

# **CWS2011W: Intake, Assessment, and Investigation in Child Protective Services**

## **LEARNER HANDOUTS**



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES



## COMPETENCIES AND LEARNING OBJECTIVES

### COURSE COMPETENCIES

1. The learner has a thorough knowledge of the personal, interpersonal, family, and environmental factors that increase the risk of abuse and/or neglect of children by caregivers.
2. The learner understands the multi-faceted nature of an investigative interview and can conduct an investigative interview to determine the degree of risk to a child remaining in the home.
3. The learner is knowledgeable of CPS guidance and agency requirements regarding acceptance of referrals of child maltreatment and can analyze the report to establish validity.
4. The learner is able to gather and document pertinent information about the alleged maltreatment from the complainant, family, child, and collateral sources, and can make ongoing assessments of the family's problems, needs, and strengths.
5. The learner can elicit and document pertinent facts when making a determination of abuse or neglect and when determining risk to a child.
6. The learner can use casework methods during the investigation to begin to establish a supportive casework relationship, to involve families in joint assessment of the need for intervention, and to motivate families to work with the agency toward elimination of abuse and neglect.
7. The learner is knowledgeable of injuries and syndromes that may be related to child maltreatment, and can refer for appropriate medical treatment, as needed.
8. The learner understands the ways in which cultural variables can confound an assessment of child abuse and neglect, and can conduct investigation activities that are congruent with a family's cultural background.
9. The learner understands the emotional and physical toll faced by professionals working with maltreated children and their families.
10. The learner is able to assess information available at the time of intake to determine if an investigation needs to be initiated or if the intake should follow the assessment track.
11. The learner can use casework methods during the assessment to engage the family in identifying service needs and determining strengths that ensure safety.

**LEARNING OBJECTIVES**

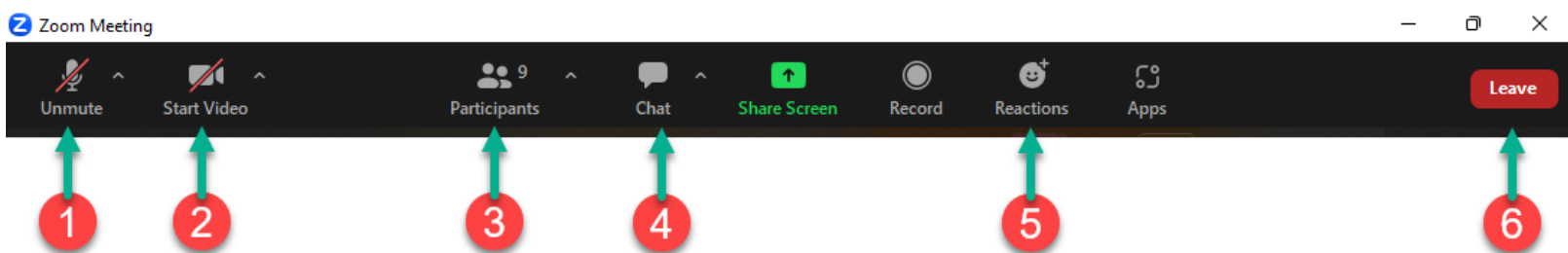
At the end of the training, the learner will:

- A. Know common denominators that have been found to be associated with child maltreatment.
- B. Know how the common denominators may interact to increase risk to children.
- C. Know how the child's and caretakers' personal characteristics may increase risk.
- D. Know the methodologies used in investigative interviews and can alter them to fit the unique needs of the client and the situation.
- E. Be able to use specialized interview techniques to guide the interview, and can gather information in an objective, supportive, non-judgmental manner.
- F. Be able to interview the complainant in an organized, clear, and coherent manner.
- G. Be able to gain pertinent information from the complainant related to the characteristics of abused and neglected children and abusive and neglectful families.
- H. Be able to adapt interview style in response to the unique characteristics of the complainant.
- I. Be able to motivate and reassure reluctant complainants.
- J. Be able to elicit pertinent facts to assess what services are necessary to assure the immediate safety of the child and the immediate needs of the family.
- K. Value the role of CPS as a non-punitive approach to identifying child victims and families at risk of separation and designing interventions to help families stay together, if possible.
- L. Know what constitutes pertinent evidentiary information in child maltreatment.
- M. Be able to distinguish information related to making determinations from information related to determining risk to the child.
- N. Know photographic and evidence collection techniques to document child maltreatment.

- O. Have a repertoire of casework methods to use during the investigative process.
- P. Be able to use casework methods to establish mutuality in the identification of abuse/neglect and interventions to minimize risk.
- Q. Value the importance of planning the investigation to minimize trauma to the family and enhancing information available for the determination.
- R. Know common patterns of physical abuse such as burns, bruises, and broken bones.
- S. Be able to assess injuries that are consistent with abuse based upon their severity, appearance, and location on the body.
- T. Know own limitations in diagnosis of injuries, and can incorporate medical findings to formulate decisions regarding risk and disposition.
- U. Know how cultural variables affect childrearing practices and how community cultural expectations impact the perception, report, investigation, and treatment of child abuse and neglect.
- V. Understand how the worker's own culture, beliefs, and expectations influence his/her investigative style.
- W. Know techniques to minimize client anger and resistance.
- X. Know effective coping strategies to prevent worker burnout.

## OVERVIEW OF ZOOM ATTENDEE CONTROLS

In every ZOOM meeting, an attendee will see a black bar with various controls listed. The most commonly used attendee controls will be detailed below:



1. **Mute/Unmute** yourself by clicking on the microphone icon
2. **Start/Stop Video** by clicking the camera
3. A list of **Participants** can be found by clicking on the Participants icon.

There is an option to **Raise your hand** if you find yourself on the Participants list. To do this, click the raised hand icon next to your name.

You can lower your hand by clicking the same icon a second time.

4. **Chat** box can be opened by clicking the speech text icon. You can participate in the chat with other learners, or send a chat message to the trainer individually, by selecting the appropriate designation under “To” in the chat.
5. **Reactions** can be used to offer non-verbal feedback using emojis, thumbs up, clapping ,etc. These reactions remain on screen for five seconds.
6. At the close of the training, select the **Leave** button to end your participation in the Zoom meeting.

## VIRTUAL LEARNING AGREEMENT

In our virtual instructor led trainings through the Virginia Department of Social Services, it is expected that:

- We will practice respectful communication, honor each other's time, manage our own distractions, and maintain confidentiality of our peers and any case examples shared.
- We will ask for clarification when necessary. With virtual learning, communication can be challenging. Not being able to talk things through face-to-face leaves room for misunderstanding. If one of us doesn't understand, we'll ask a clarifying question.
- We will spell out acronyms and avoid shorthand to ensure cohesive collaboration.
- We will expect and accept a lack of closure. With online learning it's not unusual to not be able to get to everything and cover every nuance of a topic. We agree to reach out to trainers and our supervisors for follow-up information.

