

State of Michigan  
Governor's Task Force on Child Abuse and Neglect  
and  
Department of Health and Human Services

## Provisional Tele-Forensic Interview Guidelines

June 2020

Consult the Michigan Department of Health & Human Services website  
for updates and revisions



## Introduction and Guiding Principles

Tele-forensic interviewing (interviewing via a videoconference application) is a legally defensible alternative to face-to-face interviewing. Forensic interviewers<sup>1</sup> sometimes conduct conversations from a distance when they cannot arrange face-to-face interviews,<sup>2</sup> when usual practices would create delays that could compromise investigations, and when face-to-face interviewing would put children and/or professionals at risk.

Tele-forensic interviews can be the best choice for communicating with children who are currently out of local jurisdiction, hospitalized but capable of participating in an interview, or cared for by adults who are unable or refuse to travel due to health or other reasons. Tele-forensic interviews reduce the risk of disease transmission during community outbreaks (e.g., COVID-19, measles) and when children and/or families have, or might have, a communicable disease. Also, tele-forensic interviews offer an alternative delivery mode when interviewing facilities are unavailable and when cases require interviewers or translators with skills that are not available locally.

Tele-forensic interviewing changes the way children see and hear interviewers but does not alter the fundamental structure of interviews or waive interviewers' training requirements or agency policies. Like face-to-face interviews, tele-forensic interviews are part of broader efforts to reduce trauma to children and provide post-victimization services. Consequently, these guidelines include suggestions for maintaining multidisciplinary team (MDT) involvement (when appropriate) and for ensuring that children interviewed via videoconference applications are connected to available victim services.

Due to differences across Michigan in resources and community needs, individual agencies and Children's Advocacy Centers (CACs) may want to develop internal guidelines regarding interview preparation, documentation, and safety considerations. These guidelines will vary depending upon children's location (a CAC, police station, residential care facility, school, home, or hospital) and could include the general recommendations that follow.

## Videoconference Applications and Equipment

Interviewers conduct tele-forensic interviews through two display devices, one for the interviewer and one for the child, equipped with webcams and speakers. Though hardware and software choices change frequently, some functions and security features work best.

### **Choose a videoconference application that:**

- Allows MDT members to observe without being visible to the child.
- Allows the designated host to control the application's mute, video, screen share, and chat functions (so observers do not inadvertently intrude during an interview).

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<sup>1</sup> Forensic interviewers include CAC staff, law enforcement officers, prosecutors, CPS workers, and others who completed required training to conduct forensic interviews.

<sup>2</sup> These guidelines do not supersede Children's Protective Services requirements for face-to-face contact with child victims.

- Has heightened security features (e.g., encryption, ability to password protect and lock meetings).
- Records interviews that require recording.

**Equip each computer with a webcam, microphone, and speaker, realizing that:**

- Children may touch keyboards. Consider locking the keyboard or using a stand-alone monitor (equipped with a webcam/microphone combination).
- External speakers often have better sound quality than a computer's built-in speaker.
- Setting cameras to wide angle (if available, and while still making the face central) will better capture the room and active children.
- Consider hardwired internet, when possible.

## **Planning the Interview**

**Collect information to inform decisions about the interview location and logistics (i.e., which team members will participate and how):**

- Communicate with the non-offending person responsible for the child (e.g., caregiver, parent, guardian, school official, reporting source) to collect pre-interview information, including questions that assess the health of the family and child, their willingness to attend an out-of-home interview, and the technology available in their home (if relevant). Explain that you are exploring which is the safest option for the child and the team.
- Ask the MDT's medical provider about the child and family member's health status (if needed).
- Consult the MDT to select the best location for the child and the interviewer; arrange which team members will participate and how.
- Convey the interview plan to the non-offending person responsible for the child. For an in-home interview, collect additional information to determine which place in the home will provide the most privacy and is free from distractions.
- Send electronic (e.g., email or calendar) invites to the involved MDT members.

