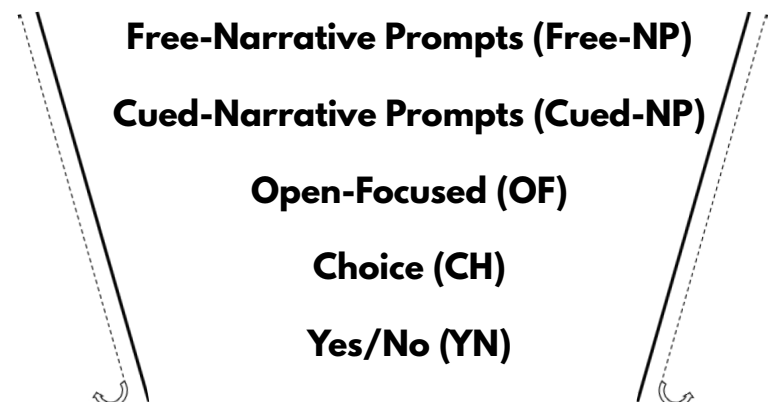
Free-NPs encourage the child to report the information the child considers to be salient and significant from free recall memory, without direction or cueing from the interviewer. As noted earlier, eliciting a detailed, free-narrative account of the child's experiences in the child's own words is a central objective across forensic interview protocols. Achieving this objective typically requires substantial reliance on free-narrative prompts. What a child reports from undirected free recall is typically the best remembered, most accurate information available to the child (Powell & Snow, 2007). With no interviewer interference in the memory search, the child may also be more likely to spontaneously report details unknown to the interviewer.

Eliciting a free-narrative account typically begins with a broad request for a detailed narrative, once a concerning target event has been identified. Examples of prototypical initial narrative prompts include:

> "Start at the beginning and tell me everything that happened the day you stayed home from school because you were sick."
> "Tell me everything you remember about the time your mother spanked you for getting a bad report card."

Powell and Snow (2007) have described three subtypes of free-narrative follow-ups that are useful for extending or expanding the initial free-narrative account. The first subtype includes open-ended breadth questions. These prompts encourage children to expand the list of activities or to report the next part of the event that occurred, without dictating what specific information is required. These prompts are also useful for encouraging the child to continue the narrative until they reach a clear end. Examples of open-ended breadth prompts include:

> "What happened next?"
> "What is the very next thing that happened after she yelled at you?"

The second subtype includes open-ended depth questions. These prompts involve a broad request for more detail or elaboration of an act or event that the child has already reported in his/her free narrative. Examples include:

> "You said he hit you with a belt. Tell me more about that."
> "You said he rubbed up against you in the pool. Tell me everything you remember about the time he rubbed against you in the pool."

Note that these prompts are broad, giving the child substantial flexibility in the information he/she provides from memory.

The third subtype of free-narrative follow-up prompts includes minimal encouragers. These prompts involve repeating the child's last sentence or partial sentence to invite the child to continue his/her free narrative:

> C: "Then he messed with my bottom."
> I: "Then he messed with your bottom."

Cued-Narrative Prompts (Cued-NP). Cued-Narrative Prompts are open-ended narrative requests that involve some direction of the child's memory search. Cued-NPs are useful when the interviewer is seeking additional information about a specific component or element within the child's narrative account (e.g., "You said he showed you nasty movies. Tell me about the nasty movies.") In contrast, Free-NPs broadly reference the child's narrative but give the child freedom to decide what additional information to supply (e.g., "You said he showed you nasty movies. Tell me more about that.")

Table 1 provides three contrasting examples of Free- vs. Cued-NPs. In each example, the Free-NP offers the child the option of addressing all five event elements in his/her response, while the Cued-NP limits the child's focus to a single or small subset of event elements (e.g., "Tell me everything that happened." vs. "Tell me everything he did.")

While Free-NPs are the "premium" subtype, it is unlikely that a forensic interview would be composed completely of Free-NPs. Both subtypes of narrative prompts are valued tools in eliciting a detailed narrative account, and many children require questioning specificity in the form of Cued-NPs (or

Table 1. AIM Question Types

Question Type	Memory Type	Question Specificity	Examples
Free-Narrative Prompt (Free-NP)	Free Recall	Minimal	• Start at the beginning and tell me everything that happened. • You said he made you feel bad. Tell me more about that. • You said he put his hand in your pajamas and rubbed your bottom. Tell me everything you remember about that.
Cued-Narrative Prompt (Cued-NP)	Free Recall	Mild	• Start at the beginning and tell me everything he did. • You said he made you feel bad. • What do you mean, "he made you feel bad?" • You said he put his hand in your pajamas and rubbed your bottom. Tell me all about him rubbing your bottom.
Open-Focused Question (OF)	Free Recall	Moderate	• What is the first thing he did to you? • How did he make you feel bad? • Where on your bottom did he rub?
Choice Question (CH)	Recognition	High	• Did that happen one time or more than one time? • Were your shorts on or off or something else when that happened? • Who spanks you the hardest: your dad or your stepdad?
Yes/No Question (Y/N)	Recognition	High	• Did he want you to do something to him? • Do you think your grandmother knew what was happening? • Did somebody besides your brother ever break the rules about private parts?

even judicious Open-Focused questions) to facilitate memory search and retrieval.

Open-Focused questions (OF). Open-Focused questions are open-ended inquires that attempt to elicit information about specific aspects of the event previously described by child. They include who, where, when, how and most what questions. "Wh" questions are occasionally embedded in "Tell me…" sentence constructs, but are still categorized as OF questions. Examples include "Tell me what he did." and "Tell me how he hurt you." Similarly, "wh" questions embedded in "I wonder…" sentence constructs are categorized as OF questions (e.g., "I wonder where your mother was when that happened.")

As shown in Table 1, OF questions are scored as moderately specific in question type because they

direct the child's memory search to specific categories of information. As question specificity increases at the mid- to lower levels of the AIM diagram, so too the risk increases that children will feel pressure to respond, whether or not they are certain of the response.

A number of commentators recommend delaying "wh" questions until the end or at least late in the narrative account because premature introduction may undermine the narrative process (see review by Faller, 2007). Providing a sequential narrative may require significant effort on the child's part, and some children may require the support that selective OF questions offer. However, "wh" questions can serve as invitations to step out of the narrative mode and instead to rely on the interviewer to guide the memory search. "Wh" questions may also signal to the child that non-elaborative answers are acceptable in place of narrative responses. Moreover, as mentioned previously, interviewers tend to rely too heavily on OF phrasing to obtain information in an expedient manner.

"What" questions are a challenge to categorize. "What" questions designed to elicit short answers are generally scored as OF (e.g., "What did your stepdad spank you with?"). "What" questions designed to elicit longer answers, and particularly narrative responses, are typically categorized as either Free-or Cued-NPs. Examples of Free NPs include: "What happened next?" and "What else do you remember…?" as well as "Tell me what happened next" and "Tell me what else you remember." Each of these "what" questions function as non-specific, Free-NPs to extend the narrative. Another "what" exception includes "What do you mean?" questions that seek clarification/elaboration of a previous narrative statement by the child (e.g., "What do you mean, he dragged you from the bed?"). Because they limit the child's response options to a specific topic for elaboration, "What do you mean?" questions are scored as Cued-NPs.

Choice questions (CH). Choice questions are closed-ended questions that present a choice between a limited set of options. CH questions include an explicit or implied "or." CH questions have a specialized role to play in forensic interviews. They are most useful as follow-ups to salvage failed OF questions.

We have noted that OF questions direct the child's memory search to specific categories such as person, place, or subjective experience. Children sometimes decline to perform such memory searches because of limited search skills, attention or motivation. At other times, children lack the conceptual understanding or vocabulary to respond. A CH follow-up to a failed OF can provide an effective remedy to these limitations by partly directing the search process or by providing examples of optional response categories. An example:

> I: "How did you feel when you heard your stepdad say those things to your mother?" (OF)
> C: "I don't know."
> I: "Well, did you feel sad, mad, worried, disappointed, or some other feeling?" (CH)
> C: "I felt kind of sad and disappointed because I thought he loved my mom."

A form of CH question that is sometimes overlooked involves the transformation of an open-ended OF question to a close-ended CH question by prematurely adding a list of choices (e.g., "How did that make you feel? Sad, mad, or some other feeling?"). As shown in Table 1, CH questions are rated as highly specific questions.

Yes/No Questions (YN). YN questions are close-ended questions that offer a yes/no choice. They typically present new information and ask the child to confirm or refute the information as true. By their nature, YN questions attempt to tightly focus the child's memory search. Table 1 ranks them as the most specific question of the five question types. Despite being classified with CH questions in the bottom tiers of the funnel diagram, YN questions serve a legitimate function in interviews for screening purposes (e.g., "Has anybody else besides your uncle hurt your pee-pee?") and for filling in gaps in the narrative (e.g., "I am confused about one thing. Did your sister ever see what he did?").

A highly recommended interview strategy is to recycle up the funnel following a "yes" or "yes" equivalent response (e.g., "sometimes," "maybe"), ideally to a "Tell me more about" narrative prompt. This is important in order to return the focus of the interview back to

eliciting a narrative account while restoring control of memory search processes to the child. Following a "yes" response with a subsequent NP can also serve as a "validity check" for the "yes" response.

> I: "You said he tried to touch your pee-pee. Did he try to do anything else?" (YN)
> C: "He tried to kiss it."
> I: "Tell me more about that." (Free-NP)

It is important to note that children will sometimes provide a spontaneous and extensive elaboration to their "yes" or "no" response, rendering the recommended NP validity check for "yes" responses unnecessary. For example:

> I: "Did he say anything about not telling?" (YN)
> C: "Yes. He said it was our secret and we both would get in trouble if I told, so I never told until today."

Leading and Suggestive Questions

The AIM system does not formally assess leading and suggestive questions. However, peer and self-review appraisals of interviewer performance should include them. It is important to make the distinction between questions that are "suggestive" and those that are "leading." Definitions of leading and suggestive questions differ (Faller, 2007). We find the following distinction to be the most useful: Suggestive questions introduce new information without encouraging a particular response. For example, the question, "Did your mother tell you what to say?" introduces the notion that the mother may have told the child what to say, but the child can provide any response he/she chooses. Furthermore, even a "yes" response can be followed by a benign response such as, "She told me to tell the truth." Leading questions strongly suggest that an event has occurred, and then encourage agreement. The encouragement may be direct in the form of a tag leading question (e.g., "Your mother told you what to say, didn't she?") or indirect through a presumptive question (e.g., "What did your mother tell you to say?" to child who has not reported any prompting by her mother).

