

CHAPTER 5

The Forensic Interview

A Challenging Conversation

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INTRODUCTION

AS PARENTS WE wish for our children to have safe and happy childhoods, free from harmful or frightening experiences. Sadly, that goal is not always possible. In 2008 there were 3.3 million reports to Child Protective Services alleging possible maltreatment of 6.0 million children (U.S. Department of Health and Human Services, 2010). Seventy-one percent of those 3.3 million reports were for neglect, the most common form of child maltreatment. Sixteen percent of reports were alleging physical abuse and 9% were for sexual abuse (Greenbaum et al., 2008). In one year more than 7 million children were reported to have witnessed violence against a parent (McDonald, Jouriles, Ramisetty-Mikler, Caetano, & Green, 2006). When there is an allegation of child abuse or when a child is present during a violent or criminal act against another person, it is necessary for that child to be interviewed as a potential witness. A forensic conversation is challenging for a child for many reasons. The conversation is with a stranger and most often in an unfamiliar location. The topic(s) inquired about may be embarrassing or frightening because of the content, and the child may have limited vocabulary to describe their emotional and sensorial experience. The attempt to recall and give words to their experience often evokes uncomfortable internal responses and distressing memories. Finally, forensic

conversations demand a level of detail, explanation, and clarification that is unfamiliar to a child and certainly not part of everyday conversations.

The adult is also in an unfamiliar role, as a forensic conversation with a child follows an unusual pattern. Adults are typically in the role of the expert when talking with children, perhaps providing information or testing their knowledge or social responses. Adults frequently speak with a child with whom they share a history, culture, and common language, allowing the adult to fill in gaps in the child's descriptions and explanations. This shared context gives the adults greater confidence in their ability to understand the child's language, interpret nonverbal responses, provide support, and apply their own knowledge and experiences to the sparse descriptions often provided by a child.

WHAT MAKES AN INTERVIEW "FORENSIC"?

A forensic interview is conducted as part of a larger investigative process and is intended to elicit information that is uniquely the child's, which can be used to further law enforcement and child protection investigations. Forensic interviews should be conducted in a developmentally sensitive and legally sound manner, utilizing research and practice-informed techniques. The interviewer should maintain a supportive, but objective and hypotheses-testing stance throughout the interview. Saywitz and Camparo (2009) clarify the role of the forensic interviewer, saying, "The forensic interviewer is considered a fact finder, objectively gathering details of legal relevance and documenting children's statements verbatim, if possible. He or she is supportive but remains neutral to the veracity of the information provided and refrains from a relationship that could unduly influence children's reports" (p. 114).

CHILDREN'S RELUCTANCE

When children are victims of maltreatment or have witnessed harm of another person, are they able and willing to talk about their experience when asked? While this question is open to debate, research and practice support that some children do and some do not (Faller, 2003, 2007; Lamb, Hershkowitz, Orbach, & Esplin, 2008; Olafson & Lederman, 2006). Three primary sources have historically yielded information on children's willingness to talk about their experiences of child sexual abuse: studies reviewing children's behavior in substantiated cases of child sexual abuse, surveys asking adults about childhood experiences of sexual abuse including disclosure status, and information elicited from child sexual offenders about methods of gaining and maintaining children's

cooperation and silence. Lyon and Ahern assert that research clearly indicates that a subset of children are reluctant to disclose abuse and are at risk for recantation even when allegations of sexual abuse are true. They emphasize the necessity of interviewers possessing a good understanding of the dynamics of child sexual abuse in order to better adapt interview approaches to the children's needs (Lyon & Ahern, 2011).

Large national surveys conducted with adults who were promised anonymity document that the majority of people abused as children never report during childhood, with some participants disclosing for the first time during the survey (Finkelhor, Hotaling, Lewis, & Smith, 1990; Smith et al., 2000). Additionally, the participants articulated a variety of factors that influenced children's reluctance, including a close relationship with the abuser, fear of not being believed, embarrassment and shame, and concern for the welfare of others (Anderson, Martin, Mullen, Romans, & Herbison, 1993; Fleming, 1997).

