OREGON CHILD FORENSIC INTERVIEWING GUIDELINES

FIFTH EDITION

FOREWORD

This is the fifth edition of the Oregon Child Forensic Interviewing Guidelines (OIG), which provides a general framework for conducting child forensic interviews in Oregon. The guidelines were originally developed by six distinguished professionals at the request of the Health Advisory Council on Child Abuse, a group convened by the Oregon State Legislature to ensure that child abuse evaluators in Oregon be highly skilled and well-trained.

The original edition of the OIG, published in 1998, was created by Wendy Bourg, PhD; Ray Broderick, BS; Robin Flagor, BSW; Donna Kelly, JD; Diane Ervin, LCSW; and Judy Butler, Med. Since then, the OIG has been revised periodically to ensure it includes the latest research, forensic guidelines, and best practices.

The second edition of the OIG, published in 2004, was updated and expanded to address all professionals who conduct interviews with children. The third edition, published in 2012, was further expanded to incorporate new research and distinguish between forensic interviews and field interviews. The fourth edition, published in 2018 and updated in 2021, provided updated information in multiple sections and a clarification regarding the purpose of initial responder interviews.*****

Significant updates to this fifth edition of the OIG include updating the name of the OIG, from "Oregon Interviewing Guidelines" to "Oregon Child Forensic Interviewing Guidelines," and adding information on the commercial sexual exploitation of children (CSEC).

The updates and revisions to the fifth edition were made by five expert forensic interviewers: Cari Allen, BS, Interviewer, Children's Advocacy Center of Jackson County; Samantha Fenner, MS, Clinical Manager, Klamath-Lake CARES; Katie Greathouse, LCSW, Interviewer, Mt. Emily Safe Center; Nichole Schumann, MS, Interviewer, Kids FIRST; and Jennifer Wheeler, LPC, Interviewer, CARES NW.

The following individuals reviewed and provided critical feedback on the updates to the fifth edition*:* Kevin Barton, Washington County DA; John Casalino, Klamath County Acting DA, Supervising AAG ODOJ; Katie Green, AAG ODOJ; Tina Morgan, Consultant – Reviewer and Project Manager; Stacy Neil, DDA Deschutes County, Member CAMI Council and CJA Task Force; Robin Reimer, ODOJ CAMI Grant Coordinator; Linda Cordisco Steele, National Expert Forensic Interviewer, NCAC; and Hannah Vaughn, Attorney in Charge, ODOJ.

* The electronic version distributed in September 2024 mistakenly listed the publication date as 2021. We regret the error.

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INTRODUCTION

The primary purpose of the Oregon Child Forensic Interviewing Guidelines (Fifth Edition), or OIG, is to promote consistency in the quality of care provided to Oregon children who are forensically interviewed when there are concerns of abuse or neglect. Forensic interview practice is informed by research and practice knowledge.

Regional forensic interviewers developed the guidelines after a thorough research and literature review, taking their collective experience into consideration as well. These guidelines have been vetted by local and national experts who support the practice recommendations suggested herein. In addition, the Oregon Child Forensic Interview Training (OCFIT), which is based on the OIG, has been approved through the National Children's Alliance. The OIG and OCFIT should be used in conjunction and are not independent of one another. OCFIT expands on the OIG and focuses on the practical application. Both are necessary for forensic interviewers across the state.

Child abuse investigations and child forensic interviews are not conducted in the same manner in all communities. Each community has particular needs that influence the ways in which forensic interviews are handled. Thus, a variety of interviewing models and protocols have been developed across the United States to fit communities' unique needs related to child abuse investigations and child forensic interviews. The OIG incorporates best-practice suggestions from a large body of research and literature in the field of forensic interviewing, as well as from a number of widely used national models (see Appendix E for examples of the most-established models).

The Oregon Interviewing Guidelines takes into account the many levels of knowledge, practical application and decision making involved when interviewing children about concerns of abuse. Although interviewing children about possible abuse should always be grounded in research, the practice of interviewing involves human interaction, and the best interests of the child should always be the priority. Interviewers should keep in mind that there is no "perfect" interview and there should be no presumed conclusions. Interviewers must be knowledgeable of practice guidelines, research, and foundational topics related to children and adolescents, and they should be prepared to support their decisions in individual cases.

The OIG is revised in response to evolving needs identified by multidisciplinary team (MDT) professionals throughout Oregon and to the training requirements of the National Children's Alliance Standards for forensic interviewing. The OIG should be considered a working document, to be updated further as researchers and practitioners expand scientific knowledge about child interviewing and child development.

The OIG provides a general framework for conducting a child forensic interview in Oregon and serves as the foundation for statewide trainings. OCFIT is the practical application of the information in the OIG. The combination of the OIG and OCFIT offers interviewers information and insights to help them conduct skilled, professional, developmentally appropriate, trauma-informed, and culturally sensitive interviews with children. However, it should not be taken as a dictate from the state or mandate from any agency that every interview in Oregon must follow this format or that a different format may not be appropriate in a particular situation.

While the OIG can serve as a unifying document to foster statewide consistency, the contributors recognize that nuances in any child abuse investigation can necessitate unique interactions that might not be covered in this or any edition.

I. INTERVIEW SETTING AT A CHILDREN'S ADVOCACY CENTER (CAC)

The interview setting can influence and may be directly related to the amount and quality of the information obtained. Research indicates that stress interferes with recall. Providing a child with an opportunity to be interviewed in a safe, neutral, child-centered environment minimizes the possibility of further trauma, maximizes the quality and quantity of information shared, and reduces the introduction of contaminating influences, thereby improving the accuracy of information provided while maintaining the integrity of the interview.

CAC ENVIRONMENT

- The CAC intake process gathers information from referral sources and clients to ascertain cultural, linguistic, and physical accessibility needs throughout the investigation, intervention, and case management processes. Services are individually tailored and implemented in ways that address the identified needs of children and families.

- The CAC facility is accessible to children and family members with physical disabilities. If physical barriers at the CAC cannot be overcome, there must be a plan in place to accommodate the physical needs of all clients by providing all CAC services at an alternate and accessible location.

- Postings and relevant informational materials are provided in a variety of languages when, and if, possible.

- While every center may look different, there are specific ways that the environment can help children and families feel physically and psychologically safe and comfortable.

CHILD-FRIENDLY INTERVIEW ROOM

- **Furniture:** Furniture should be comfortable and inviting. It may be helpful for the interviewer to be seated at the same level as the child.

- **Sound-proofing:** The room should be quiet, with as few distractions as possible. Turn off or silence phones. Sound-proofing the walls or putting a white-noise machine just outside the room may be helpful.

- **Walls and décor:** If the interview room is used for multiple purposes, remove as many items as possible prior to bringing the child into the room to avoid distractions. Minimize the use of fantasy in the images or items present in the environment.

- **Tools for the interview:** Any items used (e.g., writing utensils, blank paper, pictures for coloring, Play-Doh) should be readily available in the room and limited so as not to overwhelm or distract the child.

- **The room should be safe:** Do not include any breakable items, sharp edges, or toys with small parts that could pose a choking hazard to very young children, and cover electrical outlets.

- **Audio/video:** If the camera is in the room, ensure that it is out of reach of young children. Regardless of how the camera is positioned, the child must be informed that they are being audio/video recorded, and that people are observing. Any interview conducted at a CAC should be audio/video recorded.

ROLE OF SUPPORTIVE CAREGIVERS

The presence of parents, school personnel, private therapists, caretakers, or other family members in the interview room should be avoided. Even supportive adults can intentionally or unintentionally coach or nonverbally cue a child, potentially influencing the interview. There are rare possible exceptions to the standard of excluding a support person; these should be discussed on a case-by-case basis by the multidisciplinary team (MDT) members participating in the interview process. For example, children with disabilities or extremely traumatized children who cannot separate from a supportive caregiver may be an exception or may need additional rapport building prior to the formal forensic interview.

OBSERVERS OUTSIDE THE ROOM

It is best practice to have those professionals with investigative responsibility, such as law enforcement officers, Oregon Department of Human Services Child Welfare Personnel (CWP), or Office of Training, Investigation and Safety (OTIS) personnel, observe the interviews when possible. At some centers, other MDT members, such as medical providers, regularly observe. It is ideal to have MDT partners observing on-site in a separate room. Some CACs may have the capacity, in special circumstances, to accommodate remote viewing for MDT partners. The local MDT or CAC may develop a written protocol for allowable observers during the child's interview.

PRESERVATION—VIDEO RECORDING

Follow your county protocol for preserving video recordings of interviews, such as ensuring that appropriate identifying information is attached to the recorded interview. Identifying information may include the child's name, date of birth, date of interview, name of interviewer, and CAC where the interview was conducted. Each MDT has a responsibility to follow all state and federal laws regarding confidentiality and disclosure.

