"That Wasn't So Bad": Limiting Additional Trauma in a Forensic Interview

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Abstract

Families, community members, and professionals often view forensic interviews as traumatizing for children. However, research and practice in forensic interviewing indicate that these interviews are not inherently traumatizing. To minimize additional trauma, interviewers can employ techniques such as anticipatory guidance, interviewer support, and the promotion of narrative conversation. Anticipatory guidance empowers children by giving them a sense of autonomy and control over the interview process. Interviewers can routinely check in with the child to identify any barriers to disclosure and provide empathetic and non-suggestive support. Effective interviewers implement various strategies that encourage children to share their narratives, which is a well-established method that enhances the understanding of culturally relevant information and reduces the need for additional questioning. Case examples are discussed, along with implications for future practice.

Keywords: *forensic interviewing, child abuse, trauma, anticipatory guidance, narrative*

Child abuse investigations require careful and compassionate handling, and professionals should continuously strive to adopt trauma-informed practices. A growing body of research focuses on forensic interviews, a critical component of these investigations. In these settings, children are questioned in a trauma-informed, open-ended, and non-suggestive manner to obtain details about their experiences. The information gathered during these interviews may be used for investigations, prosecutions, and child protection actions.

Despite the structured and empathetic approach of forensic interviewers, there remains an assumption among child abuse professionals and the broader community that such interviews are inherently distressing for children. In our experience, forensic interviewers report hearing these sentiments from colleagues and community members in both professional and social settings. Advocates report in multidisciplinary team meetings that caregivers and family members often express reluctance to have their child participate, fearing that the process may exacerbate the child's trauma. Some children demonstrate this reluctance to engage in a forensic interview by avoiding a discussion of their experiences, even telling interviewers that they are worried that speaking about the abuse might be too painful of a reminder or could lead to further victimization (Gemara et al., 2022). Although studies of various trauma therapies have shown that discussing traumatic events has the potential to initially elevate stress symptoms, such as heart rate or feelings of discomfort (Nachar et al., 2014; Tong et al., 2017), narrative-focused therapeutic interventions have positive long-term outcomes for patients and non-offending caregivers (Ramirez de Arellano, et al., 2015; Lely et al., 2019). In accordance with trauma research, many interviewers are deeply committed to addressing child reluctance and minimizing the risk of additional trauma during the forensic interview process.

Many children who participate in forensic interviews have already endured trauma. The primary objective of these interviews is not to reduce or resolve a child's trauma, but to gather accurate and essential information for the investigation while limiting any additional distress. To achieve this, interviewers employ various techniques designed to create a safe and supportive environment that fosters a sense of autonomy and control for the child.

Limiting Additional Trauma

Contrary to common misconceptions, practical experience suggests that forensic interviews are not inherently traumatic for children. Based on feedback received from children following their forensic interviews, many children who initially expressed anxiety or apprehension about the process often left the interview feeling relieved or empowered. For example, one 11-year-old remarked, "That wasn't so bad," while a seven-year-old shared, "I was so nervous, but now I feel happy and comfortable." A 14-year-old explained, "I feel so relieved; that's too much to keep in." Using principles of anticipatory guidance, check-ins, supportive statements, and narrative promotion, interviewers can limit additional trauma within a forensic interview and provide a supportive and productive space for the child to tell their story.

Anticipatory Guidance

Many effective interviewers utilize a variety of methods to ensure that a forensic interview is not a traumatic experience for the child. Interviewers assess how to minimize the child's stress from the beginning of their interactions with the child. In addition to their harmful effects on children's well-being, anxiety, stress, and fear can hinder memory recall and cognitive function (Davis & Bottoms, 2002; Faller, 2007; Newgent et al., 2002). To address this distress, interviewers allow a child to feel a sense of control (Faller, 2007; Olafson, 2007). A child feels more power and autonomy when they understand the interview process and know that the interviewer is honest and transparent with them.

Anticipatory guidance is a simple method of providing this transparency (Kenniston, 2025). It is defined in the medical field as proactive information provided to a patient to prepare them for what to expect (Weber-Gasparoni, 2019). This assists patients in dealing with transitions and reduces patient anxiety (Lopez, 2015).