## **FACTORS ASSOCIATED WITH CHILD MALTREATMENT**

### **SPECIAL NEEDS OF THE CHILD**

Physical or mental handicapping conditions

Learning disabilities

Behavioral or conduct difficulties

### **SPECIAL NEEDS OF THE CARETAKER**

Physical or mental handicapping conditions

Extreme youth or immaturity

Unintentional or unwanted pregnancy

Substance Use

### **UNREALISTIC EXPECTATIONS OF CHILDREN**

No information or misinformation about development

No or low understanding of the child's separateness

Strict, rigid, inflexible rules

No or low understanding of the child as a person

### **SOCIAL ISOLATION**

Geographic and/or cultural isolation

Non-engagement with social groups

Lack of extended family support

Voluntary or involuntary lack of communication opportunities

**ROLE REVERSAL**

- Looking to the child to meet needs
- Adult-like expectations and behaviors of the child
- Lack or inconsistent adult-child behavioral boundaries

**MULTIPLE PROBLEMS AND FAMILY STRESSORS**

- Real or perceived loss of control over destiny
- Poor planning, decisions, and judgments
- Legal problems
- Lack of supports to face problems
- Continuous unexpected emergencies
- Relationship problems

**HISTORY OF MALTREATMENT/ TRAUMA**

- Victimization of self or a sibling
- Lack of consistently positive adult/parental behavior model
- Learned distrust
- Culture or climate of violence

**DOMESTIC VIOLENCE**

- Exposure to violence between caretakers
- Child injured as a result of violence (intentional or unintentional)
- Mental/Emotional Distress and manipulation in the home

**MENTAL HEALTH CONCERNS**

- Parental mental health leading to abuse or neglect of child
- Child's mental health is left unaddressed
- Depression, Anxiety, Mood Disorders, Suicidality, etc.



**SUBSTANCE USE**

Caretaker is unable to provide adequate care or supervision

Lack of awareness of danger

Exposure to chemicals or environments that are unsafe

**LACK OF SUPPORTS**

No one to turn to in an emergency

Sense of being alone

**POOR SELF-IMAGE**

Dislike or distrust of the self

Expressed feelings of shame or incompetence

Weakened sense of individuality

Identity and self-identification based on what others have said

### **INTAKE SKILLS CHECKLIST**

- ☐ Manner was calm and supportive.
- ☐ Reporter was treated respectfully.
- ☐ Questions asked were clear and concise.
- ☐ Questions asked encouraged the caller to give a detailed description of the abuse and/or neglect incident.
- ☐ Asked questions to identify and locate everyone involved.
- ☐ Determined if there were witnesses to abuse or neglect.
- ☐ Repeated back to caller key information to assure accuracy of documentation (e.g. names, addresses).
- ☐ Identified primary language of family and any other cultural issues.
- ☐ Gave honest responses to caller's questions.
- ☐ Encouraged caller to give name and contact information.
- ☐ Confidentiality of report discussed (i.e., whether reporter's identity will remain confidential or when it might be revealed).
- ☐ Determined the relationship between the caller and the family being reported.
- ☐ Determined the caller's motive for calling.

- ☐ Determined availability of other supportive persons who care for the children and family.
- ☐ Identified possible worker safety issues.
- ☐ Explained to caller what will happen to report next (review with supervisor for validity and respond appropriately).
- ☐ If referral was inappropriate for CPS, identified other community resources that might be able to help.
- ☐ Thanked caller for information and his/her concern for children and families.

## GUIDELINES FOR TAKING CPS COMPLAINTS

The following guidelines were developed to assist staff in receiving the most complete information possible when taking CPS complaints. Each interview format follows a similar pattern, leading the caller through the current incident and history, and ending with family dynamics or other indicators. As most callers are not good “reporters” of risk factors, these questions elicit complete information to:

- Determine the validity of the complaint,
- Discover potential safety issues for the worker,
- Search for and provide all available background data to the worker, and
- Receive the most information in the least amount of time.

The relationship between these questions and CPS Guidance Manual definitions of abuse and neglect, safety and risk is apparent.

### Please bear in mind the following:

1. Callers seeking advice or who are unsure whether they want to make a report can be encouraged to discuss information through the use of open-ended questions.
2. Re-word the questions to fit your individual style where desired.

Questions follow an “emergency dispatch” model used by police and fire departments. Typically, callers interpret the structure as professional and objective, rather than rude.

3. Explain to the complainant you have a series of questions that will permit the best assessment possible. This allows the worker to politely take control of the interview. Complainants are rarely well organized in their reporting. The structured interview organizes the data rather than relying on the reporter to provide complete information.

4. Get specific information. “The child was beaten ...” or “The child is poorly fed ...” are not specific. Ask: “Please describe the injuries.” Or, “What have you observed?”
5. Always get complete information. Continue asking questions until you have all the information the caller has. TRY TO GET ALL DETAILS NECESSARY TO DETERMINE IF THE CALL SHOULD BE ASSIGNED OR SCREENED OUT.
6. Get the complainant’s name, address, and number so information can be clarified in the future, if needed. Complainant identity is always confidential and may only be released to the family if ordered by the court, (as in cases of malicious reporting).
7. Paragraphs of narrative for assigned and screened out referrals:

Write a free flow narrative that includes the following information (does not need to be in order listed but must contain the information and if the reporter does not know the information, write what question was asked that the reporter did not know the answers):

- ☐ What, in one sentence, did a caretaker do to harm the child that might be considered abuse or neglect?
- ☐ What is the abuse? Refer to the follow up abuse type questions.
- ☐ Where did the abuse occur?
- ☐ Who is the alleged abuser?
- ☐ When did the abuse occur – date and time?
- ☐ How does the reporter know the information? Who told them about it?
- ☐ Does anyone else know about the alleged abuse/neglect or have general knowledge of the family?
- ☐ Does the child have any special needs?
- ☐ Where does the child attend school/Day care? What are the school/Day care hours?

☐ Where is the child now? Where does the child go after school/Daycare?

8. Family dynamics information and safety concerns for the worker responding:

☐ Who all lives in the home?

☐ Who are the family supports?

☐ Known current or history of domestic violence

☐ Known current or history of substance use

☐ Known current or history to have weapons or vicious pets

☐ Known current or history mental or physical disabilities

☐ Known current or history of police/court involvement with the family

## **Abuse Type**

### **Physical Abuse**

- o Where was the child when the abuse occurred?
- o Describe the injury.
- o What part of the body was injured?
- o Is medical treatment necessary?
- o What is the caretaker's explanation for the injury?
- o What is the child's explanation for the injury?
- o What led to the child's disclosure or brought the child to your attention?
- o Did anyone witness the abuse?
- o Are any family members taking protective action?
- o Have you had previous concerns about this family?

- o Is/Are the child currently afraid of the alleged abuser?
- o Is/Are the child afraid to go home?

**Bizarre discipline/ Threat of harm**

- o Does the caretaker have a pattern of disciplining inappropriately?
- o Is the child fearful of the caretaker?
- o Do you know what prompted the caretaker to discipline the child?
- o Is the caretaker using sadistic measures to modify the child's behavior?
- o Is the caretaker using extreme confinement measures to modify the child's behavior?
- o Is the caretaker using weapons to modify the child's behavior?

**Sexual Abuse**

- o Did the child disclose? If yes, what exact words did the child say?
- o Are there any physical, behavioral, or suspicious indicators consistent with sexual abuse?
- o Where was the child when the abuse occurred?
- o To whom did the child disclose the abuse?
- o Did the child disclose directly to the reporter?
- o What is the alleged abuser's access to the victim and other children?
- o What steps are being taken to keep the child safe?
- o Has the child had a medical exam?

**Emotional Abuse**

- o What has the caretaker done that is harmful?
- o How does the child function in school?
- o What symptoms does this child have that would indicate psychological, emotional impairment?
- o Are there any psychological or psychiatric evaluations of the child?
- o How long has the situation been going on, and what changes in the child have been observed?
- o Are there any indications of cruel and unusual punishment?

**Physical Neglect****Substance use:**

- o What specific drugs are being used by the caretaker?
- o What is the frequency of the drug use?
- o Does the child have knowledge of the drug use?
- o How does the substance use affect their ability to care for the child?
- o Are there drugs, legal or illegal in the home? If so, where?
- o Has the caretaker ever experienced black outs?
- o How well is the child supervised? Are they alone for extended periods of time?
- o Is there adequate food in the house?

