Child Forensic Interviewing: Recommendations and Best Practices

Seminar Research Paper

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Thank you to my mom, dad, and brother, for continuously supporting me through my academic career. I would not be where I am today without their continued support.
Abstract

Within the last year 60% of children in America were exposed to violence, crime, or abuse in their homes, schools, and communities (U.S. Department of Justice, 2020). When a child is a victim or a witness to a crime a child forensic interview is conducted. There are many different models that can be used across the United States. Each model has its own protocols to follow. The significance of this study is to analyze the pros and cons of each model and make a recommendation for the best practices for forensic interviewing of children. This will be achieved through looking at past research that was conducted to look at child forensic interview models. The paper found that the best practices and recommendations are to use multidisciplinary teams, use open-ended questions, and provided ongoing advocacy to parents and children. Future research should look at using all of these recommendations in one model to see how they work together. Each protocol works well, but there is not a model that uses all three of the recommendations together.
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I. Introduction

Within the last year 60% of children in America were exposed to violence, crime, or abuse in their homes, schools, and communities (U.S. Department of Justice, 2020). When a child is the victim or a witness to a crime, the child is taken in for a forensic interview. Forensic interviews are a way to gather “information from a victim or witness for use in a legal setting, such as a court hearing” (Child Welfare Information Gateway, 2017). These interviews are typically used on children and are used as a way to minimize the time a child may need to be in the court setting. Forensic interviews also aim to “gather factual information in a legally defensible and developmentally appropriate manner about whether a child has been abused” (Child Welfare Information Gateway, 2017). These interviews can be conducted due to physical abuse, sexual abuse, child neglect, and a wide variety of other crimes that a child may be a victim of or witnessed.

According to the World Health Organization (2020), it is estimated that up to one billion children between the ages of two and seventeen have experienced physical, sexual, or emotional violence or neglect in the past year. Many of these incidents go unreported to local authorities. According to Child Help (n.d.) four million referrals are made every year to child protection agencies that involve more than 4.3 million children. In 2019 alone, “state agencies found over 656,000 victim of child maltreatment” (Child Help, n.d.). The 656,000 that state agencies found out of the estimated one billion the World Health Organization believe to be happening is a large amount that go unreported. Of the cases that are found by agencies, most of them, if not all, will have a forensic interview conducted to limit the amount of exposure to court proceedings the victim faces.
Statement of the Problem

With so many forensic interviews being conducted each year, there should be a model that is used across the United States so there is consistency from one jurisdiction to another. Unfortunately, this is not the case with forensic interviews. There has been a “variety of forensic interviewing models [that] have been developed, and the one used in a child protective or criminal investigation may vary depending on jurisdiction, agency, or the training of the interviewer” (Child Welfare Information Gateway, 2017). Some of the models that are used are the American Professional Society on the Abuse of Children Practice Guideline, CornerHouse Forensic Interview Protocol, National Children’s Advocacy Center Forensic Interview Structure, National Institute of Child Health and Human Development Forensic Interview Protocol, and ChildFirst Forensic Interviewing Protocol (Child Welfare Information Gateway, 2017). While this is not a complete list, these are some of the models that many jurisdictions and interviewers use and are trained on. Each of these models has its own protocols and list of techniques to follow, however each model has its pros and cons.

Purpose of the Study

The purpose of this research is to determine what the best practices are for forensic interviewing. As mentioned previously, there are many different models for forensic interviewing, each having their own pros and cons. During the research the goal is to go through the history of child forensic interviewing, look at each model and what their protocols are, and then using secondary research to determine what the best practices will be. As mentioned before, each model has protocols that work, and ones that may not be the best practice. The research will aim to find the best practices of all the models and suggest these for future interviewers to use.
Significance and Implications of the Study

The goal of this research paper is to make recommendations to forensic interviewers for what the best methods of interviewing children are. The research paper will focus on the American Professional Society on the Abuse of Children Practice Guideline, CornerHouse Forensic Interview Protocol, National Children’s Advocacy Center Forensic Interview Structure, National Institute of Child Health and Human Development Forensic Interview Protocol, and ChildFirst Forensic Interviewing Protocol models of interviewing. Specifically, each model will be looked at in detail to determine what protocols receive the best results when interviewing children. The successful parts of each model will be combined to create a recommendation to interviewers for what the best practices when conducting these interviews.

Some of the elements of these models that may be discussed are the use of multidisciplinary teams, using open ended questions, and the use of ongoing advocacy. This research is significant because there are many models that are used across the United States based on jurisdiction. By recommending the best practices from each model, interviewers can start shifting to the same model. If a forensic interviewer switches jurisdictions, they may need to undergo new additional training to use the interview model that jurisdiction prefers. If interviewers are trained on a universal model and what the best practices are, then interviewers will be able to go to any jurisdiction and perform an interview that provides sufficient results.

