

Reflections on Emerging Issues: Conducting Forensic Interviews During the COVID-19 Pandemic

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These are uncertain times. The rapid evolution of the current public health crisis has brought about a comprehensive shift in culture and experience. To ensure that Children's Advocacy Centers and their partners meet the needs of the community in the safest way possible, there must be a response that is proactive, thoughtful and multi-faceted. Maintaining the core elements of a person-centered, forensically sound interview becomes more complex, and more demanding. Each CAC (Children's Advocacy Center) and MDT (Multidisciplinary Team) has to assess needs and resources, then adjust according to community expectations and jurisdictional standards. There is no single process or protocol that will work for all. In support of the field, CornerHouse is offering some recommendations that may be of assistance. (Please note that these suggestions focus primarily on CAC settings; however, Multidisciplinary Teams without access to a CAC may be able to adapt many of these recommendations to meet their needs.)

Consider a Proactive Approach

What upfront actions can be taken to maximize safety, as well as effective services?

- Determine your CAC's capacity for conducting interviews. Think through possible consequences (adequate back-up staff, timing for protection of clients, etc.) and define scheduling criteria.
- Avoid overlap of appointments, to maintain social distancing and allow for cleaning and sanitizing routines.
- Whenever possible, limit the number of people in building at one time: example, one accompanying adult per interview.
- Establish criteria for health screenings of all individuals prior to appointment. Develop specific questions regarding such things as flu-like symptoms, fever, and exposure to others with symptoms.
- Develop messages that will inform clients, family members and MDT professionals throughout the process. While MDT members may need explanation regarding changes, messages to families and individuals can generally focus on the immediate circumstances. In providing messages, it is important to think about the language being used. Suggestions regarding possible messages are included in the sections below.

Consider Staff

How can we best support and protect on the front lines?

- Atypical staffing patterns may allow for ongoing coverage of essential tasks and responsibilities while decreasing exposure or risk. For example, lengthening or shortening shifts, cross-training for a variety of roles, or balancing at-home and on-site assignments.
- Rotating onsite "teams" can reduce cross contamination and ensure continuous availability of staff.
- If or when staff is working from home, establish and clearly communicate expectations. As possible, keep offsite individuals involved in agency functioning and decision-making.



- Creatively utilize technology to continue work, to offer support, and to provide opportunities for colleagues and coworkers to maintain contact. Beyond standard meetings, videoconference applications can be utilized for staff lunches, case reviews, consultation or brainstorming.
- Acknowledge and allow for individual and/or group processing of anxiety, fear, or trauma.

Consider Setting/Environment

What can we do to continue a person-centered approach while maintaining distance and precautions?

- In general (all gathering areas)
 - Utilize larger spaces; avoid smaller rooms.
 - Whenever possible, provide visual cues to promote proper social distancing. This may include simple things such as tape indicators down a hallway; arrows for guidance, or place markers for seating arrangements.
 - Develop an ongoing cleaning and sanitizing process, day-to-day and between appointments.
 - Encourage compliance with recommended hygiene practices by ensuring handwashing facilities are readily available to everyone. Provide hand sanitizer if possible.
 - Should face masks be incorporated into practice, consider accessibility and develop a realistic protocol. If fabric masks are going to be made available at the CAC, they should be offered to all individuals that enter the building, in protective plastic bags, and should leave with the individual after their appointment.
 - Determine what objects in the facility are traditionally shared between individuals and develop a plan to decrease, alter or eliminate the practice. Provide plastic storage containers to collect items that have been touched and to keep isolated until there is an opportunity to thoroughly disinfect them.
- Lobby or waiting areas
 - Arrange furniture as needed to maximize space and comply with social distancing guidelines.
 - Select items/activities for children or individuals that can be sanitized or discarded after use. Make other items unavailable.
 - Consider creating individual activity packets. For example, coloring or drawing paper with markers or crayons in a Ziploc bag.
 - Despite limited staff at the facility, ensure that families are welcomed and provided information immediately upon arrival.