Within a forensic interviewing context, giving the child insight into what to expect allows the interviewer to identify and address possible barriers to disclosure that may arise. Katz (2012) found that the earlier an interviewer can detect reluctance, the better the interview will go, since the interviewer can spend time addressing the reason behind the reluctance and building more rapport. By detecting and exploring reluctance, interviewers can get a more detailed disclosure from the child (Lewy et al., 2015), which assists in prosecution.

Anticipatory Guidance Techniques

Anticipatory guidance begins before the forensic interview even starts. This includes letting a child know what is coming so that they can make informed decisions about the interview. Children can be offered a tour of the interview space so that they can visualize where they will be talking with the interviewer. They can also be told about the interview process in simple, age-appropriate terms and offered a comfortable and inviting place to play while waiting. It may be appropriate for the interviewer to introduce themselves to the child when they arrive, especially if the team members notice anxiety or apprehension.

Anticipatory guidance continues throughout the interview. Giving the child agency on where they sit when they enter the room (when possible), explaining how the interview will go by doing a narrative practice that elicits many details, and continuing to be transparent about the process are examples of the ways the interviewer can provide anticipatory guidance. Some children believe that an interview is a trick or a test, and dispelling those concerns can put the child at ease. It is standard practice for many interviewers to inform the child that the cameras and microphones are recording their conversation (Lamb & La Rooy, n.d.). Interviewers can go even further by addressing things that may come up that would make a child distressed. For example, interviewers may say, "You might see me taking notes, and that's just because I want to make sure I am getting everything you tell me. You can look at them at any time, just let me know." Interviewers may also let the child know they can take breaks, use drawing materials, or play with fidget toys if they choose.

If a child seems distracted by the cameras or by the knowledge that someone is watching them, the interviewer can talk with the child about the child's concerns. If those concerns continue, the interviewer could show the child the observation room and the people watching. If the child seems hesitant to use certain words or describe an event, the interviewer can remind the child that they may use any words they want and that people talk about all kinds of things in this room. Trauma-informed approaches, such as giving children agency in discussing their experiences, improve the quality of the information they provide (Olafson, 2007). Anticipatory guidance does just that. It empowers children with the capacity to make choices based on information that interviewers provide. By explaining the process, exploring and addressing reluctance, and offering information to reduce anxiety, the likelihood that children will move through the forensic interview comfortably while discussing difficult topics increases significantly.

Occasionally, children will bring up things that recently got them in trouble. The focus of the forensic interview is the child's potential victimization; therefore, the interviewer can redirect the child by explaining that the interviewer's job is to learn about the things that have happened *to them*. This redirection can alleviate the child's concern about getting in trouble and help refocus them on the topic.

Case Examples

Providing anticipatory guidance has been helpful in many different scenarios. All examples shared are from children interviewed by the authors at Safe Shores, the DC Children's Advocacy Center. No identifying information beyond age, gender, and broad case contexts was recorded.

In a sexual abuse case involving a 12-year-old child, the interviewer provided anticipatory guidance by explaining to the child who was watching their conversation. The child asked, "Is my family going to be watching this?" This allowed the interviewer to assure the child that their family members were not watching and then explore why that question came up. The child explained that her family was highly distressed upon hearing about the abuse, and she was worried that if they knew more details, they would go after the alleged offender themselves. The child was unwilling to talk if she thought her family was listening. The interviewer addressed these concerns and moved forward with the interview.

A seven-year-old came to be interviewed concerning sexual abuse, but it became clear in the interview that she thought she was there because she was in trouble for acting out sexually against her younger sibling. Throughout the interview, she continually changed the subject, bounced on the furniture, and even left the interview room. She became visibly emotional when the interviewer broached the topic of body safety. Once the interviewer could clearly explain that they were there to talk about what happened *to her*, and not what *she* may have done, the child calmed down and was able to disclose.

A nine-year-old was being interviewed concerning physical abuse. He appeared relaxed and talkative as the interviewer built rapport, introduced the room, and explained why she was having him practice a narrative. When it came time to transition to the substantive phase of the interview, the child said, "Want me to tell it to you just like we practiced? From the beginning to the middle to the end?" Using anticipatory guidance and explaining the interview steps clearly and honestly gave the child a clear understanding of the process and promoted detailed disclosure.

