
A Model for Conducting Forensic Interviews With Child Victims of Abuse

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The Center for Child Protection has been conducting forensic interviews with suspected child victims of abuse since 1978, with videotaping in place since 1983. The forensic interview protocol is described here, including interview phases, use of anatomically detailed dolls, use of open-ended versus direct questioning, and use of strategies to cope with avoidant children. Supervision, quality assurance, and peer review procedures are described and discussed.

The Center for Child Protection (CCP) is an outpatient department of Children's Hospital and Health Center, located in San Diego, California. The Evidentiary and Assessment Program was established in 1978. Since that time, the CCP has provided forensic interviews and medical evaluations for suspected child victims of sexual and physical abuse; the forensic interviews have been videotaped since 1983. The Evidentiary and Assessment program provides services to approximately 1,200 children and developmentally disabled adults per year. This population is referred by local law enforcement jurisdictions and child protective services (CPS). The evaluations are funded by the referring agency.

Since inception, the CCP Evidentiary and Assessment Program has represented a multidisciplinary team approach to the evaluation and investigation of child abuse allegations. A forensic interviewer is seen as a member of a team comprising personnel from law enforcement, social services, medical staff, and the judiciary. The specific role of an interviewer is to obtain children's statements of what their experience may have been. The interviewer's goal is to obtain

these statements in an objective, developmentally sensitive, and legally defensible manner.

To this end, the CCP has developed and implemented a forensic interview protocol. The interview protocol is not meant to be a script or rigid set of rules that the interviewer must follow. Rather, it establishes clear guidelines regarding the different phases of the interview as well as what types of information the interviewer should attempt to obtain. Interviewers are expected to adhere to the protocol in every interview and move through the phases of the interview in a standard manner. The protocol provides structure and guidelines for what often can be an unwieldy process. In a sense, the protocol provides checkpoints that interviewers learn and use to orient themselves throughout the interview process. The protocol facilitates internal consistency among interviewers and uniformity between interviews. Referring agencies can have confidence that the protocol will be implemented and the same type of information explored for each case that is presented. At the same time, it is recognized that variables exist that may affect the degree to which an interviewer is able to adhere to the protocol. These include linguistic and cultural issues as well as the individual child's emotional state, cognitive status, and willingness to participate in the interview process.

This article describes the CCP forensic interview protocol, discussing supervision, quality assurance, and peer review procedures.

VIDEOTAPING

The Center for Child Protection has videotaped forensic interviews since 1983. Extensive consultation with local law enforcement jurisdictions and the District Attorney's office indicated that if properly conducted, a videotaped forensic interview could be used as an investigative tool and, under certain circumstances, could be admissible in a court of law. Videotaping of forensic interviews is currently endorsed by the American Academy of Child and Adolescent Psychiatry (Berliner & Conte, 1993).

An important goal of the multidisciplinary team approach is to minimize the number of times the child is interviewed by personnel from various agencies. Repeated interviews may be emotionally traumatic to children by forcing them to relive the details of their abuse (Mead, Balch, & Westgate, 1987). The risk of contaminating a child's spontaneous history is increased as the number of interviews rises. For example, a child may begin to incorporate adult terminology into the history. As children are repeatedly questioned they may feel that their credibility or truthfulness is being challenged. This may cause them to alter previous responses, attempt to anticipate information that the interviewer desires, or become resistant and avoidant to the interview process (Ceci & Bruck, 1993). All of these reactions can create problems in the effective assessment and investigation of child abuse allegations.

At the Center for Child Protection, a forensic interview is conducted in a child-oriented room equipped with a one-way mirror, behind which is an observation booth and videotaping equipment. Only the child and interviewer are present in the room. However, the one-way mirror and videotaping process allow for nonintrusive observation of the interview. Typically the investigating officer and the CPS worker are present behind the one-way mirror. Videotaping is intended to minimize repetitious questioning and can give a viewer an appreciation of the child's state of mind at the time of disclosure.

The CCP's videotaping policy requires an interviewer to inform children both that they are being videotaped and who is observing the interview. Our philosophy is that the child has a right to this information and to express concerns, questions, or reser-

vations about this process. Young children can be comforted by an explanation regarding videotaping, feeling that their account is worth preserving. Older children are reassured by the videotaping process, knowing that they will be interviewed a limited number of times (Home Office and Department of Health, 1992). It is explained to all children that the videotape will not be shown on the evening news or at their school. Of the thousands of children interviewed during a 12-year period, all but a few have given their consent for the videotaping to proceed.