Lyon and Ahern (2011) also consider information gleaned from offenders about the interplay of relationship and secrecy in child sex abuse finding that offenders used a combination of positive inducements, threats of loss of love or attention or predictions of disbelief, as well as authority, control, and force to maintain the secrecy. Offenders also described a progression of interaction beginning with trust-building behaviors, desensitization to inappropriate touch and talk, and finally progression to sexual acts as tactics employed.

When considering the research on children's disclosure patterns, London, Bruck, Ceci, and Shuman (2005, 2007) reviewed studies focusing on cases of substantiated child sexual abuse and found there were high rates of disclosure during the forensic interview. However, London's most recent literature review acknowledges that delay, lower disclosure rates, and recantation may occur when a close relationship to the perpetrator and a lack of family support are present (London, Bruck, Wright, & Ceci, 2008). Other studies have documented that the discovery of sexual abuse through means other than an outcry from the child, such as diagnosis of an STD (Chaffin, Selby, & Wherry, 1997; Lawson & Chaffin, 1992) or identification through electronic recordings of abuse (Cederborg, Lamb, & Laurell, 2007), correlates negatively with the child's willingness or ability to acknowledge or describe abuse.

FAMILY AND CASE DYNAMICS

Not all children who participate in a forensic interview have experienced or observed abuse or violence. A credible denial of maltreatment from a child is a welcome outcome for all involved. For children who do have

something to tell, many are able to be forthcoming in the interview, providing important details and clarification (London et al., 2007, 2008). However, a number of factors correlate with greater reluctance on the part of some children to disclose abusive experiences or domestic violence. Not surprisingly, because we are talking about children, relationship is critical. Children are often reluctant to reveal maltreatment at the hands of a parent or other loved or respected adult; likewise lack of belief and support by a parent or caregiver can diminish the child's willingness to disclose in the formal interview, as well as increase the risk of recantation. Young age, as well as cognitive or verbal limitations or disabilities are also associated with disclosure reluctance, whether from hesitancy or inability to articulate their experiences (Faller, 2007; Imhoff & Baker-Ward, 1999; Lamb et al., 2008; Malloy, Lyon, & Quas, 2007; Pipe et al., 2007).

The source of referral for the forensic interview may predict the child's willingness to be open with the interviewer. Although many children are interviewed in response to previous statements to an adult alleging abuse, children may be also be referred for a forensic interview following statements from a child or adult witness, medical issues indicative of sexual contact, disclosure during crisis or therapeutic interventions, information discovered through pictures, writings, or electronic transmissions of some kind, or offender confessions (Cederborg et al., 2007; Faller, 2007; Lyon, 2007; Lyon & Ahern, 2010). In these conditions, the child has heretofore not made an "outcry" and may not be prepared to talk about his or her experiences.

The relationship between previous outcry and active disclosure during the forensic interview is clearly documented (London et al., 2005, 2007; Lyon, 2007; Olafson & Lederman, 2006; Pipe et al., 2007). Olafson and Lederman (2006) define disclosure as a "clear verbal statement that at least one abusive act took place; although a disclosure need not be a complete report of everything that happened" (p. 29). Children identified as being in "active disclosure" are children who have made statements alleging abuse to an adult prior to the interview.

A third group of children may be referred for a forensic interview for reasons that are unclear such as frequent contact with a person identified as an abuser of other children, concerning and ambiguous statements about exposure or contact, unusual sexual behaviors in a young child, or statements to another child. Best practice guidelines serve to optimize forensic interview procedures and yield the best quality and quantity of information from children in active disclosure, but may be less effective with children who are more reluctant.