**Abandonment:**

- o How long has the caretaker been gone?
- o Did the caretaker say when they would return?



- o Did the caretaker make arrangements with someone to take care of the child?
- o Are the alternate caretakers adequate? Do they wish to continue to provide care for the child? Have they been in recent contact with caretaker?
- o Is the caller's concern the child were abandoned or that the caretaker is not an adequate caretaker

**Lack of Supervision:**

- o What are your supervision concerns?
- o Is the child left alone? If yes, how long have they been unsupervised?
- o What is the age and developmental status of the child? What is the child's ability to contact emergency personnel? Is the child caring for siblings or other children? Is the child afraid to be alone? What time of day is the child left alone?
- o How is the caretaker's ability to provide supervision compromised? (substance use/mental health)

**Substance Exposed Infant:**

- o What is the present physical condition of the child? (weight, premature?)
- o If the baby is in the hospital, is he/she scheduled to be released?
- o How did the mother's substance use during pregnancy *affect* the child?
- o Is mom scheduled to be released?
- o What is the attitude of the parent toward the child?
- o What substance was the infant exposed to?

\*This document has been adapted by material developed by Fairfax County, Virginia, Department of Social Services, and is used with permission.\*

**CHECKLIST FOR CPS PROCESS**

- ☐ SDM Intake Tool
- ☐ Is it a valid report?
- ☐ Response time? R1 R2 R3 (R1 for victim under 2 years old)
- ☐ Entered report into OASIS within three days?
- ☐ Jurisdictional issues? If yes, forwarded to: \_\_\_\_\_
- ☐ Checked agency records/ history and document this completion
- ☐ Report to Commonwealth's Attorney and document contact
- ☐ Report to Law Enforcement and document contact
  - ☐ 2 hours verbal
  - ☐ 2 days written
- ☐ First meaningful contact with family
  - ☐ SDM Safety Assessment
- ☐ Interviewed alleged victim?
  - If not, why not?
- ☐ Audiotaped victim interview (Investigations)?
  - If not, why not?
- ☐ Alleged victim is a Native American?
- ☐ Alleged victim is a victim of human trafficking?
- ☐ Interviewed alleged abuser?
  - If not, why not?
- ☐ Informed of timeframes for completion of INV/FA
- ☐ Offered audio recording to alleged abuser?
  - If not, why not?

☐ Use of statement as evidence - if criminal charges

☐ Abuser/Neglector resided out of state in past 5 years?

☐ Gave Pamphlet to alleged abuser/neglector?

If not, why not?

☐ Substance use issues?

If yes, protocol followed:

☐ Interviewed parent/guardian

If not, why not?

☐ Home visit made?

If not, why not?

☐ Observed sleeping environment and offered safe sleep education for families with children 2 and under?

☐ Visited site of abuse/neglect?

If not, why not?

☐ Interviewed collaterals:

☐ Siblings

☐ Day Care

☐ School

☐ Other?

☐ Family Partnership Meeting indicated?                      Yes    No

☐ Safety Assessment/Safety Plan updated

☐ Disposition (if investigation):    Founded    Unfounded

☐ SDM Risk Assessment

☐ Risk Level:    Very High    High    Moderate    Low

☐ Notification of disposition:

☐ Verbal

☐ In writing

☐ Safety/Service Plan presented to family?                      Yes    No

☐ All contacts and assessments entered into OASIS?

☐ In-Home Case opened to OASIS?                      Yes    No

If not, ensure there is thorough documentation of the conversation offering services and the family's reasoning for declining.

☐ Supervisor review

☐ Referred to Infant Toddler Services for any child under three (in founded investigations only)

**CONDITIONS THAT MAY BE MISTAKEN FOR ABUSE**

{Consult with a Forensic Pediatrician at your Child Advocacy Center to be sure!}

- **NURSEMAID'S ELBOW** or sprains/strains to a toddler or young child's arm or wrist from pulling the child up steps or yanking the child away from danger.

(Common accidental injury, but can also indicate abuse, therefore it must be investigated to find out).

- **BIRTHMARKS** of all colors from brown to blue to bright red.

- **SLATE GREY NEVI** (previously called Mongolian Spots) - grey/blue/green marks that look similar to bruises. Present at birth. Often fade by the time children are in school. Often on the lower back and buttocks.

- **BIRTH OR DELIVERY INJURIES** to the scalp or face.

- Fracture of the collarbone is a common birth injury.

(Obtain birth records!)

- **BALD SPOTS or PATCHY HAIR LOSS** from the child pulling his/her own hair, fungal infections and illness (febrile illness, emotional stress, surgery) or from chemotherapy.

- **SKIN LESIONS** from impetigo or eczema that look like cigarette or scald burns. There is also a bacterial infection called "scalded skin syndrome" that looks very much like scalding.

- **ORGANIC FAILURE TO THRIVE** can be caused by a number of unrecognized causes. Must be diagnosed by a physician.

- **SUDDEN UNEXPECTED INFANT DEATH** (SUID, previously called SIDS or crib death). Usually associated with unsafe sleep factors such as co-sleeping, soft items in the crib (comforters, pillows, bumpers, teddy-bears, etc), or sleeping on an adult bed, sofa, etc.

- **INTELLECTUAL DISABILITY** can cause delays in development and lack of gross and fine motor control as well as delays in cognition and emotional responsiveness.

- **CHILDHOOD MENTAL ILLNESS**, such as schizophrenia or autism, may go undiagnosed and lead to suspicions of neglect or abuse.

**FOLK MEDICINE OR HEALING PRACTICES such as:**

- **“Ventosas” or “cupping”** in which a hot cup is held upside-down over the area of distress (such as for inflammation, relaxation, spiritual practices, etc)
- **“Moxabustion”** is the application of heated herbs to the skin.
- **Gua Sha** -the rubbing or scraping of the skin with an object such as a spoon or smooth stone to relieve a variety of illnesses.
- **“Coin rubbing” (Coining)** - practice of rubbing heated coins over the child’s chest or back to cure fever.

**QUESTION TYPOLOGY****Most Preferred Questions**

<b>Question Type</b>	<b>Description</b>	<b>Example</b>
General	Open ended inquiry about the child's well-being or salient issues; does not assume an experience or even.	Tell me why you came to talk to me today.
Invitational	Open-ended inquiry that assumes there may be an event or experience	Tell me everything you remember about the day that the police came to your house

**Preferred Questions**

<b>Question Type</b>	<b>Description</b>	<b>Example</b>
Focused	Focuses the child on a particular topic, place, or person, but does not provide information about the subject	<p>Tell me about your daycare.</p> <p>I want to learn more about your mom. Tell me things she does that make you happy. Tell me things she does that make you sad.</p>

Follow-up	Encourage continued narrative	You said that you were watching your little brother. Tell me everything about watching your brother.
Facilitative Cue	Gesture or utterance to encourage more narration	Uh-huh. Nodding. Anything else? And then what happened?
Specific	Follow-up inquiry to gather details about the child's experience	Where did that happen?  How did your body feel when he did that?  How were your clothes when mom whooped you?

### **Less Preferred Questions**

Question Type	Description	Example
Multiple Choice	Presents the child with a number of alternative responses from which to choose	Do you live in a house, apartment, or trailer?  Did it happen at mom's house or dad's house?
Externally Derived	Relies on information not disclosed by the child in this interview.	I heard something about a bucket?  I heard that Lance lives at your house too, is that true?



Direct	Specific question about a person or act	Did John hurt your pee-pee?  Did your babysitter give you a spanking?
Repeated questioning	Asking the same question multiple times	Did anything happen to your arm? What happened to your arm? Do you remember if something happened to your arm?