A videotaped interview affects a viewer in a number of ways. An important advantage is the opportunity to appreciate the emotions exhibited by the child (Mead et al., 1987). A verbal account or written report cannot adequately convey the many nonverbal cues used

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by the child. These include facial expressions, physical demonstrations and gestures, and body language. In some court cases a substantial amount of time may have elapsed between the child's testimony and the initial disclosure. On the court date the victim is older, may appear physically more mature, and may be less emotionally demonstrative. The videotaped interview allows a viewer to assess the child's history, the emotional impact of the abuse, and the vulnerability of the victim within a chronologically accurate time frame (Berliner, Stephenson, & Stern, 1992).

The videotape preserves an accurate, objective, and permanent record of how the interview was conducted. Interviewers who are properly trained and who conduct themselves in a professionally responsible manner can benefit from this. The videotape can stand as a rebuttal to allegations that the interviewer coached, coerced, or intimidated a child into making abuse allegations (Berliner et al., 1992). Videotapes provide a record of evidence that will exist far beyond the memory of the interviewer. Review of the videotape prior to testimony as an expert witness allows for more accurate accounting of the facts obtained during the interview.

At the Center for Child Protection the videotaped forensic interview is used as a vital tool in research, program development, and training. Ongoing research projects assist interviewers in fine-tuning their

skills and ability to engage a child appropriately. Peer review and observation of interviews during supervision encourages improvement of techniques and discussion of difficult cases.

The videotaped forensic interview is used by the CCP as a tool that protects the rights of all parties while providing an accurate and responsible accounting of the interview process.

HISTORY GATHERING

Before interviewing a child, an interviewer must gather relevant history pertaining to the current allegations from both the referring agency and the child's caretakers.

The initial step in the forensic interview process involves meeting with a representative from the agency requesting the interview. This is usually the investigating detective or the CPS worker. The interviewer explores whether the child has made a disclosure and, if so, to whom. The circumstances of the child's disclosure, as well as information regarding earlier interviews of the child, are requested. The interviewer investigates the child's possible prior history of abuse as well as previous law enforcement contact with the alleged perpetrator.

An interviewer then proceeds to gather history from the child's caretakers, usually a parent or relative. (Under no circumstances is the alleged perpetrator ever present during the evaluation process.) Often the referring party is present as new information pertaining to the allegations may be disclosed. During this meeting the caretaker has the opportunity to ask questions, to express concerns regarding the evaluation, and to receive information from law enforcement about how the report of abuse will be investigated. For many parents, this is their first opportunity to ventilate feelings regarding their child's alleged victimization. The interviewer gathers information regarding the circumstances under which the caretaker learned of the allegations. The family's reactions and support systems are assessed. Parental concerns about the child, such as problematic behaviors or physical conditions, are explored. The child/family's relationship with the alleged perpetrator is assessed through questions regarding how

long they have known the suspect, the suspect's access to the child, and the last known contact between them. The caretaker is asked to provide information about possible time frames and locations of the alleged abuse. It is important to obtain the caretaker's perspective as to how the child views the suspect and the alleged abuse, and the terminology used to describe the child's experience. The interviewer learns the child's terms for genitalia, and determines whether current protective issues exist (e.g., continuing contact between the alleged perpetrator and the identified victim or other minors).

A brief social history is obtained, covering areas such as a generational history of abuse within the family as well as the child's exposure to pornography, adult sexual activity, substance/alcohol abuse, and domestic violence. Finally, the interviewer determines if the child's and family's mental health needs are being met, or if therapy referrals will be needed.

Obtaining such a detailed history provides an interviewer with an opportunity to understand developmental, emotional, familial, and situational variables that may affect a child's presentation during the interview process. This assists an interviewer in individualizing an approach to a child within the framework of the protocol, enabling him or her to formulate more direct questions, which may be used to aid a young child in memory retrieval, focus a preschooler on the topic at hand, or help in overcoming avoidance (Goodman & Saywitz, 1994). Alerting an interviewer to

specific areas or issues that may cause a child to feel anxious or distressed, this preparation assists in formulating strategies in advance for addressing the child's needs, and helps an interviewer avoid contributing further to the child's trauma.

An interviewer does not have prolonged contact with a child before beginning the interview—save for a brief introduction in the agency lobby. The child is escorted to the interview room by the interviewer. In every case the interviewer tries to speak to the child without a parent or caretaker present. With very young children, however, it is sometimes necessary that a parent escort the child to the room to decrease

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separation anxiety. In most circumstances the parent is able to leave the room once the child engages with the interviewer.