## **Preparing the Child's and Interviewer's Environments**

- Clear distracting objects from environments (e.g., visible law enforcement equipment, family photos behind the child or interviewer).
- Choose locations that make interruptions unlikely and plan to prevent interruptions. For example, make arrangements to limit external noise (e.g., set laptop and cell phone notifications to "do not disturb").
- Plan how you will prevent others from hearing the child and interviewer. For example, a team member could distance caregivers from the interview room, and an interviewer could place a white noise machine outside their interviewing space.
- Check that the interviewer is dressed for work and will be positioned in front of a neutral background.

## **Checking Settings and Testing the Equipment**

- Familiarize yourself with the equipment well in advance of interview.
- Set-up and test all equipment prior to the interview.

- Consider hiding self-view from the child's device (so the child sees only the interviewer).
- Ensure the host (person recording) has the proper view (child and interviewer).
- Be aware of names (captions) that are visible to the child and could be memorialized on the recording (i.e., use a proper name for the interviewer, and consider asking what name the child prefers to be called or using a location name [e.g., name of the CAC] for the child).
- For cases that involve a multidisciplinary team, hold a briefing prior to the interview to review allegations and discuss the technology.

## **Conducting the Interview** (also see Appendix A)

### **Continue to follow best-practice guidelines for face-to-face interviews, and:**

- Explain why you are speaking over a computer during your initial introduction.
- Mention that the computer might freeze or lose sound. Explain why you might ask the child to say something again, and explain that the child can ask you to repeat a question.
- Avoid becoming a still face on the screen. As in face-to-face interviews, you can change your position (or look away and back) to maintain children's attention in ways that do not reinforce specific types of answers.
- Pause after children finish speaking (to give them time to think), and tolerate silence that could be due to transmission delays.
- Help children understand when it is still their turn to talk ("Umm hmm," "I'm still listening," "I can hear you—go on").

## **Documenting the Interview**

### **Document all information required for face-to-face interviews, and include:**

- The location of the child (e.g., a CAC, room in a police station, the child's home or school, a hospital) and the interviewer (e.g., the CAC, an office or other appropriate remote setting).
- The reason for a tele-forensic interview.
- The videoconference application used to conduct the interview.
- All individuals present (on and off camera).
- What was recorded (e.g., interview with the child but not the caregiver briefing).

## **Recording and Labeling Evidence**

### **When the interview is recorded, adhere to applicable laws and agency policies for face-to-face interviews, and:**

- Choose camera settings and individuals' distance from screens to maximize the visibility of speech and gestures.
- When using a room that is already equipped with recording equipment, consider using that equipment (in addition to the videoconference recording) to capture a broader perspective of the interview.
- When in a room that is not equipped with recording equipment, consider whether it is useful and feasible to capture the child's environment by requesting that the child (or caregiver, prior to leaving the room) pan the camera or through the use of an MDT

member in the child's environment who can testify to the surroundings and conditions during the interview.

## **Sanitizing Affected Areas and Equipment**

- Consult with your MDT's medical partner, or official guidance from the Michigan Department of Health and Human Services, to plan or to update your protocol for sanitizing rooms and equipment in accordance with the Centers of Disease Control (D) guidelines.
- Limit the items that require sanitizing by choosing disposable substitutes when feasible (e.g., small "take with you" crayon packs or fidget spinners rather than toys that stay in waiting areas or interview rooms).
- During disease outbreaks, find updated advice on the Centers for Disease Control website ([cdc.gov](http://cdc.gov)) and on the Michigan Department of Health and Human Services website ([michigan.gov/mdhhs](http://michigan.gov/mdhhs)).

## **Location-Specific Considerations**

Interviews at any location, including CACs, police stations, schools, residential care facilities, homes, and hospitals, have a long history of legal defensibility when cases are properly screened and when interviews are appropriately conducted and documented.

Once you have determined the need for a tele-forensic interview, it is also crucial to determine the best location after considering all available options. Many factors may influence location decisions, including special needs of the child and concerns about disease transmission. Consider asking the child and non-offending caregiver their location preference, especially because some risks may not yet be known (e.g., concurrent domestic violence).