It is also important to note that interviewers can appropriately use YN questions ranging from mildly suggestive ("Did something happen to you?") to moderately suggestive ("Did your uncle do something to you that you didn't like?") as screening questions within the forensic interview. Preplanning on exact wording based on the specific case history is highly recommended, and jurisdictions may differ on what question phrasing within a moderate range of suggestibility is allowed.

YN questions become increasingly suggestive and inappropriate as they become more specific and explicit in the details about substantive topics they introduce (e.g., "Did he want you to do something?" vs. "Did he make you rub his privates?"). YN questions can also become overly suggestive when used to test the interviewer's theory about what occurred. This often involves posing a series of three or more YN questions in a row, with each "yes" response spawning another YN question. For example:

> I: "Did he want you to do something?"
> C: "Yes."
> I: "Did he want you to touch his private?"
> C: "Yes."
> I: "Did he show you something on his phone to show you what to do?"

4-Step Narrative Rubric

Many forensic interviewers report that the most challenging and anxiety-provoking phase of the interview begins the moment the child makes a report of possible abuse. While the early phases of the interview (e.g., truth/lie, interview instructions, narrative practice) tend to be well-spelled out, many interviewers, especially novices, complain, "It feels like you are mostly on your own once the child discloses."

The authors have developed a 4-Step Narrative Rubric to address such concerns. This rubric provides practical and easy-to-learn instructions specifically for the Eliciting Account phase of the interview. The 4-Step Rubric is designed to guide the interviewer in eliciting a rich, sequentially-ordered narrative while reducing interviewer uncertainty about question selection. The rubric also reflects good/best practice standards for use in assessing question strategies.

The 4-Step Rubric is best used to elicit accounts of

Table 2. 4-Step Narrative Rubric

1. **Elicit Narrative.** Use a broad Free-NP to elicit initial narrative (e.g., "Start at the beginning and tell me everything you remember about the time your cousin hurt your front private.")
2. **Push to the End.** Use "What happened next?" Free-NPs to encourage extension of initial narrative to a clear ending (e.g., Interviewer: "What happened next?" Child: "Nothing, after that my cousin left.")
3. **Circle Back.** Use Free- and Cued-NPs to circle back in sequential order to each key element of narrative for elaboration (e.g., "You said the first thing that happened was that your cousin came into your room without knocking. Tell me all about that.")
4. **Fill in the Gaps.** Use OFs, CHs, and YNs to formulate more specific follow-up questions, as needed, to complete comprehensive account of event (e.g., "Did somebody else besides your little sister see what your cousin did?")

single events, or accounts of specific isolated events if there are multiple incidents of abuse. However, the rubric can be adapted to obtaining script accounts if the child cannot isolate a specific event, simply by using script-based question phrasing (e.g., Start at the beginning and tell me everything that would usually happen…") (Free-NP). In short, the four steps include:

1. Elicit Narrative
2. Push to the End
3. Circle Back
4. Fill in the Gaps.

Table 2 describes the 4-Step Narrative Rubric in more detail, and Interview A Section II (below) models it.

Mapping Instructions

Overview. AIM practitioners typically map interviews from video or audio recordings or from written transcripts. With practice, practitioners can map most interviews from recordings with minimal repeat playback. The mapping process begins with the identification of one or more target events to be assessed during the Eliciting Account phase of the interview. Practitioners map each target event separately, from the first question or statement eliciting the initial account or description to the final question about the event. For each target event, the substantive questions the interviewer poses are numbered sequentially. Practitioners record each question number (Q#) on a funnel diagram in one of the five question categories. They do not map the child's responses, but they do use the child's verbal response to determine whether the Q# may require an

additional modifier (e.g., '/') for proper interpretation.

General Instructions

1. Various interview models may recommend different strategies to address multiple abuse events. Regardless of model used, the interviewer should identify whether the child is reporting a single event or multiple abusive events to avoid confusion and potential errors. Whether the child is reporting a single event or an isolated event among many, it is best to utilize AIM when a specific target event has been identified, and ideally labeled for future reference (e.g., "Let's talk about the time it happened when your mom was in the hospital."). For children who cannot isolate a specific event when multiple abuse incidents occurred, AIM can be adapted to script-based discussion of the target concern (e.g., "My uncle keeps touching my private parts when he watches me.").

2. Once a target event (or target concern for script accounts) has been identified, begin mapping by scoring the initial eliciting question for the target event/concern as Q#1. The initial eliciting question is defined as the question, regardless of question type, that prompts the child to provide details (who, what, where) or to start the initial account of the target event/concern.

3. Number each question (Q#) in sequential order, starting with Q#1.

4. Categorize each question into one of the five question types and record the Q# for each question in the appropriate section within the

funnel diagram.

5. Do not get stuck in close calls between question types (e.g., Free-NP vs. Cued-NP). If the question type is unclear, categorize the question as the higher of the two likely choices and move on.

6. End the mapping with the last question asked specifically about the target event.

7. Use a separate funnel diagram to map any additional target events. Number the eliciting question for each target event as Q#1, unless line numbers from a written transcript are available and convenient to use.

Modifiers

1. For Free- or Cued-NPs: If the child fails to provide a relevant response of at least one sentence, place '/' through the Q# of the NP to indicate an NP failure. Examples may include responses such as "I don't know." or "I don't remember." or "He just did it."

2. For YN questions: If the child's response is "yes" or its equivalent, put a circle around Q# to signal a "yes" response.

Advanced Modifiers

The following modifiers reflect advanced interview practice and can be added as reviewers begin to master basic AIM scoring:

1. For each target event, place the symbol "+" next to Q# of the eliciting question if it includes all three components of a three-part free-narrative request:
   - "Start at the beginning…" (a call for a sequential narrative)
   - "tell me everything…" (a call for a detailed narrative)
   - "that you remember / that happened…." (a call for a self-directed memory search).

If the interviewer pushes the initial descriptive account to a clear end using NPs, double underline the Q# of the last NP to signal the end of the initial account (e.g., Interviewer: "What happened next?" Child: "I fell asleep."). Note that if the interviewer is following the 4-Step Narrative Rubric, this modifier signals the completion of Step 2, "Push to the End."

Additional Instructions

1. Map all substantive questions about the specific target event. These include YN screening questions attempting to identify additional activities or elements within the same target event (e.g., "We have talked about your brother taking pictures of you when you were in the shower last Saturday night. Did he do anything else that night that made you feel uncomfortable?").

2. Do not map screening questions attempting to isolate or identify different events, whether by the same or by a different perpetrator (e.g., "Did your brother try to take your picture while you were in the shower on a different day?").

3. Do not map non-substantive utterances (e.g., "Are you thirsty?") or verbal facilitators (e.g., "OK" and "Uh-huh.").

4. Do not map questions or restatements of the child's responses intended to check accuracy or understanding (e.g., "You said he grabbed you and hit you. Did I get that right?")

5. Map only the last question, if the interviewer asks a series of questions without waiting for child's response.

6. "Can you…?" is a common colloquialism added to questions that technically changes the root question, typically an NP, into a YN question. Ignore the "Can you" construct and score the root question unless child responds as a YN question.

7. Take note that the child's elaboration of a "yes" response to a YN question may eliminate the need for a NP/OF follow up.

II. AIM Examples

We have provided two mapping examples. The examples involve the fictional case of 7-year-old twin brothers, Tom and Mike, who were likely sexually abused by an uncle on multiple camping trips. Tom was interviewed by Interviewer A; Mike was interviewed by Interviewer B. Each example includes a full AIM analysis comprised of three parts: Part One provides a transcript of the Eliciting Account phase of the interview. Part Two presents a completed AIM map. Part Three offers three approaches for scoring the AIM map to appraise interview quality.

Example: Tom / Interviewer A

Part one: Partial transcript.

| Question / Response	QT	Comments
I: "Tom, what did you come to talk with me about?" C: "My Uncle Ted. He used to be our favorite uncle, but not anymore. He started acting creepy whenever he takes us camping."	--	Not mapped. Transition question to Eliciting Account phase.
I: "What do you mean, 'acting creepy'?" C: "Well, whenever he takes me and my brother camping, he keeps trying to look at our privates."	--	Not mapped. Attempt to isolate single target event.
I: "Is there a time that your Uncle Ted was acting creepy that you remember the most?" C: "Well, the first time it happened was when Uncle Ted took us camping for our birthday. Me and Mike are twins so we have the same birthday. My uncle wanted to check us all over for ticks."	--	Not mapped. Attempt to isolate single target event.
1 I: "Start at the beginning and tell me everything you remember about the time Uncle Ted took you and Mike camping for your birthday and he wanted to check you all over for ticks." C: "It was Sunday afternoon and it was almost time to start packing our stuff to come home. Uncle Ted said he had to check us for ticks so we don't get Lyme Disease. We said ok because we didn't know what he meant."	Free-NP	Eliciting question for first target event. Mapped as Q#1. Advanced Modifier: 3 part Free-NP request.
2 I: "What happened then?" C: "He told us to go in the tent and take our clothes off."	Free-NP	Free-NP follow up.
3 I: "Then what happened?" C: "I don't remember very much."	Free-NP	Free-NP follow up. Modifier: NP failure.
4 I: "Tom, just tell me what you remember." C: "I don't like to talk about it."	Free-NP	Free-NP follow up. Modifier: NP failure.
5 I: "What did your uncle say about ticks?" C: "He said ticks hide in the bushes and jump on you when you walk by. Then, they suck your blood and give you really bad germs."	OF	Resorting to more specific question after NP failures.
6 I: "Did that scare you?" C: "It scared us a lot."	YN	Modifier: "Yes" response