An interview room is equipped with a limited number of items (e.g., drawing materials, blocks, stuffed animals). Furniture arrangements are not formal; seating platforms at various levels with cushions and pillows are available if needed.

INTERVIEW PROTOCOL

A forensic interview is divided into several distinct phases through which an interviewer is expected to move in a sequential and organized manner. These include rapport building, credibility assessment, introduction of task and information gathering, and closure. Uses of anatomically detailed dolls and strategies for interviewing resistant/avoidant children are also discussed.

Rapport Building

Rapport building is a crucial phase of the interview because it lays the foundation for what is to follow. The goal of an interviewer is to be perceived as a neutral, nonintimidating, yet supportive adult. This phase enables the interviewer to make important assessments regarding the child's level of functioning and cooperation. It allows the child to become familiar with a new environment and adult. Rapport building facilitates an emotional connection—albeit short-termed—between the child and the interviewer. During this time a child is forming an opinion regarding whether this new adult is to be trusted, and whether it is safe to divulge potentially painful and sensitive information.

This initial phase of an interview consists of establishing and building rapport with the child. On entering the interview room the child is guided to an area that will provide an optimal view of the child and interviewer to the video camera. However, the child is not required to remain in one place. Allowing for some freedom of movement, particularly in the early stages of the interview, helps decrease feelings of anxiety associated with being in new surroundings (Goodman & Bottoms, 1993), enabling the child to explore a new environment while gaining a sense of control and composure (MacFarlane et al., 1988). An

interviewer begins to direct the child's behavior in a firm but gentle manner by giving the child a limited choice of activities in which to engage or by soliciting the child's cooperation in a mutual activity such as drawing.

The interviewer facilitates introductions and asks how the child would like to be addressed. The videotaping process and interview observation are explained, and all questions regarding this are answered in a developmentally appropriate manner. At this time the child is told that the interviewer will be asking some questions. The child is informed that it is acceptable to respond "I don't know" or "I don't remember" to any question for which this is the case. The child is encouraged to tell the interviewer if a question or word is not understood, or if the interviewer appears to be "getting something wrong."

Discussion with the child begins with neutral—hopefully non-threatening—subjects such as school attendance, recreational interests, social contacts, and family constellation. Questions are asked in an open-ended manner to elicit a narrative response. By asking open-ended questions, an interviewer establishes a conversational pattern and attempts to sustain it throughout the interview. During the rapport-building phase the interviewer pays close attention to the child's body language and affect. If a negative statement or emotional withdrawal is noted, the interviewer will switch topics to avoid increasing anxiety during a phase of the interview that should be nonthreatening (MacFarlane et al., 1988). During rapport building, an

interviewer is assessing the child's receptive and expressive language skills, how accurately the child is able to describe his or her life circumstances, and the child's apparent willingness or resistance to participate in the interview. Based on these observations, an interviewer's approach and use of language may be modified to more closely approximate that of the child's.

Credibility Assessment

At the Center for Child Protection, a credibility assessment is conducted for children 8 years old or younger, with developmentally disabled victims, or in

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specific cases where a child's credibility has been questioned. The credibility assessment is conducted when the interviewer feels that sufficient rapport has been established so that such a task will not produce anxiety. The child is asked to identify colors or objects in the room; using these identifications, the child is then asked questions regarding his or her understanding of the terms "right" versus "wrong" or "truth" versus "lie." The child's perceptions regarding the social acceptability of lying and knowledge of the consequences of lying are explored. Conducting a credibility assessment enables the observer to gauge whether a child would be able to qualify as a witness should the case go to court. If a child consistently agrees with misinformation that the interviewer presents, it may indicate a degree of suggestibility, eagerness to please, or fear of contradicting an adult. The interviewer must bear this in mind and pay particular attention to the manner in which questions are phrased.

Following the credibility assessment, the interviewer evaluates the accuracy of the child's knowledge and understanding of prepositions. This is done by having the child manipulate objects at the interviewer's direction, such as placing a marker in or out of a basket. The use of prepositions is fundamental in the description of how sexual acts occurred, particularly in relation to body positioning, possible penetration, and clothing placement.

