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THE LINK

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Comparing the NICHD and RATAc Child Forensic Interview Approaches - Do the Differences Matter?

Patti Toth, J.D.

"It's simple, but not easy. Ask more open-ended questions and fewer closed-ended questions." This is how Tom Lyon, Professor of Law and Psychology at the University of Southern California and an expert on child interviewing, describes the task of conducting a child forensic interview that maximizes reliability while minimizing suggestibility.

"Forensic" interviews are investigative in nature and are designed to gather reliable information that can serve as evidence of maltreatment in civil and criminal courts to help protect children and/or hold offenders accountable. Concerns about inappropriately suggestive interview techniques in high-profile child abuse cases around the globe during the 1980s and 1990s have resulted in a greater emphasis on open-ended interview techniques more likely to elicit free recall narratives and accurate information. At the same time, more focused, closed-ended 'recognition' prompts have been discouraged, especially with children under age six, because of the risk they pose of producing unreliable answers.

Throughout the world, professionals from a variety of backgrounds, including social work, law enforcement and others are now specially trained in child-sensitive forensic interviewing.

These training programs are likely to mirror one of two popular approaches (see below) – a structured "narrative" interview that emphasizes eliciting verbal narratives in response to open-ended invitations (similar to or based on the **NICHD protocol**), or an interview that incorporates the early use of media, such as anatomical drawings, along with specific questions regarding "touch" (similar to or following the **RATAc protocol**). For interviewers trying to enhance their skills and utilize best practices, it is important to recognize both the similarities and differences in these two approaches.

RATAc Protocol

Developed by Minnesota's "CornerHouse" Children's Advocacy Center in 1989, the **RATAc Protocol** includes five elements:

- *Rapport*
- *Anatomy Identification*
- *Touch Inquiry*
- *Abuse Scenario*
- *Closure*

The RATAc protocol has been taught in 17 states in the U.S., as well as in Japan. It promotes the use of media, including easel pads, drawing of a "face picture" and "family circles" by the interviewer during the rapport stage. This is followed by asking young children to provide names for

Message from the Leadership

Dear ISPCAN Members:

We are excited to announce that our inaugural round-table, "Child Sexual Abuse: A Review of Practical Interventions from an International Perspective", was held 5 – 6 May at the ISPCAN Secretariat in Denver, Colorado, U.S. This event was made possible by funding from the Oak Foundation and assembled local, regional and international experts. We re-examined "best practice" that has been presented in published literature from the perspective of countries and cultures that have different priorities, resources, beliefs, and/or points of view. We reviewed what is known about the outcomes of these efforts and presented evidence as to what interventions are available and should be considered from an international perspective. At the end of the round-table, we prepared a working paper on "Options for Responding to Child Sexual Abuse" which we will ultimately publish. We hope that this pilot initiative will be the first of what will become a biennial round-table on specific clinical issues.



Participants of the Denver Round-Table hold a discussion.

We hope that you have visited our new membership website, which went live in January, and that you are taking advantage of all the improvements on our website. We will be continuing to refine the website and add even more information and resources during the year.

It is with regret that we announce the resignation of Dr. Loveleen Kacker as Councilor due to her increased time commitments in her professional career in India. We are pleased that Dr. Kacker is remaining active with ISPCAN in supporting the IXth ISPCAN Asia/Pacific Regional Conference on Child Abuse and Neglect. In accordance with ISPCAN's Standing Orders, Maha Almuneef, MD, FAAP, the next available candidate from the previous Councilor election conducted by

the membership, was offered the position for the remainder of the vacant term, which runs to September 2014. Dr. Almuneef accepted the position, which was effective immediately. You can see her biography on our website at www.ispcan.org; click on "About Us" on the left side and then click on "Executive Council". We are looking forward to the contributions that Dr. Almuneef will bring to ISPCAN and its mission of preventing child maltreatment.

We would like to remind you that on-line registration is open for the 12th ISPCAN European Regional Conference on Child Abuse and Neglect. The conference theme is "Challenging Social Responsibilities for Child Abuse and Neglect" and will be held from 17 – 21 September 2011 in Tampere, Finland.