This paper will look at past literature of child forensic interviewing and statistics on victimization of children. The literature review will also look at the many types of forensic interviewing models that were previously mentioned. Theoretical framework will be discussed, specifically systematic perspectives, and how it relates to multidisciplinary teams that are
utilized in child forensic interviewing. Once again the paper will look at the previous models of forensic interviewing mentioned. The paper will look at protocols that each models uses and what specific protocols in that model work the best. After the models and protocols are analyzed, recommendations for the best practices during child forensic interviewing will be made. The paper will conclude with recommendations for future research on this topic as well as address any limitations that this paper may have had.

II. Literature Review

History of Child Forensic Interviewing

Explanation of what child forensic interviewing is

During the 20th century, increased awareness on child abuse and neglect, and research into how to best help child victims, has created a process known as forensic interviewing (Newlin, et al. 2015). Forensic interviewing is used to assist children to accurately convey information about what has happened to them, specifically what abuse or neglect they may have endured (Newlin, et al. 2015). Forensic interviewing can also be used for children who may have witnessed a crime. The use of child forensic interviewing really took off around the 1980s. During this time there were many high profile cases about daycare workers sexually abusing children at the facilities (Newlin, et al. 2015). During this time Law Enforcement relied on mental health practitioners to build rapport with these victimized children, however it was later deemed inappropriate for forensic purposes (Newlin, et al. 2015). After these cases the awareness about child abuse continued to grow, and the need for interviewing children grew as well. The late 1980s and early 1990s saw a continued growth in empirical literature surrounding
interviewing children, and the first models came about, the Cognitive Interview, and the Narrative Elaboration (Newlin, et al. 2015). While these models are not widely used today, traces of both models can still be found in current forensic interviewing protocols.

**General information about child forensic interviewing**

While there are many models of child forensic interviewing, they all follow the same phases. These phases include the initial rapport-building phase, followed by the substantive phase, and finished off with the closure phase (Newlin, et al. 2015). Each method approaches these phases slightly different, but each phase is composed of the same basic topics that are addressed.

The rapport-building phase is comprised of an “introduction with age and context appropriate explanation of documentation methods, a review of interview instructions, a discussion of the importance of telling the truth, and practice providing narratives and episodic memory training” (Newlin, et al. 2015). The next phase, the substantive phase, includes “a narrative description of events, detail-seeking strategies, clarification, and testing of alternative hypotheses, when appropriate” (Newlin, et al. 2015). The closure phase, which is the last phase, focuses on “[giving] more attention to the socioemotional needs of a child, transitioning to nonsubstantive topics, allowing for questions, and discussing safety or educational messages” (Newlin, et al. 2015). As mentioned before, these phases are used in all models, however each model may approach these phases different. These differences will be discussed later in this paper. The current models for child forensic interviewing being used may have different protocols, but all of these models stem from the same need of a way to interview children to disclose what has happened to them.
Statistics on Victimization of Children

When someone hears the word child abuse, they often think of an adult physically hitting a child. Children can be the victim of physical abuse, sexual abuse, or psychological maltreatment. In 2009, CPS agencies across the United States received approximately 3 million reports of child maltreatment (Miller-Perrin & Perrin, 2013). These child maltreatment reports included physical abuse, sexual abuse, and psychological maltreatment. Of those 3 million reports in 2009, approximately 763,000 of those were substantiated by CPS agencies (Miller-Perrin & Perrin, 2013).

Statistics on Child Physical Abuse

Child physical abuse is defined as “the intentional use of physical force against a child that results in or has the potential to result in physical injury” (Miller-Perrin & Perrin, 2013). Any child can be the victim of physical abuse, but some children are affected by it more than others. Studies have found that per 1,000 children, those aged birth to two years of age had a moderate injury rate of 1.8 per 1,000 (Miller-Perrin & Perrin, 2013). Children aged three to five had a moderate injury rate of 7.0 per 1,000 and those aged twelve to fourteen had a rate of 12.6 per 1,000 (Miller-Perrin & Perrin, 2013). These statistics show that as a child gets older, they have an increased rate of being moderately injured through physical abuse by an adult. It should also be noted that as a child gets older, they are more likely to report the abuse, which could also be why there is an increase in the injury rate as the child gets older. A child birth to two years old is not able to tell a trusted adult what is happening to them like a child at age fourteen would be able to.

Like age, there is also a slight difference in child physical abuse when it comes to the sex of the child. Miller-Perrin and Perrin (2013), see that 4.55 per 1,000 males were affected while
4.13 per 1,000 females were affected. There is a very slight difference to show that boys may be affected by child physical abuse more than girls, but other studies have found no difference in the rates. A self-report survey that was conducted in 2008 found that 4.3% of males and 4.4% of females reported being a victim of child physical abuse (Finkelhor, et al. 2009). This statistic and study once again shows a very slight difference, but not enough to show definitively that one sex is affected more than the other.

Race also plays a factor in a child being more likely of being a victim of physical abuse. A study completed in 2003 found that groups most likely to be affected were Asian children at 16.6%, black children at 15.3%, Hispanic children at 13% and white children and 12.2% (Miller-Perrin & Perrin, 2013). A more recent study had similar findings to the 2003 study, and found that blacks and Hispanics were at a higher risk of experience child physical abuse (Sedlak, et al., 2010). While both of these studies say different on the highest rate, they both agree that people of color experience physical abuse as children more than children who are white.