A 12-year-old who was exploited by an older man online was interviewed because a friend of hers told a mandated reporter at school. While the child was told about the interview process, it was clear in the interview that she was not happy about being there. She gave one-word answers and denied knowing the reason she came to the center. The interviewer took a break and, with the support of the multidisciplinary team (MDT), brought the child back to the room with her family. The assigned detective talked with the child and family about her concerns and answered her questions. Afterwards, the child walked back

to the interview room to continue the interview. She appeared more comfortable answering the interviewer's questions and sharing information about the allegation.

An 11-year-old with a history of child protective services (CPS) involvement was brought to the child advocacy center (CAC) by a social worker because of concerns of sex trafficking. The interviewer noticed the child's body language and lack of eye contact in the waiting room, and as the interview began, the child expressed confusion and fear about being there. The child kept asking, "What is this place?" and repeatedly told the interviewer that "Nothing happened, so why am I here?" When the interviewer decided to take a break and check in with the investigative team, the child said, "What am I going to do while you check in?" It became clear that the child was not well prepared for the interview or to visit the CAC, and the team decided that terminating the interview was in the best interest of the child. Before wrapping up, the interviewer took time to explain the process of a forensic interview with the child and asked if the child would return on a different day to talk. The child agreed. By providing anticipatory guidance in a forensic interview, forensic interviewers can limit additional trauma and triggers by making sure the child feels safe, knows what to expect, has autonomy and empowerment, and is met with compassion (Kenniston, 2025).

Interviewer Support

Just as interviewers use anticipatory guidance to be as honest and transparent as possible with the children (Kenniston, 2025), they also utilize check-ins and supportive statements to encourage the children to be as honest as possible with them. Check-ins are brief moments in which the interviewer pauses to assess the child's readiness, emotional state, and potential barriers to disclosure. Supportive statements are empathetic responses to the child's answers to those check-ins. They acknowledge the child's experiences without being leading or suggestive.

When children are provided with a supportive environment, they are more likely to give detailed and accurate disclosures (Ahern et al., 2014). Older children often need more social support than younger children, as they understand the social ramifications and stigma of child sexual abuse (Hershkowitz, 2009). Davis and Bottoms (2002) found that anxiety levels significantly decreased with the addition of interviewer support, and free recall accuracy improved. It is vital that interviewers take a child's emotional state into account and be able to recognize and mitigate stress (Gemara et al., 2022).

Interviewers can inadvertently harm children by making non-supportive statements, such as asking a child to repeat themselves or re-asking questions. This usually happens when interviewers are not getting many details and feel pressure to obtain a disclosure. Although interviewers are well-intentioned, such repetitions can suggest to the child that they are not being believed. These types of non-supportive statements were found to have a negative correlation with the number of details a child discloses (Lewy et al., 2015), whereas children tend to provide more information to interviewers who are supportive (Blasbalg et al., 2019; Davis & Bottoms, 2002). Social support can decrease nervousness, make children feel more empowered, and cause them to be less intimidated (Carter et al., 1996).

Interviewer Support Techniques

Interviewers can ask check-in questions at any point throughout the interview. Some of these questions can be straightforward observations, such as: "I just wanted to check in; how are you feeling about our conversation?" or "I have noticed that your head is down; what are you thinking about?" Other examples include questions about the narrative, such as "What has this all been like for you?" or "It sounds like there has been a lot going on. How are you feeling about it?"

Supportive statements can also be offered throughout the interview. For younger children, this may include reinforcing their understanding of the forensic interview instructions by saying, "You did a great

job correcting me; that's just what I want you to do if I ever make any other mistakes." For older children, examples of supportive statements include "Let me know if there is something I can do to make you more comfortable" or "Let me know if at any point you need a break." It can also be helpful to let the child know that they are helping the interviewer understand and acknowledge that they are asking the child many questions. Interviewers can also tell the child, "I hear you when you say that," and explore any emotions that a child mentions. For example, "You said you are feeling scared. Tell me about that," and "Is there something I can do to help you feel not scared?" If a child has many concerns that the interviewer cannot answer, the interviewer can show support by stopping the interview and getting the child answers to their questions before continuing.