INTERVIEWING DURING SPECIAL CIRCUMSTANCES

During natural disasters, crises, or pandemics, forensic interviewing practices may shift to accommodate safety, accessibility, and best practices. These situations pose challenges, including decisions regarding case triaging, following health and safety protocols, and meeting best practice standards. Please refer to your MDT for additional information and guidance.

National guidelines have been created to guide new practices and decision making:

- **Zero Abuse Project:** *Conducting and Defending a Pandemic-Era Forensic Interview.* zeroabuseproject.org/conducting-and-defending-pandemic-era-forensic-interview
- **National Children's Alliance:** *Emergency Tele-Forensic Interview Guidelines.* learn.nationalchildrensalliance.org/telefi

II. PRE-INTERVIEWS

The amount and type of history gathered in pre-interviews depends on the role of the evaluation and investigation teams. Often, gathering some history is relevant and helpful for both the interviewer and investigative team.

If possible, obtain and review any documentation and information regarding the disclosures made by the child for this reported incident. This may include initial law enforcement, Oregon Department of Human Services (ODHS), school, mental health, and/or medical reports/records. If multidisciplinary team (MDT) partners have case information or evidence, the interviewer should ideally have access to this before the interview. Presentation of evidence within the interview should be discussed prior to the interview with MDT partners and in accordance with MDT/county protocols. If an investigator has thoroughly interviewed the child in the field, assess whether a Children's Advocacy Center (CAC)–based forensic interview is in the child's best interest and what the goal/purpose is for an additional interview.

When possible, the interviewer should review background information obtained by law enforcement and ODHS before the interview. This information may inform the interviewer about the child's environment and culture, as well as any other factors relevant to both the child's ability to participate in a formal interview and the interviewer's approach to the child. It is important to balance having the interview occur close in time to the report of abuse with collecting collateral information ahead of time.

Below are examples of information interviewers may consider during pre-interviews:

- Child knowledge or understanding of CAC visit

- Disclosure history

- Any relevant emotional or behavioral concerns

- Sources of sexual knowledge

- Daily routines

- Level of support the child receives from primary caregiver(s)

- History of custody issues or family discord

- Demographic information

- Developmental considerations

- Disability and accommodations, if applicable

- The alleged perpetrator's access to the child and the relationship with the child

- Family risk factors, which may include family violence, drug/alcohol use, criminal activity, ODHS history, historical abuse/trauma, and mental health issues

- System information that could be accessed by an investigator

- Language spoken in the home

- Possible evidence available (refer to MDT protocols and best practices of evidence introduction)

III. FORENSIC INTERVIEWS

The purpose of a forensic interview is for a skilled and trained professional to gather as much reliable information as possible from a child about their experiences when there is concern of maltreatment. The forensic interview process is based on research, literature, and best practice standards. A forensic interview is conducted by an individual who has completed training described in ORS 418.788 for the purpose of preserving a child's statements. Per ORS 418.782(4), a forensic interview "is conducted in a manner that is legally sound, age appropriate, of a neutral, fact-finding nature, and coordinated to avoid duplicative interviewing." Forensic interviews are also conducted in a manner that is trauma informed and takes into account developmental considerations.

In the state of Oregon, forensic interviews are audio and video recorded to preserve statements, capture the child's presentation, and document the interaction between the child and the forensic interviewer. These interviews may be used for the purposes of medical treatment, child safety planning, and criminal investigations.

Specially trained forensic interviewers at Children's Advocacy Centers (CACs) in Oregon interview children for the following concerns/allegations: sexual abuse, physical abuse, neglect, exposure to domestic violence, witness to crime or abuse, drug endangerment, emotional or psychological abuse, commercial sexual exploitation of a child (CSEC), child sexual abuse material (CSAM), and other forms of abuse or maltreatment. For some of these specialized cases, there are guidelines that interviewers may utilize while conducting forensic interviews.

QUESTION TYPES

The forensic interviewer should use a continuum of questioning to gather the most accurate and complete information about the child's experience, and to assist in their disclosure process. Throughout the interview, interviewers should use the most open-ended questions/prompts possible and navigate through the question types as appropriate.

The following are definitions of question types. The context and nature of how these question types are used throughout interviews may vary from child to child, as well as from interview to interview. Interviewers should decide which question types to use based on child development, presentation, and the child's responses to questions.

- **Open-ended:** Open-ended questions attempt to elicit a free narrative response from recall memory.

  Examples include: "Tell me what you are here to talk about today," and "Tell me everything that happened." Open-ended questions are followed by prompts for more information such as, "What happened next?" and "Then what happened?"

- **Focused:** Focused questions are used to elicit further information on a particular topic, place, or person. They are often used to elicit information by cueing a child to provide further information or more specific detail after a child has exhausted narrative recall. They can also be used to elicit thoughts and feelings/sensory details. Reluctance, developmental considerations, and trauma

may be reasons to use focused questions. Focused questions may be referred to as "Wh-questions" and "Suppositional wh-questions."

Examples include: "Where were you when [X] happened?"; "What did Grandpa spank you with?"; "What were his hands doing?"; "What did he say?"; "How did that make your body feel?"; and "What were you feeling?"

▪ **Closed-ended:** Closed-ended questions, such as multiple choice and yes/no questions, pose limited options and are used to clarify a disclosure or information already provided. Closed-ended questions should be used sparingly. Closed-ended questions can also be used to clarify a previous question that seems confusing to the child. They can be helpful in gathering contextual information, particularly from young children.

Examples of multiple-choice questions: "Did it happen in the living room, bedroom, or someplace else?" A yes/no example: "Did your mom want other people to find out what happened?"

Once the child has provided a response to a closed-ended question, return to open-ended questions.

QUESTION TYPES TO AVOID

▪ **Leading:** Leading questions introduce information with a question in which the actor, an act, and a tag are included and may suggest to the child a desired response.

An example is: "Your dad touched your pee-pee, didn't he?"

▪ **Coercive:** Coercive questions or statements are those that pressure the child physically or emotionally to do or say something.

Examples include: "If you tell me what I want to know, you can leave the room," or "If you don't tell me what happened, I can't help you."

SUPPORTIVE INTERVIEWER

A forensic interviewer can maintain neutrality while being supportive of the child. A supportive interviewer uses techniques such as rapport building throughout the entire interview, regardless of disclosure. The interviewer allows for the child to express their emotions regarding the incidence of abuse, as well as their feelings about the interview process, without pressure. Emotional expressiveness is associated with increased information sharing. Supportive interviewers provide a child-friendly and trauma-informed environment to increase emotional well-being and willingness to talk.

NONVERBAL LANGUAGE

Nonverbal communication can play a role in a forensic interview. It may involve emotional expressions, actions, body language, and even silence. The interviewer should be aware of the impact that nonverbal communication may have on the child and interview process. This includes nonverbal communication by both the interviewer and the child.

Nonverbal cues can include gestures, facial expressions, spatial distance, and vocal tones. Nonverbal communication can be influenced by cultural norms.

- ▪ **Gestures:** One of the most common forms of nonverbal communication used by children is gesturing. A gesture can be anything that incorporates a movement of the body and signifies a message. Some children shrug their shoulders, throw their hands up in the air, or storm off with heavy feet to show they are angry or upset. Gestures are typically paired with verbal communication, but they do not have to be. Each child is different, so it is important to inquire in order to learn the child's gestures and meanings.

- ▪ **Facial expressions:** Paying close attention to a child's facial expressions and asking questions helps the interviewer understand more deeply what the child is thinking or feeling.

- ▪ **Spatial distance:** A child will typically learn a "normal" spatial distance (personal space) from their family, upbringing, and cultural environment. Everyone has personal space, including children. Recognizing spatial distance differences will help the interviewer understand and relate to each child while also reinforcing appropriate boundaries when necessary. For example, if a child demonstrates inappropriate personal space boundaries such as lap sitting, gently reinforce an appropriate boundary by guiding the child to a seat.

- ▪ **Vocal tones:** A child's tone of voice can help decode the message they are sending. Pay attention if a child's tone is incongruent with their words. Changes in voice tone, volume, and pacing can indicate changes in the child's emotional state and motivation to participate in the interview. This may cue the interviewer to check in with the child regarding the incongruence.

BEGINNING THE INTERVIEW

The goal during the beginning of the interview is to establish rapport and obtain information about the child's developmental and communication abilities. Rapport development is associated with greater accuracy in event reports. Rapport begins the moment the interviewer meets the child and continues throughout the course of the interview. During this phase, the forensic interviewer should make introductions, establish roles, give instructions, explain expectations of the interview, observe the child's development, set a precedent of eliciting narrative responses, and create a relaxed and friendly environment.