Statistics on Child Sexual Abuse

Child sexual abuse is another form of abuse that children can experience. When it comes to child sexual abuse, there is no common definition used among scholars which means that scholars can apply meaning in different ways (Klika & Conte, 2018). While many would agree the rape of a child falls into the child sexual abuse category, someone who walks in on a child changing may be seen as child sexual abuse to one scholar, but not the other. Miller-Perrin and Perrin (2013) describes child sexual abuse as a “multifaceted problem, extraordinarily complex in its characteristics, dynamics, causes, and consequences”. Due to the lack of a solid definition, it has been difficult to accurately determine the rate that children are victimized by sexual abuse.
The National Incidence Studies (NIS) have attempted to avoid the problems with underreporting. The NIS-1 found that 42,900 children under the age of 18 were sexually abused in 1980 (Miller-Perrin & Perrin, 2013). In 1986 it was determined that 133,600 children were sexually abused as found by the NIS-2 (Miller-Perrin & Perrin, 2013). The NIS-3 found that 300,200 children were sexually abused in 1993, and the NIS-4, the most recent study, found that 180,500 children were sexually abused in 2005 to 2006 (Miller-Perrin & Perrin, 2013). As mentioned before the National Incidence Studies attempted to avoid underestimates, but that cannot be guaranteed.

Studies have also been trying to pinpoint the age that a child is most likely to become a victim of child sexual abuse. A study completed by Ruggiero, McLeer and Dixon (2000) found that the mean age of child sexual abuse victims is nine to eleven years old. Another study found that children age seven to twelve are the most vulnerable to be victims of child sexual abuse (Saunders, et al. 1999). While the age range in both of these studies is slightly different, both studies agree that middle age children are at the highest risk of being victimized by sexual abuse.

Unlike child physical abuse, there is a large difference in child sexual abuse victimization based on sex. According to NIS-4 findings girls are four times more likely to become a victim of child sexual abuse than boys (Sedlak, et al. 2010). With child physical abuse, it was seen that girls and boys were about equal in being a victim of that abuse type. Finding that girls are four times more likely to be victimized by sexual abuse is a huge gap. There is one possible explanation for such a large discrepancy in this statistic. Many studies and experts believe that boys and men are less likely to report their victimization than girls, and there is a large number of sexual abuse incidents with boys as victims that go unreported (Miller-Perrin & Perrin, 2013). Societal norms can play a part in why males feel they are not able to report abuse. These can
include boys need to be seen as dominant and self-reliant, fears about homosexuality, and pressure on males not to express helplessness or vulnerability (Romano & De Luca, 2001). All of these can play a factor in a boy or man not wanting to report their victimization.

These studies have been able to show that there is a large number of children who are victims of child sexual abuse, and there may be even more due to underreporting. Mainly middle aged children and girls are the most likely to be victims of child sexual abuse, however it is determined that males victimizations go largely unreported.

**Statistics on Child Psychological Abuse**

Child psychological maltreatment is another form of abuse that children can become the victims of. Child psychological maltreatment is hard to define, just like child sexual abuse. A generic definition was offered by Hart, Brassard, and Karlson (1996) and they defined this type of abuse as a "repeated pattern of behavior that conveys to children that they are worthless, unloved, unwanted, only of value in meeting another's needs, or seriously threatened with physical or psychological violence". Other researchers have suggested different definitions, with some even going as far as stating all major forms of child abuse and neglect has child psychological maltreatment within it (Hart, Gunnar, & Cicchetti, 1996). Unlike child physical abuse and sexual abuse, psychological maltreatment is made up of many subtypes. The subtypes include rejecting, degrading, terrorizing, isolation, mis-socializing, exploiting, denying emotional responsiveness, and close confinement (Miller-Perrin & Perrin, 2013). This section will not be focusing on the subtypes of child psychological maltreatment, but it is a notable difference between physical abuse and sexual abuse that do not have subtypes.

Child psychological maltreatment is consistently found to be the least common form of abuse through national reporting statistics (Miller-Perrin & Perrin, 2013). The NIS-1 and the
NIS-2 found that psychological maltreatment increased by about 43% and emotional neglect, which was included in the definition, more than doubled its rate (Miller-Perrin and Perrin, 2013). The NIS-1 and the NIS-2 were from 1980 and 1986. Between 1986 and 1993 the NIS-3 found that psychological maltreatment and emotional neglect nearly tripled in their rates (Miller-Perrin and Perrin, 2013). The most recent study, the NIS-4 found that from 2005 to 2006 there were 1,476,400 cases of psychological maltreatment reported (Miller-Perrin and Perrin, 2013). There is a very large increase in the rate of psychological treatment that is alarming to researchers and advocates. Sedlak et al. (2010) suggested that the stark increase is due to the result of differential systems for classifying the specific forms of maltreatment. Even with the increase in cases, this is still the most underreported form of child abuse.

