

CWS2031W

SEXUAL ABUSE INVESTIGATIONS

LEARNER HANDOUTS
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VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

LTD Local Training
and Development

The term “Forensic” implies the possibility that the investigation will be a part of or lead to a legal proceeding, and that the information gathered adheres to the high standards of a court of law.

FORENSIC INVESTIGATION

- There is a possibility that the investigation will lead to a legal proceeding.
- Involves processes that adhere to legal standards with regard to interviewing, evidence gathering, and the rights of individuals involved.

FORENSIC INTERVIEW

- Used to obtain a statement from a child in a developmentally-sensitive, unbiased, and truth-seeking manner.
- Will support accurate and fair decision-making in the criminal justice and child welfare systems.

FORENSIC MEDICAL EXAM

- Conducted by a specially-trained medical professional
- Gather evidence from the child's body
- Ensure the child receives medically-necessary treatment

FORENSIC EVALUATION

- Conducted by a specially-trained mental health professional.
- Slows down the process of gathering information from very young children, highly traumatized children, and other situations when the child has not responded to the regular forensic interview and other evidence of sexual abuse exists.

SEXUAL ABUSE INVESTIGATION

CPS seeks to:

- Determine whether abuse has occurred
- Determine who is responsible
- Determine action necessary to ensure the child's safety
- Determine to what extent the child is at risk of future harm
- Engage the family; determine service needs

Law Enforcement Seeks

To:

- Determine if a crime has occurred
- Determine who is responsible
- Determine if sufficient evidence exists to proceed criminally
- Determine action necessary to ensure the child's safety

Adapted from:

"Forensic Interviewing Protocol," FIA-PUB 779 (8-98) (p. 26), a Governor's Task Force on Children's Justice publication, State of Michigan. Used with permission.

MEETING WITH LAW ENFORCEMENT: FACTORS TO CONSIDER

WHO:

- Number of Interviewers
- Primary Interviewer (for each interview)
- Support Persons
- Parental Notification
- Children with Special Needs
- Interviewing Siblings and Other Suspected Victims

WHAT:

- Possibility of Need for Medical Examination
- Understanding of Cultural Background

WHEN:

- To Seek a Consent to Search or a Search Warrant
- Timing of Interviews (incident within past 72 hours vs. 3 months prior; CPS Response Time; consideration of child's developmental stage)

WHERE:

- Child Advocacy Center
- Neutral Setting

HOW:

- Order of Interviews
- Crime Scene: Collection of Evidence
- Videotaping, Audiotaping, Note-Taking
- Use of Tools: Anatomical Dolls, Anatomical Drawings, and Free Drawings

A FEW SUGGESTIONS FOR QUESTIONING CHILDREN

Too often questions are phrased in language too advanced for children to comprehend. The form of the question must be well matched to the child's stage of development. Below are guidelines developed from the research on child development:

DO	AVOID
Use short questions and sentences	Long, compound utterances
Use one-to-two syllable words (point to)	Three-to-four syllable words (identify)
Use simple grammatical constructions	Embedded clauses, double negatives, subjunctives, conditionals, hypotheticals
Use simple tenses (-ed, was, did, has) ("What happened?")	Multi-word verbs (might have been) (Might it have been the case that...?)
Use concrete, visual terms (gun)	Hierarchical, categorical terms (weapon, anything)
Use the nonlegal meaning of the term (use "hearing" to mean auditory, not a meeting)	The uncommon usage found in legalese, when words have two meanings
Use simple nonlegal terms (use people and child, not parties and minor)	
Use proper names; repeat antecedents ("Did you talk to Mary?")	Pronouns, such as him, her, they, he, she ("Did you talk to her?") Unclear references (those things, this, it, that)
Use active voice ("Did Joe talk to Sue?")	Passive voice ("Was Sue spoken to by Joe?")
Use stable terms (in the front of the room, in the back of the room)	Words whose meaning varies with time or place (here, there, yesterday, tomorrow) Relational terms, such as more or less ("Did it happen more or less than two times?")
Use several short questions to replace one overloaded question	Questions that list several previously established facts before asking the question at hand ("When you were in the house, on Sunday the third, and Sam entered the bedroom, did Mary say...?")