## **Children in a CAC**

Children receive tele-forensic interviews in a CAC primarily to reduce disease transmission through practices that minimize close contact between team members, children, and children's family members. Children brought to a CAC could be interviewed by an interviewer sitting in another room of the CAC or by an interviewer who conducts the interview remotely from another location.

Best-practices for reducing disease transmission will vary depending on the physical layout of a CAC, whether there are current social-distancing and personal protection equipment (PPE) policies, and case-specific circumstances. Several general practices can reduce medical risk for children and staff members:

- Consider conducting intake, explanation of support services, and pre- and post-interview conversations with caretakers by phone or videoconference.
- Schedule sufficient time between interviews to minimize risk and allow time to sanitize surfaces.
- Minimize time spent in reception areas by bringing children to the interview room soon after they arrive. Block off areas that are not needed, and remove unnecessary

magazines, toys, and other objects people might touch. Remaining objects and surfaces should be easy to sanitize.

- Limit the number of individuals who accompany the child to one support person (if possible).
- Limit on-site staff to the minimum number of individuals needed to coordinate the on-site process for the child. If the interviewer is conducting the interview from the CAC, staff could include the interviewer and a coordinator who manages the on-site equipment. If the interviewer is conducting the interview remotely from another location, on-site coordination can be conducted by other staff. Many functions (e.g., hosting of the videoconference equipment, intakes, introduction of services) can be completed remotely.

Read *How They Did It* (Appendix B) for an example of one team's approach to conducting a tele-forensic interview during the COVID-19 pandemic.

## **Children at a Police Station**

Many first reports of child abuse are made directly to law enforcement when the reporting source arrives at a police station (sometimes accompanied by the child). For some cases, taking the initial report and scheduling a forensic interview of the child at the CAC is the proper course. For others, an immediate forensic interview is preferable due to safety concerns (e.g., protecting the child and non-offending caregiver from an alleged perpetrator), the child's desire to speak immediately, community efforts to minimize return contacts (e.g., due to a heightened risk of disease transmission), or other issues. Tele-forensic interviews promote involvement by the MDT and afford the opportunity to access trained interviewers when one is not on-site.

Several practices will improve families' experiences and team involvement:

- Make efforts to reduce concerns unique to police stations, including apprehension from unfamiliar sounds (e.g., radios, buzzers) and sights (e.g., bars, arrestees).
  - Consider placing families in a private room during wait times (rather than in the lobby).
  - Explain what children and caregivers might hear and see as they move through the building.
  - While obtaining the initial report from a caregiver, consider having someone wait with the child (rather than leaving the child alone).
  - Ask staff to avoid allowing suspects or inmates in the hall during the interview.
  - Consider walking the route the child will take to the interview room to reduce distractions along the way, and ready the interview room (e.g., remove police equipment/forms, add a tissue box).
- Provide orienting instructions to children and caregivers.
  - Explain that the child is not in trouble and that people sometimes use rooms in the police station to talk.
  - Explain the interview process, and consider showing the interview room to the caregiver.
  - Explain where the officer/detective will be during the interview, how to operate the door of the room, and that it is okay for the child to take a restroom break or

go back to the caregiver. (Invite children to use the restroom before the interview.)

- Remember to connect families with appropriate services.
  - During the interview, consider having the caregiver speak (e.g., over the phone) with a member of the MDT, such as a CAC employee or other victim services provider, to complete an intake and learn about services.
  - If the caregiver does not or is unable to meet with a CAC employee or other victim services provider, ensure that proper referrals are explained and offered to the family. Many CACs ask law enforcement personnel who conduct off-site interviews to provide caregiver contact information to the CAC (so the CAC can contact families to offer services).

Read *How They Did It* (Appendix C) for an example of one team's approach to conducting a tele-forensic interview with the child in a police station.