Example: Tom / Interviewer A continued

Question / Response	QT	Comments
7 I: "What do you mean, 'it scared you a lot'?" C: "Mike started to cry. We took our clothes off real fast and we told Uncle Ted to hurry up and take the ticks off us."	Cued-NP	Cued-NP follow up to "yes" response. NP "what" question exception seeking clarification of child's prior statement.
8 I: "What happened after you and Mike took your clothes off real fast?" C: "He checked us all over with a flashlight. He made us get in different positions, like on our hands and knees, so he could check us better."	Free-NP	Return to Free-NP.
9 I: "What happened next?" C: "Uncle Ted found two ticks on me and a lot on Mike. He put lotion on us to kill the ticks."	Free-NP	Free-NP follow up.
10 I: "What happened next?" C: "Then it started raining so we had to pack the tent and leave early."	Free-NP	Push to end of account. Advanced Modifier: End of initial account of event.
11 I: "You said the first thing that happened was your uncle told you and Mike to go in the tent and take your clothes off. Tell me more about that." C: "We were kind of shy about taking our clothes off. But after Uncle Ted told us about ticks, we did everything he said."	Free-NP	Circle back for elaboration/clarification. Broad focus on "that."
12 I: "Then you said he checked you all over with a flashlight. Tell me more about him checking you all over." C: "Uncle Ted said ticks like to hide on your front private or in-between your butt cheeks. So mostly he looked there."	Cued-NP	Circle back follow up. Narrow focus on Uncle Ted's actions.
13 I: "Tell me all about your uncle finding two ticks on you." C: "He said he had to touch my front private so he could look at it better. That's when he saw two ticks biting me. I didn't see them, though. Then he rubbed lotion on my private to kill the ticks."	Cued-NP	Circle back follow up. Narrow focus on uncle's actions.
14 I: "How did it feel when he touched your private and applied lotion to it?" C: "I don't know."	OF	Circle back/fill in gap follow up.
15 I: "Did it hurt or feel uncomfortable? Or did it feel good or some other way?" C: "At first it felt uncomfortable because you're not supposed to let other people touch your private. Then it felt good and I kind of liked it."	CH	Reverting to CH after OF failure.

Example: Tom / Interviewer A continued

Question / Response	QT	Comments
16 I: "Can you tell me more about your uncle finding a lot of ticks on Mike?" C: "They were mostly hiding in-between Mike's butt cheeks. Uncle Ted rubbed lotion all over Mike's butt to make sure none of them got away."	Cued-NP	Circle back follow up. "Can you" structure is ignored.
17 I: "What kind of lotion did your uncle use to kill the ticks?" C: "I don't remember, but it got spilled all over my sleeping bag."	OF	Fill-in-the-gap follow up.
18 I: "We've been talking about the time your uncle took you camping for your birthday. Did your uncle do anything else creepy on that trip that we haven't talked about?" C: Shakes head no.	YN	Specific question to fill in the gaps in account. Screening question for other concerning behavior during same target event.
19 I: "Did he want you to check him for ticks?" C: Shakes head no. "We had to leave when it started raining."	YN	Screening question for other concerning behavior during same target event.
20 I: "Earlier, you said that Uncle Ted used to be your favorite uncle but not anymore. Tell me more about that." C: "My parents said that what Uncle Ted did was inappropriate. They won't let us go camping with him anymore."	Free-NP	Fill-in-the-gap follow up.

Part two: AIM map, Interviewer A.

Free-Narrative Prompts (Free-NP)

1+, 2, 3̶, 4̶, 8, 9, <u>10</u>, 11, 20

Cued-Narrative Prompts (Cued-NP)

7, 12, 13, 16

Open-Focused (OF)

5, 14, 17

Choice (CH)

15

Yes/No (YN)

⑥, 18, 19
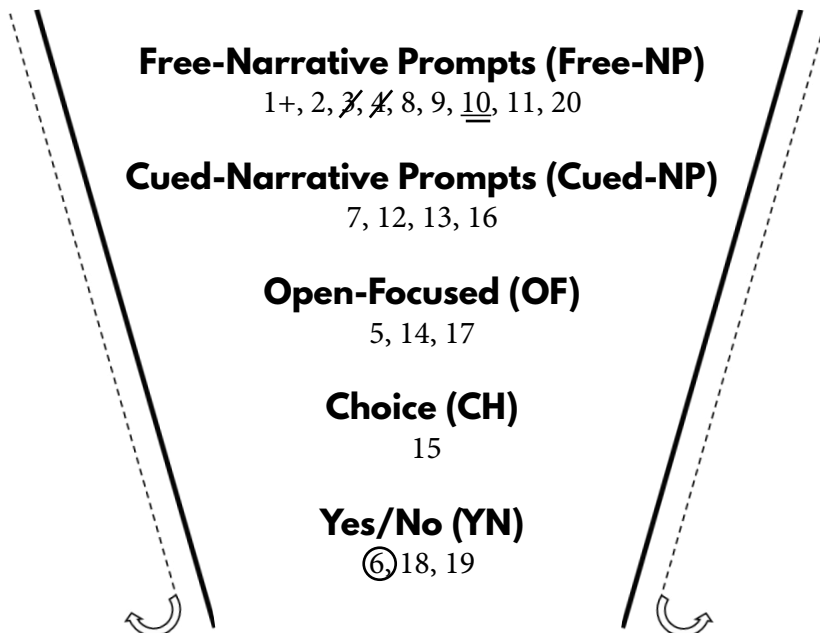
Part three: AIM appraisal, Interviewer A.

AIM offers three approaches for scoring the completed AIM map. These scoring alternatives vary in complexity and are designed for use in peer or self-review, either individually or in combination. The first and simplest approach involves an assessment of question selection using top, middle, and bottom tier rankings of question desirability. The second approach involves a visual inspection of the map to identify features of recommended practice. The third alternative is a formal scoring of the map to assess adherence to several, specific good/best practice standards. These three approaches are demonstrated below.

Tier counts.

- Top Tier (Free-NP + Cued-NP): 13
- Middle Tier (OF): 3
- Bottom Tier (CH + YN): 4

Comments: Interviewer A displayed strong skills in question selection with a clear emphasis on the use of Top Tier narrative prompts and minimal reliance on Middle and Bottom Tier questions.

Visual inspection of map.

- Top-heavy with 16 out of 20 questions mapped in the open-ended, upper half of map.
- Heavy emphasis on use of NPs, particularly when eliciting initial narratives of separate target events.
- Minor use of YNs, delayed until after initial narrative account.
- Recycled to NP after the only "yes" response.
- Use of more specific question types after two narrative failures.
- Retried narrative prompts after two initial narrative failures.

Comments: This interviewer exhibited strong skills in question selection to encourage a free narrative account with an impressive understanding of interviewer nuances (e.g., retrying NPs after NP failures).

Formal map scoring.

Good/Best Practice Standards	Success Level*	Comments
1) Interviewer uses Free-NP to request a free-narrative account early in sequence of questions (e.g., "Tell me everything…").	2	Requested Free-NP at Q#1.
2) Interviewer relies heavily on NPs to elicit narrative account of target event (except in case of repeated NP failures).	2	11 of first 13 questions are NPs.
3) Interviewer retries NPs after initial NP failure.	2	Q#7 is an NP retry after Q# 3-4 NP failures.
4) Interviewer emphasizes use of Free-NPs over Cued-NPs early in questioning (i.e., Free-NPs emphasized in eliciting initial account).	2	7 of first 10 NPs are Free-NPs.
5) Interviewer delays use of specific questioning (OF, CH, & YN) until late in development of account (except in case of NP failure).	2	Q#5 is in response to NP failure on Q#4 #14 is first of series of OF and YN questions.
6) Interviewer emphasizes open questions (sum of Free- + Cued-NP + OF) over closed questions (sum of CH + YN).	2	13 NP + 3 OF = 16 1 CH + 3 YN = 4
7) Interviewer minimizes use of YNs to elicit account, with no YN string of 3 or more.	2	3 YNs out of 20 questions. No string of 3 YNs.

Good/Best Practice Standards	Success Level*	Comments
8) Interviewer recycles to NP or OF after each "yes" response. (Unless spontaneously elaborated "yes" response.)	2	Recycled after the only "yes" response.
Advanced Practice Standards		
9) Interviewer uses three-part Free-NP to elicit initial account: • Start at beginning • Tell everything • That happened/That you remember	2	Q#1 qualifies.
10) Interviewer uses NPs to push to clear end of initial narrative account of target event.	2	Clear end at Q#10.

*2 = Standard successfully met; 1 = Partially met; 0 = Not met; NA = Not applicable

Comments. Interviewer A demonstrated impressive interview skills in this interview, successfully meeting 8 of 8 Good/Best Practice Standards and 2 of 2 Advanced Practice Standards. The interviewer identified a specific target event and followed the 4-Step Narrative Rubric. The interviewer was rewarded with a rich narrative that included a number of revelations about the subjective experiences of the child and his brother, enhancing victim credibility.

There are two minor points of constructive feedback for Interviewer A. First, Q#6 might have been better posed as an OF question ("How did that make you feel?") rather than a YN question ("Did that make you scared?"). Also, in Q#14, the interviewer erred in substituting the phrase "applied lotion to" for the child's phrase, "rubbed lotion on."

Example: Mike / Interviewer B

Part one: Partial transcript.

Question / Response	QT	Comments
I: "Who brought you to see me today?" C: "My mom and dad."	--	Not mapped.
I: "How come they brought you to see me?" C: "Because my Uncle Ted did something."	--	Not mapped.
1 I: "What did your uncle do?" C: "Whenever he took us camping, he would always check us for ticks and he did things he wasn't supposed to do."	OF	Initial eliciting question for first target event. Mapped as Q#1. Implies several concerning events.

| Question / Response	QT	Comments
2 I: "Who did Uncle Ted do things to?" C: "Me and my brother, Tom."	OF	"Wh" question
3 I: "Where did he take you camping? Did you have a favorite place to go? Were you in the mountains, or at the beach, or at a lake somewhere?" C: "At Lake Lure. We went there a lot."	CH	Three questions asked (i.e., OF, YN, CH). Last question is coded.
4 I: "Did anyone else go camping with you?" C: "No, it was just me and my brother and Uncle Ted."	YN	"No" response.
5 I: "Tell me what your Uncle Ted did that he wasn't supposed to." C: "He told me and my brother to go in the tent and take our clothes off."	OF	OF disguised as NP. Focused on "what" of uncle's behavior (i.e., "What did your Uncle Ted do that he wasn't supposed to?")
6 I: "How come he wanted you to take your clothes off?" C: "Cause he said he needed to check us for ticks before we came home."	OF	"Why" question phrased as "How come?"
7 I: "Tell me everything he did after your clothes were off." C: "He checked us for ticks."	Cued-NP	Cued-NP follow up. Narrowly-focused request about "what he did"
8 I: "How did he do that?" C: "By looking at us with a flashlight."	OF	Specific OF focused on uncle's behavior.
9 I: "Where on your body did he check you?" C: "Everywhere."	OF	"Wh" question.
10 I: "Did he check your privates, too?" C: "Yes."	YN	Modifier: "Yes" response.
11 I: "Tell me everything he did when he checked your privates." C: "He made us stand in front of him without our clothes on. He looked at our privates with a flashlight."	Cued-NP	Cued-NP follow up. Narrow focus on uncle's actions.
12 I: "Did anything happen to your bottom?" C: Nods head "yes." "He said ticks like to hide there."	YN	Modifier: "Yes" response.