Introductions

The forensic interviewer will first introduce themselves and explain their role. The child should be oriented to the room, which includes informing the child that an audio/video recording is being made and that others may be observing. The explanation may vary depending upon the child's age and developmental level. It is helpful to give the child a sense of control by giving them choices whenever possible and appropriate. For example, tell the child they can take a break any time they need to or use the bathroom whenever needed. The child should also be allowed the opportunity to ask questions about the interview room and process.

Instructions

Research suggests that a series of instructions decrease suggestibility and increase accuracy in reporting.

Standard instructions and examples include:

- ▪ **Telling the Truth:** "It's important to tell the truth," or "We don't do pretending or make-believe in this room. We are going to discuss true things today." If the child is unable to demonstrate, then the forensic interviewer should repeat the instruction and move on.

- ▪ **Correcting the Interviewer:** "Correct me if I get something wrong," or "Let me know if I make a mistake."

- ▪ **Check for Child's Understanding:** "Let me know if you don't understand my questions," or "If I say something that doesn't make sense, let me know."

- ▪ **Don't Guess:** "If you don't know, then it's okay to say, 'I don't know,'" and "If you do know the answer, tell me."

For children ages 3–6, or when developmentally appropriate, consider asking them to demonstrate their ability to follow the instructions above. When the child successfully demonstrates their ability to follow the instructions above, positive reinforcement may be used to highlight their ability. If the child is unable to demonstrate, then the forensic interviewer should repeat the instruction and move on. Younger children may do better with a limited number of rules and practice. Older children may be able to handle more and may not need to practice.

Narrative Practice

Narrative practice is when the forensic interviewer uses open-ended questions/prompts to ask the child to talk about a neutral, salient event (such as a recent school event). Examples of eliciting a narrative practice include: "Tell me about your last [salient event]," "Tell me everything that happened," and "Tell me what happened from the beginning to the end."

Narrative practice establishes the precedent that the child provides narrative responses to the interviewer's questions. It supports the continuation of rapport building and it allows the interviewer to assess the child's developmental level, cognitive functioning, and language abilities. Research shows that conducting a practice narrative using open-ended questions increases the amount of reliable information the child provides later in the interview.

TRANSITION TO TOPIC OF CONCERN

The transition to the "topic of concern" or "allegation-focused portion" of the interview should occur in the most open-ended, non-suggestive way possible. This can be achieved in multiple ways.

Spontaneous disclosure may occur during the early stages of the interview, allowing a natural transition to the topic of concern. For example, during narrative practice, the child describes that the police recently came to the house. At that time, the interviewer would request a narrative of the incident.

In the absence of a spontaneous disclosure, the interviewer should give an open-ended prompt, such as "Tell me what you are here to talk about today," or "Tell me what you know about being here today."

If there continues to be an absence of disclosure, the interviewer can use a continuum of questioning as outlined below. This continuum is a guide and not an absolute; honor the process and individuality of each child and interview, as well as the integrity of the interview. Use the child's language whenever possible. For example:

"Is someone worried about you?" If the answer is yes, follow with, "Tell me what [X] is worried about."

"I heard you talked to [X]. Tell me what you talked to [X] about."

"I heard that something may have happened to you. Tell me what happened."

Gathering Details

Various strategies inform the interviewer's question types. Once the child has made a disclosure, the forensic interviewer will attempt to use questions that are as open-ended as possible to encourage free narrative without interrupting. The interviewer will listen for cues to follow-up on when the child has exhausted the narrative. The interviewer continues to use the continuum of questioning to gather further details regarding the abusive event(s) and the context. Additional details to be gathered may include contextual, sensory, thoughts and emotions, and temporal details.

Framing is a technique that anchors the child's memory to a previously made statement before asking an open-ended question about that information to provide contextual details. For example, "You said [X] happened—tell me more about [X]."

Scaffolding is a technique to help with sequencing. For example, "What is the first thing that happened when you went into the bedroom?" Use questions such as, "What happened next?" or "Then what happened?" to continue prompting the child until the narrative is exhausted.

Types of Details

- **Contextual:** The interviewer can ask questions to gain a better understanding of the context of what the child is disclosing. This can include questions about clothing, body positions, location, relationships, and statements made. Examples include, "What were you wearing when the touching happened?" or "Who was home when that happened?" or "What were his hands doing?"

- **Sensory Details:** The interviewer can ask questions about the five senses. For example, "Tell me everything you saw," or "What did you hear?"

- **Thoughts and Feelings:** Interviewers can ask the child about their feelings, both emotional and physical. This may elicit emotional feelings as well as physical sensations experienced during an event, providing an opportunity for further exploration and information gathering. Examples include: "Tell me about how you felt when [X] was happening," or "Tell me about how your body felt when [X] was happening." When developmentally appropriate, the child can be asked about their thoughts during and after the event.

- **Temporal Details:** When a child uses terms such as "usually" or "sometimes," these are cues that the event happened more than one time. The child can be prompted to tell more about an event based on episodic cues they provide. If the child does not provide episodic cues, the interviewer may ask questions such as, "Tell me what happened the first time" or "Tell me what happened the last time" to elicit episodic details. If during the child's narrative the timing is unclear, the child may be asked when something occurred, though not with the expectation of a date, but rather, to obtain contextual clues. For example, a child may be asked when an abusive event occurred and report that "It happened when my little sister was being born in the

hospital." The timing of the event, as well as where the family lived, can be gleaned from this information. Asking about different locations, the location of other people, or a time something different happened are examples of ways to differentiate between events and gather valuable information regarding time and frequency.

Interviewers should refrain from asking a child about frequency or duration, as children will not likely be able to accurately provide this information. Instead, the child may be asked "What happened first?" "What happened next?" and "What made it stop?" to elicit contextual details.

USE OF TOOLS

Tools/media aids are items that are introduced by the child or interviewer to assist in the disclosure process. There are various reasons tools may be used during an interview, including facilitation of a disclosure and clarification of details. Before introducing any particular tool in an interview, the interviewer should be trained in their application, benefits, and limitations. Any drawings, photographs, videos, or other tools used by the child should be preserved. The interviewer should be aware of their local multidisciplinary team (MDT) protocols and CAC guidelines regarding use of tools, including evidence preservation procedures. Interviewers can utilize more than one tool at a time and should be prepared to abandon the use of the tool if it results in discomfort or a negative reaction from the child or becomes a distraction.

Examples of tools include:

- **Writing:** A child can use paper and pen to write about an abuse experience when it is too difficult or embarrassing (for the child) to verbalize. The writing may be read back to the child for agreement that it is accurate. Additional questions may then be asked.

- **Drawing/Mapping:** Help provide the child with an opportunity to describe the detail or event. Examples include a child drawing body parts, body positions, or objects, or mapping a room or landscape.

- **Demonstration:** Physical demonstrations by the child can include the child showing how something occurred, pointing to a body part, or demonstrating body positioning. Interviewers may ask the child to gesture, or the child may provide a gesture spontaneously. When a child gestures, ask for additional clarification.

- **External Information/Evidence:** The forensic interviewer, at the request of and in collaboration with MDT partners, uses some type of known information and introduces this information to the child. This can be verbal or material. Interviewers should only use information that they know to be factual and accurate. Interviewers may use this information to prompt the child to discuss topics that have not come up during the narrative and information-gathering phases of the interview. There is a continuum with regard to the type of information presented, ranging from verbal to child abuse images. Consideration of the victim's needs are most important when choosing the type and quantity of evidence to introduce. Generally, during the interview, attempts should first be made to elicit a narrative without introducing evidence. If those attempts are not successful, the interviewer may choose to proceed using physical evidence to assist in clarification or eliciting disclosure. It is never the purpose of the interview to get information at the expense of the youth's emotional and psychological well-being. Evidence

introduction of any type should be carefully considered; many counties have developed a process and/or MDT protocol to assist in this process.

The child may also use, or bring into the interview, their own media, journals, writing, etc., or technology to show the interviewer what may be considered evidence. Interviewers should work with their MDT partners regarding preservation of the information the child introduces.

ENDING THE INTERVIEW

The forensic interview may be concluded when no further information can be gathered, or the child is unwilling or unable to participate further in the interview.

Prior to ending the interview, the interviewer seeks input from MDT observers who may have questions or need additional clarification. It is the interviewer's responsibility to collaborate with MDT partners and incorporate their suggestions into the interview. The interviewer will determine how the question is worded or presented based on best practices and the best interests of the child. If leaving the room, explain why to the child, and keep the camera running.

If the child is unwilling or unable to continue participating in the interview, the interviewer should attempt to determine why and respond appropriately. The child's best interests should always be the first priority. The child should not be pressured to stay in the interview room; that pressure could result in the child making inaccurate statements and could also adversely affect their well-being. In cases in which relevant information has not been obtained from the child, the interviewer may need to explore other options such as a therapy referral or additional interviews.