Like child physical abuse and child sexual abuse, child psychological abuse can see differences in victimization based on age, sex, and race. As a child gets older reports of psychological maltreatment also increases (Sedlak, et al. 2010). Children ages birth to two years old are less likely to be a victim of psychological maltreatment than children who are ages six and older (Miller-Perrin and Perrin, 2013). Similar to child physical abuse, as the child gets older they are more likely to be a victim of psychological maltreatment.

In regards to sex, the NIS-4 found no difference between males and females in being victimized by psychological maltreatment (Miller-Perrin and Perrin, 2013). The NIS-4 was collecting data from 2005 until 2006. A more recent study completed in 2009 by Finkelhor et al. found that girls were at a slightly more increased potential to be a victim. It was found that girls were 8.8% more at risk than boys at a rate of 5.5% (Finkelhor, et al. 2009). Once again, similar to physical abuse, there is not much of a difference between males and females in terms of victimization.
Race may also play a role in an increased risk of a child being a victim of psychological maltreatment. Sedlak et al. (2010) found that Hispanic children were the least likely to be at risk for psychological maltreatment, while white and black children were at a greater incidence than Hispanic children. In the same study black children were also at a greater risk than white children for emotional abuse (Sedlak, et al. 2010). Looking at that it can be determined that black children may be at the highest risk due to being at a higher risk than Hispanic children and while children for psychological maltreatment and emotional abuse.

Child physical abuse, sexual abuse, and psychological maltreatment is very prevalent in society. The previous section explored what each abuse type it and went over some of the statistics that these children face. When a child is victimized they often go through a child forensic interview to tell their side of the story. The next few sections will introduce different types of forensic interview models, how they were developed, and which states utilize them the most.

**American Professional Society on the Abuse of Children Practice Guideline**

The American Professional Society on the Abuse of Children (APSAC) is an organization focused on "meeting the needs of professionals engaged in all aspects of services for maltreated children and their families" (APSAC, n.d.). This foundation was founded in 1986, and on October 1, 2016 the APSAC partnered with the New York Foundling to continue their mission of assisting children and families (APSAC, n.d.). The American Professional Society on the Abuse of Children is located in New York, New York. The main mission of the APSAC is to "improve society's response to the abuse and neglect of its children" (APSAC, n.d.). The APSAC is a multidisciplinary team that achieves the mission to help children in a number of ways. Some
of these include expert training and educational activities, policy leadership and collaboration, as well as consultation that emphasizes evidence-based principles (APSAC, n.d.).

The American Professional Society on the Abuse of Children has current State chapters located in California, Florida, Iowa, Michigan, New York, North Carolina, South Carolina, and Wisconsin (APSAC, n.d.). The APSAC is also looking to expand their State chapter network. The APSAC is working to start chapters in Georgia, Louisiana, New Jersey, Ohio, Tennessee, Texas, and Virginia (APSAC, n.d.). This brings the total to eight States with active chapters and seven States who are working to create an active chapter.

**CornerHouse Forensic Interview Protocol**

The CornerHouse Forensic Interview Protocol is another model that is used when interviewing children who may be victims of abuse. CornerHouse is located in Minneapolis, Minnesota. CornerHouse was founded in 1989 and is an accredited Children’s Advocacy Center (CornerHouse, n.d.). CornerHouse has set itself apart from the NCAC model by utilizing an interview protocol that they developed titles the CornerHouse Forensic Interview Protocol (CornerHouse, n.d.). This model is now widely used across the country and globe, similarly to the Children’s Advocacy Center model. The main focus of this interview style is the Child First Philosophy. The Child First Philosophy is used to ensure “that the needs of the individual are given first priority during the forensic interview process” (CornerHouse, n.d.). CornerHouse also makes sure that the “forensic interview is person-centered and is aligned with the cognitive, behavioral, and social abilities of each individual” (CornerHouse, n.d.).

CornerHouse, like the NCAC model, has trained professionals located in all 50 states as well as 22 countries across the world (CornerHouse, n.d.). More specifically, CornerHouse has helped more than 14,000 children and has more than 33,000 trained professionals in the Child
First Philosophy (CornerHouse, n.d.). This model, too, aims to reduce the trauma that a child may experience during the criminal justice process.

**National Children’s Advocacy Center Forensic Interview Structure**

The National Children’s Advocacy Center (NCAC) is located in Huntsville, Alabama. The NCAC was created in 1985 and has over one thousand Children’s Advocacy Centers in the United States, and in more than 34 countries throughout the world (Nationalcac, n.d.). This forensic interview model was created by former Congressman Robert Cramer. In 1985 Former Congressman Cramer was serving as the District Attorney in Madison County, located in Alabama, and identified a need to create a better system to help abused children (Nationalcac, n.d.). This need resulted in the creation of the National Children’s Advocacy Center and the use of the Multidisciplinary Team (MDT) approach (Nationalcac, n.d.). The Multidisciplinary Team approach allowed law enforcement, criminal justice, child protective services, and medical and mental health workers into one coordinated team, and thus reduced the emotional distress children were under talking with every agency multiple times (Nationalcac, n.d.).