Introduction of Task and Information Gathering

With the rapport-building phase accomplished, the interviewer moves into the information-gathering stage of the interview. The guidelines at the CCP require the interviewer to use general, open-ended questions to initiate information gathering. These are questions geared to elicit the child's spontaneous narrative statements and descriptions of abuse. An open-ended question allows for a variety of responses without suggesting any one particular answer. For example, an interviewer may ask, "Have you ever had a problem with someone?" as a general introduction to the purpose of the interview. In response to the answers to open-ended questions, the interviewer can pose more focused follow-up questions. Generally older, more verbal, and more cooperative children respond to open-ended questions by providing additional information. However, younger and more resistant children may need to be addressed in a more focused and direct manner (Reed, 1993). A direct or focused question is one that addresses the possibility of touching. An interviewer may ask, "Has someone ever done any kind of touching or bothering to you?" Questions that are more focused may introduce the

topic of genital touch. The question "Has there been any kind of touching or bothering to your privates?" is an example of this. Whenever possible, the interviewer will follow a direct question with an open-ended one, to obtain contextual and clarifying detail. The interviewer is often required to juxtapose general versus direct questioning throughout the interview process.

An interviewer introduces the task by asking the child about the reason for the appointment at the CCP. Although most children are aware of this, the majority claim ignorance when this question is posed during the interview. If this is the case or if the child is unresponsive, the interviewer explains that the CCP is a place where children come to talk about problems or worries they might have had. For some children from whom a history of abuse is obtained, this general question is sufficient for them to begin their disclosure process. For many others, however, a more focused approach is required. The interviewer relates that children may visit the CCP because of the possibility that some touching or bothering has occurred. The child being interviewed is asked if this might have happened. The most focused questions used at this point in the interview inquire directly about the possibility of genital touching occurring to the child. A child's denial of abuse will not be challenged or contradicted.

The need for direct questioning is based on children's reluctance to spontaneously describe genital touching as well as the necessity to be more focused with younger children due to language and memory abilities (Reed, 1993). Saywitz, Goodman, Nicholas, and Moan (1991) found that the majority of children in their study did not admit to genital touch when asked open-ended questions. It is important to keep in mind that younger children, particularly 3- to 4-year-olds, are less resistant to misleading or suggestive questions. At no time are interviewers advised to use leading questions with young children. A leading question is one in which the answer is implied or in which information is provided to the child within the question (e.g., "Your dad touched your privates, didn't he?" or "Did he touch you with his penis?" instead of "What did he touch you with?"). Although interviewers at the Center for Child Protection may ask direct or focused questions, they avoid asking those which suggest a possible perpetrator or specific acts of abuse.

Once the purpose of an interview is established and if a child has acknowledged the possibility of having been abused, the interviewer begins the process of information gathering. During this portion of the interview, attempts are made to obtain as much con-

textual information as possible regarding the alleged abuse. This includes the identity of the alleged perpetrator, specific acts of abuse, locations, time frames, and frequency of acts. In situations where the abuse has been ongoing over a period of time, the child is questioned regarding recollections of the first and last episodes and any interim events that are particularly memorable. Questions are posed about possible witnesses, knowledge of additional victims, and existence of other perpetrators. Whether a child was told to keep the abuse a secret and any consequences for disclosure that may have been threatened are explored. The interviewer inquires about the use of force, threats, or weapons during the course of the abuse. The child's exposure to pornography, drugs, or alcohol by the suspect is evaluated. The presence of physical abuse and domestic violence in the home is explored. Finally the child is asked about the disclosure process, including to whom they first reported and why. In cases of delayed disclosure, the child's motivations for not reporting sooner are discussed.

The goal of the information-gathering phase is for an interviewer to have a mental picture (no matter how distasteful) of how the abuse occurred. If this is not clear to the interviewer, it will not be clear to anyone else either. This requires a substantial degree of emotional fortitude on the part of the interviewer because it involves asking questions of children from which one almost instinctively recoils. The interviewer must deal with his or her own issues and feelings about this topic before being able to effectively question children about abuse.

Anatomically Detailed (AD) Dolls

While gathering information from a child, an interviewer may wish to use anatomically detailed dolls. At the Center for Child Protection, their use is at the interviewer's discretion. The dolls are used primarily to facilitate communication and as a demonstration aid (American Professional Society on the Abuse of Children, 1995). Although at times the dolls are useful in assisting a child in verbalizing his or her experience, the attempt is made to elicit a verbal description from the child before the introduction of the dolls. The use of the dolls in the forensic interview is very structured and depends on variables such as the child's age, developmental level, presentation, and comfort level with the dolls once they are introduced.