On-line abstract submission is now open for our 9th ISPCAN Asia/Pacific Regional Conference on Child Abuse and Neglect, which will be held 6 – 9 October 2011 in New Delhi, India. The conference theme is "Child Abuse and Neglect in Asian Countries: Challenges and Opportunities". Abstract submission deadline is 31 May.

You can find further details on these regional conferences at http://www.ispcan.org/events/event_list.asp. We hope to see you at one of our 2011 regional conferences!

With Kindest Regards,

A handwritten signature in black ink, appearing to read "Irene Intebi".

Irene Intebi, MD
President

A handwritten signature in black ink, appearing to read "Sherrie Bowen".

Sherrie Bowen
Executive Director



Sherrie Bowen (left) and Irene Intebi

Asia Pacific Regional Conference

9th ISPCAN Asia/Pacific Regional Conference on Child Abuse and Neglect
(APCCAN) October 6 - 9, 2011 New Delhi, India

The theme of the Conference is **Child Abuse and Neglect in Asia/Pacific Countries: Challenges and Opportunities**. The conference will provide an opportunity for discussion, sharing of ideas, practices, expertise and experience in order to develop region specific programs to confront Child Abuse and Neglect and will explore a number of sub-themes across different cultures in the Asia/Pacific region. These include socio-cultural aspects, legal issues and justice mechanisms, child protection, prevention and rehabilitation, as well as more specific issues such as physical abuse, sexual exploitation, children "at work" and homeless children. We invite professionals from various disciplines (pediatricians, nurses, lawyers, members from the judiciary, police, teachers, social workers, child psychologists, child rights activists, and community leaders) to participate in this unique opportunity.

The conference will include plenary sessions, keynote addresses, symposia, workshops and a master class with presentations by eminent experts. A Child and Youth Participant program is also planned where the young can express their views and concerns and interact with the delegates. The conference will encourage the development of friendships, partnerships and linkages for delegates and agencies around the world.

New Delhi is a vibrant, beautiful and historical city with a multicultural milieu and a meeting place for sharing of Eastern wisdom and Western thoughts. The timeless mystery and beauty of India can be experienced only by visiting this ancient land.

For more information and to register for the conference, please visit the conference website www.apccan2011.com
Abstract submission for the conference is now open www.ispcan.org

European Regional Conference

11th ISPCAN European Regional Conference on Child Abuse and Neglect
September 18-21, 2011 Tampere Finland

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and the University of Tampere together with The Nordic Society for Prevention of Child Abuse and Neglect (NASPCAN) invite you to attend the 12th ISPCAN European Regional Conference on Child Abuse and Neglect. The conference is being held 17 - 21 September, 2011 in Tampere, Finland.

The Conference theme is "**Challenging Social Responsibilities for Child Abuse and Neglect**". Child abuse and neglect are issues which challenge practitioners, decision makers and researchers as well as parents, children and communities: whose responsibility is it to react, respond and care and how should it be done? The conference offers a multi-professional and multidisciplinary forum for researchers, practitioners, activists and decision-makers – not forgetting children and young people themselves – to share views and experiences through plenary sessions, workshops and informal social meeting places. The Nordic, European and global perspectives will support our joint efforts to promote the well-being and safety of children and their families globally.

Finland, known as Land of the Midnight Sun, is one of the Nordic countries. Situated in the far northeast of Europe, it is the most northern country in Europe after Iceland. Tampere is the second largest regional centre in Finland. There is a lot to see and do in Tampere, which is home to dozens of museums, galleries and exhibitions. You will experience original Finnish architecture, breathtaking lake sceneries, magnificent glacial ridges, beautiful parks and lush forests, which are all located near the city centre. We look forward to welcoming you to Tampere, Finland and the 12th ISPCAN European Regional Conference on Child Abuse and Neglect.