FROM RESEARCH TO PRACTICE

There are two types of research that inform our practice: analogue/laboratory research and field research. Analogue studies explore the impact of question formats and interview strategies by questioning children about staged mundane activities or following medical procedures with the added benefit of the ability to measure children's accuracy in reporting. Analogue research allows for the control of specific factors such as the child's age, role as an observer or participant, and the possibility of the introduction of misinformation during the questioning process. Field studies, while rarer and more challenging, provide valuable information about how children respond to questioning and interview approaches within the stressful context of a forensic interview. These studies allow us to form an opinion about the child's comfort and cooperation and to measure the amount of information elicited, but lack a mechanism for evaluation of the accuracy of the information.

The most extensively studied interview structure is the NICHD (National Institute of Child Health and Human Development) protocol, which recommends a highly structured interview with a preparatory phase focusing on narrative practice and interview instructions, a series of questions for transitioning to the substantive topic that become increasingly more focused, and rigorous use of open-ended questions with an admonition to avoid focused or option-posing questions until late in the interview (Lamb, Hershokowitz, Orbach, & Esplin, 2008; Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007; Orbach & Lamb, 2007). Although the NICHD researchers have conducted several studies looking at the introduction of gender-neutral drawings after the completion of the substantive portion of the interview, they do not support the use of media during the interview (Aldridge et al., 2004; Brown, Pipe, Lewis, Lamb, & Orbach, 2007; Teoh, Yang, Lamb, & Larrison, 2010). Information gleaned from the NICHD research has influenced the design of interview protocols by highlighting the importance of incorporating strategies designed to increase children's narratives and added to recommendations from previous research and instruction (Bourg et al., 1999; Faller, 2003, 2007; Home Office, 2002; Perona, Bottoms, & Sorenson, 2006; Saywitz, Goodman, & Lyon, 2002, 2010; Yuille, 2002).

Additionally, the NICHD research demonstrated the benefits of eliciting as much information as possible from free-recall memory. Children access free-recall memory when describing an event in their own way and with their own words, and this information is likely to be more accurate. The use of recognition prompts may be necessary, but more direct questions, particularly option-posing questions, are to be delayed as long as possible.

Interviewers limit a child's descriptions by asking closed questions, which result in shorter answers. As closed questions direct the child's attention to issues that are of interest to the interviewer, such questions risk narrowing the child's testimony and may increase the possibility of misunderstanding on the part of either party (Lamb et al., 2008; Saywitz & Camparo, 2009; Saywitz, Lyon & Goodman, 2011).

Forensic questioning formats lie along a continuum with open-ended/free-recall prompts being the preferred method for eliciting information and recognition prompts (multiple-choice, yes/no questions, and leading questions) being the most direct. General and specific "wh" questions, followed by a request to "tell me about that" may be necessary to elicit additional information from a reluctant child. Recognition prompts should be used with care and also followed by the "tell me more" request. Children are most suggestible about elements of their experience that they do not recall or are less sure of. One-word answers or yes/no responses make it difficult to know if the information is coming from the child or from the interviewer (Peterson, Dowden, & Tobin, 1999; Perona, Bottoms, & Sorenson, 2006; Poole & Lamb, 1998).

INTERVIEWING THE "CHILD WHO SHOWS UP"

Children vary widely as to their developmental age, cognitive abilities, cultural and social status, and experience with using language to describe their lives. Lamb and Brown (2006) describe children as learning to communicate through their interactions with adults, saying, "Children depend on their adult conversational partners, both for an understanding of the task and for retrieving and reporting detailed information about their experiences. We can thus view children as apprentices learning how to communicate effectively (p. 216). As previously stated, the forensic conversation is uniquely challenging for a child, requiring him or her to recall, visualize, and recount remembered events without the benefit of input from an adult observer or co-participant. The child's memory and language abilities interact as he or she attempts to recount a remembered event. Although challenging for all children, forensic interviews present greater obstacles for some children than for others. Age, developmental stage, and temperament of the child, family, and cultural influences (Fontes, 2005, 2008; Rogoff, 2003), and the presence of other factors such as disabilities (Davies & Faller, 2007; Greenbaum et al., 2008), poverty, or multiple stressors on the child or family (Finkelhor, 2008) can diminish the child's ability to describe and clarify autobiographical events, much less potentially confusing or frightening experiences (Perona et al., 2006).