When a child has provided a verbal disclosure, the AD dolls may be introduced as a demonstration aid. According to Everson and Boat (1994), this is "the most frequently advocated and widely accepted function of the dolls" (p. 116). However, it should be noted that children's abilities to use the dolls in this manner

depend on age. As demonstrated in a study by DeLoache and Marzolf (1995), "very young children have difficulty using a doll as a self-representation" (p. 168). The dolls are always introduced fully clothed. The interviewer explains to the child that these dolls are different from others because "they have body parts under their clothes, just like real people do." In this way, the child is informed about the dolls in a neutral fashion. The child is then asked to show how the abuse occurred by using the dolls. Frequently, the child provides a verbal description while manipulating the dolls and often elaborates on information already given. If the child does not provide this verbal description spontaneously, the interviewer may ask the child questions about the demonstration. It is very important that a child be given the opportunity to clarify any demonstration, and that an interviewer avoid verbally interpreting the child's actions. A child's sexualized play with AD dolls without a verbal description is not considered evidence of abuse (American Professional Society on the Abuse of Children, 1995), but is noted in the final report with a recommendation for further evaluation.

When interviewing a young child, an interviewer may introduce the dolls early in the interview as an "anatomical model" (Everson & Boat, 1994, p. 116) or "icebreaker" (Everson & Boat, 1994, p. 115). By asking a child to label body parts, an interviewer learns the child's terminology, is able to focus the child on the topic, and "convey[s] tacit permission for the child to talk about or to demonstrate sexual knowledge and experiences" (Everson & Boat, 1994, p. 116). The dolls are presented in the manner previously described. The interviewer then asks the child to name body parts as the interviewer points to them. Neutral body parts are labeled first and the child's permission is requested before removing the doll's clothing. The interviewer can then ask the child nonleading questions using the child's vocabulary.

A child is not given an opportunity to freely play with the dolls. It is up to the interviewer to control the dolls' use. The dolls are not left in the room when the interviewer leaves to consult with observers, because the interviewer is not able to verbally explore the child's behavior. The use of anatomically detailed dolls can be a useful aid in clarifying or enhancing the child's disclosure.

Strategies in Interviewing Resistant/Avoidant Children

At times during the course of a forensic interview, a child may become resistant or avoidant when questioned about the details of the abuse. The child may attempt to distract the interviewer with play or

unrelated conversation or become vague, withdrawn, aggressive, or hostile. Some children experience great shame and embarrassment when describing sexual acts. A skilled interviewer must be patient and maintain a neutral, nonjudgmental attitude to facilitate the child's disclosure. An interviewer can employ some strategies to address these reactions, and attempt to gain the child's cooperation.

With young children who are attempting to distract an interviewer with play, an interviewer must maintain a structured interview environment without being restrictive. It may be necessary for an interviewer to limit the number of activities normally available to a child during the interview. Having one stationary activity available conducive to child/interviewer interaction, such as building with blocks, can serve to focus a child's attention back on the interviewer and lessen the distracting behavior. An interviewer must avoid the appearance of being punitive to the child by limiting activities in a calm and composed manner. An interviewer often needs to provide verbal directions regarding the interviewer's expectations of the child's behavior, and can then inform the child of the need to focus and encourage the child to talk as well as play.

If a child avoids or resists through distracting or tangential conversation, consistent and gentle refocusing by the interviewer may be necessary. The interviewer can explore the feelings experienced by the child when discussing the details of abuse. These feelings may be prompting distracting behavior. Often, children have not had a neutral environment in which to express themselves. The interviewer may provide support and reassure the child while validating these feelings.

An interviewer may choose to provide time when the child can take a verbal break from the subject matter, by allowing the child to refocus on play or a nonabuse-related conversational topic. This time may allow the child to decompress and manage feelings of anxiety. The interviewer must then refocus the child on the subject matter after a moment or two, by introducing anatomical dolls or drawings to refocus the child's attention and elicit further verbal information.

When children become withdrawn and noncommunicative, the interviewer must recognize their discomfort. It is sometimes helpful to address this directly with the child. On other occasions, particularly with older children, allowing them to experience as much control and mastery of the situation as is feasible can promote a more productive interaction. Such control may include allowing a child to design the setting in terms of choice of activities and seating

arrangements and to control informal and formal breaks. Flexibility within the interview structure may assist children in recognizing the importance of their role within the interview process.