For more information and to register for the conference, please visit the conference website:
<http://www.uta.fi/laitokset/hoito/tapahtumat/childabuseandneglect2011/>

body parts using anatomically detailed drawings, and discussing touches as the primary method for introducing the topic of suspected abuse with children under age 10 years. The RATAc protocol reflects several practices common in the U.S. at the time it was developed, such as anatomy identification (also called ‘body parts inventory’) and the use of anatomical dolls. Anatomical dolls are used as a demonstration aid following a verbal disclosure of sexual abuse in as many as 49% of RATAc interviews. To date, there have been no peer-reviewed articles in scientific journals describing the behavior of interviewers utilizing the RATAc protocol in the field.

NICHD Protocol

First published in 2000, the **NICHD Investigative Interview Protocol** was developed by a group of researchers led by Michael Lamb at the National Institute of Child Health and Human Development (NICHD) to encourage the use of open-ended prompts to elicit verbal narrative responses and thus to translate widely supported research-based recommendations into operational guidelines. The NICHD protocol has been used and adapted in a number of jurisdictions and is supported by extensive field research involving over 40,000 real-life interviews in the U.S., the U.K., Israel, and Canada, and described in numerous articles published in many peer-reviewed scientific journals.

Phases of the NICHD protocol include:

- *Introductory phase*: explaining the purpose and ground rules; eliciting a promise to tell the truth
- *Rapport building phase*
- *Training in episodic memory/narrative event practice*
- *Transition to substantive issues*: using open-ended, non-suggestive verbal prompts
- *Free recall phase*: Investigating the incidents using a variety of open-ended prompts
- *Closure*

Approaches based on the NICHD protocol tend to discourage the use of props, such as dolls and drawings (or recommend their use only late in the interview if necessary for clarification), due to concerns that they may unnecessarily increase the risk of eliciting inaccurate information.

Similarities

Creators of both the RATAc and NICHD protocols were motivated

by the desire to improve interview practice and to be sensitive to the needs of children. Consequently, there is agreement about a number of guiding principles and interview characteristics, some of which are described below.

Timing - Interviewers agree that it is preferable to interview a child as soon as possible after the alleged event(s), while considering the child's mental and physical state and ability to provide information (e.g. whether the child is otherwise tired or distracted).

Interviewer demeanor - Both approaches endorse an interviewer demeanor that is supportive, warm and friendly, while maintaining objectivity. Interviewers should be open-minded and unbiased and should de-emphasize authority.

Importance of building rapport - Both approaches teach that it is critical for interviewers to engage the child, establish a relationship, and make him/her comfortable before initiating questions about substantive allegations

Flexibility and adapting to the individual child - Consistent with other interview approaches, the NICHD and RATAc protocols are in agreement that interviewers should be developmentally appropriate and modify their approach to adapt to the individual child and circumstances (e.g. by taking into account the child's cognitive developmental level, physical age, cultural background, mindset, level of support, any physical or other disabilities, and any other unique characteristics).

Peer review and ongoing training - Under both systems, interview training alone is insufficient to maintain and improve interviewer performance. Ongoing training to reinforce skills, along with regular support and feedback (including the review of interviews with peers) are necessary.

Differences

The charts (below and on the opposite page) indicate some of the philosophical and practical differences between the NICHD and RATAc protocols. Discussion of three of the key differences follows.

As can be seen from the charts, the most significant differences between the NICHD and RATAc protocols involve children under the age of 10. Consideration of the differences should take into account that young children, especially preschoolers, are the age group most susceptible to suggestion.

Comparison of Interview Approaches*

Components/ Techniques	NICHD-Based Approaches (emphasizing verbal narratives)	RATAc (CornerHouse/Finding Words/ChildFirst)
Advise child about method of documentation	Usually yes – for all ages; if child objects to audio or video recording (or note-taking), interviewer will not record (or take notes) but will still do interview	Children “routinely” told about video recording; if child objects, probably would not do interview
Uninformed Interviewer Instruction	Routine – emphasize that interviewer doesn’t know what happened to child	Instructions not included at beginning, but reinforced throughout the interview ‘when opportunity presents itself’
‘Correct my mistakes’ Instruction	Routine – instruct child to correct interviewer mistakes and practice to see if young child will do so	[see above]
‘Don’t guess’ Instruction	Routine – instruct child it’s okay to admit lack of knowledge and practice to see if young child will do so	[see above]
‘Don’t understand’ Instruction	Routine - instruct child to say when they don’t know what you mean and practice to see if young child will do so	[see above]
Promise to Tell Truth; with or without Assessment of Truth/Lie Testimonial Competency	Child is asked to promise to tell truth in developmentally appropriate language; Truth/lie competency of young children <u>may</u> be assessed using examples	Not included – Truth/Lie discussions at beginning of interview are discouraged by RATAc instructors