The National Children’s Advocacy Center has professionals and locations across all 50 states in the United States, and even locations in 179 other countries (Nationalcac, n.d.). Since 1985 the NCAC has trained more than 158,697 child abuse professionals in how to use their approach to reduce the trauma and emotional distress to children during criminal justice process (Nationalcac, n.d.). The NCAC model is used widely across the United States, and has been the basis or starting point for other models to come about.

**National Institute of Child Health and Human Development Forensic Interview Protocol**

The National Institute of Child Health and Human Development (NICHD) is another organization that created a forensic interview protocol. This protocol was first published in June
of 2000 and was published in *Child Abuse and Neglect* (NICHD, 2000). A study completed by Lamb, et al (2007), found that when a forensic interviewer utilizes the model created by the NICHD, the results of the interview are of better quality and more reliable than when the protocol is not utilized. This interview protocol was created so interviewers ask the participant to recall what happened to them, rather than have the interviewer make prompts (NICHD, 2000). This protocol is also the first to attempt to translate knowledge based on research into a procedure for interviewers to follow.

This protocol does not operate in specific states, but rather is open for anyone to learn and utilize. The NICHD will train interviewers from any State on this interview protocol to utilize at their agencies. As mentioned before this protocol is different than the other mentioned in this paper. This protocol is based off of research rather than a protocol created by an established agency. With that being said, this protocol is still able to get results from children, and will be looked at in more depth later in this paper.

**ChildFirst Forensic Interviewing Protocol**

ChildFirst is another forensic interviewing model that can be used on children. ChildFirst utilizes multidisciplinary teams that are made up of law enforcement, social workers, doctors, therapists, advocates, prosecutors, and public defender's office (FirstWitness, n.d.). This specific model dates back to 1998 and was originally called Finding Words (Farrell and Vieth, n.d.). ChildFirst came about as a collaboration between the National Center for Prosecution of Child Abuse and CornerHouse (Farrell and Vieth, n.d.). In 2007 Finding Words was formally changed to ChildFirst and was under the administration of the national Child Protection Training Center (NCPTC) (Farrell and Vieth, n.d.). 2013 is when CornerHouse developed their new training protocol, and thus there was a spilt between CornerHouse and ChildFirst (Farrell and Vieth,
n.d.). The main focus of ChildFirst is to help with training professionals who handle cases involving children who are victimized.

ChildFirst is used in Alaska, Arkansas, Connecticut, Delaware, Georgia, Illinois, Indiana, Kansas, Maryland, Minnesota, Missouri, Mississippi, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Virginia, and West Virginia (FirstWitness, n.d.). That is a total of twenty States across the country. States that are not listed are typically trained in another interview method, however ChildFirst still allows professionals from those States to go through this training and learn their techniques (FirstWitness, n.d.).

III. Child Forensic Interview Models

American Professional Society on the Abuse of Children Practice Guideline

The American Professional Society on the Abuse of Children Practice Guideline is one of many protocols for child forensic interviewing. Previously in this paper it was touched upon how this guideline was created and where it is used. This section will focus on the protocols that this model uses, and which ones work well. One protocol that this guideline uses is the open-ended questions technique. The APSAC finds that using open-ended questions “consistently produce longer and more informative answers, especially when narrative practice about a neutral even is included early in the interview” (APSAC Taskforce, 2012). When an interviewer uses short-ended questions, that can be answered with a simple yes or no, the child may often guess on an answer, instead of provide details on what happened (APSAC Taskforce, 2012). In these types of interviews children guessing answers is not beneficial, as that may not be what really happened, and they are just trying to provide the interviewer with what they want. A couple other protocols that are used, and utilized as an extension to open-ended questions, are the use of drawings.
Some interviewers will allow the child to draw a picture or write something related to the abuse. These drawings and writings are used when a “child is having difficulty providing a verbal account” of what took place (APSAC Taskforce, 2012). APSAC does note that this protocol should only be used after open-ended questions are asked. Interviewers may also utilize anatomically-detailed drawings or body maps. These body maps are used to replace anatomical dolls and are mainly used to “have the child label body parts and to facilitate discussion about touching” (APSAC Taskforce, 2012). APSAC Taskforce (2012) does warn that there has been recent studies that suggest “an increased risk of producing erroneous reports of touch when anatomically detailed drawings are introduced early in the interview, especially to elicit initial disclosures of abuse”. While the use of these drawing may help a child show where touching happened without having to verbalize, it can also lead to more false reports as well.