Arrival Messages:

The addition of preventative measures does not diminish the importance of providing a person-centered experience at the CAC. Incorporate specific language that identifies actions taken to create a responsive environment. Utilize reassuring language that is not blaming or fear-based. For example, present social distance markings as a helpful tool, not a rigid edict based on distrust. *“It’s hard to figure out the distance being recommended and we found it easier to have some marks as a reminder.”* Or if fabric masks are provided, emphasizing the protective intent: *“We have some cloth masks and you are welcome to take and wear one. We are wearing them as a precaution, to help keep you healthy”* or *“to decrease the risk that we will spread germs.”*



Consider MDT

How can we best support and protect the MDT?

The Multidisciplinary team is an essential part of the forensic interview process and establishing an inclusive process is essential to maintaining best practice.

- While adapting current procedure, identify all points of contact and consider alternative methods of participation, such as opportunities for offsite discussion for pre- and post-interview team meetings.
- Be aware of any changes, restrictions or requirements within each MDT agency.
- Prepare to be open and adaptable to personal and professional preferences.
- Explore different options for observation of interviews, as allowed by relevant jurisdictions. This may include simple solutions, such a utilization of a larger room, or more complex strategies such as teleconferencing from offsite, or from separate onsite rooms.
- Acknowledge personal and professional hardships; provide team-wide opportunities for support, problem-solving and commiseration.

Consider Caregiver Interactions

How can we best support and protect caregivers?

Because the current health crisis has created an increased demand for advocacy and supportive services, establishing alternative means for communicating and providing information is paramount.

Consider current practice regarding appointment preparation, resource sharing and case management/support. Depending on typical procedures, there may be multiple options for creating an environment that respects the need for social distancing, and still allows for person-centered interactions.

- *Maximize the CAC's space and technology for one-to-one interactions that do not have to be conducted in person. For example, conduct pre-interview caregiver meetings by telephone or teleconference, either prior to the interview appointment or while the caregiver is at the CAC.*
- *Utilize technology at the CAC to facilitate communication between caregivers and professionals from separate spaces. If teleconferencing or phone calls are not available, or post-interview contact between MDT and caregiver needs to be in person, find a large room that allows for appropriate social distancing.*
- *Plan and prepare for the sharing and processing of any documents requiring signatures or exchange.*

Messages for Caregivers:

Pre-interview contact with a caregiver is an opportunity to reassure, and to gather information. In addition to the usual messages, some of the following may be helpful in easing COVID-19 concerns as well as facilitating the forensic interview.

- *We are doing whatever we can to reduce the risk of exposure to COVID-19 at [CAC], and keep kids and families comfortable here. What are some things you and your family are doing?/ What would make you more comfortable while at [CAC]?*
- *Here are some things we are doing (distancing, masks available, communicating by phone/technology, cleaning and sanitizing, limiting people in building).*
- *We are screening our staff and all professionals before they enter the CornerHouse building. Likewise, we are asking all families to let us know if anyone in their home has been exposed or has had symptoms such as a cough or fever within the past two weeks...*



- *We are also limiting the number of people coming in and out of the building. So during this time we are asking that only one person accompany child/teen/vulnerable adult to an interview.*
- *The interviewer who will be speaking with your child has set up the interview room to allow for social distancing, and will be spending some time getting to know your child. It would be helpful for them to know: What does your child/teen/adult know the coronavirus? What words or terminology will your child/teen/adult understand (germs, sickness, COVID-19, etc.)?*

The Forensic Interview

How can we best promote the individual's comfort and safety during the forensic interview?

Transitioning an individual from a waiting area to an interview room may involve multiple social interactions. Because previous routines may be incongruent with current pandemic expectations, the process should be considered step-by-step and adjusted as needed. Any changes from established protocol should be documented.

Example Messages:

- *For younger children: See the marks on the floor? They tell how far apart to walk. We are going to follow the arrows into the room.*
- *For developmentally older individuals: You see we have social distance guides in this hall as well in the lobby. Let's follow those into the room and we can talk about it more when we get in there.*
- *I just stopped and washed my hands, would you like to do that? I can wait right here.*

CACs are intentional about every aspect of the forensic interview environment. Changes to these well-considered details can feel disruptive; thoughtful deliberation is necessary. It is likely most effective to strategize before to each interview, and allow for in-the-moment adjustments as needed.