Question / Response	QT	Comments
13 I: "Did he make you bend over to check your bottom?" C: "I didn't want to but we had to."	YN	Modifier: "Yes" response.
14 I: "Did he try to put something in your bottom?" C: "No, he just checked it with a flashlight."	YN	String of 3 YNs possibly testing a theory rather than eliciting account in child's own words.
15 I: "How did it make you feel?" C: "I didn't like it. I was kind of scared."	OF	Assessing emotional response.
16 I: "Did anything else happen?" C: "We had to check him for ticks."	YN	Screening question. Modifier: "Yes" response.
17 I: "You said you had to check him for ticks. Tell me about that." C: "We checked him with a light, I mean his flashlight."	Free-NP	Free-NP follow up to "yes" response. Broad focus on "that."
(No Q#) I: "You checked him with his flashlight?" C: "Yes."		Not mapped. Restatement of child to check understanding.
18 I: "Did Uncle Ted want you to check his privates, too?" C: Nods head "yes."	YN	Modifier: "Yes" response.
19 I: "Tell me all about you and Tom checking Uncle Ted's privates for ticks." C: "We checked him for ticks just like he checked us."	Cued-NP	Cued-NP follow up to "yes" response. Narrow focus on actions of two boys.
20 I: "We have been talking about the time Uncle Ted took you and your brother camping at Lake Lure. Did he do anything else on that camping trip that he wasn't supposed to do?" C: "No."	YN	Screening question for other concerning actions during same target event.

Part two: AIM map, Interviewer B.

Free-Narrative Prompts (Free-NP)

17

Cued-Narrative Prompts (Cued-NP)

7, 11, 19

Open-Focused (OF)

1, 2, 5, 6, 8, 9, 15

Choice (CH)

3

Yes/No (YN)

4, ⑩⑫⑬14, ⑯

⑱ 20
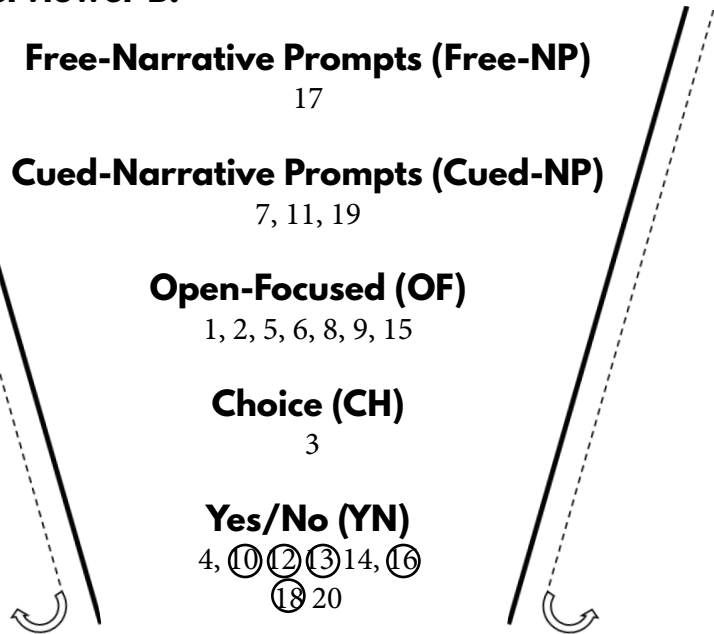
Part three: AIM appraisal, Interviewer B.

Examples of the three approaches for scoring the AIM map are provided below.

Tier counts.

- Top Tier (Free-NP + Cued-NP): 4
- Middle Tier (OF): 7
- Bottom Tier (CH + YN): 9

Comments: This interviewer's heavy emphasis on Bottom Tier compared to Top Tier questions is problematic. On the positive side, open questions (Top + Middle Tier) did outnumber closed questions (Bottom Tier).

Visual inspection of map.

- Heavy emphasis on OF over NP.
- Heavy use of YNs.
- Very limited use of NPs, despite no occurrence of failed NPs to suggest child was limited in narrative ability.
- Some recycling to OF after 3 to 5 "yes" responses, though recycling to NPs would have likely elicited more information.

Comments: Interviewer B did not demonstrate the narrative interview skills required to elicit a detailed free-narrative account. The interviewer relied too heavily on OF and YN questions at the expense of NPs.

Good/Best Practice Standards	Success Level*	Comments
1) Interviewer uses Free-NP to request a free narrative account early in sequence of questions (e.g., "Tell me everything…").	0	No NP until Q#7.
2) Interviewer relies heavily on NPs to elicit narrative account of target event (except in case of repeated NP failures).	0	OFs primarily used to elicit account despite no indication of NP failure.
3) Interviewer retries NPs after initial NP failure.	NA	No failed NPs noted.

Good/Best Practice Standards	Success Level*	Comments
4) Interviewer emphasizes use of Free-NPs over Cued-NPs early in questioning (i.e., Free-NPs emphasized in eliciting initial account).	0	Only 1 Free-NP out of 4 NPs.
5) Interviewer delays use of specific questioning (OF, CH, & YN) until late in development of account (except in case of NP failure).	0	Emphasis on OF and YN beginning with Q#1.
6) Interviewer emphasizes open questions (sum of Free- + Cued-NP + OF) over closed questions (sum of CH + YN).	1	4 NPs + 7 OFs = 11 1 CH + 8 YNs = 9
7) Interviewer minimizes use of YNs to elicit account, with no YN string of 3 or more.	0	Twice number of YNs as NPs (8 YNs, 4 NPs). 1 string of 3 YNs (Q#12-Q#14).
8) Interviewer recycles to NP or OF after each "yes" response. (Unless spontaneously elaborated "yes" response.)	1	Recycled to OF or NP after 3 of 5 "yes" responses (Q#10, #16, #18).
Advanced Practice Standards		
9) Interviewer uses three-part Free-NP to elicit initial account: • Start at beginning • Tell everything • That happened/That you remember	0	Standard not met.
10) Interviewer uses NPs to push to clear end of initial narrative account of target event.	0	Standard not met.

Comments. Interviewer B did not successfully meet any of seven applicable good/best practice standards for eliciting a free-narrative account of the child's experiences. While the child did provide significant amounts of information, AIM clearly shows the heavy reliance of OF and YN questions, in which the interviewer rather than the child directs the memory search. This may sometimes occur with new interviewers unfamiliar or inexperienced in obtaining narrative accounts, or even with more experienced interviewers who seek information from the child to fulfill their specific professional role.

Interview B highlights a common error in the authors' training and peer review experience, in which the failure to elicit an initial narrative account through NPs cascades into the interviewer becoming "stuck" in OF and YN questioning. The interviewer's heavy use of OFs and YNs limits the child's memory search and response, resulting in the interviewer struggling to obtain a complete account. As a clear example, the interviewer starts to test hypotheses in the middle of the interview, marked by string of YN questions (Q#12-Q#14).

Adding the advanced practice standards to our analysis provides additional samples of the interviewer's failure to use narrative interview strategies with a child who was likely capable of detailed narrative responses. Examples include failure to use a Free-NP, let alone a three-part Free-NP, to elicit an initial sequential account, and no attempt to use NPs to push to a clear end in the initial narrative account.

The interviewer also failed to isolate and label a single target event from the likely multitude of abusive events that occurred. As a result, the accounts of the two brothers appear contradictory about whether Uncle Ted had the boys check him for ticks, when they were likely describing different camping events.

Feedback for this interviewer may include several steps to return to best practices. The 4-Step Narrative Rubric outlined in Table 2 would solve multiple issues. The Narrative Rubric encourages the interviewer to obtain a full initial narrative through Free NPs, and then "circle back" using NP or limited OF. This simple step would likely delay and limit the need for multiple OF and YN questions, and would likely elicit critical information and corroborative details not otherwise known.

III. Why Take AIM?

Good training does not guarantee good interviewing. Without ongoing supervision and individualized feedback, many interviewers revert to bad habits over time, including overuse of specific and closed questioning (Lamb, Sternberg, Orbach, Esplin, & Mitchell, 2002). To prevent interviewer drift, supervision and feedback must be accurate, specific, and objective, as well as frequent enough to meet the needs of the individual interviewer (Cordisco Steele & National Children's Advocacy Center, 2018).

For many child forensic interviewers, supervision and feedback take the form of peer review with other forensic interviewers. Hypothetically, peer review provides a highly effective method for providing supportive and targeted feedback to interviewers. In reality, however, the peer review model has a number of inherent limitations that undercut its effectiveness in ensuring good practice and in preventing interviewer drift.

First, the accuracy, specificity, and objectivity of the feedback provided in peer review is dependent on the skill level of group members. Second, without explicit, agreed-upon criteria for making appraisals of interview quality, peer feedback is often too subjective or nonspecific to be helpful. Third, group dynamics or interpersonal relationships that deter group members from either giving or receiving constructive criticism may undermine the accuracy and objectivity of feedback. Fourth, time limitations may preclude individual group members from receiving the specific feedback and support they need. In its current form, therefore, it is likely that peer review often fails to deliver feedback that is accurate, specific, and objective.

Structured Assessment for Peer Review

The authors offer AIM as a remedy to limitations in current peer review practice. AIM provides a structured assessment for highlighting the strengths and weaknesses in questioning strategies. AIM also provides explicitly defined criteria for appraising interviewer performance based upon good/best practice standards (Newlin et al., 2015; Faller, 2007; Powell & Snow, 2007). As a result, AIM substantially increases the likelihood that peer review feedback will be accurate, specific, and objective.