### **Children in School, at a Residential Care Facility, and at Home**

Many reports of suspected child abuse and/or neglect are the result of mandated reporting. Often, an MDT member responds directly to a school, residential care facility, or home to begin an investigation and meet child welfare policy obligations.

Although the bulk of these interviews are conducted by Children's Protective Services (CPS) for non-criminal cases, interviewing in these locations could be the best available option whenever another practice would increase opportunities for influence by other parties, compromise children's safety, or impede investigations for other reasons. For criminal cases, the decision to conduct a tele-forensic interview in a school, residential care facility, or home should be the product of a decision-making process that weighs the risks and benefits of all options.<sup>3</sup>

Due to the diversity of cases and community settings, there is no single way to configure a tele-forensic interview in homes, schools, and residential care facilities. Nonetheless, team members should:

- Select a location in the school, residential care facility, or home that provides the most privacy and the best sound conditions for the interview.
- As with all aspects of field work, defer to internal practice and training to maintain the safety of children and employees as the priority.
- Consider the use of an MDT member in the child's environment who can testify to the surroundings and conditions during the interview.
- When there is no on-site MDT member, incorporate practices (e.g., a camera pan) and/or questions into the interview to capture information about surroundings and conditions.
- Discourage the presence of social support persons during the interview.
- Inform the non-offending person responsible for the child (e.g., caregiver, parent, guardian, school official, staff) about the need for privacy, and explain the reasons to

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<sup>3</sup> Adhere to all policy, protocols, and applicable laws. Community settings carry inherent safety risk, including some that may not be known, such as concurrent domestic violence.

not interrupt the interview (except in the case of an emergency or need to stop the interview). Inform children of this requirement and document these efforts.

- When applicable, consider having caregivers participate in intake, service explanation, or other conversation with another MDT professional or victim services provider (on the phone or via videoconference) while the tele-forensic interview is occurring in a separate room.
- Prior to the MDT member leaving the school or residential care facility, ensure the child has an on-site contact, such as the school counselor or social worker.
- Explain applicable referrals to the family, and forward contact information to the appropriate agency (e.g., CAC, victim services provider).
- When child protection law allows for interviews to occur without a parent/guardian, follow procedures to ensure these individuals are informed and safety plans are in place.

Read *How They Did It* (Appendix D) for an example of one team's approach to conducting a tele-forensic interview with the child at home.

## **Children in a Hospital**

When hospitalized children are subjects of an investigation, the initial report is taken by law enforcement and/or CPS, and typically a forensic interview is scheduled for a later date at a CAC or at home. However, tele-forensic interviews at the hospital could be a better choice when a delay is not in the best interest of the child or the investigation, when the child desires to speak immediately, when there are community efforts to minimize interpersonal contact (e.g., due to a heightened risk of disease transmission), or for other reasons. Tele-forensic interviews may also be conducted in medical facilities (locations of SANE/SAFE exams) when it is necessary to minimize contact with MDT members (e.g., for health reasons).

For tele-forensic interviews in hospitals:

- Follow hospital procedures for obtaining medical clearance from the physician.
- Work with the on-site MDT professional (e.g., child protection team, doctor, forensic nurse, hospital social worker), and/or the charge nurse, to determine an interview date and time that will not interfere with patient care.
- Designate the on-site professional (e.g., hospital employee, MDT member) who will set up the equipment and verify the integrity of the interview environment. If social distancing is a goal, this MDT member can be the only on-site representative, with the entire team (including the interviewer) participating via videoconference.
- Expect that law enforcement or CPS may be accompanied to the patient care unit by security or social work; accordingly, obtain appropriate clearances.
- Plan to conduct the tele-forensic interview in the patient's room or a private consultation room (depending on patient well-being and internal policy).
- Before starting an interview, make necessary adjustments to the room (e.g., make sure that HIPAA-protected patient information is not visible) and monitor that the patient is fully covered and comfortable.
- During the interview, consider having the non-offending caregiver speak (e.g., over the phone) with a member of the MDT, such as a CAC employee or other victim services provider, to complete an intake and learn about services.