Closing Components of an Interview

Allow the child to discuss topics, issues, and concerns they feel are important, including topics not previously addressed. This provides the child with the opportunity to communicate information that they deem important, which could be something the interview questions did not address or information the child did not relate to the questions that were asked. Give the child an opportunity to ask questions. Answer questions honestly, providing information, if able, and deferring to the appropriate MDT team members when necessary. Do not make promises or guarantees as to what may or may not occur after the interview.

Ask questions such as: "Are there any questions that I forgot to ask you today?"; "Is there anything else you think is important for me to know today?"; or "Are there any questions you'd like to ask me about what we talked about today?"

If appropriate, the interviewer may choose to transition the child to a discussion of neutral topics prior to leaving the interview room. This may include talking with the child about their plans following the interview, or about pets, school, or other topics discussed during the beginning of the interview. This process may vary in length depending upon the child's needs. Some children may be well-served with a short conversation around a neutral topic. Other children may need more time to transition, and it is important to make the appropriate accommodations.

The interviewer should thank the child for their participation in the interview, which relays that their statements are important. Thank the child for their participation whether or not a disclosure was made. Thanking the child should not include any reinforcement of specific information disclosed.

In certain circumstances, the interviewer may invite the child to return for an additional interview.

CONSIDERATIONS DURING THE FORENSIC INTERVIEW

There are certain things to consider throughout the forensic interview process, including:

- **Facilitating Communication:** It is important to refrain from obvious emotional responses to a child's disclosures. The forensic interviewer can provide support by engaging in active listening, such as nodding the head, saying "Uh-huh," or repeating the last few words of the child's statement. Periodically using the child's name also shows the child that you're listening. It's important to allow for, and be comfortable with, silence. Give the child time to process the question and formulate an answer. Avoid correcting behavior unless doing so is necessary for safety purposes.

- **Acknowledging the Child's Feelings:** Many children do not manifest emotional reactions or express emotional feelings during an interview. However, other children may experience or display a strong emotional response. Interviewers may choose to acknowledge the child's emotional state with a comment such as, "I see that you have tears in your eyes. Tell me about your tears." In doing so, be careful not to make judgments or interpretations that suggest the child is feeling a certain way, such as, "I see you have tears in your eyes—you must be sad."

- **Safety Factors and Other Circumstances:** In some cases, when relevant and appropriate, the interviewer may ask additional questions about risk factors and experiences with other types of abuse, or other safety issues that could impact the child's disclosures or disclosure process. Topics may include family dynamics, exposure to violence, drug and alcohol abuse, animal abuse, pornography, weapons, and other issues. Individual CAC or MDT protocols may provide additional direction to determine whether and when to explore these topics.

- **Alternative Explanations/Hypothesis:** During the course of investigating alleged abuse, the investigative team may consider alternative explanations/hypotheses regarding the child's disclosure; perhaps the allegation is a misinterpretation, or a false allegation made by either the child or someone else. The exploration of alternative explanations/hypotheses can occur throughout the entire investigation and may evolve as additional information is gathered to determine outcomes.

  During the interview, the interviewer may attempt to explore alternative explanations by asking questions that provide context to the disclosure. The interviewer may do this by exploring sensory details; possible source-monitoring information; circumstances surrounding the disclosure such as how the disclosure arose, reactions to it, or discussions about it; family dynamics; secondary gain; or other pertinent factors. There is no set list of questions used by interviewers to explore alternative explanations; questions may differ depending on circumstances of the case or may not be asked at all.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (CSEC) AND CHILD SEXUAL ABUSE MATERIAL (CSAM)

CSEC is the sexual abuse or exploitation of a child for financial benefit or in exchange for anything of value. CSAM is imagery or videos that show a child engaged in, or depicted as being engaged in, explicit sexual activity. These abuse concerns require the use of specialized interview techniques and additional considerations. While there are advanced models for interviewing in these cases, the best practices contained in these guidelines should still be used. Consult your MDT for information regarding protocols or guidance. Interviewers are encouraged to have training and experience, as well as a level of comfort, to conduct these interviews.

MULTIPLE NON-DUPLICATIVE FORENSIC INTERVIEWS

One comprehensive interview may be sufficient. However, research and practice have evolved to support the efficacy of conducting more than one interview in some situations. Nationally and in research, the terms "additional," "multiple," "subsequent," and "multisession" may be used interchangeably to refer to another interview being conducted. In Oregon, we refer to these as 'additional forensic interviews."

Additional forensic interviews are different than Extended Forensic Interviews (EFIs), recantation interviews, and interviews regarding new cases or allegations. Ideally, the decision to pursue additional interviews should be made in consultation with the MDT. Consult your local CAC or MDT for guidance.

- **Additional forensic Interview:** When a child returns for another forensic interview regarding the same or similar concerns, when one interview is not sufficient for various reasons.

- **Recantation Interview:** A forensic interview where a child returns and the recantation is explored.

IV. Diversity, Equity, and Access

Local multidisciplinary teams (MDTs) and Children's Advocacy Centers (CACs) may have their own diversity, equity, and inclusion/access statements that guide local policies and practice. Please refer to your local MDT and CAC protocols and guidelines. In Oregon, we recognize that forensic interviewers should practice cultural responsiveness, and that every child and their family have the right to access meaningful services.

According to the National Children's Alliance (NCA 2023 Standards):

> Cultural responsiveness is the ability to understand and consider different cultural backgrounds of the clients to whom you offer services. It also demonstrates the capacity to learn from and relate respectfully with people from both similar and different cultural backgrounds, requiring the ability to appreciate, understand and interact with members of diverse populations within the local community. Cultural responsiveness is a fundamental component of the CAC philosophy and is as central to operations as developmentally appropriate, child-focused, and trauma-informed practice. Like developmental considerations, cultural norms influence nearly every aspect of working with children and families, such as welcoming a child and family to the child advocacy center, employing effective forensic interviewing techniques, assessing the likelihood of abuse, selecting appropriate mental health providers, and securing services that are relevant and accessible to a child and family. To effectively meet clients' needs, the CAC and MDT must be willing and able to understand the clients' worldviews adapt practices as needed, and offer assistance in a manner in which it can be utilized. Striving toward culturally responsive services is an important and ongoing endeavor and an integral part of a CAC's operations and service delivery.

Using an Interpreter

Every child has a right to ethical, professional, accurate, and confidential interpretation. Interpreters facilitate the cross-cultural communication necessary by converting one language into another. These language specialists do more than simply translate words—they must thoroughly understand their role in order to accurately convey information, concepts, and ideas from one language to another. In addition, they must be sensitive to the cultures associated with their languages of expertise. Ideally, an interpreter would be certified and be prepared to testify in court. Interpreters may be live, in-person, or virtual (phone or video). Refer to your MDT or CAC protocols for further guidance.

During the forensic interview, it may be tempting to use a family's relative or friend to interpret or translate information, but this should be avoided. A family member or friend may not have the necessary fluency in the languages involved and/or the ability to interpret accurately. Additionally, this person may be biased and is not bound by formal ethical guidelines and confidentiality.

Because of the delicate nature of some of the information disclosed by a child or parent regarding suspected abuse, it is strongly recommended that interpreters for each CAC be prepared and able to appropriately deal with a variety of sensitive topics related to child maltreatment.

Prior to the forensic interview, it is important to prepare both the interpreter and the family of the expectation of confidentiality, the child abuse evaluation process, the interpreter's role, and any additional issues that may be relevant, such as the possibility of a subpoena for court testimony. When setting up the interview room, consider the positioning of the interpreter. The interpreter should be visible on camera and positioned in a way that will keep the child engaged with the interviewer and not the interpreter. Allow more time for the entire interview process.

V. INTERVIEWING CHILDREN WITH DISABILITIES

Disabilities affecting children can be numerous and complex. The most important thing to remember when interviewing a child with disabilities is that the child is first and foremost a child; the disability should not define the child. All children have strengths and limitations. Building on the child's strengths and making accommodations for limitations shows respect and allows for the most successful interview.

Interviewers should educate themselves about various disabilities and put aside any potential biases, fears, and assumptions about children with disabilities. Shifting the focus away from the diagnosis or label and focusing instead on four common categories of disabilities will lead to more successful interviews of children. The four categories of disabilities are: communication, intellectual, social/emotional, and physical. The child's disability can be a medical, educational, or psychological condition that interferes with their ability to:

- Speak, understand, and use language (Communication Disabilities)

- Think and reason (Intellectual Disabilities)

- Behave appropriately, socially and emotionally, in most settings (Social/Emotional Disabilities)

- See, hear, move, and be healthy (Physical Disabilities)

Below is a set of questions the interviewer can ask prior to the interview to help think about the disability's potential impact on the child's ability to report abusive events and what accommodations might be useful. By utilizing these questions, the interviewer can quickly identify and organize what is known and what would be helpful to know before proceeding.

- Does this child have a disability or difficulty in any of the four domains of functioning?