It is widely acknowledged that children remember and recount less about events than do adults, with the youngest children recalling the least information (Klemfuss & Ceci, 2009; Orenstein & Haden, 2002).

With limited experience in the world and, consequently, limited language, a young child has greater difficulty providing verbal accounts of molestation, abuse, or violence. Such events are physical and emotional experiences, rather than experiences of words; and young children often lack the vocabulary to describe sensorial impressions, anatomical details, and contextual elements. Even children older than preschoolers may remember and reexperience traumatic incidents, but still struggle to find words to adequately describe such unique and stimulating events. In addition to young age, disabilities, poor cognitive and communicative abilities, and multiple forms of victimization may all be factors that diminish a child's ability to put words to their experience (Imhoff & Baker-Ward, 1999; Malloy et al., 2007; Pipe et al., 2007).

When the interviewer and the child come from different cultural backgrounds (including language, ethnicity, socioeconomic standing, and widely varying patterns of family and attachment) the adult's ability to adjust the conversation to the child and his or her ability to "apprentice" this child in the forensic conversation is doubly challenging (Faller & Fontes, 2007; Fontes, 2005, 2008; Reese & Farrant, 2003; Rogoff, 2003). In summary, forensic interviewers may struggle to "address the important and complicated factors that make some children unwilling to talk about their experiences" (Lamb, Hershkowitz, Orbach, & Esplin, 2008, p. 17).

INTERVIEW STRUCTURE

"Every child is unique, and there is no single correct way to interview children. There is no gold standard that all interviewers must follow" (Myers, 2005, p. 43). Understandably though, this is not a conversation to make up as one goes along. A phased approach is universally recommended which may be labeled as an interview structure, guideline, or protocol. For the sake of expediency, the term *structure* will be used, although it has no more favor than other terminology. Forensic interview structures incorporate many of the same phases, but the phases may be labeled individually or grouped. Phases include introductions, rapport building, narrative practice, guidelines/rules, a strategy for transitioning to the substantive topic, narrative description, follow-up questioning, clarification, and closure. Adaptations to the structure will be needed to address developmental considerations, cultural issues, and investigatory concerns (Faller, 2007; Fontes, 2005, 2008; Imhoff & Baker-Ward, 1999; Saywitz, Lyon, & Goodman, 2011; Saywitz & Camparo, 2009).

RAPPORT

Rapport is established in a variety of ways. A comfortable environment, warm interviewer demeanor, attentive listening, facilitation skills, and developmentally sensitive questioning all contribute to building rapport with a child. Research provides little direction in setting up a child-friendly interview environment (Russell, 2004), although consensus exists about many considerations. The ideal room should be attractive to a child, safe, private, and not too stimulating with warm pastel colors and comfortable furniture. Posters or artwork in the room should be appealing to a child or teen, but not of a fantasy nature. The room can be equipped for audio or video recording, and the ability for case investigators or other children's advocacy center (CAC) staff to observe is optimal (Bourg et al., 1999; National Children's Alliance, 2010).

Opinions differ about some elements of a child-friendly room with one approach encouraging minimalism in furnishing and equipping the room and the alternative approach recommending the inclusion of simple materials. A small table and chairs and a child-size easel with large paper and markers may be helpful for younger or reluctant children. The goal is not to encourage play, but rather to provide simple, versatile forms of media that may be used to build rapport, assess developmental skills, and to facilitate conversation. All materials should be in good repair (Cordisco Steele, 2005; Faller, 2007; Pipe & Salmon, 2009).