When children are resistant through limited verbal interaction, they may be more fully able to participate if given the option of writing down specific statements related to their experiences. Sometimes a child is willing to read back what was written; if not, the interviewer must do so. The child is then often willing to answer clarifying questions, but should always be given the option to write down more painful details. Older children are sometimes able to draw vivid and detailed depictions of the setting or of the abuse itself. In this way, they are able to distance themselves from the process of disclosure and monitor their own emotional responses as well as those of the interviewer. A different strategy with both older and younger children is to gather information about peripheral, less threatening details before addressing core features of the abuse. Sometimes as children respond to less threatening questions they become more comfortable talking about the abusive experience.

Younger children who may not be able to draw or write well may benefit from the use of AD dolls as a communicative aid or as a means to focus their attention. Young children are often confused about the interviewer's role and the permissibility of talking with a strange adult about a subject they regard as a secret. It is sometimes helpful to have the caretaker or parent provide reassurance and give the child permission to speak freely with the interviewer. This does not mean that a parent should rehearse questioning with the child or specify what the child should talk about. An interviewer should discuss this with the parent and facilitate the process. Resistant children are often fearful that either they or someone they care about will be in trouble if the abuse is disclosed. Young children often have trouble identifying and articulating these feelings. It is up to an interviewer to explore this with the child and offer support and reassurance as appropriate. At the same time, the interviewer must not make promises or statements to the child that may not be true (e.g., "You'll be able to go home as soon as we find out about what happened.").

In some cases, a child may have witnessed the abuse of others. Children may be willing to first answer questions about what they have witnessed and then move to personal experiences. An interviewer may wish to save more directly personal questions for the latter part of the interview, allowing an avoidant child some needed emotional distance.

When a child is having difficulty verbalizing beyond an initial statement of abuse, the interviewer

may inquire to whom the child originally disclosed and about the content of the disclosure. This may give the child a sense of permission to talk about what happened.

It is important when interviewing avoidant children to allow them to proceed at their own pace as much as possible. Attempts to move too quickly will appear to exert pressure on the child and will be detrimental to the interview process. At all times, children should be treated with respect and patience. Whatever frustration an interviewer is feeling should not be communicated to the child. In some cases, the best course of action is to terminate the interview. Continued questioning can be perceived as intimidating and coercive, even if an interviewer has the best of intentions. Children should be thanked for their participation regardless of the outcome of the interview, and not made to feel that they have failed in some way.

Before closing the interview, the investigating detective and CPS worker are consulted to inquire if there is need for further clarification and to ensure that the needs of these agencies have been met to the best extent possible. If it is agreed that the interview should be concluded, then the interviewer will initiate the closure process.

Closure

During the closure phase of the interview, several areas are addressed by an interviewer. If a child is scheduled for a medical evaluation, this process is explained. The child is told that the doctor will check all parts of the child's body including the private parts (using the terminology provided by the child) to make sure that the child is well. At this time, the interviewer can elicit questions or concerns about the child's body or health. This is a valuable opportunity to determine if the child has any misperceptions about his or her physical state that can be addressed by the physician.

A child is given an opportunity to express questions, worries, or concerns regarding the interview, the abuse, or the consequences of the disclosure. An interviewer responds to a child's inquiries in the most direct and appropriate manner possible. At the same time, the interviewer is careful to not mislead the child by making promises or statements about the future course of events.

A child is then engaged in brief general conversation or nondirected play. This allows the child to make a transition from dwelling on the abuse and to master whatever feelings discussing the abuse has engendered. According to MacFarlane et al. (1988), "A suc-

cessful interview should leave the child feeling self-confident and free from secret burdens" (p. 41). The interviewer thanks the child for participating in the interview process rather than for providing a disclosure of abuse. The interviewer's goal is that the child leave the interview in as positive a frame of mind as possible and not in a state of emotional distress.

Closure with the Family

If a child has received a medical evaluation, the interviewer and physician will jointly meet with the caretakers to share information regarding the result of the evaluation. The parent(s) have the opportunity to ask questions regarding their child's health and welfare. The interviewer may facilitate communication between parties and is often called on to conduct crisis intervention depending on the result of the evaluation. When a child has only participated in an interview, the interviewer and possibly the law enforcement representative will consult with the family. Parents often have deep concerns about how the abuse will affect their child and other family members. At this time, counseling referrals may be provided. Our goal is that parents leave the center feeling that they have been involved and important participants rather than being swept along by forces beyond their control. Families leave the center realizing that they are not alone and that significant resources are available to them if needed.