- How does the disability or difficulty affect the child?

- What strengths or abilities does the child have?

- What else is necessary to know about the child and the disability or difficulty?

- What accommodations can be made for a successful interview?

Prior to any interview of a child with disabilities, the interviewer should:

- Attempt to gather history about the child's preferred communication style, level of functioning, and any medical or educational information. Caregivers, school personnel, and Oregon Department of Human Services (ODHS) caseworkers often have insight into the child's strengths and the most successful ways to communicate with the child. There may be a community expert who can provide consultation.

- Ensure that appropriate accommodations have been made to the environment with regards to the needs of the child.

- Provide a clear description of the interview process, possibly showing the interview room to the child before the interview.

For additional information on interviewing children with disabilities in Oregon, refer to *Project Ability: A Reference Guide for Interviewing Children with Disabilities* (Rev. 2017), a reference guide that provides instruction on how to develop appropriate accommodations for children with disabilities. The reference guide is available at doj.state.or.us/wp-content/uploads/2018/02/Project_Ability_Reference_Guide.pdf

VI. Child Development

It is important for interviewers to understand both the chronological and developmental ages of children. Chronological and developmental age affect the types of questions used, how the child participates in the interview, the timing and pacing of the interview, the language used by the child, and the child's ability to understand the interview process. Therefore, it's important for forensic interviewers to have foundational knowledge of child development. Interviewers have to make a determination about a child's developmental ability to participate in a forensic interview.

Child development is a very robust topic, with its own research and literature, and area of academia. The intent of this document is to provide information that is relevant to the forensic interview. Below you will find four primary developmental domains: physical development; language and cognitive development; social and emotional development; and sexual development.

A child's linguistic ability depends on age and experience, individual growth patterns, and familiarity and practice. Children may be inconsistent in their use of words. Children practice using concepts before they master actual word usage. Children may use words correctly or incorrectly without having a full understanding of the meaning.

Similarly, no two children develop at the same rate. Chronological and developmental age are not always the same. A child's development progresses in a sequential manner through stages, with variations in what is normal, and is highly influenced by their environment.

Toddlers: Ages 18 Months to 2 Years
Note: This section applies mostly to children age 2.

Characteristics for children ages 1.5–2 years:

Physical Development

- Walks well, goes up and down steps alone, runs, and can seat self on chair
- Is developing toileting and other self-help skills
- Attempts to dress self

Language and Cognitive Development

- Says words, phrases, and simple sentences
- Has a limited vocabulary
- Exhibits short attention span
- Can identify simple pictures
- Uses receptive language that is superior to expressive language
- Holds an egocentric view of life
- Is a concrete thinker
- Shows difficulties with classification and sequencing
- Demonstrates difficulty with source monitoring and source attribution

Social and Emotional Development

- Enjoys solitary play
- Depends upon guidance from adults
- Refers to self in the third person
- Is socially immature
- Has a limited concept of others as people
- Is developing a sense of personal identity
- Is developing and asserting independence

Behaviors Related to Sexual Development

- Explores own body
- Is interested in toileting behaviors
- Touches/rubs own genitals
- May experience pleasure when touching own genital areas
- Is developing an awareness of differences between male and female bodies
- May exhibit uninhibited behaviors

PRESCHOOL: AGES 3 TO 4 YEARS

While eliciting a narrative is essential in forensic interviews, it is important to recognize that children ages 3-4 have difficulty providing complete narration of an event. Children in this developmental range have a limited ability to provide information regarding time and sequencing. Anchoring the child's memory to a specific episode can help to organize and move the narrative forward. Children in this age group are suggestible to a higher degree than older children and adults. It is important to note that despite challenges, children in this age group are still able to provide accurate and reliable information about their life events.

Characteristics for children ages 3-4:

Physical Development

- Shows improved balance
- Is developing the ability to dress self
- Runs well, rides tricycle, skips, dances, kicks, and throws balls
- Demonstrates improvement in drawing; may be able to make shapes, people, and scenes
- Is able to feed self

Language and Cognitive Development

- Is capable of short sentences
- Vocabulary is increasing

- Tells simple stories

- Is highly imaginative

- Demonstrates dramatic behaviors and language

- Uses receptive language that is superior to expressive language

- Has an egocentric view of life

- Shows difficulty with classification and sequencing

- Has a poor understanding of time

- Demonstrates difficulty with source monitoring and source attribution

- Is learning to generalize

- Is developing understanding of truth and lie

Social and Emotional Development

- Better understands own gender (age 3)

- Concept of gender identity is better developed and becomes important (age 4)

- Is less resistant to change

- Has a greater sense of personal identity

- Demonstrates and asserts more independence

- Enjoys helping others

- Is developing the ability to take turns

- Conducts parallel play (age 3)

- Participates in cooperative play (age 4)

- Is developing relationships and extending social network

Behaviors Related to Sexual Development

- Touches and rubs own genitals

- Is developing curiosity about own body functions

- Exhibits interest in the difference between male and female bodies

- Enjoys being nude

- May display both serious and silly behaviors regarding genitals and bodily functions

- Acts out gender roles during play

KINDERGARTEN: AGES 5 TO 6 YEARS

This population continues to have limited time and sequencing abilities. While this age group has an increased ability to provide narrative, they may still struggle with providing narrative in a complete and sequential manner. Interviewers can assist in this process by offering open ended questions and prompts that allow for the child to engage in as much narrative as possible. Interviewers should ask supplemental questions that assist in further narration. This population is developing a sense of morality

and understanding of rules, they may be protective of and identify with caregivers. Interviewers should be thoughtful about how this impacts a child's engagement in the interview process.

Characteristics for children ages 5–6:

Physical Development

- Shows improved gross motor coordination—can skip, hop, kick, and throw
- Has improved balance
- Demonstrates improved dexterity
- Vision has reached maturity
- Exhibits improved self-help skills—better able to feed, dress, bathe, and use toilet on own

Language and Cognitive Development

- Demonstrates a better understanding of genders
- Understands colors and counting
- Better understands classifying and sequencing
- Shows incomplete understanding of time
- Is developing understanding of truth and lie
- Engages in complex symbolic play
- Is still somewhat egocentric
- Makes causal links
- Is better able to differentiate between fantasy and reality
- Is beginning to understand "same" and "different"

Social and Emotional Development

- Appreciates and responds to praise and encouragement
- Has an improved ability to interpret, predict, and influence others' emotional reactions
- Can express empathy
- Demonstrates a more thorough use of language
- Is better able to solve social problems
- Is developing a sense of morally relevant rules and behaviors
- Has a wider social network
- Enjoys imitating caregivers
- Identifies with and can be protective of caregivers

Behaviors Related to Sexual Development

- Touches and rubs own genitals; may engage in this behavior when tense, excited, or afraid
- Plays house; may engage in role playing of household members

- Is interested in own body parts and those of others, including the genitals

- Is interested in having babies and birthing

- Engages in funny and serious behaviors/language regarding genitals

- Asks questions regarding adult toileting and adult sexual behaviors

ELEMENTARY SCHOOL: AGES 7 TO 10 YEARS

Children in this age group may experience internal conflicts and mixed emotions, and there is the potential for external conflicts. Further, they are developing a better understanding of morality, fairness, and rules. All of these factors impact the disclosure process. Children in this age group are developing the ability to self-reflect. While children in this age group can provide better narrative with fewer verbal cues, it is important to remember that they are still challenged to define timelines regarding when a well-remembered event occurred.

Characteristics for children ages 7–10:

Physical Development

- Has rapidly improving fine motor skills

- Gross motor skills are becoming more fluid, but there is clumsiness and difficulty with muscle control

- Experiences high levels of energy, sometimes followed by fatigue

- May be beginning the onset of puberty

Language and Cognitive Development

- Has an improved ability to understand and express some abstract concepts

- Can separate fantasy from reality

- Verbal development is demonstrated in both males and females; males are typically less verbal than same-age females

- Is more capable of sequencing events forward in time; may have difficulty going backward in time

- Can comprehend complex relationships

- Beginning to develop the concept of time; however, may have difficulty recalling the timing of past events

- Thinking is becoming less egocentric

Social and Emotional Development

- Has an increased understanding and sense of morality, justice, and fairness

- May begin to experience conflict between family and peer values

- Is capable of expressing a wide range of emotions, both through verbal and nonverbal language

- Is increasingly sophisticated in managing emotions

Behaviors Related to Sexual Development

- Engages in body exploration

- Has a developing sense of modesty; may express need for privacy

- Is developing romantic feelings

- May show interest in looking at nude pictures or at people while undressing

- Has an increased perception of gender differences

- Is developing strong connections and friendships with the same sex

EARLY ADOLESCENCE: AGES 11 TO 13 YEARS
This population can provide more detailed narrative with fewer verbal cues from the interviewer. Children in this age group may experience feelings of shame, guilt, and embarrassment during the interview process. They may also have worries about not being believed. Children in this age group have an increased ability to self-reflect when asked questions regarding feelings, thoughts, and decisions. Questions regarding the child's disclosure process may be used.