In addition, as a system for coding interviewer behavior, AIM is unique in emphasizing both the sequence of questions as well as counts of question types. This tracking of question sequencing permits a deeper examination of the interviewer's specific question choices. For example, at what point in the Eliciting Account phase did the interviewer decide to dip down the funnel into more specific questions? Did the decision result from one or more failed NPs? Or the end of a narrative account? Such analyses of question choices done supportively should accelerate skill development.

Resource for Self-Review

AIM may offer the added benefit of mitigating the cost and inconvenience of the oversight needed to prevent interviewer drift. The traditional peer review model of quarterly or even monthly review meetings likely provides too little monitoring of individual interviewers to be effective in addressing individual needs. Stolzenberg and Lyon (2015) describe a peer review model augmented with self-evaluation that may offer some guidance. To be productive, self-evaluation requires a structured tool like AIM to provide objective standards for the appraisal process. With practice, interviewers and reviewers can map the Eliciting Account phase of most interviews within an hour or so from video or audio recordings, with minimal repeat playback. As a result, weekly self-assessment using AIM mapping, ideally supplemented by independent mapping by a supervisor or peer interviewer, might be a realistic, cost-effective option for many interviewers.

We would like to highlight AIM's design flexibility as another notable feature. With relatively minor adjustments or additions to the mapping instructions, modifiers, or formal scoring criteria, AIM can accommodate virtually every child forensic interview protocol. For example, if a given interview protocol (or peer review group) emphasizes tracking the use of questions about the child's emotional state, one can add a subscript such as the letter 'e' as a modifier to the Q# of all such questions. Similarly, AIM can be adjusted to reflect new research or other advances in practice, as needed.

In conclusion, the authors offer AIM as a practical,

easy-to-learn tool for self-assessment and peer review. The authors posit that AIM improves current self- and peer review practice by providing standardized methodology irrespective of interview protocols. It provides a clear visual analysis of the extent to which the interviewer remains faithful to best practice. We hope that AIM can be used to improve the quality of child forensic interviews in multiple arenas and settings, which in turn can improve outcomes for children and their families.

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The authors have made the AIM Scoring Form available for readers to download and use. Use this link to download and print your own AIM tables and maps.

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Why Forensic Balance Should Be Recognized as a Foundational Best Practice Standard - A Commentary on the State of Child Forensic Interviewing

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Key words: child forensic interviewing, forensic balance, specificity bias

Forensic Balance Defined

Sensitivity and specificity are statistical indices of diagnostic accuracy. Applied to the field of child forensic interviewing, sensitivity emphasizes minimizing false negative errors or errors of undercalling abuse, while specificity focuses on preventing false positive errors or errors of overcalling abuse (Everson & Sandoval, 2011). High sensitivity and high specificity are both desirable diagnostic goals, but increasing one often requires a tradeoff from the other. Sensitivity and specificity can be viewed as representing two competing interests: the protection of child victims from abuse and the protection of innocent adults from false allegations. Forensic balance is defined as giving equal priority to sensitivity and child protection and to specificity and adult protection in interview design, instruction, and practice.

Historical Roots of Forensic Bias (a.k.a. "You Had to Be There.")

Sensitivity and specificity each reflect compelling moral and ethical values. Both sets of values command our respect. It is troubling that in our 40+ year history, our field has not only failed to recognize forensic balance as a foundational best practice standard, but also failed to emphasize interview methodology to accommodate the objectives of both sensitivity and specificity. Instead of pursuing the middle path of forensic balance, our field veered into forensic bias. First, it embraced sensitivity bias for much of the 1980s before pivoting sharply in the 1990s to become mired, ever since, in specificity bias (Everson, 2012).

The birth of the current field of child forensic interviewing occurred soon after recognition in the mid-1970s that child sexual abuse (CSA) was a serious societal problem (Faller, 2015). Dating back to the influence of Freud in the early 1900s, CSA had been dismissed or ignored for decades because of widespread professional and public skepticism (Olafson, Corwin, & Summit, 1993). As a result, for decades, a substantial percentage of CSA victims were likely abandoned to ongoing abuse, despite their outcries for help. In addition, the development of interview methodology or protocols for child abuse assessment was given little priority.

A personal anecdote from the first author's postdoctoral training in the early 1980s is illustrative: "A senior faculty advisor learned of my interest in pursuing a specialization in the field of child sexual abuse and called me into his office in hopes of deterring me from making a regrettable career decision. With utmost sincerity, he explained: 'I have been a child clinician for over 30 years and in that time I have seen at most five true cases of sexual abuse. The cases are overwhelmingly false. There just aren't enough true cases of child sexual abuse to build a

career.'" Such blanket denials of the scale of CSA were not uncommon among our more senior mentors. It was therefore not surprising that young professionals in the new field of child sexual abuse often shared a "not on my watch" sentiment as well as notable sensitivity bias.

With little precedent to draw upon, the pioneers of the infant field of child forensic interviewing often breeched today's norms of accepted practice (e.g., sometimes interviewing suspected child victims together).

Nonetheless, the first class of forensic interviewers correctly realized the disclosure process often included phases of denial, delay, and incremental disclosure (e.g., Summit, 1983). This insight led to the development of child-sensitive interview methodology that included: A) an emphasis on rapport building to promote a sense of trust and safety, B) attempts to identify and remove psychological barriers impeding the disclosure process, and C) interviewer flexibility to conduct multiple sessions as needed.

Interviewers were initially given significant leeway in questioning strategies to ensure that no CSA victim was missed—before suggestibility concerns imposed more limits by mid-decade. Since interview strategies for eliciting the child's account were not well developed, interview guidelines often advocated the use of anatomical dolls so the child could "show" rather than "tell" what happened. Child-sensitive interview guidelines from this era included Jones and McQuiston (1985), Boat and Everson (1986), and MacFarlane and Feldmeth (1988).

The early-to-mid-1990s represent a critical inflection point in the field of forensic interviewing. In large part due to the "daycare disasters" of the 1980s, our field pivoted sharply from a focus on sensitivity and child protection to a sustained embrace of specificity and adult protection. The "daycare disasters" consisted of a series of high-profile, multivictim cases, primarily involving preschool-age children, that came to be widely viewed as false allegations of sexual abuse against innocent adults. Research psychologists (e.g., Ceci & Bruck, 1995) joined with critics of our field (e.g., Nathan & Snedeker, 1995) to argue that

overzealous child interviewers using highly suggestive interview techniques had to be reined in to prevent further miscarriages of justice.

The daycare cases of the 1980s had a profound and pervasive impact on our field. Although Cheit (2014) published a comprehensive analysis demonstrating that most of the daycare cases in question were likely true cases of abuse, the damage had been done. By the mid-1990s, the child-sensitive interview methodology of the 1980s had been seen as thoroughly discredited. Extended rapport building was viewed as unnecessary coddling. Multiple interview sessions were all but outlawed. Professional insights about the disclosure process (e.g., Perpetrator threats can deter victim disclosures.) were derided as unproven "clinical lore" (Ceci & Bruck, 1995). Interview protocols became more structured, if not scripted, to reduce room for interviewer error. To overgeneralize only slightly, the implicit attitude in interview methodology changed from "Tell me if you have a secret, so I can help." to "Convince me, if you say you were abused."

The specificity era witnessed not only the wholesale rejection of everything "clinical" from the sensitivity era but also produced a number of significant and lasting research advances in interview methodology. The development of narrative interview strategies, in particular, provided forensic interviewers with an indispensable tool for eliciting a comprehensive and detailed account from the child. Other research on interview design has completely reshaped the interview process (e.g., Lamb, Hershkowitz, Orbach, & Esplin, 2008).

Never-Ending Era of Specificity Bias

Since the early 2000s, there has been substantial reconsideration of previously discarded child-sensitive interview methodology (e.g., Pipe, Lamb, Orbach, & Cederborg, 2007). Examples include a greater appreciation for the importance of enhanced rapport (Cordisco-Steele, 2015) and interviewer emotional support (Saywitz, Wells, Larson, & Hobbs, 2015) as well as rapport refinements in the revised National Institute of Childhood Health and Human Development (NICHD) Interview Protocol (Hershkowitz, Lamb, Katz, & Malloy, 2013).

Also relevant is the growing corpus of research documenting the benefits of more than one forensic interview session (e.g., Faller, Cordisco-Steele, & Nelson-Gardell, 2010; Hershkowitz & Terner, 2007; La Rooy, Lamb, & Pipe, 2008).

However, despite the increased emphasis on sensitivity issues in research and literature, relatively little has changed in day-to-day interview practice. As a result, the authors of this commentary contend that our field at-large continues to implicitly, if not intentionally, prioritize specificity and adult protection over sensitivity and child protection. More substantial and explicit efforts will likely be required to bring about meaningful balance in interview practice.

In her comprehensive overview of forensic interview practice, Kathleen Faller reached a similar conclusion about the ongoing lack of forensic balance in our field: "Much of the research and practical advice has been driven by the concern that forensic interview practice might elicit false reports of sexual abuse and thereby jeopardize the lives of adults" (2015, p. 57). Faller also raises concerns that current interview methodology may jeopardize the lives of children by not providing sufficient opportunity for fearful and reluctant children to disclose their abuse.

The imbalance of specificity over sensitivity can be seen in the relative emphasis placed in interview design, instruction, and practice on preventing interviewer suggestion while virtually ignoring the effect of perpetrator "suggestion." The interviewer's access to the child is most often limited to a single, one-hour, videotaped interview. In contrast, the perpetrator may have 24/7 access to the child for years to manipulate, threaten, and intimidate the child into silence. Moreover, family members may also subtly or overtly influence a child prior to and after the interview, as the subsequent negative effects of the allegation (e.g., financial pressure, loss of a caregiver) become manifest.

Yet overwhelmingly, the research, commentary, instruction, and general angst in the field is centered on how to wring every last syllable of suggestion from interviewer questions. Comparatively little attention is given to the psychological barriers that the perpetrator

and potentially other family members may erect to ensure the child's silence.

The bias in favor of specificity and adult protection is also evident in the selection of the single-session, stranger interview format (SSSI) as a best practice interview format for the last 25+ years. A one-session interview format, conducted by an individual unfamiliar to the child, flies in the face of what is known about the disclosure process. The disclosure process, especially in CSA cases, is often "painful, incremental, and protracted" (Faller, 2020). Yet, interviewer flexibility to conduct a follow-up session to meet the needs of the child victim or the exigencies of the case is often severely restricted by others (e.g., multidisciplinary team (MDT) agreement, center policy, or jurisdictional constraints).