* This comparison is a brief and partial list of the author's general impressions of some of the components/techniques and areas of emphases that may differ in these 2 approaches. Individual practice or specific approaches can vary and often blend different aspects of both approaches.

Interview Instructions

Interview instructions or ‘ground rules’ have research support and are specifically included as part of the introductory phase of a NICHD-based forensic interview in order to orient the child to interview expectations, discourage guessing, and increase resistance to suggestion.

Comparison of Interview Approaches

Components/ Techniques	NICHD-Based Approaches (emphasizing verbal narratives)	RATAc (CornerHouse/Finding Words/ChildFirst)
Practice Event Narratives	Important interview stage and used to build rapport – open-ended invitations are used to elicit neutral or positive event narratives	<i>Not specifically designated as a separate stage/component of the interview</i>
Face Picture	<i>Not included</i>	When younger than 8, and child's choice if 8-10 - interviewer uses easel pad to draw picture of child's face and ask questions; part of rapport stage along with family circles
Family Circles	<i>Not included</i>	When younger than 11 (and older if interviewer chooses), asks questions about and draws circles to represent who child lives with and to help structure child's report
Anatomy Identification	<i>Not included</i>	Anatomically detailed drawings used to see if children younger than 6 can differentiate gender, and with children younger than 10 to name body parts
Touch Inquiry (to introduce topic of concern)	<i>Not included</i>	Yes/no questions (and follow-up) about positive and negative touch for children younger than 10
Non-suggestive Transition (to introduce topic of concern)	Starts with “Tell me why you’re here today” for all children and as needed, uses question progression that becomes gradually more direct (See Lyon’s 10 Step Interview)	“What do you know about coming here today?” can be used with children 10 and older, but not usually with younger children

Comparison of Interview Approaches*

Areas of Emphasis	NICHD-Based Approaches (emphasizing verbal narratives)	RATAc (CornerHouse/Finding Words/ChildFirst)
Substantive Questioning (called “Abuse Scenario” in RATAc protocol)	Emphasis on inviting narratives (“Tell me about...,” “Tell me more,” and “What happened next?”), on non-suggestive open-ended inquiries for all ages (and minimizing use of forced choice questions), on gradual progression as needed to more direct questions, and on “pairing” open-ended follow-up requests for more info following direct questions or short answers	“Process of Inquiry” model favors fewer free recall/indirect questions and more direct questions (including yes/no and multiple choice) with younger children and those with more emotional trauma; considers more indirect questions (free recall and focused recall) most appropriate w/older children and those who are less emotionally traumatized; “misleading” questions should not be asked
Memory Concepts	Recall v. Recognition Memory: Emphasize that recall memory is most accurate, and is triggered by open-ended questions which elicit narrative responses - preferred over “recognition” type questions (such as yes/no, multiple choice and other more direct questions) that encourage guessing and elicit very short answers that are less likely to be accurate	Reconstructive v. Recognition Memory: Teaches that “reconstructive memory” is memory for things that a person has experienced, and “recognition memory” is memory for things a person just knows - triggered by questions such as, “Are you a boy or girl?”
Use of Drawings	Drawings (usually gender-neutral) are used sparingly and generally only when attempts to elicit verbal narratives have been insufficient	Use of drawings in various ways is encouraged, starting with ‘face pictures,’ ‘family circles’ and anatomically detailed drawings at beginning of interview (see previous descriptions)
Use of Anatomical Dolls	Generally not used	Interviewers are encouraged to use dolls under appropriate circumstances

* There are a number of similarities in these approaches not reflected in this comparison.