### **Least Preferred Questions (AVOID!!)**

Question Type	Description	Example
Presumptive	A question that takes facts for granted	Tell me about when your father spanked you (when the child has never said that they got spanked.)
Leading	A statement the child is asked to affirm	Isn't it true that you were home alone last night?
Misleading question	Assumes a fact that is not true. Child must confirm or correct the interviewer.	What color scarf was she wearing? (when you know she wasn't wearing one)
Coercion	Use of inducements to get cooperation or information	If you tell me about what your father did, you can have some candy.  After you tell me all about that night, I will give you a sticker.

Brittain, C.R., & Hunt, D.E. (Eds.). (2004). Helping in child protective services: A competency-based casework handbook (2nd ed.). Oxford University Press (US).

## GENERAL INTERVIEWING TECHNIQUES

**Encouraging Replies:** This technique is used to convey interest, encourage elaboration, and reduce the level of anxiety in the interview .

**Elaboration:** This is a probing technique used to elicit additional information from interviewees who are not responding fully to questions.

**Compliment Sharing:** This technique involves complementing the interview ee for sharing information. The complements are NOT directed toward the content of the information. This non-leading technique is often used to reassure children during disclosure.

**Handling Anxiety:** Encourage the interviewee to talk about why they are anxious, and give them permission to talk about the topic later in the interview

**Structuring Statements:** Structuring statements are used to guide the interview . They are helpful in reducing interviewee's level of anxiety, and for beginning or ending a phase of the interview .

**Summary Statements:** Summary statements define and clarify the information the interviewee has provided, without leading the interviewee or adding information.

**Widening the Circle of Inquiry:** This technique is useful when the interviewer needs to branch out from the topic being discussed. Statements from the interviewee are used as a starting point.

**Strength Based Interviewing:** This technique encourages the interviewee to share the positive aspects of their lives, their children, and so on.

**Handling Crying:** Remain calm, supportive, avoid touch, offer tissue, say “I see that you are crying, that is ok. Tell me about what makes you cry.” Distract or offer a break if needed.

**Clarifying:** This technique is used when the interviewer doesn’t understand what is being said or is unclear about details.

**Indirect Questions:** Indirect questions are used to “soften the hard questions.” The interviewer would incorporate these questions into the interview when discussing sensitive information with an interviewee.

**Handling Silence:** Let it happen. If you have asked a question, allow time for the person to think. Do not rush them or move past it for another question.

**Handling Inadequate Answers:** I hear what you are saying, but tell me more about \_\_\_\_\_. We can talk about \_\_\_\_\_ later, but now, please tell me \_\_\_\_\_.

**Handling Defensiveness:** An interviewee may be unwilling to discuss information because of shyness, lack of trust, guilt, or embarrassment.

**Challenging:** This technique is used to clarify incongruence in interviewee’s statements.

**Questions to Avoid:**

- **Yes-No Questions:** These are questions that can be answered by a simple “yes” or “no.” Yes-No questions may be appropriate when an interviewer needs to address a specific fact.
- **Double-Barreled Questions:** This refers to asking two questions at once.
- **Long, Multiple Questions:** These are three- or four-part questions.
- **Leading Questions:** These are questions that “lead” the interviewee to give the answer the interviewer either wants or expects. The question may imply that something has happened when that has not yet been established as fact. A leading question can also urge the interviewee to respond in a way that will please or satisfy the interviewer.
- **Random, Probing Questions:** Often referred to as “going fishing,” these questions are sometimes used when facts are not known (e.g., the alleged abuser is unknown).
- **Why Questions:** Children feel criticized when they are asked why questions and will try to justify their answers.

## INTERVIEWING CHILDREN: TIPS AND TECHNIQUES

### The setting

- Regardless of where you interview, best practice is to interview children individually without other adults present
- If detective, or additional worker must be in the room arrange seating so that child is not responding to 2 adults (Have secondary adult sit off to the side or out of direct view)
- It is best practice to NOT interview in the room/space where the abuse occurred
- School is generally a good environment because children are used to talking to different adults at school.... They are less used to talking to strange adults in their home/bedroom
- Try to minimize distractions for the child.
  - If there are windows, try to face the child away from the window
  - Remove excess toys or candy if possible before the child arrives in the room
- Time/focus limitations (Children under 5 have very limited attention spans)

### The tools

- Crayons/paper/play-doh (pros and cons)
- Camera, recorder, ruler
  - Know how to use your camera & recorder
  - Make sure that you have extra batteries for devices
- Body ID diagrams
  - Only if trained to use them
- Dolls... Only in very specific circumstances & only if you are trained to use them

## Introduction

- Introduce yourself and explain what your job is (to help children and families). Explain that they are not in TROUBLE.
- With young children “Family Services Specialist” means nothing, and “Social Worker” is not accurate. Instead, try “I have a special job. My job is to listen to children and families and help them stay safe”. Or “My job is to help families if they are having problems.”
- Show them the **audio recorder** and ask if they know what it is. Explain that you audio record when you talk with children and why. If they do not want to be recorded, explore “what makes it that you don't want to be recorded?”

## Rapport Building/Interests:

- Name (what are the letters that make your name? for young children)
- Age?
- Ask child “Tell me about you.”
- Hobbies?
- School?
- Do not assume that a child had a birthday party/cake/presents, or Christmas presents, or dinner last night. Instead, ask broad, open ended questions.

## Free Narrative Practice

(Allows interviewer to assess child's verbal development and level of detail provided about a neutral subject, and allows child to practice talking to the adult, being a subject matter expert, and giving lots of details)

- Identify a neutral/positive subject (your last birthday, soccer camp, trip to the zoo, something that makes you happy, what you did this morning)
-

- Ask the child to tell you all about or everything they remember or start at the beginning, tell me everything that happened and don't leave anything out, about the neutral subject
- Use simple prompts if necessary to elicit more detail What happened next?
- Tell me more about the zoo. What did you see at the zoo? What did you do at the zoo?

### **Interview Guidelines: When we are talking today...**

- You can talk about anything and you will not be in trouble with me. I don't get upset or embarrassed about anything children tell me.
- Let them know that we are only going to talk about things that are true/ really happened.
  - Truth/Lie (agreement to tell the truth)
  - It is important to have the child promise to tell the truth and not tell any lies.
  - YOU should also promise to tell the truth, and stick with your promise. Don't lie to kids!
- Don't "test" to prove that they know the difference between truth and lies!
  - Most methods of "Testing" truth/lie (ex. with the color of the pen or making up a situation) present problems such as testing a child's knowledge of colors instead of knowledge of truth/lie, introducing fantasy, or having the interviewer start the interview by telling a lie.
- Don't Know/ Don't Guess- Tell them that sometimes kids say words you don't know or talk about things you've never seen and you don't want to guess or assume about things they say, so you might ask for help understanding things. Then tell them you don't want them to guess about anything, so if they don't understand what you mean they can tell you "I don't understand what you mean" and if they don't know the answer to something they can say "I don't know."
  - Test question: "What's your ocular pigmentation?"
  - -or - "What is my cat's name?"

- Correct Me- Let them know that it is okay to correct FSS if he/ she says something is incorrect.
  - Test Question: Tell me about your three sisters (when you know they only have two sisters.)
  - \*These things demonstrate the child's credibility, their ability to understand, and communicate the truth.
- If they apply the rule, thank them for correcting you etc.

**Family and household members:**

- Do not assume that a child has 1 mother and 1 father
  - Some kids that I talk to have 1 daddy and some have more than 1 daddy....What about you?
- Ask who lives in their home with them and their relationship to the child.
  - Even if you think you already know... you might be wrong!
- Ask about siblings who may live in a different house
- Ask about pets and who cares for the pets (significant correlation between child abuse/neglect and animal abuse/neglect)
- Using family drawing with young children can be helpful.