SUPERVISION, QUALITY ASSURANCE, AND PEER REVIEW

The interview protocol is beneficial only as long as it is used on a consistent basis by all interviewers. Mastering the skills needed to effectively conduct a forensic interview is an ongoing process. Working with children presents an interviewer with an ever-changing set of challenges, especially in view of the secretive nature of abuse and the unpredictability of human behavior. Even the most experienced interviewers must admit that there will always be cases that test their limits as professionals in this field.

Providing interviewers with supervision on a regular basis allows both interviewers and the agency to ensure that professional standards are maintained. At the Center for Child Protection, recently hired as well as experienced interviewers receive individual supervision on a regular basis. This allows a supervisor to monitor skill attainment and to provide feedback regarding job performance in a supportive setting, assisting interviewers in setting goals for professional development. Staff new to the field of child abuse often experience significant feelings as they

are exposed to the difficult and painful acts to which children may be subjected. It is essential to provide interviewers with a forum to ventilate these feelings and to assess how these are affecting them on a professional and personal level. For experienced interviewers, individual supervision may continue to enhance interviewing skills, personal growth, and development (Greenspan, Hanfling, Parker, Primm, & Waldfogel, 1991). The supervisory relationship can be an important source of support to a child abuse professional, especially as a means to express feelings of stress and burn-out (Herman-Barretta, 1993).

When an interviewer is not demonstrating expected levels of proficiency in conducting interviews, the supervisor must address this. Often, more intensive observation and feedback regarding interview techniques results in improved performance. Much less frequently it can result in diversion of the interviewer to other types of work. Although this may be a sensitive situation, the agency's professional integrity and credibility should not be compromised.

Quality Assurance

At the Center for Child Protection, an interviewer is required to dictate a report summarizing interview content. These must be uniform and consistent in nature, and must accurately reflect information contained in the videotape. The videotape is reviewed before dictation of this report. To ensure that all reports conform to professional standards, each is reviewed by the lead social worker before release and distribution. A quality assurance form is completed for each report. If corrections are required, these are noted on the form and it is returned to the interviewer for amendment. Otherwise, the reviewer signs the form, approving release.

The report is expected to highlight interview phases and summarize statements made by the interviewed child. On occasion, information is dictated that is considered inappropriate for inclusion. For example, an interviewer should not make personal observations or provide an opinion about the motivation of the reporting party, draw conclusions about whether a child has told the truth during the interview, draw conclusions about whether a child has been abused, or speculate about the identity of the alleged perpetrator.

Reviewing every report is time-consuming and tedious. However, it has contributed to increased consistency and uniformity, which has been viewed in a positive light by referring agencies. Although some interviewers may be initially resistant to this level of scrutiny, staff at CCP have come to appreciate it as both a support and safety net. This procedure protects both interviewer and agency from negative repercussions related to staff performance.

Peer Review

At the Center for Child Protection, peer review is conducted on a weekly basis. A rotating schedule requires interviewers to show a videotaped interview to their peers. The tape selected is to be one about which the interviewer has special issues or concerns. By showing difficult interviews, peer review becomes a learning process for all interviewers. Each inter-

Each interviewer has developed individual strategies to deal with specific situations, and peer review enables these to be shared. The interviewers have the opportunity to expand their own knowledge base while providing feedback to colleagues.

viewer has developed individual strategies to deal with specific situations, and peer review enables these to be shared. The interviewers have the opportunity to expand their own knowledge base while providing feedback to colleagues. "The goal of team (i.e., peer) supervision is to create an atmosphere in which staff members are able to see and hear the effects of their performance and thereby improve their effectiveness with both clients and their colleagues" (Garner, 1988, p. 99). Peer review should be seen as a positive process, although having one's work on display can be an initially threatening concept. It is

up to the supervisor or facilitator to develop a process that is not damaging to staff relationships or morale.

Much of peer review assesses how interviewers conduct themselves during the interview. An interviewer's vocal inflections, tone of voice, body positioning, and language are observed. Feedback is provided about both positive and negative aspects of the interview. The manner in which the interviewer gathers information is commented on as well. Are questions asked in a nonleading manner? Is the interviewer organized and logical or does the interview seem to skip from incident to incident without clear differentiation? Are questions asked in a developmentally appropriate manner? The use of anatomically detailed dolls is assessed. Were the dolls presented fully dressed and only undressed with the child's permission? Did the interviewer explain that the doll had

body parts? If the child demonstrates activity with the dolls, does the interviewer position the child and dolls so this is visible to the camera? Is verbal clarification obtained?