Case Examples

Using check-in questions and supportive statements has proven effective throughout many forensic interviews. For example, at the beginning of a sexual abuse interview, the interviewer noticed that the 11-year-old was not very talkative and seemed withdrawn. After asking the child a check-in question, he stated, "I'm just feeling so nervous." After spending some time exploring what was making them nervous, the 11-year-old was able to complete the interview. At the end, the interviewer once again asked how the child was feeling. He replied, "I feel happy now!"

A seven-year-old came in for an interview to discuss sexual abuse that she and her five-year-old sister had endured from their stepfather. Her younger sister had previously been interviewed and disclosed sexual abuse. The seven-year-old presented with extreme reluctance, telling the interviewer she did not know why she was there and not responding to the interviewer's various transition statements. After several minutes of back and forth, the interviewer decided to utilize a check-in statement. "Sometimes, when I talk with people, there is something that they are scared or worried about. Is there something that you are scared or worried about?" The seven-year-old crawled under the table and said, "Yes. I know my fear." When the interviewer asked her to say more, she said, "Something happened, but I don't want to say because I don't want my little brother to not have a dad." The child then told the interviewer that nothing would change her mind and that she did not want to talk. After checking in with the team, the interviewer let the child know that she heard her fears and that she would not have to talk if she did not want to. The child left the interview room, having not disclosed, but appeared visibly calmer and happier.

A five-year-old, nervous to talk about physical abuse that he and his siblings had endured, told the interviewer in response to a check-in question at the end of their conversation, "I feel pretty better, and so better at the same time."

At the start of a sexual abuse interview with a 13-year-old, the interviewer asked the child how she was feeling. She stated, "a little scared," and explained that she was scared to talk about chronic abuse by her father because her father provided financial stability for the family. She did not want her mom to be mad at her for getting her father in trouble. The interviewer offered social support in response to these fears, letting the child know that she heard her and that she could take as much time as she needed. She also assured the child that she personally would not be talking to her parents about what they discussed. The child continued with the interview and stated, "I feel better now that I have talked about it because hopefully now it will stop."

A five-year-old and an eight-year-old came in to talk about physical abuse they witnessed by their aunt towards their younger brother. The interviewer learned beforehand that their mother had a close relationship with the aunt and was very upset about the allegation. Anticipating reluctance from the children, the interviewer asked the mother in front of the children if it was all right for the children to talk to her. The mother gave her permission. Because the children knew that their mother was okay with them talking, they were both able to disclose during the forensic interview.

Using both check-ins and supportive statements reduces stress and anxiety in the interview room and limits additional trauma for the child.

Promoting Narrative

Interviewers can also reduce stress and anxiety by encouraging the child to share their story using their own words. A primary component of a forensic interview is its promotion of a narrative, an account of events elicited through open-ended questioning. Narratives are culturally sound and consistent ways to get to know someone, understand experiences, and answer questions (Hall & Powell, 2011). Using narrative to process trauma is an established method present in various cultures, ethnicities, therapeutic modalities, and practices. Many cultures prioritize narrative, encouraging the use of narrative to relay both information, teachings, and to socially process information (Goddu et al., 2015; Nwoga, 2000; Reese, 2012; Stevens et al., 1992). For example, Nwoga (2000) found that narrative is a primary way for African American mothers to pass on values, education, and warnings about body safety and sex. Additionally, Reese (2012) found that in Mexican homes, the telling of both anecdotal and fictional stories is a highly social and culturally valued practice. Therefore, it may not be culturally competent to assume that discussing sensitive topics is inherently difficult. By promoting narrative within an interview, interviewees can place events within their own cultural context, which limits misinterpretations and assumptions.