**Do a basic screening for all types of abuse/neglect/risk factors with each interview:**

- If you are not trained in sex abuse interviews, do not screen for sex abuse, but you can tell children that it is important that their body stays safe (from the top of their head to the tip of their toes!) and ask them to identify 3 trusted adults who they can talk to if anyone ever makes their body unsafe or uncomfortable. Reiterate that it is important to tell these 3 adults if that ever happens.
- Do you have your own bed, share a bed, or something else? Tell me where everyone sleeps at your house.
- Screen for physical abuse/corporal discipline



- Screen for Supervision
- Screen for Domestic Violence
- Screen for Substance Use
- Screen for Mental Health issues
- Screen for resources (food, lights, water, clean clothes, etc.)
- Have police ever come to your house? If yes- Tell me about that.
- Screen for support systems, get names of relatives that are important/close to the child.

### **Physical Abuse**

- Ask Child about discipline
- Tell me about the rules at school. What does the teacher do when someone breaks the rules at school? >>> Now, tell me about the rules at your home.... Tell me what happens when someone breaks the rules at your house.
- “Tell me who makes the rules in your family.”
- “Tell me what happens when you (your sister, brother) break the rules/make a mistake/do something wrong”
- “Who gets in trouble the most? You, your sister, or your brother?”
- “Tell me who does \_\_\_\_\_ (name the punishment they told you)?”
- Have you (or your sister/brother) ever been in BIG trouble? Tell me about that.

### **If the child has a visible mark...**

- “I see you have a mark on your (face, arm, etc). Tell me what happened there” Tell me more about that.
- Do you have marks anywhere else on your body? Tell me about those.

### **If the child shares at any time about being physically disciplined...**

- “Tell me what they use to \_\_\_\_ (use child’s word for beat, spank, whoop, hit)”
- “Tell me where the belt, spoon, etc. is kept?”
- “Tell me what it looks like.”
- “Has that happened one time or more than one time?” \*(Consult the age guidelines before asking time frame)
- “Have you ever had marks/bruises (or boo-boos) from getting in trouble?”  
Tell me about that.
- “Tell me what it felt like when that happened”
- “Tell me what room you were in.”
- “Tell me everyone who was in the room when this happened” “Tell me who was in the house”
- “Who saw what happened?”
- “Who else knows about what happened?” Tell me about that
- “Do you have any marks on your body now?” –Tell me about them.
- “Does this happen to someone else in your family?” –Tell me about that.
- “Did someone else get \_\_\_\_ (child’s word)?”

**Helpful Hints:**

- Using the statement “tell me (more) about that” is a great way to allow the child to tell his or her account of the incident and to gather more information about what occurred.
- Have the child show you the areas where they were injured. (Having someone else present when you look and photograph is a good idea, use the school nurse or another appropriate person)
- Explain to the child that you need to take pictures. (Take photos even if there is not an injury).

**Supervision**

- “Does mom/dad have a job?” ask about when/where they work, when they get home, etc. What does the child do when mom/dad is at work?
- “Tell me who’s at your home when you get home from school?” How do you get inside the house?
- “Tell me who is home with you when parents aren’t there?”
- If alone or with siblings, Tell me how you feel when you’re alone (or alone with named person)” and “Has this happened one time or more than one time?”
- “Are you allowed to stay home alone?” – Tell me about that
- Tell me about being a big sister/brother. Tell me what you do to help out with your little sister/brother?
- “Is there anyone older or younger than you when your parents aren’t there?”
- “Tell me the rules when you are home alone?”
- “Tell me what you’d do in an emergency when you are home alone?”
  - Examples: Fire or break in; Do they know about 911 and have access to a phone?
  - “Has anything like that (fire, break in) ever happened or have you ever had to call 911?”
  - “Has there ever been an emergency when they were home alone?”
  - “What happened?”
- “Tell me how you can make calls when you’re at home.”
- “Tell me how you reach your parents (or other responsible person) when you are home alone” (See if they know the phone numbers or address from memory.)

**Exploration of Domestic Violence**

-

- You told me what happens when you get in trouble with mom or dad, tell me what happens when mom and dad are mad at each other.
- “When they get (get angry, get mad, fight) at/with each other do they use their words, their hands, or something else?” “Tell me about that.” “What happened next?”
- “Tell me what (mom, dad, etc.) said when this was happening?”
- “Has (mom, dad, etc) ever had injuries/bruises/etc from this happening?”
- “Tell me where you (and/or siblings) were when that happened.”
- “Tell me what you were doing when that was happening.”
- “Tell me how you felt when that was happening.”
- “Tell me about any time that the police have come to your house.”

**Exploration of substance use/abuse:**

- “Tell me about things in your house that adults can touch but kids are not supposed to touch”.
  - “Are there some things in your house that adults can drink but kids are not supposed to drink?”
- “Tell me about someone you know who smokes cigarettes, cigars, or something else.”
- “Tell me what you know about drugs (or alcohol)”
- Who do you know who drinks alcohol? (or uses drugs?)
- “Is there a way you can tell they drank alcohol/used drugs even if you didn’t see them do it?”- Tell me about that.
- “Tell me how often (many times) do they do each week?” (older children!)
- “Does everyone have their own cigarette or do they share one?”
- “How many do they drink?” (older children)
- “Tell me what you were doing when they \_ (drink, do drugs, smoke pot)?”

- “Tell me where you were when they\_\_ (drink, do drugs, smoke pot)?”
- “Tell me who else knows that they do this?”
- “Have you ever been in the car with them when they have been \_\_\_\_ (drinking, doing drugs, or smoking pot)?” “Tell me about their driving (older child)” “Did anything happen?”

### **Exploring mental health and medication**

- “Does someone in your family take medicine?” If yes, Tell me about that
- “Do you take medicine?” If yes, Tell me about that
- “What do you take that medicine for?”
- “Who gives you your medicine?” (If they say that they administer medications to themselves - explore how they get it, where it is kept, how many they take, and who knows that they do this.)
- “When do you take your medication?”
- Does someone in your family talk to a counselor or therapist? If yes, Tell me about that.
- “Do you talk to a doctor?” Tell me all about that.

### **Exploring Shelter/Resources**

- “I have never been to your house. Tell me all about the place that you live.”
- “If I go to your home today, tell me what I’ll see.”
- “Tell me some things about your home that you really like/really do not like.”
- “Do the lights in your house always work or are they cut off sometimes?”
- “Does the water in your house always work?”
- “Do you usually have breakfast, lunch, and dinner every day?” Tell me about that.
- “Do you always have clean clothes/shoes to wear to school?”

**Services/Needs questions**

- You know your family so much better than I do. Tell me something that your family could use some help with.
- Every family has issues/problems sometimes. Tell me about something you wish was a little bit different with your family.

**Addressing the Allegation:**

- “Tell me why I came to talk to you today.”
  - It’s really important that I know why I came to talk to you today.
- Ask them if they can think of a reason someone would be worried about them or the people who live in their home.
- It’s my job to talk to kids about things that may have happened to them. Let’s talk about what happened to you.
- I heard something about (...an ambulance, a policeman, a doctor, etc.) Tell me all about that. \*Use only if a mandated reporter is involved and other methods of bringing up the topic were not successful.
- I heard that someone bothered you/did something that wasn’t ok. Tell me about that.

**Questioning & Clarifying**

- Do not ask WHY questions.
  - Children don’t know why people do the things they do.
  - Why often indicates blame (ie: Why didn’t you tell someone when it happened?)
- Avoid/Limit asking YES/NO questions.
  - Do you remember...? Is that ok? ... Can you tell me...? Are all yes/no questions!
- If giving a multiple choice question, include “or something else” at the end.
  - Do you live in a house, apartment, trailer, or something else?