Comments are made regarding whether an interviewer maintains a calm, objective attitude throughout the interview. Does he or she seem surprised, dismayed, or excited if abuse is disclosed? Does an interviewer give confirmatory responses to the child's statements of abuse? If the child is avoidant or denies abuse, does the interviewer appear frustrated, angry, or impatient? This type of feedback is quite useful if given in a supportive and constructive manner. Open communication and trust are the foundation of the peer review process.

At the Center for Child Protection, several approaches have been helpful in developing and maintaining the peer review procedure. All staff should operate under the principle that there is no such thing as a perfect interview. Interviewers are more open to sharing individual concerns once it is acknowledged that everyone is confronted with problems and challenges in conducting forensic interviews.

Interviewers should never feel that their performance evaluations are linked to the peer review process. Fear of negative consequences will inhibit an interviewer's willingness to share difficult cases or to provide feedback to others. Staff are assured that peer review is confidential and that issues discussed in this forum will not be discussed in office hallways or appear in personnel files.

Staff should be encouraged to view peer review as a team effort rather than as one interviewer pitted against the others. The goal of peer review is for all staff to learn and share while developing greater versatility and competency in conducting interviews. It may occasionally be necessary for the facilitator to assist staff in learning how to give and receive feedback in a supportive and constructive manner. If one becomes defensive or critical, the function of peer review is lost. The goals of peer review should be periodically discussed with interviewers, especially when personnel changes or if the staff or agency is encountering a particularly stressful time. As the group dynamic changes, so does the manner in which feedback is communicated and received. Sometimes a neutral perspective needs to be reestablished.

Peer review is sometimes used as a forum to conduct discussion of current literature and research findings. Staff who have attended professional workshops or seminars are invited to share knowledge and new ideas gained. Literature and research on children's language, memory, and witness capabilities are

particularly pertinent to the field of forensic interviewing and may affect practice guidelines.

Peer review can be an excellent mechanism to enable staff to decompress and ventilate feelings regarding the nature of the work they do. Forensic interviews are not suitable topics for discussion at the family dinner table. The hectic pace of most agencies prohibits staff from seeking out emotional support from colleagues. Peer review can be a safe time for interviewers to express the often overwhelming feelings elicited by working with traumatized children.

CONCLUSION

The Center for Child Protection Evidentiary and Assessment Program is part of a coordinated community team established to respond to the needs of children and families in which abuse is a concern. As a private, nonprofit facility, the center is able to provide a neutral, objective atmosphere in which children are evaluated. Interviewers are not employed by social services or law enforcement. This has limited accusations of bias and challenges that an interviewer has an interest in the outcome of the interview. At the same time, frustrations have accompanied this role. Interviewers do not have the authority to make decisions regarding a child's custody or placement, or judicial proceedings. In many cases, interviewers are unaware of the final outcome of investigations, leading to a sense of incompleteness.

In complex cases, CCP staff and workers from other disciplines may disagree on the course of action to be taken. To alleviate miscommunication and conflict, staff from all agencies involved in these types of cases participate in a weekly Child Protection Team meeting. Representatives from each agency share information and explain how decisions were made. This has been very helpful in coordinating case management through sharing of information and resources, and by instilling respect for the work of others.

As a hospital-based program, the Center for Child Protection has a broad base of medical and therapeutic resources available to offer children and families. This has simplified the process of providing follow-up services, enabling interviewers to access emergency services immediately in crisis situations.

The Evidentiary and Assessment Program interfaces closely with different law enforcement jurisdictions, with the Department of Social Services, and with the District Attorney's Office. As personnel within these agencies change, it is necessary to familiarize their replacements with the interview protocol and guidelines. This frequently requires taking the initiative in establishing personal contacts and keeping lines of communication open. The center pro-

motes an open-door policy, and endeavors to provide training and education on community, state, and national levels.

To remain vital, a program must be willing to conduct self-evaluations and make changes when necessary. Our interview protocol has been modified over the years as we learn more about children's perception, memory, and communication, and about how verbal and nonverbal responses of interviewers can affect a child.

The Center for Child Protection forensic interview protocol, supervision, quality assurance, and peer review procedures have been developed in an effort to provide the highest quality of service possible for the children referred to us for care. To this end, we strive to ensure a professional standard of competency and accountability in all cases.

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