In contrast, proponents of the RATAc protocol recommend incorporating interview instructions into the body of the interview as the opportunity presents itself (for example when the child corrects the interviewer or answers “I don’t know” on his/her own), rather than reviewing instructions at the beginning of the interview. They argue that ‘extensive pre-interview instructions’ are not necessarily effective and that immediate and positive reinforcement when the situation arises is more helpful. The drawback with omitting instructions at the beginning and waiting until the opportunity presents itself is that reticent or very deferential children, who most need practice and encouragement to apply these instructions, are the least likely to provide the opportunity for reinforcement on their own during the interview.

Narrative Event Practice

Neutral narrative event practice or ‘training in episodic memory’ is given much greater emphasis as a separate and important interview phase in the NICHD protocol. Having children ‘practice’ responding to open-ended prompts about neutral experienced events has been shown to increase the amount of information produced from recall memory during the substantive phase of the interview, regardless of the child’s age. Field-testing of the NICHD protocol has demonstrated that even preschoolers are capable of providing informative narrative responses to open ended prompts. This is especially important given the greater suggestibility of preschool age children. However, as open-ended invitations and narrative free recall responses are a departure from the usual way adults communicate with young children, it takes practice and ‘training’ of both the child and interviewer with narrative event practice to maximize the child’s ability to provide narratives.

In contrast, RATAc’s “Process of Inquiry” teaches interviewers that narrative responses are less likely to be effective and direct and focused questions are more appropriate with young children. To date however, there has not yet been any research published that examines the question types and responses elicited by RATAc interviewers in real-life interviews of young children.

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Transition to Topic of Concern

For young children (under 10), the RATAc protocol utilizes 'touch inquiry' as the primary means of introducing the topic of suspected sexual abuse. Children are asked to identify touches they like and touches they don't like or consider confusing, followed by questions about where on the body they are touched and by whom. The question, "*What do you know about coming here today?*" can be used by RATAc interviewers with children 10 and older, but is generally considered developmentally inappropriate with younger children.

The NICHD protocol takes a very different approach, introducing the topic of suspected abuse for all ages by posing a very open-ended invitation, for example, "*Now that I know you better, tell me why you came to see me today,*" or "*Tell me why I came to talk to you today*". In research involving real-life interviews, interviewers utilizing the NICHD protocol have had impressive success with such prompts - over 80% of initial disclosures of sexual abuse by preschoolers were made in response to such free-recall prompts. However, if these are not productive, the NICHD protocol gives the interviewer the option to use a series of general prompts, or prompts based on background information, that are as non-suggestive as possible, but become gradually more focused, for example, "*I heard you talked to _____ about something that happened – tell me what happened,*" "*I see you have [a bruise, a broken arm, etc.] – tell me what happened.*"

Conclusion

A great deal of time and attention has been devoted over the last 30 years to improving forensic interviews with children regarding suspected abuse. It is now known that using open-ended prompts to elicit free recall narrative responses is critical in order to maximize reliable information from children. This is especially true with young children who are more likely to respond with inaccurate information to direct and focused recognition prompts. Tom Lyon's admonition that interviewers should "*ask more open-ended questions and fewer closed-ended questions*" is indeed a simple concept, but can be very challenging to implement on a consistent basis. Interviewers should be as knowledgeable as possible about available options, should regularly seek review of their work, and should strive to incorporate evidence-based best practice techniques in their interviews so that children's voices are heard. As research continues and our experience grows, we will continue to learn more about how to do a better job of protecting children and holding offenders accountable.

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- ***The APSAC Handbook on Child Maltreatment, 3rd edition***, edited by John E.B. Myers, Sage Publications, 2011
 - Chapter 20, "Interviewing Children," by Karen J. Saywitz, Thomas D. Lyon, & Gail S. Goodman

New ISPCAN Members

ISPCAN warmly welcomes new members joining January - April 2011

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- Singapore Children's Society, Singapore
- Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN), Turkey

Child Health Outcomes: New Developments in Reducing the Rate of HIV Infection

The infection and spread of HIV is a significant child health issue. HIV has high prevalence in a number of countries and ISPCAN members may therefore be interested in this paper, which describes a new development that has the potential to reduce the rate of infections for women and mothers and thus the transmission of HIV to neonates and children.