Bottoms, Quas, and Davis (2007) describe the importance of social support saying, "A socially supportive interviewer can enhance children's eyewitness reports by reducing their suggestibility (compliance) and by aiding memory recall after a delay" (p. 151). Interviewer demeanor combined with a child-friendly environment can help to communicate that this is a safe place for children. Physical contact with the child is to be avoided in the forensic interview setting, but a sense of openness and interest can be communicated through behaviors and voice tone (Davis & Bottoms, 2002). Nonverbal behaviors include an open posture, a relaxed and friendly facial expression, demonstrated attention to the child, a relaxed pace with no sense of rush or pressure, and appropriate mirroring of gestures. Verbal behaviors that communicate social support and provide scaffolding for the child's statements include encouragers ("uh huh," "hmmm," "I see"), paraphrasing, summarizing, follow-up questions, and silence. Strong responses such as gasps or "how awful" are to be avoided. Paraphrasing, also known as *reflection* or *active listening*, can be especially useful in communicating to the child that the forensic interviewer is truly listening. For the child who typically gives shorter responses, the combination of paraphrasing the child's

statement paired with "tell me more about . . ." provides additional scaffolding (Evans & Roberts, 2009). Summarizing is best described as an extended form of paraphrasing, which ties together a number of the child's statements or may be used as a follow-up with the child who gives long and detailed narratives to ensure that the interviewer is tracking important information. A relaxed atmosphere that incorporates moments of silence throughout the interview allows the child periods of time to think, to formulate responses to questions, and perhaps work through ambivalence about putting experiences into words.

NARRATIVE PRACTICE

A narrative practice phase provides an opportunity for the interviewer and child to establish a different conversational pattern, in which the child is immediately acknowledged as the expert or "holder of the information," the one who does the talking, and the interviewer establishes herself as a good and active listener. The inclusion of narrative practice in the early stage of the interview is shown to increase a child's informative responses to open-ended prompts in the substantive portion of the interview, which can lessen the need to rely on direct or leading prompts (Hershkowitz, 2009; Lamb et al., 2008; Poole & Lamb, 1998; Sternberg et al., 1997). This phase comes more easily to some children than to others.

Children from high narrative families have more experience with engaging in elaborative conversations and may readily respond to this opportunity (Cheyne & Tarulli, 2005; Fivush, Haden, & Reese, 2006; Reese & Farrant, 2003). Other children, lacking experience with expanded conversation, may need paraphrasing and additional prompts to be able to provide narrative descriptions. This second group of children may actually benefit most from narrative practice. An appropriate practice topic can be selected from common child experiences (i.e., a recent holiday, birthday, the first day of school,) solicited from the child's caregiver or introduced by the child during rapport building. Many children initially supply a relatively skeletal description of the target experience. The interviewer should prompt for additional description by selecting a word or phrase from the child's statements and request further elaboration or explanation, thus encouraging the child to provide detailed descriptions. The interviewer is provided an opportunity to establish a baseline of linguistic functioning for each individual child and to develop a working hypothesis about how to best question this child to obtain the optimal quality and quantity of information (Lamb et al., 2008; Saywitz & Camparo, 2009; Saywitz, Lyon, & Goodman, 2011).