- Explain applicable referrals to the family, and forward contact information to the appropriate office (e.g., CAC, victim services provider).

## Appendix A

Interviewers can modify this example script to reflect their styles for each interview phase and to adapt the interview for specific types of cases (e.g., preschoolers vs. older children).

Consult the National Institute of Child Health and Human Development (NICHD) protocol ([nichdprotocol.com](http://nichdprotocol.com)) for ways to:

- **Reorient** the child (e.g., "[child's name], let me see your eyes.")
- **Convey non-contingent social support** (e.g., after the practice interview, "Thank you for sharing that with me, it helps me get to know you.")
- **Handle negative emotions and reluctance** ("[child's name], I can see you're [crying, quiet], tell me what is happening so I can help.") (Examples are from the Revised NICHD protocol.)

Throughout the interview, help children feel comfortable and listened to by:

- Shifting your head and body periodically (so you are not frozen on the screen).
- Tolerating pauses in conversation (to give children time to think and continue talking).
- Letting children know you are still listening (e.g., "Umm hmm," "I'm still listening," "I can hear you—go on").

<b>Introduce yourself and start building rapport</b>	Hi [child's name], my name is [interviewer's name], and my job is to talk to kids. [Personalize the conversation with any rapport-building comments you would deliver in a face-to-face interview, either starting here or waiting until you have completed preliminary instructions.]
<b>Explain why you are talking through a computer</b>	<p>Today we're talking through a [e.g., computer or other device name].</p> <p>Have you ever talked to someone through a computer?<sup>4</sup> [Wait for response.]</p> <p><b>If "no."</b> Have you ever talked to someone on the phone? [Wait for response.]</p> <p>Well talking on the computer is a lot like talking on the phone. On the phone we can hear each other. But on the computer we can see each other too. I can see you and you can see me.</p> <p>I have some questions to ask you, but I can't be there right now, so this is how we're going to talk today, through the computer. Okay?</p>

<sup>4</sup> Omit this question for cases of cyber exploitation.

<p><b>Mention that the technology could malfunction</b></p>	<p>While we're talking, the computer might freeze—it might get stuck. If that happens you should quit talking and [a helper/I] will tell you when it's okay to start talking again. Also, if the computer freezes I might have to ask you a question again, okay?</p> <p>You can tell me when you can't hear me or when you can't see me by raising your hand, like this. [Raise hand and wave.]</p>
<p><b>Ask the child to tell you if they didn't hear you</b></p>	<p>And sometimes you might not hear everything I said. When that happens, just ask me to repeat what I said, okay? [If child is unresponsive, ask, "Will you tell me right away when you didn't hear me?" and wait for a response.] Thank you.</p>
<p><b>Ask the child to speak loudly</b></p>	<p>Like I said, my job is to listen to children, and today I'm going to listen to you. While we're talking, I need you to talk loud, okay?</p>
<p><b>Explain the environment, the recording equipment, and who is observing (if this is your usual practice)</b></p>	<p>e.g., The computer is recording what you say. Sometimes I forget things, and the recording helps me remember what you said.</p>
<p><b>If needed, document the child's environment and/or the presence of the on-site MDT member</b></p>	<p>e.g., I see you are in your house. What room are you in [child's name]? [Wait for response.] Is anyone in the room with you? [If needed and feasible, ask the child to pan the room with the device/webcam.]</p>
<p><b>Establish the ground rules by modifying these instructions to suit the child's age, cognitive level, and your ground rules style</b></p>	<p><b>Don't guess.</b> Before we talk more, I need to tell you some rules we have for talking today. One rule is that we don't guess. If I ask a question and you don't know the answer, just say, "I don't know." For example, what's my dog's name? [Wait for response.] That's right, you don't know my dog's name, so "I don't know" is the right thing to say. Will you promise not to guess the answers?</p> <p><b>Tell me if you don't understand.</b> Another rule is that if I say something you don't understand, you should tell me you don't understand. For example, [your usual hard question; e.g., "Is my shirt gridelin?"]. Wait for child to say "I don't know what that means." Thank you for telling me you didn't understand. I'll ask you a different way. [Rephrase your question; e.g., "What color is my shirt?"] Will you tell me when you don't understand something?</p>