The American Professional Society on the Abuse of Children Practice Guideline uses many protocols. Specifically looked at were open-ended questions, drawings or writings by the child, and anatomically detailed drawings. It seems that open-ended questions is the best protocol in this method, specifically because it gets the best results, but also because the other protocols are built off open-ended questions. The APSAC Taskforce (2012) states that the use of drawings or anatomically detailed drawings are to be used after the open-ended question protocol is attempted. These other protocols are used as a backup if the child is not responding to the open-ended question approach. An additional study conducted by Lamb and Fauchier (2001), also found that open-ended questions is the best protocol to follow. The APSAC Taskforce found that open-ended questions produce longer and more informative answers from children. Lamb and Fauchier (2001) had a similar finding in the fact that when a child is asked an open-ended question the child never elicited a contradiction. When an interviewer asked a suggestive
question the child elicited a disproportionate number of contradictions (Lamb and Fauchier, 2001). The suggestion from the APSAC Taskforce and the findings of Lamb and Fauchier show that open-ended questions during a child forensic interview is a good protocol to follow.

**CornerHouse Forensic Interview Protocol**

The CornerHouse Forensic Interview Protocol is the most widely used and trained protocol in the United States, with about 52% of all Child Advocacy Centers being trained in this model (Anderson, 2013). According to Anderson, in 2011 CornerHouse started re-evaluating their program, and making changes to some techniques used. In 2012, CornerHouse began implementation of enhanced orienting messages and increased the use of open invitations early in the interview (Anderson, 2013). The main focuses of this model is to be person centered, semi-structured, and forensically sound (Anderson, 2013). The protocol also utilizes techniques in order to be successful in their main focuses of this model. Some of the techniques include a narrative approach, drawing, and invitation and inquiry (Anderson, 2013).

Unlike other forensic interview models, CornerHouse is a child led process, and the narrative approach affords the child the opportunity to tell the interviewer what happened in his or her own way (Anderson, 2013). This technique is similar to the use of open-ended questions in other models. As of 2011, CornerHouse has collaborated with the University of Minnesota School of Social Work to study and evaluate this method and how well it works (Anderson, 2013). At this time there are no results on the use of a narrative approach. Another option that interviewers have to assist them during the process is the use of drawings. According to Barlow, Jolley, and Hallam (2011) “drawing has not only been shown to enhance a child’s event recall but also does so in the context of interactive questioning with an interviewer”. Allowing the child
to draw during the interview can assist with the recall of what happened. This technique used by CornerHouse is beneficial to not only the child, but the interviewer as well, and allows for more accurate disclosure. The last technique that is used is the invitation and inquiry method. This method looks at the interviewer as not one who asks questions, but as a neutral fact finder who invites and allows information to be shared from the child (Anderson, 2013). The invitation and inquiry method goes hand in hand with open-ended questions. In the invitation and inquiry method the facilitator encourages more information to increase the amount of quality information (Anderson, 2013). The reason this goes with open-ended questions is the facilitator asks questions about what the child says, and uses open-ended questions when doing this. As stated before, this technique provided more quality information and is a good technique to use by interviewers.

**National Children’s Advocacy Center Forensic Interview Structure**

The next interview model is the National Children’s Advocacy Center Forensic Interview Structure. As stated in the previous section, this model is widely utilized across all fifty states in America. The main concept of this interview type is the use of multidisciplinary teams (nationalcac, n.d.). Bud Cramer developed the idea of multidisciplinary teams in the early 1980s (nationalcac, n.d.). The multidisciplinary team is often comprised of law enforcement, department of human resources, medical services, forensic interview services, family and advocacy service, mental health services, and the District Attorney’s office. Bud Cramer wanted these groups to come together to work in collaborative fashion (nationalcac, n.d.). The end goal of Cramer’s mission was to have these groups work together, and limit the exposure a child must have during a traumatic time.
The use of multidisciplinary teams works very well, and has been adopted by other models as well. The National Children’s Advocacy Center Forensic Interview Structure found success in utilizing multidisciplinary teams. Many studies have also found that the use of MDT’s have assisted with more thorough assessments (Jent, et al. 2009), greater efficacy (Epstein, 2014), and improved customer, client, or patient satisfaction (Jones, et al. 2007). When looking at multidisciplinary teams the “primary goal of most multidisciplinary teams related to child maltreatment is to improve the response of all involved disciplines through coordination, cooperation, and communication (Klika and Conte, 2018). Through these few studies it can be seen that utilizing a MDT is beneficial to not only the child, but also the groups involved with the team. Cramer’s idea to form a collaborative group between public and private teams works very well and benefits the NCAC model greatly.

**National Institute of Child Health and Human Development Forensic Interview Protocol**

The National Institute of Child Health and Human Development forensic interview protocol is another protocol that can be used to interview children. The NICHD uses protocols such as the interviewer introducing themselves before the interview, explaining the purpose of the interview, and providing practice for open ended prompts (NICHD, 2000). These protocol techniques allow the child to get comfortable with the interviewer prior to starting. These techniques mainly take place in the rapport-building phase. According to the Child Welfare Information Gateway (2017), this phase is when the “interviewer attempts to build a trusting relationship with the child and explains some of the details about the interview process”. As stated previously, this allows the child to get comfortable before the substantive phase which is when the interviewer seeks information about the alleged abuse (Child Welfare Information...
Gateway, 2017). Without being comfortable with the interviewer, the child may not open up as much as they should.