GUIDELINES OR RULES FOR THE INTERVIEW

Informing the child about the rules or guidelines for the interview, paired with the opportunity to implement those guidelines, further instructs the child about the different conversational flow or "how we talk about things in this room" (Cordon, Saetermoe, & Goodman, 2005; Faller, 2003, 2007; Saywitz, Lyon, & Goodman, 2011) and clarifies his or her role as a witness. The age of the child dictates the number of guidelines and, perhaps, the specific guidelines that may be most helpful. Preschoolers are seldom able to make use of interview instructions, given their challenges with monitoring their own conversations and memory. Beneficial instructions may include "I was not there and don't know what happened. When I ask you questions, I don't know the answer to those questions," as well as permission to say "I don't know" and "I don't understand that question." A request to "tell the truth" or to "only talk about things that really happened" emphasizes the importance of the conversation and is sometimes paired with a broader conversation and testing procedures for the meaning of "truth" and "lie" or a request for a promise of truthfulness (Lyon & Dorado, 2008; Lyon et al., 2008). Interviewers may ask a child to identify a statement about the color or name of an object in the room as being a truthful statement or being a lie. Alternatively, interviewers may employ a prepackaged approach such as the "Qualifying Children to Take the Oath: Materials for Interviewing Professionals" developed by Thomas Lyon and Karen Saywitz (2000). This testing process is recommended in some protocols and not in others; but ultimately this is a decision made at the local level, influenced by state statutes, and determined by prosecutor or court preference.

Instructions are easy to administer and do not require much time. Younger and more compliant children may benefit from practice to ensure that they understand an instruction.

TRANSITION TO THE SUBSTANTIVE PORTION OF THE INTERVIEW

Any topic raised by the child related to safety concerns or possible maltreatment should be explored. This may include the referral topic and in such cases the interviewer would simply follow the child's lead. However, many children wait for an invitation from the interviewer to address the substantive topic. An open prompt such as "Tell me why you are talking with me today" or "What are you here to talk about?" invites the child to begin the conversation in his or her own words. This type of prompt is most likely to be successful when the child has initiated the investigation through an "outcry" statement and has received a

supportive response (Faller, 2007; Lamb et al., 2008; Saywitz, Lyon, & Goodman, 2011). A child demonstrating minimal reluctance may respond to more focused, but still nonleading prompts, such as "It's very important to tell me why you are here to talk to me today" or "It is my job to talk with kids when something may have happened to them. It's very important that you tell me why your mom (dad or whoever accompanies the child) brought you to talk to me."

Once the topic has been broached, the interviewer should invite the child to "start at the beginning and tell me everything" or a variation that is developmentally suited to this child.

In day-to-day practice, however, there are many avenues that bring children to a forensic interview and a child may demonstrate reluctance to transition to the substantive topics for a variety of reasons. Most interview structures provide direction for focusing a child who is nonresponsive to the open prompts. Some interview structures (NICHHD Interview Guidelines, Lyon's 10-Step Investigative Interview) recommend a series of increasingly focused prompts concerning statements the child has previously made or circumstances of those statements (Lamb, 2007, 2008; Lyon, 2005). The approach is applicable where the child has made previous statements.

When a child demonstrates reluctance to address the allegation topic, the interviewer should consider an array of possibilities. Perhaps the child has not experienced any maltreatment and actually has nothing to report. A young child may have made concerning statements or exhibited behaviors without any understanding of the serious nature of his or her communication and without certainty on the adult's part that the child actually is reporting abuse. Alternatively, a child may be referred for an interview because of statements from a witness or discovery of evidence of maltreatment and there are no prior statements by the child. Additionally, children who made an "outcry" to a trusted adult may be reluctant to talk to a relative stranger during the formal interview. In such circumstances the interviewer is challenged in designing appropriate focused and nonsuggestive transitions to open discussion about possible maltreatment. Saywitz, Lyon, and Goodman (2011) articulate the dilemma, saying, "Research findings support beginning with very general prompts, but when these do not elicit a disclosure, protocols recommend that alternative strategies for engaging in a conversation about points of potential forensic relevance be conducted in the least leading fashion possible. However, there is little research testing the independent contribution of the various strategies" (p. 345). One approach (CornerHouse: RATAAC) instructs the interviewer to introduce an anatomical drawing, request names of body parts, and follow with a series of