	<p><b>Correct me if I make a mistake.</b> Sometimes people say something wrong by mistake. If I say something wrong, I want you to tell me. For example, how do you like being 20 years old? [Wait for response.] That's right; you're not 20 years old, so I'm glad you told me. Will you correct me if I say something wrong?</p> <p><b>Agree to tell the truth.</b> When I talk to kids, they tell me the truth about things that have happened to them. [Continue with how you address truth/lies.] Do you promise that you will tell me the truth today?</p>
<p><b>Continue building rapport</b></p>	<p>Great, thank you [child's name]. Now I'd like to know more about you. [Encourage the child to speak by briefly asking some questions about neutral topics; e.g., "Tell me about things you like to do."]</p>
<p><b>Conduct a practice narrative. Encourage the child to describe an event from the beginning to the end, using open-ended prompts to elicit details.</b></p>	<p><b>If you know about a recent event in the child's life.</b> I heard you [e.g., had a birthday recently]. Tell me everything that happened during [the event], from the beginning of the day to the end. [Encourage details with open-ended prompts, such as "What happened next?" and by asking the child to say more about something mentioned, as in "You said.... Tell me more about that."]</p> <p><b>If the alleged event did not happen today.</b> Tell me everything that happened today, from the time you woke up to now. What did you do today? [If the child says very little, ask, "What's the first thing you did when you woke up?" "What happened next?"]</p> <p><b>For a reluctant or very young child.</b> Your mom said you really like to play [child's favorite game]. I don't know much about playing [game child likes], but I've heard about it. Tell me all about [game child likes].</p>
<p><b>Introduce the topic</b></p>	<p>Now that I know you better, it's time to talk about something else.</p> <p>e.g., Tell me what you're here to talk to me about today.</p> <p>e.g., Tell me what we got on the computer to talk about today.</p>

	<p>[Continue with your planned prompts to introduce the topic, and then continue with an open-ended prompt, such as "Tell me everything about..."]</p>
<p><b>Continue with the interview and explain any interview breaks. (Continue recording the child during a break.)</b></p>	<p><b>To introduce a break.</b> I am going to take a break to see if there is anything else I need to ask you. While I am gone, I would like you to wait right there and think if there is anything else you want to tell me. I am going to mute my sound and walk away for a minute. If you need anything while I am gone, you can say something. I will hear you and come back. Is that okay?</p> <p><b>Upon return.</b> While I was gone, did you think of something else you wanted to tell me? [Wait for child's response.] I have a few more questions for you. [Continue.]</p>

## Appendix B

### How They Did It: Example of a CAC Interview

#### Overview

Local law enforcement contacted the CAC after a child disclosed sexual abuse by her mother's live-in boyfriend. The forensic interviewer scheduled a tele-forensic interview and invited the prosecutor, the CPS worker, and the detective assigned to the case to attend remotely by emailing the application link for the tele-forensic interview session.

Due to COVID-19, the CAC was not having MDT members on-site and was maintaining minimum in-person staffing for forensic interviews, which this CAC determined to be two employees. This day an intake coordinator and a crisis counselor served as the on-site employees. These staff members wore PPE and maintained space between individuals. The child and caregiver wore PPE in common areas but could remove it during on-screen conversations (based on their comfort level). Throughout the appointment, the intake coordinator's role was to host the videoconference application<sup>5</sup> and run recording equipment in the CAC's forensic interview room. The crisis counselor's role was to serve as the on-site coordinator for the family. The coordinator greeted the family and escorted the child and caregiver to and from the lobby and the interview room. The interviewer and a family advocate worked remotely from another location.