Characteristics of children ages 11–13:

Physical Development

- Has hormones that are becoming active with puberty (average onset of puberty for males is age 12; for females, it is age 10)

- Demonstrates improved coordination, endurance, balance, and physical tolerance

- Is experiencing rapid physical growth, including gains in weight and height

- Has greater sexual interest

Language and Cognitive Development

- Shows greater awareness of others; is beginning to imagine what others may be thinking

- Is less suggestible

- Viewpoint begins to grow beyond nuclear family

- Is interested in the present, with limited thoughts of the future

- Has a growing capacity for abstract thought

- Intellectual interests are expanding and becoming more important

- Engages in deeper moral thinking

Social and Emotional Development

- Struggles with sense of identity

- Is developing concern for others/empathy

- Focuses on social relationships and expectations, worries about being "normal"

- Is increasingly influenced by peer group

- Is developing feelings of responsibility and guilt

- Has increased worries and anxiety, resulting in more questions

- Sexuality may be a source of embarrassment

- Is beginning to withdraw from family, move toward independence

- Has a tendency to return to "childish" behavior, particularly when stressed

Behaviors Related to Sexual Development

- Interested in sexuality

- May engage in viewing of nude pictures, videos, etc.

- May experience feelings of arousal and or attraction

- May stimulate own body for curiosity of exploration

- Has the capacity to learn about intimate, loving, long-term relationships

- Understands that they are sexual; is beginning to understand the options and consequences of sexual expression

MIDDLE TO LATE ADOLESCENCE: AGES 14 TO 18 YEARS

Children in this age group may experience intense feelings of love and affection toward the alleged offender. In some cases, children may perceive the abusive events as part of a relationship. Children in this age group may appreciate/require additional information regarding what to expect during and after the forensic interview process. This population may not always ask for clarification or express when they don't understand a concept or when something is unclear to them. Though they are more advanced than their younger peers, children in this age range are still developing the ability to encode, store, and retrieve information, as well as the ability to recall information for time, sequence, and duration.

Characteristics of children ages 14–18:

Physical Development

- Puberty is completed or near completion

- Brain continuing to develop

- Physical growth slows for females, continues for males

Language and Cognitive Development

- Shows continued growth of capacity for abstract thought

- Exhibits new form of egocentrism beginning to emerge

- Tends to believe others are thinking about them

- May misread facial expressions based upon egocentric thinking

- Has a greater capacity for setting goals

- Is interested in moral reasoning

Social and Emotional Development

- Exhibits intense self-involvement, high expectations, and poor self-concept

- Continues to adjust to changing body, worries about being normal

- Has a tendency to distance self from parents, strives for independence

- Relies on friends to a greater degree; places importance on popularity

- Experiences feelings of love and passion

Behaviors Related to Sexual Development

- Interest in sexuality intensifies

- Exploration of sexuality

- Expresses sexuality/sexual interest in a variety of ways

- May engage in consensual sexual activities

- May experience intense feeling of arousal and/or attraction

VII. DYNAMICS AND PROCESS OF DISCLOSURE

Disclosure is a process, not typically a one-time event. How and when children disclose is an individual process and influenced by a variety of factors. It is not uncommon for children who have experienced abuse or trauma to delay disclosures or minimize or deny abuse altogether. While somewhat less common, recantation of prior statements can occur. To facilitate and maximize the opportunity for children to disclose, it is important to understand the reasons that delayed disclosure or recantation may occur. The interviewer can then identify effective ways to reduce denials and minimizations.

GROOMING AND MANIPULATION

Grooming is a process by which the offender deliberately manipulates the child, significant adults in the child's life, and the environment for the abuse of a child. Grooming behaviors can only be identified retrospectively, after the abuse has occurred, because many of the behaviors may be pro-social in nature. Grooming/manipulation is cyclical; it includes gaining access and maintaining compliance, concealment, and justification of the abuse. The cycle continues with the ultimate goal of continued abuse and non-disclosure.

Online grooming/manipulation is when an offender gains access to a child or adolescent for the purpose of perpetrating sexual abuse or violence online, with the use of electronic devices or other technology. Terminology, as well as our understanding of the dynamics of these types of abuse, is evolving, and therefore may change over time or even rapidly.

There are multiple types of online sexual abuse, including the most commonly known, which is image-based sexual abuse. Recent research suggests that, similar to in-person abuse, a considerable amount of online grooming and abuse is perpetrated by those known to the child or adolescent offline, rather than by an adult stranger. Many offenders are youths — either peers, acquaintances, or intimate partners. Victims of online abuse experience a significant emotional impact regardless of who the offender is.

In cases where the offender is unknown to the child, there may be a higher degree of deception used, and potentially a greater use of threats. Online offenders may move rapidly from neutral content to talking about sexual topics, to engaging in online sexual behavior, to meeting in person, although some may never attempt an in-person meeting. In cases of online adult grooming, and possibly with other offenders, there may be a higher degree of reluctance to disclose, and the child may experience higher levels of self-blame and shame than with in-person grooming; however, there is need for further research in these areas.

In any case of online abuse and violence, parents and professionals may have difficulty understanding why a child did not just walk away or turn off the device. However, with unknown adults, the child may see the offender as all-powerful and be unable to disengage or seek help. With peers, acquaintances, or intimate partners, the same dynamics of in-person abuse are typically present and the child may also be experiencing in-person abuse by the offender.

THE DISCLOSURE PROCESS

Disclosure happens on a continuum ranging from denial to fully detailed disclosure. Where children are in their disclosure process may impact how they present in a forensic interview. Disclosure can be purposeful, accidental, or elicited. The following are general ways that children disclose:

▪ **Purposeful:** The child makes a conscious decision to tell someone about the abuse; the disclosure is intentional and deliberate.

▪ **Accidental:** The child makes statements without forethought or conscious intent. Accidental disclosures may also occur when a child makes statements without the developmental ability to understand that they are disclosing abuse or making concerning statements. The child may tell another person (such as a friend) without the intent of the abuse being reported to the authorities.

▪ **Elicited:** The child is questioned or spoken to, and a disclosure of abuse occurs as a result. The disclosure may happen after the child is provided with information, education, or knowledge about their body. The disclosure may also happen after someone else witnesses the abuse or there is other evidence.

BARRIERS TO DISCLOSURE

There are many reasons that a child may be unwilling or unable to disclose. External and internal factors may influence a child's ability to disclose. For some children, many of these factors can happen at the same time.

▪ **Age:** Younger children may not understand that the abuse was wrong.

▪ **Gender:** Research indicates that males are less likely to disclose than females. This is typically due to factors such as societal expectations of masculinity, not wanting to be seen as victims, and worries about how this affects their sexuality.

▪ **Real or Perceived Threats:** Direct or overt threats made to the child or the child's perception of negative consequences, as well as past behavior.

▪ **Family Response:** Family members may not believe the child and/or may blame them for unintentional consequences, such as loss of financial stability, the offender being removed from the home or arrested, and other post-disclosure family divisions.

▪ **Relationship with Alleged Offender:** The child's feelings of loyalty or affection toward the alleged perpetrator.

  o The perpetrator is a family member or caregiver, or is residing in the home.
  o The child has feelings of shame, self-blame, or fear.
  o The child fears they will not be believed.
  o The child lacks support from a non-offending caregiver.
  o The child disclosed abuse before, but the response was inadequate to keep them safe (i.e., a previous system response failure).

▪ **Family Dynamics:** This includes factors such as rigid gender roles, social isolation, chaotic family structure, and other forms of abuse in the home.

- ▪ **Biases:** There are also societal and cultural biases.

FACILITATORS TO DISCLOSURE

According to current research, there are two key dynamics that help children tell: the need to tell and being provided the opportunity to tell. Just like barriers, there are internal and external factors that aid in disclosure. Factors that increase the likelihood that a child will disclose have been researched less than barriers, though some common themes have been identified. The following factors may apply to the child, the child's environment, or their circumstances. Again, many of these factors overlap and can happen at the same time.

Children are more likely to tell if:

- ▪ The child is older.
- ▪ The child is female.
- ▪ The offender is not in the home or there is no contact with the child.
- ▪ Symptoms become unbearable and the child is unable to cope with emotional distress.
- ▪ The child realizes the abuse was wrong.
- ▪ The child has access to a trusted adult.
- ▪ The child has access to prevention education programs.
- ▪ The child has a supportive caregiver.
- ▪ The offender did not build trust.
- ▪ The offender is unknown to the child.
- ▪ There is evidence or an eyewitness.
- ▪ There is a forensic interview.