- Use the child's words. If they call it a whooping, you should call it a whooping too.
- Use simple words and short sentences.
- "Did you see that with your own eyes or did someone tell you about that?"
- Pronouns and Prepositions vs. specific nouns and proper names
  - What did your dad do next? What did your brother say?
  - NOT: What did he do next? What did he say?
- It is often easier for children to talk about something that happens to their sibling. Once they see that you are not upset about that, it might be easier for them to talk about themselves.
- Repeat what the child said "You just said...."
- Sensory details
- Children are concrete
- Be aware of body language
- Silence is OK!!
- **Avoid:** leading/suggesting answers, Fantasy, Slang, Promises/Bribes/Rewards

### **Ending interview**

- "Have you told someone else about what happened?" (if yes or no)-Tell me about that
- "Is there someone who does not want you to talk about this?" If yes- Tell me about that
- "Did anyone tell you something would happen if you told about what happened?"
- "Have you told anyone else about what happened?" "Who?"
- "If something like this happened again who could you tell?" Ask for a list of at least 3.

- “Is there something else that we haven’t talked about today that you want to tell me about/ think I should know to be able to help?”
- “I’ve asked you lots of questions, do you have any questions for me about the things we talked about?”
- Tell the child if you plan on seeing them again or general next steps.
- Close with some discussion of something positive/neutral
- It’s almost lunch time. Tell me about your favorite food.
- Tell me about what you plan to do this weekend.

### **Considerations for reluctant children**

These statements are only if other attempts are not working and are primarily if the child was able to speak freely about neutral topics but shuts down when specific topics are brought up. Be sure to provide honest reassurance and let them know that you don’t “force” anyone to talk about something that they are not ready to talk about.

- “Is it ok or not ok for us to talk about \_\_\_\_\_ (name topic that child shut down on- spanking, touches, being home alone, etc.)”
  - If answer is not okay- Or -Tell me what makes it not ok.
- “I see tears in your eyes, tell me about the tears.”
- “Tell me what would make it easier to talk about.”
- “Sometimes it’s easier for kids to write down the answers instead of saying them, is it easier for you to write the answers or talk about them.”
- If a child is answering, I don’t remember- “Tell me about the things you *do* remember.”



## Helpful Hints

Remember to clarify who, what, where, when, and how all allegations occurred.

- Ask questions like “How do you know that?” or “Is that something you saw with your own eyes/ heard with your own ears or did someone tell you that?”
- Be careful when asking “why” questions, they are often difficult for children to answer.
- Remember to use the child’s language in describing events or objects you have

discussed. i.e. If they say “I got a whipping” use whipping. If they say “I got a spanking” use spanking.

- Remember sensory details improve the credibility of the interview and child BUT it is normal for people to not recall exact outfits, colors, or to hyper-focus on certain details.
- Try not to lead. Instead say things like...
  - “And then what happened.”
  - “Tell me more about that.”
  - “What happened next?”
- Using focused questions can be helpful once a child mentions a topic.
  - “You said the police came to your house. Tell me all about the night the police came to your house.”
  - “You said something happened at Uncle Joe’s house. Tell me what happened at Uncle Joe’s house.”

### Guidelines for Age-Appropriate Interview Questions

	C-O-N-C-R-E-T-E ● →					A-B-S-T-R-A-C-T		
Age	Who	What	Where	1x / >1x	How	Sequencing	When	# Times
3								
4								
5-6								
7-9								
10-12								
13+								

Dark shading indicates that a developmentally “typical” child may be able to answer these types of questions. Light shading indicates that some children at that age may have the capacity to answer these question types.

Remember: age and ability are enhancers; trauma affects how events are stored and recalled.

*Allison M. Foster, Ph.D., Assessment & Resource Center, Columbia, SC, 2015*

## CHILD DEVELOPMENT AND INTERVIEWING

### Infants

- Can't speak
- Need to be observed
- Caregivers need to be interviewed about temperament, activity level, and abilities

### Toddlers and Preschoolers

- Do not have a mastery of time
- Confuse sequencing of actions
- Mix magical thinking and fact
- Cannot perceive an event beyond their experience of it
- Generally categorize experiences as causing them happiness or sadness with practically no recognition of emotions in between
- Often reveal anxieties, perceptions, and concerns through games and play
- Generally cannot provide organized, consistent descriptions

### Middle Childhood

- Thinking is generally logical
- Understand time and sequence
- Can provide full descriptions of experiences
- Can compare experiences and perceptions
- Still are more responsive to specific and simple questions
- Are more wary of unfamiliar adults, thus reluctant to be interviewed
- Are suspicious of adults who act like kids to engage them
- Are easily overwhelmed by many open-ended questions

**Adolescents & Teens**

- Are often preoccupied with themselves
- Are easily embarrassed
- Want to feel respected
- Are suspicious of unfamiliar adults and authority figures
- Need to feel a sense of control over the interview

**TECHNIQUES FOR INTERVIEWING NON-OFFENDING CARETAKERS**

- Explain the nature of the complaint and the CPS process.
- Allow additional time for this investigative interview. Parents who hear of abuse from someone other than their child have not had time to come to terms with the information and need time and space in the interview to experience grief reactions (shock, disbelief, anger, etc.).
- Seek an explanation for the injury/neglect. This will also give you insight into the family dynamics (who is in charge, who is emotionally close to whom, etc.).
- Don't dwell on assessing whether non-offending caretakers knew about the abuse/neglect. While it needs to be explored for safety, risk assessment, and planning, dwelling on this may lead to defensiveness on the part of the caretaker. The goal is to move these caretakers from emotion to action because they are the key to ongoing protection for the child.
- Non-offending caretakers will have a natural desire to question their children. They may not trust the worker's account of what the child said, or may be skeptical about the allegations. The worker should advise the parent that discussing the case in great detail can cause children to feel guilty or otherwise distressed and can also "contaminate" the investigation.
- Suggest the non-offending caretaker be careful not to treat the child "differently." Explain children need to maintain their routine in order to learn to cope with the disclosure of the abuse and to reduce the chances of recanting/retracting.
- Include the non-offending caretaker in plans to provide on-going protection for the child. Empower this caretaker to take responsibility for ensuring the plans succeed.

- Offer concrete assistance. Offer transportation and use of the agency phone to call friends or relatives who might offer assistance. Make appointments rather than merely hoping the family gets to a referral source. Allow this caretaker to lean on you until he or she gains enough emotional strength to engage coping mechanisms.
- Crisis theory would not propose a person make major life decisions while in active crisis. Prioritize the issues to be addressed during this first interview, during the next interview, and so forth. For instance, you might ask, “What will you do when Mary gets home from school today?” rather than, “Is it possible for you and Mary to stay with relatives for 45 days?”
- Be wary of making long-term plans for the child and family based on initial interviews with non-offending caretakers. They often change their position toward the CPS intervention, whether they initially present themselves as cooperative or whether they initially present themselves as resistant.
- Workers must frequently assess the non-offending caretaker’s willingness AND ability to protect the child(ren). Watch for superficial cooperation by the family in order to get you out of their lives as soon as possible. Remember, actions speak louder than words. If there is any indication that the cooperation is superficial, strong checkpoints need to be put in place.
- Prepare non-offending caretakers for the range of emotions they may experience with regard to the disclosure: denial, belief, anger, etc.
- Ask non-offending caretakers for names of persons who might have knowledge of this incident or persons who can corroborate the child’s AND alleged abuser’s version of what happened (the abuse or neglect is still alleged at this point).
- Use strength-based, motivational and/or solution-focused interviewing skills to highlight the positive aspects of the family and decrease the non-offending caretaker’s anxiety level. This will give messages of encouragement and hope.