Processing traumatic events through narrative has many established benefits for those narrating and those seeking to understand. For narrators, presenting information in a narrative form is a helpful tool to decrease anxiety by allowing emotions to be organized in a safe and controlled environment. This has been shown to help those with post-traumatic stress disorder (PTSD) to process their memories and reduce symptoms (Roy et al., 2022). Discussing what has happened to them does not worsen the effect of trauma. Instead, not talking about it (Arnaudova et al., 2017), not being believed (Lewy et al., 2015), or being questioned multiple times exacerbates the effects of the trauma (Lewy et al., 2015; Newgent et al., 2002). For listeners, discussing trauma through ordered events makes it easier to capture a more complete picture of an experience (Lamb et al., 2018; Hall & Powell, 2011). This practice allows the listener to view the narrator as a whole person and does not reduce them to their worst experiences (Ginwright, 2018).

Therefore, forensic interviews are ideal spaces for children to discuss their trauma in a safe and controlled environment because they promote narrative. Structured forensic interview protocols prioritize free recall of events and narrative-based questions, which are highly effective in reducing a child's anxiety and facilitating detailed disclosures (Lamb et al., 2018). They also accommodate diverse communication styles and allow children to express themselves at their developmental level. Good forensic interviews eliminate questions that are too complex, which keeps the child from becoming overwhelmed.

Promoting Narrative Techniques

When applying the principles of narrative to a forensic interview, interviewers remember that not all individuals are ready to recount trauma in the same way or at the same time. Interviewers do not force children to narrate something that they are not ready to discuss. They also allow children to choose something neutral or positive for a narrative event practice so that they can narrate extensively without distress. This helps them understand the importance of narrative in a simple way, while also providing them with anticipatory guidance to know that this is how they should answer the interviewer's questions in the substantive phase of the interview. It is also important to minimize interruptions (Ahern et al., 2014), allowing the child to complete their thoughts. This also allows children to stay within the memory for as long as possible and maximizes the amount of detail they can recall. Additionally, if the interviewer's note-taking is distracting or impacting the child's narration, the interviewer should adjust

accordingly so that the child can continue narrating without interruption.

Simple questions such as "What happened next?" "And then what happened?" or "What did [they] do next?" can help move the narrative along until the child indicates the account is complete. Interviewers can also frame their questions to specify which portion of the narrative they want to expound on, which is particularly useful when talking to younger children. For example, "So you were sitting on the bed, what was the very next thing that happened?" Interviewers can also refer to the narrative event practice to remind children how to narrate. For example, "You told me Dad came into your room after the party. Tell me everything that happened when Dad came into your room, just like you told me about your [birthday/baseball game/morning]."

Case Examples

Promoting narrative has proven to be an effective form of limiting trauma in many forensic interviews. In a case involving physical abuse and torture, a 16-year-old told the interviewer that there was too much information to share and asked where he should begin. The interviewer said, "We can start wherever makes sense for you." He chose to begin by talking about the most recent incident and then went back to give historical context after narrating what he viewed as the most traumatic. He became visibly calmer, less emotional, and more detailed as he spoke. Giving him the choice of where to start his narration gave him the control to organize his thoughts and answer the interviewer's questions.

A 15-year-old told the interviewer that she was nervous that nobody would believe her, but agreed to talk to the interviewer anyway. Knowing this, the interviewer encouraged the teen to do a practice narrative about something she felt positively about, allowed her to talk without interrupting, and encouraged her to transition to talk about the allegation when she was ready. By the time the interview finished, she expressed that talking about what happened made her ultimately feel "relieved, like a weight is off my shoulders."

During the rapport-building phase of an interview with a 12-year-old, the interviewer took note of the child's interests, including dancing and drawing. She also mentioned her turtle, Hank. For narrative practice, the interviewer asked her to narrate the last time she danced, but the child did not seem enthusiastic about sharing and gave few details. The interviewer decided to abandon that narrative practice and instead asked her to narrate everything that happened the day Hank became her pet. The child's demeanor shifted; she smiled and eagerly shared the details of Hank, which then gave a good foundation for later narrating the events of the allegation.

Promoting narrative within a forensic interview limits additional trauma as the child is given an opportunity to provide a complete picture of their experience, is listened to without interruption, and is given control of the conversation. Narrative decreases the need for additional questioning and increases understanding of culturally relevant information.