Three rationales are offered to justify the near-universal reliance on the SSSI format in child forensic interviews, regardless of *case characteristics* (e.g., no prior disclosure, close family member as suspected perpetrator); *child characteristics* (e.g., young age, rapport issues), or *interview outcomes* (e.g., denial by child despite compelling external evidence of abuse).

The primary rationale is concern that more than one interview session significantly increases the risk of interviewer contamination of the child's memory, especially through the use of repetitive and suggestive questioning. However, this concern is a training/practice issue, not a design flaw inherent in multiple session formats. The literature is clear that the risk of contamination of the child's memory is minimal when the interviewer follows best practice guidelines that emphasize open questions and free memory recall (Malloy & Quas, 2009). For example, La Rooy, Katz, Malloy, and Lamb (2010) found little evidence to support the notion that inaccuracy increased with multiple interviews with the same interviewer. In fact, La Rooy et al. (2010) have recommended more frequent use of follow-up interview sessions based on research that a second session provides the child an opportunity to recall more details and thus provide a more comprehensive account.

The second rationale for a one-session interview format is the belief that multiple interview sessions are

inherently traumatizing to CSA victims. This concern is likely derived from practice in the 1980s when a child might be interviewed by multiple professionals, each with a different role (Faller, 2020). However, the authors contend that the roots of apprehension regarding multiple *interviewers* grew into concern for multiple interview sessions by the *same interviewer*. Nor does research support the view that more than one interview by the same interviewer is traumatizing (La Rooy et al., 2008). Children often experience emotional discomfort or distress during the disclosure process, but this differs from psychological trauma in which the child's coping abilities are overwhelmed with potential long-term negative effects. Interviewers employ a number of interview strategies to provide support and reassurance as needed, such as taking a break from difficult topics.

This discussion raises two practical questions for interviewers with concerns about the trauma of a follow-up interview. First: Which is potentially more distressing to the child—having to examine every difficult detail in a single session, or the flexibility to titrate upsetting topics over the course of two or more sessions? Second: Who is best able to determine whether a follow-up session is likely to be traumatizing or emotionally upsetting—the researcher, the protocol developer, or the interviewer in the room with the child? Taking a child-centered approach, the individual child's needs should dictate whether additional interview sessions are needed, rather than reliance on a rigid, one-session policy for all children.

The third rationale for selecting a one-session over a multiple-session format is the issue of cost and convenience. A second interview session, even for a small subset of children, may not be realistic given existing resources, personnel limitations, and the availability of MDT professionals to observe follow-up interview sessions. The savings in program costs from a standardized, one-session interview format must be weighed against the costs of the one-session interview format to the safety and well-being of abuse victims who fail to disclose in a single session.

Research Related to Specificity Bias

A comprehensive review of research on the disclosure process is beyond the scope of this article. However, there are two publications offering appraisals of the SSSI format that must be considered. Lyon (2007) reviewed 16 studies of children age 3 or above who were identified as CSA victims on the basis of having been diagnosed with sexually transmitted diseases. Among 437 children across the 16 studies, only 185 or 42% disclosed sexual contact in the initial forensic interview. The false negative or disclosure failure rate using the SSSI interview format was therefore 58%. This error rate fell substantially when additional interview sessions were conducted (Lyon, 2007).

Hershkowitz, Lamb, and Katz (2014) compared the disclosure rates in the standard NICHD interview and the revised NICHD protocol, both of which are single-session formats. The sample included 426 Israeli children, ages 4 to 13, for whom there was substantial independent corroborative evidence of either physical or sexual abuse. Interviewers used the standard NICHD protocol in interviewing 165 of the children and the revised protocol in interviewing 261 of the children.

As expected, the revised protocol, which included more emphasis on rapport building than did the standard protocol, elicited a significantly higher disclosure rate (59.3% vs. 50.3%). However, the most noteworthy findings are the false negative or disclosure failure rates of 40.7% and 49.7% respectively for the revised and standard NICHD protocol.

These unacceptably high rates of disclosure failure from two of the premier forensic interview protocols in the field should raise alarms for all interview protocols and agencies relying on the single-session, stranger interview format. The Lyon (2007) and Hershkowitz et al. (2014) findings suggest that child victims of sexual and physical abuse are bearing a disproportionate cost to keep adults safe from false suspicions of abuse. Up to 50% of true cases of abuse may fail to disclose their abuse in the forensic interview process because of interview methodology that has prioritized specificity over forensic balance for at least the last 25+ years.

Such statistics are quite troubling, but there is other,

encouraging research to suggest that our field may be outgrowing its specificity bias. Fessinger and McAuliff (2020) recently published the results of a national survey of 781 forensic interviewers representing all 50 states. The survey included an assessment of interviewer's level of concern for the occurrence of false denials (i.e., sensitivity) vs. false allegations (i.e., specificity). By an overwhelming rate of 83% to 11%, forensic interviewers described themselves as more concerned about false denials than false allegations.

Interestingly, interviewers newer to the field reported higher levels of concern for false denials than more experienced interviewers. Fessinger and McAuliff (2020) speculate that interviewers with more years of experience are likely to be more familiar with and impacted by the highly publicized daycare cases of the 1980s than interviewers with less time in the field. If so, the leadership in our field, including protocol developers and senior trainers, may be more prone to specificity bias and less receptive to needed interview changes than most frontline forensic interviewers.

Model for Operationalizing Forensic Balance

Our objective in writing this paper is to call for revisions in child forensic interview guidelines to recognize forensic balance as a foundational best practice standard. In this section, we propose four standards of practice as an initial model for operationalizing forensic balance as best practice. We derived these standards of practice from melding best practice methods of the 1980s with best practice methods introduced since the 1990s. We designed the resulting model to increase the accuracy of case decisions by combining interview strategies intended to reduce false positive errors with those that reduce false negative errors. The first two of the following practice standards focus primarily on maximizing sensitivity, while the second two are intended to maximize specificity:

A. Interviewers should have the flexibility to conduct more than one interview session, as needed. *All* interviewers should be trained to determine when follow-up sessions are justified and how to conduct such sessions.

Disclosure is a process. "Just ask, they'll tell" is not a reliable interview strategy. Before "telling," many children require time over more than one session to develop rapport, overcome their embarrassment, or muster the courage to provide a full disclosure to the interviewer stranger. For many victims, the disclosure process is painful and protracted and may include phases of denial, minimization, incremental disclosure, and/or recantation. It is therefore essential that forensic interviewers have the flexibility to conduct more than one interview session as needed. As a matter of due diligence, a follow-up session may also be necessary to address inconsistencies and contradictions in the child's account relative to other evidence in the case. In addition, a follow-up interview provides more opportunity to explore alternative hypotheses that might better explain the abuse suspicion.

All forensic interviewers should be trained *when* and *how* to conduct follow-up sessions, not just the select few who attend specialized trainings on extended interviewing. The goal is to equip and empower *all* interviewers to make the decision of whether an additional session is needed and, if so, to conduct the session, building on existing rapport with the child.

B. The interview should include assessment of potential psychological barriers that may deter the child from communicating openly and accurately.

Psychological barriers may take several forms but, at their core, they generally involve issues such as fear, anxiety, mistrust, embarrassment, shame, guilt, and/or attachment to the perpetrator. Barriers can be instilled through perpetrator intimidation and manipulation, cultivated by unsupportive or blaming family members, or derived from the victim's own limited understanding of appropriate versus abusive relationships.

Often, the child directly reveals the presence of a barrier verbally or by demeanor. In other cases, interviewers can infer the existence of a barrier through a child's denials or omissions of known facts (e.g., denying a prior report of abuse to the school guidance counselor). Some barriers can be mitigated as the child's level of safety and comfort increases

during the rapport process, though most require more direct interventions such as targeted reassurances (e.g., "Let's ask your mom if it's okay for you to talk with me today.")

C. The primary goal of the interview should be to elicit a detailed, free-narrative account of the child's experiences, in the child's own words.

The child's account typically serves as an essential component in assessing the validity of the abuse suspicion. Ideally, the investigation of the abuse suspicion includes details or leads in the account that others can potentially corroborate (or refute). Eliciting a complete and detailed account typically requires the effective use of narrative interview methodology. The elements of narrative interview methodology include building rapport using open-ended, narrative questions; formal narrative practice; use of narrative invitations and follow-ups; and delays in the use of follow-up 'wh' and specific questions until the narrative is complete.

In addition, frequent peer- and self-review, especially using tools such as Advanced Interview Mapping (Everson, Snider, & Rodriguez, 2020, this issue), are recommended to prevent interviewer drift to less effective questioning strategies.

D. Interviewers should avoid questioning errors that can undermine the goal of eliciting a complete and accurate account from the child. Such questioning errors include, but are not limited to, leading and overly suggestive questioning.

Our field has historically obsessed over the degree of suggestiveness in the interviewer's questions. However, there are other questioning errors that equally undermine efforts to obtain a complete and untainted account from the child. These questioning errors include:

- Escalating to substantive questions before rapport and a level of comfort has been achieved
- Failure to elicit and encourage a full sequential narrative account using narrative prompts
- Failure to elicit a complete narrative from

child before interrupting with 'wh' and specific questions
- Focusing exclusively on the abuse act(s) without obtaining corroborative details of what may have occurred before and after the abusive event
- Failure to address gaps, inconsistencies, and contradictions in child's account

Avoiding these error types will require training specific to each error type, as opposed to general guidelines on how to avoid leading and highly suggestive questioning. Reducing a broad range of interviewer errors, and thereby improving overall interview quality, is a critical component in achieving forensic balance.

Conclusions

In their efforts to seek personal safety, child and adolescent victims of sexual abuse have traditionally faced a headwind from an unexpected direction. By our count, professionals charged with investigating or evaluating suspicions of child sexual abuse have, on average, prioritized adult protection over child protection for all but 15 of the last 120 years. (The 15-year gap includes the sensitivity era of the 1980s, give or take a few years at either end of the decade.) For the reasons summarized below, we are hopeful that the leadership of our field will take the steps necessary to end a century-long injustice:

1. Current standards of interview practice reflect an unacceptable bias against child victims by prioritizing specificity and adult protection over sensitivity and child protection.
2. A forensically balanced interview will likely increase the accuracy of case decisions by combining both sensitivity and specificity methodology to elicit a full and detailed account from the child.
3. A rigid, one-session interview policy is grossly in conflict with what is known about the disclosure process.
4. Research by Lyon (2007) and Hershkowitz et al. (2014) suggest that interview protocols based on a single-session, stranger interview format, likely produce a high level of disclosure failures.