Professor Salim Karim led a team of researchers in a groundbreaking HIV study. This is his account.

For the first time in nearly three decades of research, we have an HIV prevention method—a topical gel—that millions of women can use on their own. When a woman applies the gel before and after sex, it reduces her chances of acquiring HIV by 39 percent and the genital herpes virus by 51 percent. That level of protection could save more than a million South African lives in the next twenty years.

Scientists from the Centre for AIDS Programme Research (CAPRISA) in Durban announced their results recently in Vienna, Austria. The news was greeted with heart-felt applause and cheers by HIV researchers around the globe.

There are good reasons to rejoice. Foremost among these is the benefit for women: the gel can empower women from all walks of life who don't always have the ability to negotiate condom use or faithfulness by their male partners. It is a critical achievement when one considers that 60 percent of all new HIV infections in South Africa occur to women and girls. Reducing new HIV infection in young women is key to tackling the HIV epidemic in our country.

The gel is also new kind of tool in the HIV prevention kit. It contains an AIDS drug called tenofovir that stops the virus from making copies of itself. Tenofovir is currently used by millions of HIV positive people around the globe as a treatment for HIV. But this is the first time that an AIDS drug has been shown to reduce the sexual transmission of HIV.

The gel's effectiveness against the genital herpes virus is also a huge plus. By some estimates, more than half of all sexually active South Africans have genital herpes. Safe sex and condoms can prevent herpes, but no known biomedical prevention or cure exists. The genital herpes virus is the most common cause of genital ulcers—which are known to enhance the transmission of HIV. So, by reducing genital herpes infections, tenofovir gel should also reduce HIV infections through this "secondary" effect. It was a welcome bonus in our HIV prevention trial.

Clinical examinations and laboratory tests showed that tenofovir gel was safe to use during the 30-month course of the study. Women who used the gel had very few side effects. In fact, mild diarrhea was the only significant side effect we observed in the study. Importantly, none of the women who were using the gel and who became infected with HIV developed a strain affect of the virus that could resist the antiviral effects of tenofovir. This means that when these women need to start treatment with AIDS drugs, they can still use tenofovir as one of their medications.

It's essential to point out that the CAPRISA gel trial was a test-of-concept study—it was designed to determine whether tenofovir gel could safely prevent HIV infections. Our study showed that tenofovir gel can work, but it was not designed with enough statistical power to gain approval from a drug regulatory body, like the Medicines Control Council. That will require a larger trial.

A larger trial of about 5,000 women is evaluating the effectiveness of a daily dose of tenofovir gel in several African countries. However, those results aren't expected until 2013. Additional studies need to be started as soon as possible, so that we can learn the best ways to increase access and support for those women who choose to use this intervention. At the moment there are no other products like it in the marketplace.

If the gel does come to market, all users of the product will need to know that the gel does not provide full protection against HIV. This is not unusual, as most interventions—such as the use of seat belts or water fluoridation—do not offer 100 percent guarantee protection. It will be important for individuals to continue using other proven HIV prevention methods, such as condom use, knowing one's partner's HIV status, having fewer partners, and encouraging one's partner to be circumcised. In combination with these other approaches, the broader use of tenofovir gel could slow the HIV epidemic and save countless lives.

Finally, we must also note that CAPRISA's tenofovir gel study was a signal achievement for South Africa. The trial leadership included senior scientists from CAPRISA at the University of KwaZulu-Natal (UKZN) in Durban, as well as scientists from FHI, CONRAD, Gilead Sciences in the United States and the United States Agency for International Development (USAID). The study was co-funded by the American government through USAID and the South African government through the Technology Innovation Agency (TIA) in the Department of Science and Technology. TIA is a novel initiative of the Ministry of Science and the technology to support innovation in the biomedical sciences.

A unique pre-trial agreement awarded the license to manufacture and distribute tenofovir gel in southern Africa to the South African government through TIA. The study was conducted with regulatory oversight from the South African Medicines Control Council and Ethics oversight from the University of KwaZulu-Natal's Biomedical Research Ethics Committee and FHI's protections for Human Subjects Committee.

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