Future Directions

Education is needed for community members and professionals alike about how forensic interviewers use trauma-informed practices when interviewing children. The fear of further traumatization from the forensic interview could hinder disclosures, investigations, prosecution, and healing for the child. It is vital that team members understand how forensic interviewing is trauma-informed and then appropriately explain the process to the families they serve. At the same time, interviewers must utilize techniques that minimize trauma in the interview and continue to create a child-centered space. Children's specific needs, such as accommodation of language differences and developmental considerations, should also be explored when discussing trauma reduction. Further research is needed on this topic.

Many of the ways that forensic interviewers incorporate the principle of anticipatory guidance are well researched, such as narrative event practice and interview instructions. However, there could

be value in academic research analyzing the anticipatory guidance techniques outlined in this article. Future analysis of anticipatory guidance could explore the children's preparation before their interview and how anticipatory guidance statements throughout the forensic interview impact narrative description. When discussing narrative promotion and interviewer support, this article does not address the extended forensic interview model (National Children's Advocacy Center, 2014), which is utilized by some jurisdictions to develop further rapport with the child. The extended forensic interview model is a multi-session forensic interview approach where the forensic interview takes place over several sessions. Further research could include an analysis of check-in questions asked to children at the beginning, middle, and end of interviews to gauge their anxiety levels.

Children's opinions are often left out of the child abuse field, which focuses instead on case outcomes, caregiver feedback, and investigator opinions. Further research could be done on children's opinions, stress levels, and anxiety about forensic interviews.

Conclusion

Although there are many beliefs among professionals, caregivers, and children that the forensic interview process will be further traumatizing for children, research and practice show that this is not always the case. It should not be assumed that discussing a traumatic event during a forensic interview will be more traumatic or add additional trauma to the event itself. It should also not be assumed that discussing trauma is in itself traumatic, as various cultures and therapeutic practices encourage narrative as a healthy form of processing difficult topics. Interviewers seek to minimize additional trauma and provide children with a safe and non-suggestive space to discuss the details of their abuse. This is done by providing anticipatory guidance so that the child knows how the interview will go, can make informed decisions, and feels autonomy and control. Interviewers check in with the child throughout the interview to allow them to express concerns, doubts, or feelings. These check-ins can be followed up by supportive statements from the interviewer when appropriate, letting the child know that they are seen and heard and that their concerns can be addressed to the best of the interviewer's ability. Following forensic interviewing protocols, interviewers also promote narrative sharing from the child by asking open-ended questions, minimizing interruptions, and encouraging children to provide detailed accounts. This is an established method of both processing trauma and obtaining case details that increases the likelihood of prosecution and decreases the likelihood of further traumatization. When interviewers apply these principles and tactics, many children may continue to say, "That wasn't so bad."

About the Authors

Erica Bennett *(she/her) is a bilingual forensic interviewer with extensive experience conducting trauma-informed, developmentally sound, and court-admissible interviews for children and vulnerable adults. In her current position with the Salt Lake County Children's Justice Center, Erica conducts forensic interviews for child victims of sexual and physical abuse, domestic violence, torture, commercial sexual trafficking, homicide, sexual exploitation, and internet crimes. She piloted Utah's first tele-forensic interview to provide culturally sensitive services to Spanish-speaking youth in rural areas and has provided training and resources in best practices in forensic interviewing to interviewers across the state.*

Previously, she worked as the Bilingual Child and Adolescent Forensic Interviewer at the DC Children's Advocacy Center, Safe Shores, where she completed forensic interviews, facilitated training and peer review support to multidisciplinary teams nationwide, provided education on forensic interviewing to international delegations, and collaborated with multiple federal law enforcement agencies. She earned her Master of Arts in Forensic Psychology from the George Washington University, where she published research on victimization, self-harm, and violence. Her background includes investigative work with child protective services, clinical experience in sex offender treatment and psychological assessment, and contributions to federal investigations at the U.S. Department of Justice. Erica is trained in multiple nationally recognized forensic interviewing protocols and is a certified facilitator of Darkness to Light's Stewards of Children child abuse prevention training.