5. A growing body of research suggests that follow-up interview sessions offer a number of benefits for case disposition, even for children who have made a disclosure in the first session (e.g., Faller et al., 2010; Hershkowitz & Terner, 2007; La Rooy et al., 2008)

Going forward, it is imperative that we in the field of child maltreatment recognize that the goals of protecting innocent adults from false allegations and protecting child victims from sexual exploitation are neither mutually exclusive nor incompatible. Investigations of abuse allegations center on the question, "What, if anything, happened?" We cannot justify addressing a question of such import with what we know to be biased and inferior interview methodology. Ethically, we can no longer justify business as usual.

About the Authors

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Scott Rodriguez, BS, is a retired Law Enforcement officer from the Dare County Sheriff's Office in North Carolina. He was assigned as a criminal investigator and conducted forensic interviews, and he conducts forensic interviews at the New Orleans Child Advocacy Center. He is a coauthor of the RADAR Child Forensic Interview Model.

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Clarifications

The APSAC Publications Committee and authors of the special section of the *APSAC Advisor* on parental alienation are issuing the following clarifications for their articles. The clarifications are noted below and will be updated in online version of the *Advisor 32*(1).

Introduction: Parental Alienation: A Contested Concept

- **Updates to p. 18, paragraph 3**

Previous Version:
There is a prodigious body of writings, on one hand, in support of PAS. It is frequently cited by PAS proponents as demonstrating the existence of PAS (e.g., Bernet, 2010). On the other hand, those concerned that PAS is used against traumatized children and adults in domestic relations court proceedings are critical of this literature, noting that most of the writings are advocacy pieces, opinion, and research with weak methodology (Saini, Johnston, Fidler, & Bala, 2016)

Updated Version:
There is a prodigious body of writings, on one hand, in support of PAS. It is frequently cited by PAS proponents as demonstrating the existence of PAS (e.g., Bernet, 2010). On the other hand, those concerned that PAS is used against traumatized children and adults in domestic relations court proceedings are critical of this literature (Sanders, Geffner, Bucky, Ribner, & Patino, 2015). In a careful review of PA research, Saini, Johnston, Fidler, and Bala (2016, p. 374) note that there is "a lack consensus on the definitions of alienation and the use of varying nonstandardized measures and procedures limit the ability of researchers to undertake methodologically sound research…" These authors further note "Studies of alienation have generally used small, nonrandom samples with no comparison group…"

- **Update to appendix (p. 21)**

Removed
Reference:
Bernet, W., & Baker, A. J. L. (2013). Parental alienation, DSM-5 and ICD-11: Response to critics.

Journal of the American Academy of Psychiatry and the Law, 41(1), 98-104.

PA is a generic term that refers to situations in which a child is cathected to one parent and alienated from the other. It does not specifically ascribe to the etiology or dynamics of the child's close relationship with one parent and distant relationship with the other parent.

Substituted
Reference:
Lorandos, D., Bernet, W., & Sauber, R. (2013). Parental alienation: The handbook for mental health and legal professionals. Springfield, IL: Charles Thomas Publisher.

PA is a term currently employed by parental alienation advocates.

- **Reference added**

Sanders, L., Geffner, R., Bucky, S., Ribner, N., & Patino, A. J. (2015). A qualitative study of child custody evaluators' beliefs and opinions. *Journal of Child Custody: Research, Issues, and Practices, 12*(3-4), 205–230. https://doi.org/10.1080/15379418.2015.1120476

Parental Alienation Syndrome/Parental Alienation Disorder (PAS/PAD): A Critique of a 'Disorder' Frequently Used to Discount Allegations of Interpersonal Violence and Abuse in Child Custody Cases

- **Update to p. 28, paragraph 1**

A reader asked for clarification on a sentence we wrote in our article and we realized we had inserted a word by mistake, 'all'. The sentence should have stated, "Parents can and sometimes do engage in intentional alienating behaviors in contested custody cases, but by asserting that allegations of child abuse or domestic violence are false claims derived from 'parental alienation behaviors' without actual evidence, proponents of PAS/PAD attempt to short-circuit careful investigations of serious allegations." We apologize for our error.

News of the Organization

Janet Rosenzweig, MS, PhD, MPA, Executive Director

Join APSAC for a Four-day, Beginner Virtual Forensic Interview Clinic October 2, 5, 9, and 12, 2020

APSAC's long-standing forensic interview clinic has been modified to go virtual as a highly interactive experience, offering role plays with paid, trained actors and feedback from national experts, including Patti Toth and Julie Kenniston! This virtual clinic has ben approved by the NCA. Space is limited and filling up fast; learn more and register today!

The APSAC Virtual Colloquium – Join Your Colleagues

APSAC will be offering our 27th Colloquium virtually, with 9 tracks over 3 days. Join us September 22, 23, and 24 for tracks including: Cultural Diversity Institute/Workshops; Ethics and Intervention; Family Violence, Media, and Trauma; Interviewing; Investigation/Prosecution; Medical; Mental Health and Mindfulness; Overcoming Parental Alienation Allegations; and Prevention. Extraordinary plenary speakers will be joining us virtually and more than 50 workshops will be available for you! We are also working on virtual after-hours activities to offer that special APSAC touch. Learn more about the virtual colloquium here and register for the colloquium here.

Join APSAC Online for Expert Content and CE Credits!

Meet up with friends and colleagues virtually, hear great speakers, and earn CE Credits! More events are being added all the time. Explore APSAC's new training calendar for the most up-to-date offerings!

- Interviewing the Child who is Recanting Sexual Abuse with Dr. Thomas Lyon, JD, PhD (Intermediate) —November 4, 2 PM ET. You can purchase Psychology CE Credits for Dr. Lyon's webinar here.

APSAC Welcomes New Editorial Team to the *Advisor* and *Alert*

The Board of Directors of APSAC is pleased to announce Drs. Lisa Schelbe and Carlo Panlilio as the new editorial team for the *APSAC Advisor* and the *APSAC Alert*. Serving as the Editor, Dr. Schelbe is an Associate Professor at Florida State University College of Social Work. Her research focuses on young people transitioning out of foster care and services to assist with their transition out of care. Dr. Panlilio, the new Associate Editor, is an Assistant Professor at Penn State's College of Education and a faculty member for the Child Maltreatment Solutions Network. His research focuses on the impact of early maltreatment on self-regulation and later student achievement. Drs. Schelbe and Panlilio first started working together early in their careers as Doris Duke Fellows for the Promotion of Child Well-being.

One of the new editorial team's first projects is a special issue of the *Advisor* on the COVID-19 pandemic. The special issue seeks papers that focus on 1) the pandemic's impact on various child serving systems and their responses, 2) specific child maltreatment risk and protective factors due to the pandemic, and 3) the pandemic's exposing and amplifying inequities for vulnerable children and families. The special issue seeks to include multiple perspectives and new voices; manuscripts representing APSAC's multidisciplinary focus are encouraged. View

the Call for Papers here.

The APSAC Board is grateful to Dr. Angelo Giardino of the University of Utah School of Medicine and Dr. Christopher Greely of Texas Children's Hospital for their four years of service to the *APSAC Advisor* and *APSAC Alert* and for their work in advancing these publications.

For more information about the *APSAC Advisor* and to sign up to receive the *APSAC Alert*, visit: https://www.apsac.org/apsacpublications

APSAC Establishes a Commission on Eliminating Systemic Racism and Implicit Bias in Child Maltreatment Work

APSAC believes it is essential to the future of our society that we eliminate systemic racism and implicit bias. Our efforts to address systemic racism and implicit bias, including cultural sensitivity and diversity training, are a start. APSAC has formed a new collaborative commission to address systematic racism and implicit bias in the field of child maltreatment. Visit APSAC's resource page on eliminating systemic racism and implicit bias in child maltreatment; please contact us to learn more about the commission and to share suggestions for additional resources.

Announcing Dr. Vince Palusci as Editor-in-Chief of Child Maltreatment as Dr. Daniel Whitaker Ends His Six-Year Tenure

After a national search process, Vincent J. Palusci, MD, MS has been appointed to a five-year term as Editor-in-Chief of *Child Maltreatment* succeeding Dr. Daniel Whitaker when his term ends later in 2020. Dr. Palusci is a Professor of Pediatrics at New York University Grossman School of Medicine in New York City, where he chairs the Hassenfeld Children's Hospital Child Protection Committee. He is a board-certified general and child abuse pediatrician at Bellevue Hospital and Langone Health. Dr. Palusci is a Fellow of the American Academy of Pediatrics and has served on the APSAC Board of Directors, Center on Child Policy, and boards for APSAC chapters in Michigan and New York. He was also Editor-in-Chief of the *APSAC Advisor* and *Alert*. His research has focused on epidemiologic and health issues for child abuse victims and prevention, he has written a number of articles and chapters, and he has edited seven books. He received the Ray E. Helfer Award for child abuse prevention in 2004 from the American Academy of Pediatrics and the National Alliance for Children's Trust and Prevention Funds.

At the July meeting of the Child Maltreatment Editorial Board, APSAC presented Dr. Daniel Whitaker with a plaque expressing our gratitude for his highly successful six-year term, during which he maintained the journal's scholarly excellence and raised its impact factor. Please read more about Dr. Palusci here or feel free to contact him at childmaltreatment@apsac.org.

How Can APSAC Help You Through These Trying Times?

APSAC continues to develop resources to meet the needs that some members have expressed. As we plan to do even more, we need to hear from you! Please take a moment to complete this survey—you'll be entered into a drawing for a free annual membership! Survey Here.