## INTERVIEWING ADULTS, THE BASICS

**Start with a purpose:** “Someone was concerned about your daughter. We would like to talk with you about that.”

### **For the Alleged Abuser/Neglector-**

- Present pamphlet: You have a right to know in writing what someone was concerned about. This does not mean that’s what I’ve found. My name and number is here if you need to contact me. Your rights and the CPS process are outlined in the pamphlet. Please take a moment to review.
- Offer Recording
- Advise Regarding Use of Statements as Evidence (if pending criminal charges associated with the abuse/neglect)

### **Advise if you have already talked with their child.**

- Offering a compliment or positive statement about the child can help if they are upset, can also build rapport and lower defenses

### **Gather basic demographic information:**

- Name, DOB, SSN, address, phone number
- Marital/Relationship status
- Number and ages of children (ALL children, even adults and deceased/adopted children)
- Names of both of the child’s biological/legal parents/guardians
- Custody status. Court-ordered or arranged by parents?
- Household members
- Employment
- How long have you lived here? What brought you to this area? Other recent addresses?

- Support system: local relatives, close friends, church or community groups
- Are you receiving any benefits from any agency? (WIC, SNAP, Medicaid, etc.)
- Are there any services that you think your family needs that we might be able to assist with?

**Gather detailed information about the child. Get a baseline for “normal”**

- School issues Medical (Pediatrician? Medicines)
  - Obtain release
- Mental health/emotional (Therapist? Medications? Compliance with meds?)
  - Obtain release
- Behavior
- Education (IEP?)
- Developmental (for babies, are they rolling over, sitting up, pulling up, cruising, walking, crawling etc.)
- Extra-curricular activities
- Diet (what do they eat, how often. Primarily for non-verbal children)
- Elimination/Potty-training (primarily for babies & toddlers)
- Ability to communicate (verbally or other)
- Temperament
- Tell me about your (or other adult's or alleged abuser's) relationship with the child
- Is your child generally truthful? What sorts of things do they lie about? Most recent example?
- Has your child experienced any trauma in their lives?

**Gather information about discipline (details depend on the allegations)**

- How does your child respond to discipline?



- What type of discipline is most effective with your child?
- Have you ever considered trying different methods? Did they work?
- What is the most common thing that your child does wrong that causes you to discipline?
- What is the most severe punishment you have ever used with your child?
- Is there any time that you felt that you were too strict in your punishment? Explain.
- As a parent, what do you take into consideration before you decide on the proper punishment for your child?

**Gather information regarding supervision:**

- What is the child care plan when you are at work?
- Back-up plans? Who else cares for the child?
- If the child is home alone, what are the rules when they are home alone?
- Does the child have a phone? Neighbor they can contact in event of emergency?

**Gather detailed information about the incident or situation**

- Who was there
- Where, specifically
- What happened
- When, what day, what time
- How it happened
- Positioning
- What statements were made
- How did you first know something happened
- How can the information provided be corroborated (texts, witnesses, pictures, etc.)

- Get every detail, from beginning to end

**For physical abuse cases:**

- Gather detailed information about when the child was first “not normal” or when symptoms were first discovered.
- Develop a detailed timeline of events and caretakers for the 48 hours prior to first symptoms
- Conduct re-enactments in the space where the event occurred (re-enactments should only include adults, NOT children. Dolls can be used to represent babies.

**For all types of cases**

- Ask for corroborating evidence
  - Cell phone
  - Pictures
  - Environmental factors (ex: hole in wall, stained items, tool used to discipline, water temperatures, measured height of an alleged fall, etc.)
  - Collaterals, Releases
  - Agreements to complete drug tests, etc.
- Advise that you will gather other corroborating evidence and ask what they think we will see:
  - Video recordings
  - 911 call
  - Records, etc.
- Use open-ended questions and then funnel the questions to obtain specific details
  - 1st: Tell me everything you remember about that morning....
  - Then: Who else was in the living room when Elizabeth started yelling?

- Avoid yes/no questions when possible:
  - Try: “Tell me about your previous involvement with CPS”
  - Instead of: “Do you have history with CPS?”
  - Then add additional questions for clarification? “How about in any other state?”
- Ask the harder questions/confrontations towards the end, once you have gathered as much detailed information as possible.
- Address everything!!! Even if you do not expect them to tell you the truth, it is important to ask.
- Do not just gather information, address the information that they tell you before leaving the interview.

**Other questions to ask...**

- Can you think of any reason that.... (Someone would say that she saw you smoking meth on your porch at 6pm on Saturday?)
- Explore their support systems- friends, family, and community to consider for future FPM or safety planning needs

**Other communication skills:**

- Active Listening: Nodding head, changes in posture, repeating clients' statements
- Remain Respectful at all times. Keep your “poker face” on (neutral expression).
- Eye contact
- Body language (open, understanding)
- Silence is golden
- posture/positioning
- Volume/tone

## TECHNIQUES FOR INTERVIEWING ALLEGED ABUSERS

- Be clear about your agency's role in the assessment/investigation. In an investigation, the goal is to determine whether the child is a victim of abuse or neglect and, if so, who is responsible.
- Be objective. The abuse or neglect is still "alleged" at this point, and the worker should be open to explanations other than abuse or neglect that could explain a child's behavior or injuries.
- No matter what, treat the caretaker with respect. Addressing a person as "sir" or "ma'am" can demonstrate respect.
- If there are diverse cultural groups in your locality, make an effort to become educated about the communication patterns, ideas about class and social position, and child rearing practices of that culture.
- Giving involved caretakers lots of information about the process may decrease the fear or anxiety they are probably experiencing as a result of your involvement (moving them from emotion to thinking).
- Initially, try to ignore yelling or obscene language. People learn that if they yell or intimidate, others will usually go away. Stand your ground and repeat that it is your job to find out what, if anything, has happened to the child, and that you must do your job.
- If the involved caretaker verbally threatens the interviewer or the children, stop the interview and clearly state the interview cannot continue until the involved caretaker calms down or stops the behavior.

- Observe and record non-verbal and verbal responses (e.g., caretaker perspiring profusely, no eye contact), especially when they do not fit within the context of the interview or the involved caretaker's culture.
- The interviewer leads and dictates the pace of the interview, and is ready to redirect the interview if the involved caretaker gets "sidetracked."
- Allow the involved caretaker sufficient time to answer questions. Do not provide possible explanations for the alleged abuse or neglect.
- Invite the involved caretaker to help "sort this out," or "get to the bottom of things."
- Do not readily accept an "I don't know how this happened." If caretakers will not take responsibility for the injury/neglect, what explanation can they provide?
- Note all discrepancies in information given by the involved caretaker.
- If the involved caretaker offers illogical, unconvincing, or contradictory explanations, resist the temptation to challenge each one. Select one or two contradictory statements and say, "I'm not sure I am clear about whether you have or have not ever been left alone with the child." Then write down the response and repeat it back to the involved caretaker.
- If the involved caretaker is evasive, vague, rambling, disoriented, or very talkative, use the "broken record" approach: repeat the key question and leave all other issues until this question is answered.
- Do not be satisfied with cursory explanations. Probe for details. What happened? Where did this happen (go to site)? What were you feeling? What were you doing right before this happened? Right after? Did you call

anyone? If so, who? Explore contradictory statements within and between interviews (compare this version of incident with others caretakers talked to, such as family members, physicians, or teachers).