These techniques that the NICHD introduced were studied and compared to other interviews that did not use these techniques. The interviewers first practiced on other interviewers and then implemented them into interviews with children (NICHD, 2000). The new techniques were used on a group involving fifty children, and the results were compared to a group of fifty children who utilized the old techniques. It was found that the interviewers who were using the National Institute of Child Health and Human Development were able to obtain three times more information from children than using the old techniques (NICHD, 2000). This finding shows that these new protocols work well for interviewers and can produce better results from children when used. These techniques are aimed at making the child more comfortable, so it can be inferred that when a child is more comfortable with the interviewer they are more likely to provide more information. These protocols that the NICHD implemented have shown positive results and should continue to be used.

ChildFirst Forensic Interviewing Protocol

ChildFirst is another forensic interview protocol that interviewers can be trained on. This interview protocol uses a variety of techniques, just like the previous models discussed. ChildFirst uses the multidisciplinary team technique (firstwitness, n.d.). In the ChildFirst model the MDT is comprised of medical professional, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals who may be deemed necessary for a child (firstwitness, n.d.). This model, and those involved in the multidisciplinary team, is very similar to the one utilized in the National Children’s Advocacy Center Forensic
Interview Structure. Another technique that this model uses is continued advocacy and support. Any family that is receiving services at a First Witness Child Advocacy Center receives initial and ongoing advocacy (firstwitness, n.d.). The ChildFirst model looks to help families through this process and leave them with the skills they need to advocate for themselves and their children.

As stated before, the use of multidisciplinary teams has a number of benefits to this process. These teams allow agencies to work together, collaborate, and reduce trauma to the child. Once again, the “primary goal of most multidisciplinary teams related to child maltreatment is to improve the response of all involved disciplines through coordination, cooperation, and communication” (Klika and Conte, 2018). ChildFirst utilizing this technique is of benefit to not only their organization, but the children as well. This is a technique that works well. Utilizing advocacy services initially and ongoing is also another technique that works very well for this protocol. Firstwitness (n.d.) found that ongoing parent and caregiver support and advocacy is essential to reducing trauma and improving outcomes for children and family members. This is once again beneficial because advocacy can reduce trauma for those involved, which is a benefit to the mental health of those in this situation.

All of these interview protocols utilizes different techniques, while some use the same techniques. Many of the techniques used are beneficial and work well for the protocol. Later in this paper recommendations will be made for which techniques are the best to use and which ones should be utilized the most by forensic interviewers.
IV. Theoretical Framework

Systemic Perspective on multidisciplinary teams

Systemic perspective is one theory that is able to explain forensic interviewing, specifically the models that utilize multidisciplinary teams. Systemic perspective is defined as “looking at an entire organism of an operation, entity, or business in relationship to its environment” (Jensen, n.d.). A popular example to further explain this theory is looking at a plant. Each part, the flower, the leaves, the roots, and the stem, are all vital to the survival of the plant. Groups of people, similarly to plants, only function when each part is working together, and without the participation from each person on the team, it could fall apart.

A commonality between many forensic interview models is the utilization of multidisciplinary teams (MDT). A multidisciplinary team is used to “capture a host of organization structure designed to, on some level, integrate the knowledge, skills, and authority spread across multiple professions for a common purpose” (Klika and Conte, 2018). For the purposes of a child forensic interview the MDT’s often are made up of law enforcement, child protection, medical staff, prosecution, and any other professionals that are deemed necessary (Klika and Conte, 2018). As mentioned in the prior section, multidisciplinary teams are utilized, and were created, to help reduce the emotional distress on children who have been victimized. As stated, these teams are often comprised of multiple agencies, and each agency often needing to hear what happened to the child. By utilizing the MDT, it helps minimize the amount of times the child need to tell their story, thus reducing the re-traumatization that may occur.

The multidisciplinary team and systemic perspective go hand in hand. If the organizations participating in the MDT are not all working together, then the whole team can be
broken down. Each organization needs to work well together to ensure the safety of the child, while making sure they do their job. The multidisciplinary team is like the plant in the previous example. All of the parts, or organizations, need to work together or risk not getting the job done, and justice for the child who was victimized.

V. Recommendations

Throughout this paper it can be seen that child forensic interviews are very beneficial, however there are numerous models that are used across the United States, and even in other countries. While some of these models are similar, or utilize similar protocols, there is not on cohesive model that can be used at every agency. Each agency decides which model to use for their forensic interviewing protocol. This paper is recommending that all agencies should use multidisciplinary teams, open-ended questions, and ongoing advocacy for parents and children.