#### Logistics

The day before the interview, a family advocate called the caregiver to provide directions, explain the tele-forensic interview process, answer questions, screen for COVID-19 symptoms, and explain safety procedures at the CAC.

The host initiated the webinar 30 minutes before the scheduled interview time. This allowed time for MDT members to enter and complete the briefing, which included both the traditional case briefing and a technology rules briefing, after which the host transitioned the MDT members from panelist to attendee mode. The coordinator set up the device (laptop) in the interview room and logged in. Because self-view was hidden on the device, only the interviewer was visible to the child. The meeting was then locked for security.

When the caregiver and child arrived at the CAC, the coordinator greeted them and screened for symptoms. Paperwork was left in the lobby for the caregiver to complete and discuss over the phone with the family advocate.

Next, the coordinator escorted the caregiver to the interview room for a caregiver interview, which was conducted by the interviewer via videoconference. At this time, the caregiver saw the interview room, learned about the recording equipment, and answered preliminary questions. After the caregiver returned to the lobby, the host started recordings from the videoconference application and inside the CAC's interview room. The interviewer

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<sup>5</sup> Hosting can be done by an on-site or off-site employee. There are many ways to configure which professionals are on-site and which tasks are assigned to each professional.

completed an onscreen introduction (stating case information, locations of the child and interviewer, and the reason for the tele-forensic interview format). Next, the coordinator escorted the child to the interview room and assisted with orientation and positioning. The interviewer conducted the interview with only the child and the interviewer on screen while the MDT observed in webinar attendee mode. The coordinator watched the interview, remaining attentive in case the child needed immediate assistance. During this time, the family advocate spoke to the caregiver by phone to introduce services and to complete paperwork.

During an interview break, the sound was muted for the interviewer to step away from the screen and confer with the detective by telephone. At the end of the interview, the coordinator escorted the child to the lobby and the host stopped the recordings.

The coordinator escorted the caregiver to the interview room for a videoconference debrief between the caregiver, the interviewer, and a law enforcement officer (who was returned to panelist mode by the host). The coordinator then escorted the caregiver back to the lobby. Prior to leaving the CAC, the coordinator addressed any questions and informed the family that a family advocate would follow up with them.

After the child and caregiver left the CAC, the MDT debriefed on videoconference.

## Appendix C

### How They Did It: Example of Police Station Interview

#### Overview

A mother and child presented at the local police department to file a report of criminal sexual conduct. The on-duty detective who greeted the mother and child wore PPE and maintained space to interview the mother. The child had just disclosed to her mother that she was being sexually abused at home by her live-in stepfather. The mother, who feared domestic violence, did not want to return home and instead went straight to the police department. The detective completed the mandatory report to centralized intake, and a CPS worker was assigned.

Due to COVID-19, efforts were in place to protect children, families, and professionals from prolonged and repeat contacts. To avoid repeat contacts, the interview was conducted in a soft room (supportive interview space) at the police department.<sup>6</sup> The detective contacted the CAC, and a forensic interviewer was available within a short time frame. The interviewer scheduled a tele-forensic interview and invited the prosecutor, the on-call CPS worker, and the detective assigned to the case to attend remotely by emailing the application link for the tele-forensic interview session.

This day, the detective was the on-site MDT member. The interviewer, the CPS worker, and a family advocate worked remotely from another location.<sup>7</sup>

#### Logistics

Upon arrival to the police department, the child and caregiver were screened for COVID-19 symptoms and informed about safety procedures.

The host initiated the videoconference and allowed for a short window for the MDT members to enter and complete the briefing, which included both the traditional case briefing and a technology rules briefing, after which the host transitioned the MDT members from panelist to attendee mode. The meeting was locked for security.