- Inquire about who can verify the involved caretaker's version of what happened (this provides investigator with collateral sources).
- Clarify what the involved caretaker will do to provide protection during the investigation. Involve him/her in the safety plan.
- The interview should be thorough enough to make an adequate risk assessment. Assess whether the involved caretaker can control his/her behavior, whether there are emergency family needs, or whether there is imminent danger to the child.
- Close the interview with a summary of the main points obtained during the interview and explain what will happen next.

## HANDLING CHALLENGES & SPECIAL CIRCUMSTANCES

### Standard CPS challenges and suggested responses:

#### Why are you here?

Someone has reported that.....Reports are accepted as required by Federal and State law. My job is try to understand what happened, make sure the children are safe, and to see if there are things that can help your family moving forward. Sometimes the information reported isn't fully accurate. No one knows your family better than you so your input is vital.

#### Who called?

The Code of Virginia doesn't allow us to release the identity of the caller. Once the case is complete, if the report is Unfounded, and you feel it was made maliciously, you have the right to petition the Circuit Court to release the complainant name. I can provide you with more information on that at the conclusion of the case if you'd like.

#### What gives you the right to talk to my kids?

The Code of Virginia gives CPS workers the authority to interview children without parent's prior consent. When we do this we try to let parents know as soon as possible afterwards. When referrals come in, we don't know what's true or not so this helps ensure kids can talk freely. (Add an honest compliment if possible) Your child was so polite during the interview, I can tell that must be a value that's important to you.

#### What if I don't cooperate?

My job is to work together with you to make sure your child is safe. If safety issues are present and you choose not to cooperate, my agency may find it necessary to seek court involvement. We have a legal obligation to complete the process and without your input I only have one side of information to go by.

**Are you going to take my kids?**

We are not here to remove your children; the purpose of this interview is to understand what happened and determine if the children are safe. If there are safety concerns, I want to work together to come up with a plan to ensure your children are safe and can remain with your family. Foster Care is only used as a last resort option when we can't agree on any other plan to ensure the kids are safe. However, we are not at that level at this time.

**Do you have kids? You can't know what it's like unless you have kids.**

I talk to parents every day in my job and I can assure you that I understand parenting is not easy even in the best circumstances. No one likes to feel their parenting is being questioned. My personal life is not the focus right now. Help me understand what is happening and what it's like for you.

**Special Circumstances – Out of Home Safety Plans & Removals**

- Gather any info that may help to locate bio parents and relatives
- Ask about any and all support people who should attend an FPM
- Ask about any Native American Affiliation – get details!
- Where was the child born? What city, state, hospital?
- Obtain birth certificate, SSN card, etc. if possible
- Gather medication, nebulizer, or other medical items
- Obtain: clothing, diapers, special blanket/teddy bear, school items
- Ask about any religious / cultural considerations?

IN ADDITION TO the information above, ask about the child's:

- Medical conditions/ Current Pediatrician
- Food or medicine allergies



- Comfort items
- Routines
- Diet – specific
- Last time the child ate, diaper-changed, slept, etc.
- Bed wetting
- Sleep routine
- Special fears
- Activities that are important to the child
- Anything else that we need to know to ensure that your child is well cared for?

## INTERVIEW VS. INTERROGATION

The purpose of an interview is to gather as much information as possible.

The purpose of interrogation/confrontation is to elicit a confession/admission.

### **Characteristics of Interview:**

- Create an environment that will encourage communication
- Develop rapport
- Questions without accusations
- Non-judgmental attitude
- Guilt is often uncertain at this point
- The alleged abuser/collateral should do 80% of the talking
- Take notes on non-verbal cues
- Open ended questions (tell me all about...)

### **Interviewer's attitude should be:**

- Neutral
- Non judgmental
- Cordial and polite
- Even tempered
- Interested
- Understanding

### **Characteristics of Interrogation/Confrontation:**

- Confrontational
- Guilt is reasonably certain at this point
- Interrogator does 80% of the talking

- The question is no longer “if” they did it, but “why”
- Goal is to make him WANT to tell the truth, make him believe it’s in his best interest
- Explain that “We know that nobody is perfect. We all make mistakes. It’s ok to make mistakes. You will feel better if you get this off your conscience. We will work with you.”

**Interrogator’s attitude should be:**

- Confident
- Understanding/Compassionate
- Patient
- Persistent
- Seeking an explanation for their behavior (offering an explanation)
- Wanting to help – offer a solution/resolution
- Address/resolve fears

## THE RISK FACTORS

\*Please do not preface with “ Now I need to ask you some standard questions that we ask everyone.” This indicates that the risk factors are shameful or different from the other interview questions.

If possible, incorporate these questions naturally into the interview. For example, when they talk about how stressful it is to raise 4 children as a single parent, you can bring up mental health or coping mechanisms such as alcohol.

Remember to follow every yes/no question with “tell me about that or tell me more about that” to elicit full details.

### Substance Use

Do not ask “Do you have substance abuse issues?”

- Tell me what you do to unwind after a stressful day.
- In the past year, how often have you used the following: alcohol, prescription drugs, illegal drugs (daily, weekly, etc.)
- Have you ever thought that you need to cut down on your drinking/drug use?
- Have you ever felt bad/guilty about your drinking/drug use?
- Have others talked to you about your drinking/drug use?
- Has your drinking/drug use caused problems in your work, personal life, or relationships?

### Mental Health

Do not ask “Do you have any mental health diagnosis?”

- Have you ever dealt with Depression, Anxiety, ADHD, or similar issues?
- Have you ever been in counseling or therapy? (ask for provider/practice)

- Have you ever taken medication for these issues? (ask for meds and dosages and prescribing physician's name. View bottle. Count pills if appropriate.)
- Was therapy/medicine helpful for you?

### **Criminal History**

Do not ask "Do you have criminal history?"

- Tell me about any time you were ever been arrested or charged with a crime?
- Tell me about any involvement you've had with police or the courts in any state?
- Were you ever arrested or charged as a minor or young adult?
- Tell me about any time that police responded to your home or questioned you?
- Find out when, where, what the charges were

### **Domestic Violence/ Intimate Partner Violence**

Do not ask "Have you ever been involved with domestic violence?"

- Have you ever been in a relationship that was physically violent?
- Have you ever been in a relationship where there was pushing, shoving, or throwing things?
- Have you ever been in a relationship that made you feel scared or unsafe?
- Have you ever been threatened or controlled by your significant other?
- Has your partner ever taken away your car keys? Wallet? Cell phone?
- Have you ever had to call the police or leave the house due to your partner being upset?

## **CPS History**

Do not ask “Do you have CPS history?”

- Tell me about previous involvement with Child Protective Services in any state?
- Was your family involved with CPS when you were a child?
- Did you feel mistreated by any person when you were a child?

**\*\* Especially if you already know the answer to your questions, use “Tell me about...” instead of “Do you have...” so that you don’t have to awkwardly confront them about lying to you.\*\***

## SAFETY PLAN INSTRUCTIONS

Safety Plans are completed after the SDM Safety Assessment has been completed in Compass.

Safety Plans should be completed on the same date as the SDM Safety Assessment.

If more than 7 days has passed since the SDM Safety Assessment was completed, a new, current assessment must be done in order to create a Safety Plan (remember, Safety Plans are about creating IMMEDIATE safety for children not 2-weeks-later safety.)

Indicate the initial concern (type of maltreatment alleged by the complainant) as well as any additional allegations or concerns.

Tap on “Safety Factors” and “Safety Response” to see what you selected on the SDM Safety Assessment.

On the “Protecting Interventions” tab, provide details about the safety responses – Be sure to address:

- WHO is involved and responsible for the intervention
- WHAT exactly are they going to do (or not do)?
- WHERE is this happening?
- HOW LONG do we expect the intervention to continue?
- Be specific!

Gather signatures from all people involved in the Safety Plan.