questions about a variety of appropriate and inappropriate touches (Anderson, et al., 2010; Vieth, 2006; Walters et al., 2003). Other interview structures take a more eclectic approach in an attempt to craft a transition to the particular needs of the child and case. One such strategy recommends that the interviewer engage the child in focused conversations about personal topics such as people, activities, locations, specific periods of time, or topics such as secrets, rules, safety, or worries (American Professional Society on the Abuse of Children [APSAC], 2002; Cordisco Steele, 2005; Faller, 2007). Some children may be assisted by spending more time in the rapport-building phase of the interview, which may be facilitated by an extended, multisession interview format (Carnes, Nelson-Gardell, Wilson, & Orgassa 2001; Hershkowitz, Lamb, Orbach, Sternberg, & Horowitz, 2006; Hershkowitz & Terner, 2007; LaRooy, Katz, Pipe, & Lamb, 2010; LaRooy, Lamb, & Pipe, 2009). Interviewers are advised, in all techniques, to avoid questioning approaches that are suggestive, coercive, or manipulative and to demonstrate acceptance of the child's responses. Refusal to accept the child's answers or continued repetition of the same question may influence the child to change his or her response.

GATHERING DETAILS

When a child acknowledges an experience of maltreatment, the interviewer faces the challenge of eliciting detailed information from the child without the use of leading questions. Following directives from research indicating that open prompts elicit the highest quality and quantity of information, interviewers should emphasize questions that tap free-recall memory (Lamb et al., 2007, Lamb et al., 2008; Saywitz, Lyon, & Goodman, 2011). The narrative practice phase of the interview should have given the child some understanding of narrative description of a remembered event and also provided the interviewer a glimpse into the child's narrative style (Lamb & Brown, 2006; Sternberg et al., 1997). Particularly with a child in active disclosure the interviewer should rely on free-recall prompts gaining as much description of the event in the child's words as possible and avoiding the impulse to move quickly to "wh" questions or recognition prompts (Lamb et al., 2007, 2008; Lyon, 2005). A narrative child should not be interrupted to ask for clarification; rather, it is the interviewer's responsibility to attend to elements that require clarification, using cued open prompts to request further explanation. Pacing remains important throughout the interview and the interviewer should allow time for additional thoughts from the child. Option-posing questions, such as multiple choice or yes/no questions, should be used sparingly and only

as necessary. When there have been multiple incidents of abuse the child should be encouraged to describe individual incidents. It is helpful to begin with the most memorable incidents, using prompts such as, "Tell me about a time that you remember well," or "a time when something different happened," or "a time when something happened in a different place" or "in a different way." The child can also be asked to tell about the last time and the first time if they are able to recall those times.

Even highly narrative children may omit forensically important details, because of their lack of experience as a witness, because details are painful or frightening to think and talk about, or because the child did not attend to all details of an event (Myers, 2005). It is widely acknowledged that witnesses (children or adults) do not store complete information about well-remembered personal experiences, and from a developmental perspective, the younger the child the less information will be stored. When addressing missing elements in a child's description of an event, interviewers must balance the use of focused prompts, which may help a child to recall additional information, with the risk of encouraging guessing or suggestion of information to the child. We have research that tells us that such prompts are potentially more risky, but nothing that addresses the conditions under which they may be helpful in jogging the child's memory. Peripheral elements of a well-remembered event may be challenging for a child, even when those elements may seem to be of forensic significance. Elements such as number of times, dates of occurrences, or specific singular elements of any kind, while of interest to investigators, may not have been encoded by the child. Details contained within the child's narrative descriptions are usually considered more reliable (Friedman & Lyon, 2007; Lamb et al., 2008; Myers, 2005).

Issues raised earlier about the use of media in the rapport-building phase apply to the substantive portion of the interview with concern that media may encourage fantasy or prove distracting to the child. Additionally there is concern that interviewers can become overly dependent on a particular tool, such as anatomical drawings, rather than implementing research-based techniques that encourage narrative description. However, other interviewers and experts believe that some reluctant children are assisted by access to media, which may serve to facilitate context-reinstatement, diminish embarrassment, and allow additional modes of expression for the child (Faller, 2003, 2007; Pipe & Salmon, 2009; Salmon, Roncolato, & Gleitzman, 2002; Thierry et al., 2005; Wesson & Salmon, 2001). When language fails a child who attempts to explain particular details, allowing the child to use media to demonstrate may prevent the interviewer's tendency to resort to complex and potentially suggestive questions. For example, a child may use free drawing or a doll

to clarify confusing statements about positioning or the arrangement of their clothing.