Next, the caregiver was escorted to the interview room for a caregiver interview, which was conducted by videoconference. At this time, the caregiver saw the interview room, learned about the recording equipment, and answered preliminary questions. The caregiver returned to a private room. The host started the recording on the videoconference application and the detective started the recording in the interview room. The interviewer completed an on-screen introduction (stating case information, locations of the child and interviewer, and the reason for the tele-forensic interview format). Next, the detective escorted the child to the interview room and assisted with orientation and positioning. The interviewer conducted the interview with only the child and the interviewer on screen while the MDT observed in webinar attendee mode. During this time, the family advocate spoke to the caregiver by phone to introduce services and to complete paperwork.

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<sup>6</sup> Adhere to procedures in the county's protocol.

<sup>7</sup> Hosting can be done by an on-site or off-site employee.



The interviewer received feedback from MDT members during an interview break (via a conference call). At the end of the interview, the child was escorted to the lobby and the recordings were stopped.

The caregiver was escorted to the interview room for a videoconference debrief between the caregiver, the interviewer, and a law enforcement officer (who was returned to panelist mode by the host). Law enforcement and CPS then proceeded with the investigation, which included arrest and safety planning. The family advocate offered services to the family.

## Appendix D

### How They Did It: Example of a Home Interview

This example illustrates a CPS case that did not involve law enforcement or the CAC.

#### Overview

CPS received a report of young children left unsupervised during the day while their mother was working. This family included the mother and three children, ages 7, 10, and 13 years. The 7-year-old was identified in the complaint as the child victim.<sup>8</sup>

The on-call worker commenced the case by conducting a home visit. Because of COVID-19, this worker used PPE and spent limited time in the home while still viewing the home and observing the children's well-being. The on-call worker conducted a face-to-face forensic interview with the 7-year-old child but did not conduct interviews with the other children.

Following a transfer of the case to the assigned worker, tele-forensic interviews of the other children were scheduled (with proper permissions obtained).

#### Logistics

The assigned worker phoned the mother and determined that the family had multiple devices in the residence, including a tablet and cell phone, with reliable internet. The worker discussed the option of tele-forensic interviews to reduce the risk of disease transmission, and the mother supported this option.

The day of the interview, the worker spoke with the mother about the layout of the house, the need for privacy during interviews with the children, and who lived in the house. The worker then conducted forensic interviews of each child individually using an approved videoconference application. As with face-to-face contact, each child spoke without a family member present and with the door closed. The interviewer asked the mother to pan the room with the camera and observed her leaving the room and closing the door. The interviewer documented that no one entered during the interview. During these interviews, the mother was on the phone with another worker.

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<sup>8</sup> Adhere to individual agencies' policies and applicable laws. These guidelines are not intended to supersede CPS requirements for face-to-face contact with child victims.

## Governor's Task Force on Child Abuse and Neglect Members

**Det. Annie M. Harrison** (Chairperson)  
Represents law enforcement

**Det. Joseph E. Merritt** (Vice-chairperson)  
Represents law enforcement

**Paula Aylward**  
Represents judges and attorneys

**Alex Brace**  
Represents mental health professionals

**Dr. Tana Bridge**  
Represents mental health professionals

**Marian Dwaihy Briske**  
Represents judges and attorneys

**JooYeun Chang**  
Designee for Director Robert Gordon

**Kimberly Clemons**  
Represents adult former victims of child abuse and neglect

**Danita Echols**  
Represents individuals experienced in working with homeless children and youth

**Jackie Igafu-Te'o**  
Represents individuals experienced in working with children with disabilities

**Dr. Alane Laws-Barker**  
Represents health professionals

**Hon. Cheryl Lohmeyer**  
Represents judges and attorneys

**Dr. Shannon Lowder**  
Represents mental health professionals

**Dr. Bethany Mohr**  
Represents health professionals

**Egypt Otis**  
Represents parents and parent groups

**Spl/Lt. Jennifer Pintar**  
Represents law enforcement

**Yasmine Poles**  
Represents judges and attorneys

**Hon. Kelly Ramsey**  
Represents judges and attorneys

**Lynette Wright**  
Represents child protective services agencies

## Governor's Task Force on Child Abuse and Neglect (GTFCAN) Tele-forensic Interviewing Protocol Committee

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