RECANTATION

Many reasons for recantation are similar to the barriers to disclosure noted above. Children at the highest risk of recantation are 8–10 years old; have an unsupportive, non-offending caregiver; and the alleged offender continues to have access to the child or resides in the home. To prevent recantation, the forensic interviewer and multidisciplinary team (MDT) partners should work collaboratively to minimize trauma, educate and support the child and non-offending caregiver, corroborate the child's original statements, and minimize the number of duplicative interviews. When a child recants, evaluate the recantation carefully with MDT partners.

VIII. MEMORY AND TRAUMA

MEMORY

Memory refers to the capacity to bring elements of an experience from one moment in time to another. The subject of memory is complex. However, it is important for interviewers to have an understanding of the basic principles of memory as it relates to forensic interviewing. Children in various stages of development perceive, remember, and report events in different ways. The interviewer's fundamental task is to cue the child's memory to an event that occurred in the past without tainting the memory or adversely affecting the way it is reported. The interviewer must take into consideration the child's age, development, possible disability, any trauma associated with the event, and external social and cultural influences.

Event details stored in long-term memory are influenced by age, gender, possible disability, culture, family dynamics, social interaction, salience, and contextual knowledge. Memory develops over time as children age. Events that happen when a child is older are easier to remember than events that occur at a younger age. Memories are stored at the age that they occurred, so the recounting will likely be in the language the child had at the time of the event. Children should not be expected to recall and talk about memories as succinctly as adults. Just like with adults, however, memories may lose detail and accuracy as time passes. It is important to note that highly salient or traumatic events are remembered well over time.

Autobiographical memories are those that are unique to an individual. They include semantic memories and episodic memories. Semantic memories include general knowledge and facts about the world. Episodic memories are personal experiences, people, and events experienced at a particular time or place. Episodic memories can be recalled through script or episodic representation.

A scripted representation recalls the "typical features" of repeated events that occur frequently over a period of time. The account includes several memories blended together to form a "gist memory," a generalized statement about how the event usually occurs. Key words that cue the interviewer include "always," "usually," "every time," and "generally."

Episodic representations are recalled in individual or unique accounts and relate to events that occur one time or that include a unique set of defining circumstances, such as the time it occurred in the car when it usually would happen in the bedroom.

Recall memory is usually reflective of what is salient or important for the child. It is accessed by open-ended questions or prompts. It is most accurate but usually incomplete. Recognition memory is accessed by focused or closed-ended questions. It may be more prone to errors or omissions.

SUGGESTIBILITY AND SOURCE MONITORING

Suggestibility refers to the degree to which an individual's memory or recounting of events may be susceptible to suggestive, leading, or biased information. A child's suggestibility is influenced by their age, the salience of their memory, source monitoring, and the potential sources of contamination. Research shows that preschool-age children are potentially more suggestible, though they are able to

give reliable information about their experiences. By the time children reach ages 10–12, they are generally no more suggestible than adults.

Suggestibility is less likely to be a risk when the memory includes strong, salient details that are personal, meaningful, and have a direct impact on the child. Recollection of peripheral or mundane details may be more susceptible to suggestion. Memory recall accuracy may decline with repeated, suggestive retrieval attempts; however, details and accuracy may improve when an open-ended, non-leading approach is used. When there are concerns of suggestibility, evaluate the interview in its entirety rather than on a question-by-question basis.

Source monitoring is the ability to distinguish how, where, or from whom a piece of information is acquired. Preschool-age children particularly may have difficulty explaining how they acquired knowledge. It is unlikely that a child will be knowledgeable of abusive events unless that child has witnessed the activity, is told how the activity occurs, or participated directly in the activity. Proper source monitoring inquiries may help the interviewer distinguish between situations in which the child observed, experienced, or was told about an event. It may also help clarify concerns of coached, inconsistent, or misunderstood statements.

TIME

Time, duration, and frequency are difficult concepts for children of all ages, particularly younger children. Children's knowledge of current time (their age, date, etc.) does not predict their ability to estimate when an event occurred in the past. Children have difficulty with numerical estimates in general, and they are not likely to remember their age when describing remote events or the frequency of an event. Therefore, asking children how old they were when an event happened, the number of times an event occurred, or if an event occurred one time or more than one time should be avoided or done with caution. It is preferable to have the child describe individual episodes, and to rely on contextual information given to later determine timing.

TRAUMA

Childhood trauma is an event or events occurring in childhood where there is a real or perceived threat to a person's life or their physical integrity. It can include serious bodily injury or sexual violation. It causes an overwhelming sense of terror, helplessness, and horror. Traumatic experiences often produce intense physical effects such as pounding heart, rapid breathing, trembling, or dizziness. The child may directly experience the event, witness the event, or learn that the event happened to a loved one. Sexual abuse, physical abuse, neglect, and witnessing domestic violence are all potentially traumatic events in a child's life.

It is important to remember that trauma is personal, defined by the one experiencing it. Therefore, what is traumatic to one is not necessarily traumatic to another. Many factors may influence the effects of trauma on a child, including but not limited to: age, gender, culture, past trauma, level of caregiver support, caregivers' response to the trauma, and the system's response to the trauma.

Children who have experienced trauma may experience a variety of symptoms and present in a multitude of ways. Many of these reactions and presentations may be mistaken for other mental health or behavioral issues. During an interview, a child may present angry, have a flat or odd/incongruent

affect, or be distractible, inattentive, or fatigued/lethargic. The child may provide minimal details, test limits and boundaries, or seem disorganized in their thinking. They may even appear to have a possible developmental disability. Children who have been through trauma may need more control, more reassurance, and more information to feel psychologically and physically safe.

Traumatic memories are stored differently in the brain than non-traumatic memories. These memories are more likely to be stored as sensations and emotions. The child's recall may lack a verbal narrative, appear disorganized, and lack contextual details.

Interviewers should have an awareness of the prevalence of trauma, as well as knowledge about how trauma affects one's physical, emotional, and mental health, so as not to re-traumatize the child or family. In addition, it is important for interviewers to be aware of the secondary traumatic stress that may result when an individual hears about the firsthand trauma experiences of another.

SECONDARY TRAUMATIC STRESS/VICARIOUS TRAUMA

Secondary Traumatic Stress (STS) refers to the impact of helping professionals' indirect trauma exposure. Symptoms of STS can mimic those of post-traumatic stress disorder (PTSD). Vicarious Trauma (VT) is often used interchangeably with STS. The risk of STS is higher for those with larger caseloads, those who are socially or organizationally isolated, or those who feel professionally compromised due to inadequate training.

Many professionals have their own history of trauma that also may factor into their risk of developing STS. Professionals working with children and families regarding abuse, such as forensic interviewers, should be aware of the risk of developing STS/VT. Your agency may have supports or services in place to assist when needed. Contact your regional Children's Advocacy Center (CAC) provider for more information.

IX. PEER REVIEW

The purpose of peer review is to provide a quality assurance mechanism for forensic interviewers that reinforces the methodologies used and provides support, constructive feedback, and reinforcement of best practice standards. Feedback plays an essential role in forensic interviewing and can occur one-on-one or in a group setting. Peer review offers an opportunity for forensic interviewers to share knowledge, discuss new research and updates in practice, and address vicarious trauma.

Group peer review sessions should be made up of experienced and beginner interviewers presenting and discussing one another's video-recorded interviews. Peer review sessions may also involve those who conduct video-recorded interviews outside of the Children's Advocacy Center (CAC) setting. Depending on the volume of children seen within the setting, peer review/consultation should be accomplished on a regularly scheduled basis, which may be weekly, monthly, or quarterly. National accreditation requires that forensic interviewers participate in a structured peer-review process a minimum of two times per year. Regional CACs offer regular opportunities for peer reviews, and additional sessions can be requested.

X. INITIAL RESPONDER INTERVIEWS

The Oregon Child Forensic Interviewing Guidelines (OIG) is not intended for initial responder interviews; however, best practices in talking with children still apply. While initial responders should follow their own protocols, this section offers recommendations on how to conduct an initial responder interview. The recommendations work collaboratively with the forensic interview and the multidisciplinary team (MDT) process.

An interview by an initial responder is used to collect the minimal amount of information necessary regarding alleged incidents of child abuse to establish safety, determine if a criminal investigation is needed, and assess the need for an immediate medical evaluation. Initial responders, law enforcement officers, and Oregon Department of Human Services Child Welfare personnel typically conduct this interview during their initial contact with the child/family. If appropriate, this interview is followed by a formal, in-depth forensic interview conducted in a child-friendly atmosphere such as that of a Children's Advocacy Center (CAC).

The initial responder interview must be flexible to permit the initial responder to use common sense in following individual guidelines/policies of the associated MDT. For example, if the child volunteers detailed information, that information should be clearly documented, and the report should reflect the circumstances under which the child made the disclosures. If the child is not volunteering information, the initial responder should avoid further questioning, and the information needed should be obtained from sources other than the child whenever possible. Do not ask the child why the abuse happened, as it implies to the child that they are to blame.