- Arrange seating to maximize distance, yet maintain alignment between individual and interviewer.
- Consider physical barriers that may offer protection for child and interviewer. Possible examples: the use of masks, or careful placement of a Plexiglass/acrylic room divider.
- The placement of cameras for video recording must be tested each time a change is made in the interview room.
- Plan for individual use of items in interview room. Remove and/or sanitize fidgets, markers and other items or tools after each interview.
- Interviewers can create their own interviewing kits, including such things as markers, headsets, mask, Kleenex, and/or sanitizer, to prevent cross-contamination.
- Plan for the best use of interview tools such as paper, anatomical diagrams or anatomical dolls to reduce the need for both the individual and interviewer to touch the same item. Consider introduction, exchange, and usefulness at a distance. If necessary, try options such as two easel boards, a clipboard, or a sliding table top.
- If an interpreter is needed, discuss the best scenario for age and abilities of individual being interviewed: interpreter in room or in nearby observation room, joining through teleconferencing or by telephone. Be flexible and adjust during the interview, or add another session if needed.
- For each interview, document changes to usual procedure.

Interview messages:

Utilize current practice for familiarizing a child, teen or vulnerable adult with the interview process, including typical messages. Regardless of age or abilities, it is often most effective to keep messages



succinct and invite questions for individualized clarity. Per Caregiver section above, information regarding what the individual knows about COVID-19, and the language that they use, is helpful in guiding communication. Some examples:

- *Let's talk about this room. What do you know about social distancing/the virus/COVID-19? Okay, and that is why we are sitting like this. (Insert their language as needed.)*
- Options that can be used with the above, or if individual is unable to respond to the inquiry:
 - *You are sitting there and I am sitting here. We are doing that to help keep us/people healthy.*
 - *Our chairs are kind of far apart. That helps keep people from getting sick.*
 - *We are sitting far apart. That helps stop germs from spreading.*
- If a Plexiglas/acrylic structure is being used:
 - *This (indicate structure) is here to keep germs from spreading/to help keep you/people healthy. What do you think about it?*
 - *We might need to talk louder so we can hear each other. (Repeat throughout as needed.)*
- If individual and interviewer have masks, can add messages to those above, or allow individual to again provide own information:
 - *I see you have a mask/ We both have masks - Tell me about the mask(s).*
 - *You said staying far away keeps germs from spreading – what about y/our mask(s)?*
 - *We are wearing masks to help keep people healthy. How does your mask feel?*
 - *With these masks on, we need to talk louder so we can hear each other.*
- *So we have our masks, and we are sitting kind of far apart. Do you have any questions about these things?*

Additional messages, depending on circumstances or presentation of individual:

- An individual that needs to move can be gently directed to stay maintain some distance. *I am going to stay on my chair, if you need to stand up, that is your space (point to the space next to the chair).*
- Develop messages according to decisions regarding the use of easels or paper:
 - *That's your paper and this is mine. I am putting things you tell me on this paper. You can use yours to write/draw real stuff.*
 - *Tell me what is on your paper. Can you see what is on this paper?*
- For Anatomical Diagrams, utilize typical messages, with adjustments made according to anything outside the norm.
 - *I am going to ask you about these pictures. Tell me if you can't see them...*
 - *I am going to slide these pictures over to you...*
 - *I have a copy and so do you...*
- Similarly, use messages as usual for Anatomical Dolls, clarifying per circumstance.
 - *I have these dolls... you can stay right there for a minute while I show you.*
 - *Now I'm going to move them over by you... show me what happened...*
 - *Thank you for showing me so I understand. You can just slide them back to me.*

These recommendations are not intended to be comprehensive; their intention is to encourage ongoing discussion and innovation. In this unprecedented time of crisis, CACs and MDTs are being called upon to make thoughtful changes to complex services. As essential first responders, CACs and their partners know how to contend with the most horrific and unspeakable acts that humans commit, while still providing hope. Now more than ever, this holds true. CACs and MDTs are ready to help families assure their children's safety, even in the midst of the current global pandemic.