Multidisciplinary Teams

The use of multidisciplinary teams is utilized within the National Children’s Advocacy Center Forensic Interview Structure and ChildFirst Forensic Interview Protocol. These two models use multidisciplinary teams to assist with interview children and investigating reports of abuse. As stated before, these teams are often comprised of law enforcement, department of human resources, medical services, forensic interview services, family and advocacy services, mental health services, and the prosecuting agency (firstwitness, n.d.). The reason that multidisciplinary teams should be used in all agencies is because it can reduce the amount of times that a child needs to explain what happened to them, thus reducing trauma. As stated before, Bud Cramer was the original person who developed the idea of using MDTs. Cramer wanted the groups to come together to work in a collaborative fashion, with the end goal to limit the exposure a child must have during a traumatic time (nationalcac, n.d.). The use of the teams
also helps to “improve the response of all involved disciplines through coordination, cooperation, and communication” (Klika and Conte, 2018). Prior to utilizing multidisciplinary teams, these agencies would often not share information and would individually interview the child multiple times. By coming together to coordinate, cooperate, and communicate, these agencies can share information that is learned and limit the exposure the child must have. For these reasons, this is a procedure that should be used by all agencies when looking into a child being a victim.

**Open-Ended Questions**

The protocol involving open-ended questions is used by the American Professional Society on the Abuse of Children Practice Guideline, the CornerHouse model, and the National Institute of Child Health and Human Development Forensic Interview Protocol. The use of open-ended questions seems to be the most widely use protocol amongst the different models. Many of these models have found that using open-ended questions while interviewing children have produced more consistent results and answers. The APSAC found that open-ended questions “consistently produce longer and more informative answers” (APSAC Taskforce, 2012). The APSAC Taskforce (2012) also found that if an interviewer uses close-ended questions the child is more likely to guess at an answer instead of providing details of what actually happened to them. The NICHD found that providing practice for open ended prompts with children also results in a more consistent response (NICHD, 2000). While CornerHouse does not specifically use open-ended questions, they use a technique called narrative approach where the interviewer allows the child the opportunity to tell them what happened, which is similar to open-ended questions. While there are no results on the use of narrative approach at this time, it is similar enough to open-ended questions that it may see the same results. It can be seen that using open-ended questions is very beneficial to children who are being forensically interviewed. These
types of questions can produce more accurate responses than using close-ended questions. This reason is why an open-ended procedure should be used in all agencies to make sure they are getting accurate and more informative answers.

**Ongoing Advocacy**

The only model that utilizes ongoing advocacy is the ChildFirst Forensic Interview Protocol. The ChildFirst model uses MDTs to support the child and family through the interview process, and continued support after the process is complete. Any family that is receiving services from a First Witness Child Advocacy Center receives initial and ongoing advocacy services. The primary use of a multidisciplinary team is to reduce the amount of trauma a child is exposed to. The primary use for initial and ongoing advocacy is the same, to help reduce the amount of trauma to not only a child, but the family as well. Ongoing parent and caregiver support and advocacy is essential to reducing trauma and improving outcomes for children and family members (firstwitness, n.d.). The process of forensic interviewing, and the criminal court process, are often confusing and can leave family members with more questions than answers. Providing continued advocacy can help these families make sense of what is going on and help reduce the feeling of abandonment after the interview is finished. The reduced trauma that ongoing advocacy can prevent is a reason that all agencies should provide services and assist families.

Throughout this paper, and this section, it can be seen that multidisciplinary teams, open-ended questions, and ongoing advocacy provide many benefits to the child being interviewed and the family as well. While each interview model has protocols that work, these three protocols seem to be the ones that have the greatest benefits and should be used by every model.
VI. Conclusion

Future Research

As it can be seen in the previous section, there is not one model that uses multidisciplinary teams, open-ended questions, and ongoing advocacy. Future research should look at using these three protocols together to see if they are just as effective, or more effective, as when they are used alone. Future research should also look more deeply into ongoing advocacy. At this time ChildFirst is the only model that is using ongoing advocacy along with initial advocacy. Since there is limited use of this, there is limited research to show how it helps. The research that is out there shows that the use of advocacy does reduce the trauma that children can have, however it should be looked into more.

Limitations

The main limitation of researching child forensic interview models is the confidentiality. Since these interviews are being done with minor children, there has to be approval from parents to be part of these studies. Due to this issue there is limited research that exists on how each forensic interview model works and the results that are seen. Even though this limitation does exist, the research that is out there all come to the same conclusion, that these interviews help children, reduce the amount of trauma exposure, and bring different agencies together to work collaboratively. As the research on this topic grows, there may be more research supporting these conclusions, and possibly more specific conclusions of the positive effects in the future.

This paper has shown how prevalent that child physical abuse, child sexual abuse, and child psychological abuse are. There are many children who are victims of crimes each year, and the creation of child forensic interviewing has helped children share their story of what happened in a less traumatic way. Prior to these models being created, children would often have to tell
their story to multiple agencies multiple times. The forensic interview models have helped agencies work together to get an accurate telling from children, while making sure the trauma exposure is minimal. This paper has shown that multidisciplinary teams, open-ended questions, and ongoing advocacy, are all beneficial in the process running smoothly and reducing trauma. Child forensic interviews are a way for children to assist with the investigation into their abuse and share their story. These interviews give children a voice in a process that can make them voiceless. Without these interviews children would not be able to assist in the investigation process and finally be heard.
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