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Washington Update

Ruth Friedman, PhD

Congress Still Working on Next COVID-19 Response Package

Congress is still working on another COVID-19 response bill. Disagreements between the White House, Republicans, and Democrats have stalled negotiations, and it now looks like any further COVID-19 response will be moved at the same time Congress completes the annual appropriations bills that must be passed by September 30th, the end of the fiscal year. The child welfare and prevention communities continue to urge Congress to include funding to prevent and treat child abuse and neglect; and to support the foster care system, relative caregivers, and older youth aging out of the system. In April, nearly 600 national, state, and local organizations wrote to Congress requesting funding that would provide crucial support to families facing the stress and disruptions resulting from the COVID-19 pandemic by equipping the child abuse prevention and welfare systems with the resources they need to appropriately support children and families. Senator Casey (D-PA) introduced a bill to provide significant emergency Child Abuse Prevention and Treatment Act (CAPTA) funds, and Representatives Schrier (D-WA), Bass (D-CA), and Young (R-AK) introduced a similar bill in the House. In addition, Senators Murray (D-WA) and Schumer (D-NY) included emergency CAPTA funds in a broader bill that includes COVID-19 funding for child care and education.

President Issues Executive Order on Strengthening the Child Welfare System for America's Children

On June 24th, the Trump Administration released an Executive Order (EO) instructing the Secretary of Health and Human Services (HHS) to strengthen the child welfare system by encouraging robust partnerships between state agencies and public, private, faith-based, and community organizations; improving access to adequate resources for caregivers and youth; studying and issuing guidance on the Multiethnic Placement Act (MEPA); and improving processes to prevent unnecessary removal and secure permanency for children. The EO does not provide any additional funds to accomplish these goals.

CAPTA Reauthorization Remains Stalled

Progress on CAPTA reauthorization remains stalled despite the House of Representatives passing a bill in May 2019 and the Senate Health, Education, Labor, and Pensions Committee passing a bill in December 2019. There have been no recent negotiations between the House and Senate to reconcile the two bills. In early August, Chairman Lamar Alexander officially filed an amendment in to attach CAPTA reauthorization to the COVID-19 package—a procedural move that would allow the Chairman to quickly move CAPTA reauthorization to the Senate floor—but this action was not done on a bipartisan basis and does not include many of the key reforms included in the House of Representatives' bipartisan bill. At the moment, it does not appear that Chairman Alexander is planning to move forward with this partisan approach, but that could change quickly.

HHS Releases 27th Annual Report from AFCARS

On August 24th, the Children's Bureau released the 27th annual report from the Adoption and Foster Care Analysis and Reporting System (AFCARS) FY2019

data. The total number of children in foster care fell 2.5% compared to 2018, and the number of children entering foster care fell by 4.4%.

House Ways and Means Committee Investigates South Carolina Waiver Allowing Discrimination

On August 19, the Democratic Staff of the House Committee on Ways and Means released the findings from its yearlong investigation into the waiver HHS granted South Carolina allowing agencies receiving federal funds to discriminate against potential foster and adoptive parents because of their sexual orientation, gender identity, or religion. The investigation found that "the waiver permitted discrimination within the child welfare system based on religion and sexual orientation, resulted in harm to LGBTQ children and families, and is not in the best interest of children" and "agency documents show that the waiver was driven by Trump Administration appointees who excluded policy experts from the decision-making process." The Committee released a two-page summary and a full report: *Children at Risk: The Trump Administration's Waiver of Foster Care Nondiscrimination Requirements.*

More Programs Rated by Prevention Services Clearinghouse

In August, the latest round of program ratings was released by the Title IV-E Prevention Services Clearinghouse. New ratings were issued for thirteen programs: Six programs were found to not currently meet criteria, five were found to be "promising," two were determined to be "supported," and none were found to be "well-supported." The Clearinghouse was established by the U.S. Department of HHS and developed in accordance with the Family First Prevention Services Act (FFPSA) of 2018 to systematically review research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. The Clearinghouse is administered by Abt Associates and rates programs and services as promising, supported, and well-supported practices.

Services and programs must be rated appropriately to be eligible for federal funding under Title IV-E.

GAO Releases Report on Kinship Caregivers

In August, the U.S. Government Accountability Office (GAO) published a report on challenges grandparents and other older kin caregivers face when becoming primary caregivers. GAO found that in 2018, 2.7 million children lived with kin caregivers, mainly outside the foster care system, and that many face significant challenges. GAO concluded that HHS would improve kinship practices by proactively sharing information and guidance with states instead of only responding to state requests.

About the Author

Ruth Friedman, PhD, is Executive Director of the National Child Abuse Coalition. She is an independent child and family policy consultant and national expert on early education, child welfare, and juvenile justice. She spent 12 years working for Democratic staff of the U.S. House Committee on Education and the Workforce, helping spearhead early learning, child safety, and anti-poverty initiatives. Dr. Friedman has a doctorate in clinical psychology and a master's degree in public policy. Prior to working for Congress, she was a researcher and therapist, focusing on resiliency in children and families.

Sexual Abuse and Assault in a Large National Sample of Children and Adolescents

Carl Hanson, MS, MPP

Original study authors: Ateret Gewirtz-Meydan & David Finkelhor

Introduction

This descriptive study seeks to investigate and characterize the diversity of the problem of child and adolescent sexual abuse and assault (CSAA), based on data from the National Survey of Children's Exposure to Violence.

Research Questions

The authors intend to characterize how sexual abuse and assault differ for male and female victims. Sexual abuse has traditionally been taken to mean the abuse of a minor by an adult, but the authors emphasize the need to distinguish cases in which the perpetrator is also a juvenile, and particularly a peer, which they term assault. CSAA is thus defined as encompassing forced and unwanted sexual acts with anyone, including inappropriate sexual acts with adults. The authors examine the relationship and identity of the perpetrator; age at onset; the location in which the abuse took place; whether the abuse included penetration; the level of fear during the offense; and whether it was followed by missing school, injuries, and/or medical treatment.

Study Sample and Method

The sample for this study was taken from the National Survey of Children's Exposure to Violence, a U.S. nationally representative sample of 13,052 children and adolescents, ages 0-17 years. The Survey was collected in 2008, 2011, and 2014 via telephone interviews with youths aged 10-17 and caregivers of children aged 0-9. Of the total sample, the survey found 506 individuals who were exposed to sexual abuse or assault.

The authors aggregated data from three separate cross-sectional representative samples of U.S. children. They collected information on children's exposure to violence using the Juvenile Victimization Questionnaire based on the age at earliest abuse.

Findings

The authors found that most offenses were at the hands of other juveniles (76.7% for males and 70.1% for females), primarily acquaintances, and occurred more frequently for adolescents aged 14-17. Whereas girls were mostly abused by males (88.4%), boys were abused by both males (45.6%) and females (54.4%). Girls were more likely to be abused by boyfriends, juvenile male acquaintances, and male adult acquaintances, while boys were more likely to be abused by their girlfriends or female juvenile acquaintances. In 15% of cases, penetration (vaginal intercourse, oral sex, or anal intercourse) was part of the abuse. Victims reported being afraid in 37.5% of the episodes, but not at all afraid in 19.8% of the episodes. Victims reported lower levels of fear more often in peer victimization, with female perpetrators, and when penetration did not occur than when the abuse included a penetration attempt and involved an adult or a male perpetrator. Also, female survivors felt significantly more fear than male survivors during the abuse. The sexually abused and assaulted children were

more likely to be female, Black (non-Hispanic), of low SES, and residing in a large city.

Recommendations

The study findings indicate that children and youth are exposed to sexual abuse and assault in varied ways that require moving beyond conventional stereotypes of the problem. First, researchers, practitioners, and policymakers need to understand that more than two thirds of the perpetrators of these types of offenses are themselves juveniles. The authors suggest that schools might be ideal locations for initiating prevention efforts for peer-on-peer sexual victimization. Schools could employ sex-education programs, include information about peer-on-peer sexual offenses, and stress the importance of disclosure. Prevention programs could also educate youth on the characteristics and warning signs of dating violence and describe positive and normal relationship behaviors.

Second, the victimization of boys and girls differ: 45.6% of boys reported being abused by a male and 11.6% of girls reported being abused by a female. Additionally, it is important to recognize that boys can be victimized by females (54.4%), which may run counter to preconceptions. Girls were two times more likely to have been abused by a romantic partner than boys. Boys' victimization is highest in early childhood, while girls are victimized more in adolescence. Disclosure by boys can be delayed—perhaps due to masculinity ideals of strength and control, and the stigma of homosexuality—which indicates the need for a suited therapeutic approach and recovery journey.

Third, in only slightly more than a third of the cases were high levels of fear reported, although female survivors felt significantly more fear than male survivors during the abuse. The low levels of fear reported underline that abuse often does not occur through physical force, but rather by the use of pressure, surprise, and manipulation. This can contribute to the victims feeling guilt and self-blame and not reporting encounters that they may not see as meeting an imagined stereotype. The authors therefore suggest that treatment should not automatically be based on the idea that episodes with less fear, such as

with peer perpetrators or non-penetrative abuse, are less harmful than episodes with high fear.

Fourth, episodes of victimization are underreported, with 31.0% reported to parents, 33.7% to other adults, and only 19.1% reported to the police. This low level of disclosure may be because victims fail to recognize their encounters as sexual abuse. Underreporting suggests that child protection and police involvement need to be made more child friendly, and that educators and health professionals need to provide education and anticipatory guidance not only to children but also to parents, teachers, and police so as to encourage children to feel confident that they will receive a supportive response if they disclose.

Bottom Line

Based on the findings that the incidence of sexual abuse in children and adolescents is much greater than reported and the majority of offenses are at the hands of other juveniles, the authors suggest that prevention, primarily in schools, and facilitating reporting could help reduce sexual abuse and assault. The authors also recommend further examination of the data to understand the impact of the specific characteristics of abuse on children's mental health and self-concept so as to guide treatment.

Citation

Gewirtz-Meydan, A., & Finkelhor, D. (2020). Sexual abuse and assault in a large national sample of children and adolescents. *Child Maltreatment 25*(2), 203–214.

About the Author

After being a foster parent for over a decade, **Carl Hanson** *switched from designing management information systems to working to improve life outcomes for children through the rigorous evaluation of interventions. He earned a Master of Science in Public Administration degree from Carnegie Mellon University in 1988 and a Master of Public Policy degree with a specialization in evaluation from the University of Maryland, Baltimore County in 2012. After earning his second degree, he worked with Child Trends in Bethesda, Maryland, before moving to Nicaragua in 2019.*

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