Rachel Booker *serves as the Forensic Services Program Director at Safe Shores, D.C.'s only Children's Advocacy Center. In this role, she leads the Forensic Services team and conducts child forensic interviews in cases involving sexual abuse, physical abuse, child sex trafficking, internet crimes against children, and exposure to violence. Rachel has been conducting forensic interviews for more than eight years, bringing both compassion and clinical skills to her work with children and families.*

Rachel is extensively trained in this highly specialized field and has completed the internationally recognized National Children's Advocacy Center (NCAC) Forensic Interview Training, The American Professional Society on the Abuse of Children (APSAC) Child Forensic Interviewing Clinic, and the NCAC Advanced Forensic Interview Training. Further, she has enhanced her skills through training provided by the National Criminal Justice Training Center and the FBI on topics related to her work, including child sex trafficking forensic interviewing, presenting evidence in child forensic interviews, and the multidisciplinary team response to child sex trafficking. Rachel has also successfully completed the FIND Advanced Forensic Interviewing Individuals with Disabilities training and the FIND Adapted Interview Training for Individuals Who Do Not Speak. Additionally, Rachel is certified in Stewards of Children® child sexual abuse prevention training.

Rachel regularly shares her expertise through training and presentations. She has trained audiences including the United Nations, the United States Army, the DC Bar Association, DC Family Court, international delegations from Ukraine, Mongolia, Romania, and Colombia (through the U.S. Department of State), and various local, state, and federal agencies.

Prior to her time at Safe Shores, Rachel served as Director of the Infants and Toddlers program at the Arc of Prince George's County, where she oversaw early intervention services and home visits for families of children with developmental delays or disabilities. In this role, she supervised a team of service coordinators and served as liaison to the Public Schools System's Multidisciplinary Team.

Rachel is currently pursuing a Master of Social Work degree at George Mason University. She holds bachelor's degrees in Psychology and Criminology & Criminal Justice from the University of Maryland, College Park, along with a minor in Terrorism Studies.

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Before coming to Safe Shores, Ali first connected with the CAC world as a Family Support Specialist in the Healthy Families Program at NCAC. During her time at NCAC, she presented on supporting LGBTQ+ Youth at the APSAC Colloquium and NCAC's Symposium on Child Abuse. From rural Ohio, Ali has lived throughout the US and in Europe as part of a military family. She has previously worked in education, LGBTQ+ advocacy, foster and adoption services, surrogacy, and in a drug prevention program for elementary students. She graduated with a Bachelor of Arts degree in Elementary Education from Mt. Vernon Nazarene University in Mt. Vernon, OH.

***Morgan Hines** serves in two positions at Safe Shores, the DC Children's Advocacy Center: Multidisciplinary Team Advancement & Support Specialist (MDT A&S) and Child and Adolescent Forensic Interviewer. In her MDT A&S role, she coordinates and facilitates forensic interviews; case reviews involving sexual abuse, physical abuse, and child sex trafficking cases; trainings; and special events amongst MDT Members. In her forensic interviewing role, she interviews children ages 3-17 involved in open cases of alleged sexual abuse, physical abuse, child sex trafficking, and witness to violence. Morgan has been working to build and foster positive relationships amongst Team members while also interviewing children with compassion for over two years to ensure the best outcomes for impacted children and families.*

Morgan has completed the highly respected National Children's Advocacy Center (NCAC) Forensic Interview Training. She has continued to develop her expertise by completing trainings offered through the National Criminal Justice Training Center including presenting evidence and following the evidence, participating in multiple MDT Facilitator Peer Forums, and numerous other trainings focused on keeping children and families safe from abuse and neglect. Morgan has advanced in her role following her experience testifying in child sex abuse criminal cases and creating case studies to consider how to best help the children and families she serves at Safe Shores.

Prior to beginning her dual role at Safe Shores, Morgan served as a Prevention and Education Outreach Specialist and Case Management Coordinator at FAIR Girls, an anti-trafficking organization in Washington, DC, where she planned, developed and facilitated prevention workshops for school faculty and youth who may be at risk of human trafficking and for community partners; and provided trauma-informed direct services to survivors of human trafficking.

Morgan currently holds a bachelor's degree in criminal justice from North Carolina Agricultural & Technical State University, along with a master's degree in forensic psychology from The Chicago School of Professional Psychology.

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