Initial responders should make every effort to limit the number of times a child is talked with about the allegations. In some cases, enough facts may be gathered from the reporting source, thereby eliminating the need for an initial responder interview with the child.

INFORMATION TO BE OBTAINED REGARDING THE ALLEGATION

- If there is a concern of abuse

- Where the alleged abuse took place, determining jurisdiction and whether additional evidence may need to be gathered

- When approximately the last incident occurred. This will aid in determining whether immediate medical attention is necessary. If medical attention is necessary, initial responders should follow their county's MDT protocol for acute physical and sexual abuse medical evaluations

- Names, dates of birth, addresses, and description of the alleged perpetrator(s)

- Names of anyone else who may have witnessed, been present, or been involved with the alleged abuse

- Whether there are immediate safety concerns for the child or other children

FACTS TO BE DOCUMENTED

- Start and end time of the initial responder interview

- Location of the interview

- Those present during the interview

- How the disclosure arose, if it did

- Questions the child was asked

- The child's answers to questions, documented as close to verbatim as possible. Do not change words of the child or offer alternative vocabulary.

The first concern of any investigation must be the safety of the child. While it is best practice for a child to be interviewed at a CAC, the initial responder may determine that expansion of the initial interview is necessary. If it is deemed necessary for a more in-depth interview to be conducted in the field, investigators should always use neutral, open-ended, non-leading question types to elicit information.

XI. RESOURCES

To create this fifth edition of the Oregon Child Forensic Interviewing Guidelines (OIG), expert contributors drew on the following materials. These resources and many more are available at the Child Abuse Library Online (CALiO) at calio.org.

I. INTERVIEW SETTING AT A CHILDREN'S ADVOCACY CENTER (CAC)

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IX. PEER REVIEW

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Addendum C. Multiple Nonduplicative Forensic Interviews

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XII. Appendix

APPENDIX A.

NATIONAL CHILDREN'S ALLIANCE FORENSIC INTERVIEWS ACCREDITATION STANDARD

The National Children's Alliance (NCA) sets and maintains standards for NCA-accredited Children's Advocacy Centers, including a standard specific to forensic interviewing. The NCA standards may be viewed online at nationalchildrensalliance.org/ncas-standards-for-accredited-members

APPENDIX B.

MINIMUM EDUCATIONAL QUALIFICATIONS FOR CENTER-BASED FORENSIC INTERVIEWERS

Minimum educational qualifications exist for forensic interviewers employed or contracted by, or serving in a voluntary capacity for, Children's Advocacy Centers.

Forensic interviewers must meet at least one of the following qualifications:

- Must be or have been a law enforcement officer or a DHS-Child Welfare worker
- Have a master's degree in a related field with at least two years of experience working with children
- Have a bachelor's degree in a related field with at least four years of experience working with children
- Have a combination of education and experience at least equivalent to the above as determined by the Children's Advocacy Center where the forensic interviewer is employed or volunteers

In addition, the forensic interviewer must do all of the following:

- Complete the Oregon Child Forensic Interviewer Training
- Complete at least eight hours of training in child maltreatment and/or forensic interviewing every two years
- Participate in peer review at least semi-annually, or more frequently if required by the Children's Advocacy Center

The Child Abuse Multidisciplinary Intervention (CAMI) Program may impose additional training and peer review requirements as a condition of an applicant receiving grant funding.

An up-to-date map and searchable list of CACs can be found on the Oregon Child Abuse Solutions website: oregoncas.org. An up-to-date map and more information about Oregon's Regional Children's Advocacy Centers (RCACs) can be found on the CAMI RCAC website: doj.state.or.us/crime-victims/grant-funds-programs/child-abuse-multidisciplinary-intervention-cami-fund/cami-regional-service-providers

The map of Oregon's RCACs:

CAMI Regional Service Provider Map
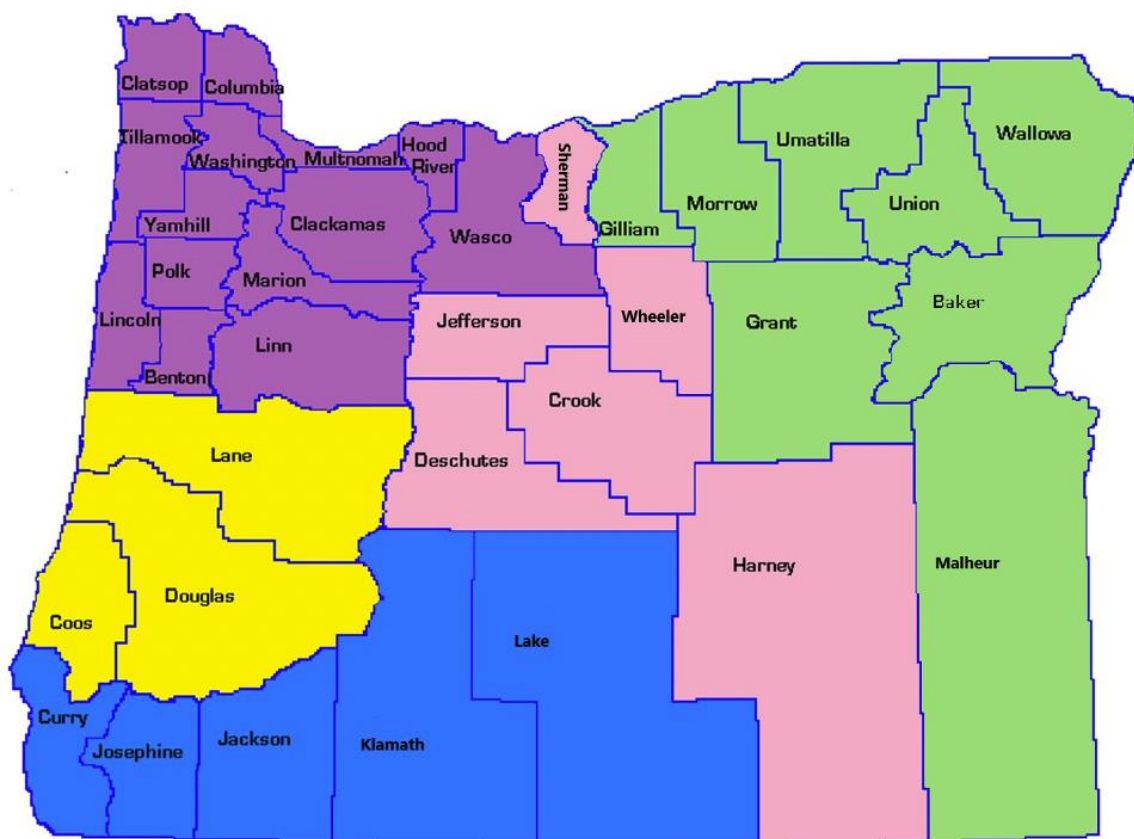
1	Mt. Emily Safe Center
2	KIDS Center
3	Children's Advocacy Center of Jackson County
4	CARES Northwest
5	Kids FIRST

Although various models and protocols are used throughout the United States, they are all designed to obtain reliable information from the child in a way that meets the child's developmental needs, while reducing interviewer contamination. One of the most distinguishable differences among models used across the nation is the degree of structure within the questioning format. Interview protocols range from flexible questioning to highly structured questioning. However, most experts and professionals agree that various models are more similar than different.

American Professional Society on the Abuse of Children (APSAC) Guidelines for Practice

APSAC has developed best-practice guidelines for professionals conducting forensic interviews with children in suspected abuse cases. For information on APSAC guidelines and APSAC forensic interviewing clinics, visit apsac.org.

CornerHouse Interagency Child Abuse Evaluation and Training Center Forensic Interview Model

CornerHouse promotes a semi-structured interview process in which each interview is geared toward the child's age and cognitive, social, and emotional development. For information on the CornerHouse forensic interview model, visit cornerhousemn.org/training. For information on the National Child Protection Center, now in partnership with Zero Abuse Project, visit zeroabuseproject.org.

National Children's Advocacy Center (NCAC) Child Forensic Interview Structure

The NCAC Child Forensic Interview Structure (CFIS) provides guidelines for best practices based on research and expertise demonstrated in the field. Information on the NCAC model and training resources can be accessed at nationalcac.org.

National Institute of Child Health and Human Development (NICHD) Protocol

Published in 2000, the NICHD protocol promotes a structured, scripted approach to the interview. To learn more about the NICHD protocol, visit nichd.nih.gov.

Other forensic interview protocols and models are in use in the United States. The contributors to the Oregon Child Forensic Interviewing Guidelines do not intend to suggest or recommend that the above-mentioned models/protocols should be used.