CLOSURE

It is recommended that the interview ends as it began, with the emphasis on the child. At the close of the interview, the interviewer should turn the conversation to positive or neutral topics.

The child's questions or concerns should be addressed to the best of the interviewer's ability. If the child has become distressed during the conversation, the interviewer may spend more time in rapport building and everyday conversation, allowing the child time to become more comfortable again. The child should always be thanked for his or her participation in the interview.

TRAINING AND SUPERVISION OF INTERVIEWERS

Though family members and professionals have been questioning children about possible maltreatment for many years, child forensic interviewing is just coming into its own as a professional role with a body of knowledge and specific skill set. Research about the impact of questioning approaches and forensic strategies is growing at a rapid pace and we are incorporating literature related to developmental, cultural, and family influences on the disclosure process. The empirical knowledge provides direction to interviewers about good practice. Opinions vary as to the professional affiliation and previous knowledge that best prepare a person to conduct forensic interviews and a more systematic investigation of personal and professional qualities of a forensic interviewer needs to be undertaken.

Forensic interviews do not occur in isolation and the practice of forensic interviewers is not solely determined by their skill sets and personal preferences. A forensic interviewer, whether a child interview specialist (CFIS) or a child protective services (CPS) or law enforcement (LE) investigator who interviews child witnesses does so in the course of an investigation and works at the direction and discretion of multiple authorities, including agency guidelines and standards, state procedural and statutory requirements, political influences, and local historical practice. Even the presence of a children's advocacy center and/or a multidisciplinary team does not ensure uniformity in practice. Saywitz and Camparo (2009) write, "MDTs vary widely in configuration, function, composition, training, and attendant legislation. Studies are often unable to control for significant preexisting factors (e.g., demography of catchment areas, characteristics of children served, such as age and type/severity of abuse)" (p. 114).

Conducting a high-quality forensic interview of a child is a complex task, so one would not expect interviewers to be adequately prepared in a one-week training program. Research clearly indicates that only when preliminary training is followed by access to ongoing training, in addition to oversight of the interviewer's practice through individual supervision and/or peer review, can interviewers develop and maintain good interview skills (Aldridge & Cameron, 1999; Lamb et al., 2000, 2002; Warren et al., 1999). However, we lack clear direction as to the best format for delivery of feedback, timing, and frequency of feedback, and mechanisms for developing an infrastructure that can provide the oversight. Review of an interviewer's work is only as beneficial as the quality of that feedback, influenced by the reviewer's knowledge of best practice and their skills in supervision. Vicarious traumatization, often an issue for those working daily with abused children, should also be addressed through supervision and peer review (Conrad & Kellar-Guenther, 2006; Harrison & Westwood, 2000). The needs of interviewers at different skill levels and with a variety of professional backgrounds and day-to-day job tasks have not been well defined. More research is warranted to inform practice parameters around the best format and timing for feedback, the skill level needed for interview mentors, and effective implementation of peer review.

CONCLUSION

In sum, conducting a forensic interview of a child is a complex task that requires knowledge of child development, an appreciation of the needs of criminal and child protection investigations, knowledge of existing research and practice standards, and the implementation of a unique skill set for eliciting information from a child. Additionally, good forensic interviewers must maintain an open-minded, hypotheses-testing approach while providing noncoercive support to a child. This burgeoning field calls for continuous dialogue regarding the most effective ways to integrate emerging information that comes from science and case law into best practice standards in order to provide the most helpful forensic interviews to the children we serve.

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