Adapted from *Child Abuse and Neglect*, Vol 22, 1998, K. Saywitz & L. Camparo, "Interviewing Child Witnesses: A Developmental Perspective," pp. 825-843, copyright © 1998, with permission from Elsevier.

Developmental Language Characteristics by Age Group: Preschoolers:

- ◆ Use and interpret language very literally. A typical example: Asked if she could “read” an eye chart, the child responded, “No! It doesn’t make words.”
- ◆ Do not handle abstractions well. Preschoolers are particularly ill-equipped to discuss with you the difference between truth and lies. They do better with concrete examples that ask them to demonstrate rather than articulate their awareness of these two very abstract concepts.
- ◆ Aren’t good at collecting things into adult-like categories. That can make it hard for them to respond to questions that ask them if “anything like this” happened before.
- ◆ Use words for time, distance, kinship, size and so on, long before they understand their meaning.
- ◆ Define words only in the simplest, action-oriented ways. A “mother” may be, “She takes care of me.”
- ◆ Have difficulty with pronoun references. Keeping track of your “he’s,” “we’s,” “they’s,” “that’s,” and whatever it is that these pronouns refer to is not something they are good at.
- ◆ Have difficulty with negatives. Even simple negatives like “Didn’t you see the car?” may confuse them. “Did you not see the car?” is sure to confuse them.
- ◆ Tend to supply a response to questions even if they have no knowledge. The answer children supply is often (but not always) “Yes” for a number of reasons. One, in this society, it is a valued answer which indicates cooperation. Two, it is often perceived to be the one that the adult wants. And three, presented with a short restricted choice question (“Was it red or blue?”), children may respond to the form of the question, and simply reply “Yes,” rather than explicitly picking one option or rejecting both.
- ◆ Do best with simple sentences of Subject, Verb, Object. No frills.
- ◆ Tend to focus on only one aspect of a situation or question at a time. Asking complicated questions that contain numbers or ideas is fruitless.

- ◆ Don't organize events in their minds in an adult way. They often leave out settings, descriptions, chronology, motivations, and emotions in the telling of some past event.
- ◆ Are still in the process of acquiring language. Don't be fooled by a child who sounds mature. But don't dismiss as incompetent one who doesn't seem to follow your questions. Chances are, it's the language of the question that's the problem.
- ◆ Usually don't know that they don't understand something. So asking them, "Do you understand?" is probably a waste of breath.
- ◆ Believe in general that adults speak the truth, are sincere, and would not trick them.

School Age, roughly 7-10:


- ◆ Still may have difficulty in handling abstract concepts.
- ◆ Still have problems processing complex questions and complex verb phrases that express, for instance, the future as seen from a perspective in the past (e.g., "Were you to have been taken to school that day?").
- ◆ Still make errors with passives, the difference between "ask" and "tell," and with pronoun reference.
- ◆ Are still easily confused by complex negation. Multiple negatives such as "You don't deny you did it, do you?" will probably go right over their heads.
- ◆ Are still not mature at organizing in an adult-satisfactory way the details of narratives.
- ◆ Are still unequipped to deal with adult insincerity such as sarcasm, irony, and so on.
- ◆ May still believe that adults in general speak the truth.

Adolescents, roughly 11-18:

- ♦ May or may not have acquired adult narrative skills.
- ♦ Don't understand time as both a historical concept (one that goes on and on without them) and a day-to-day concept that affects their lives. For most adolescents, what concerns them is the here-and-now.
- ♦ Still have difficulty with complex negation. Questions that are packed with negatives, such as "It's not untrue that you forgot, is it?" are hard to decipher. This problem continues on into adulthood for most of us.
- ♦ Are often confused by linguistic ambiguity such as is found in newspaper headlines, some ads, metaphors, idioms, proverbs, and jokes.
- ♦ Are likely to lose track of long, complex questions.
- ♦ Are reluctant to ask for clarification of a question or acknowledge that they don't understand.
- ♦ A lot of teens, particularly the under-educated, under-parented, unattached (and developmentally delayed) children remain stuck in the School Age stage above.

A note about adolescents in court: Their linguistic and cognitive development is virtually complete, but that fact often does not work in their favor. Adults have a higher expectation of adolescents' ability to understand the convoluted language typical of court proceedings, and improbable responses to questions such as "How many times did it happen?" A: "400," are more likely to be heard as lies than as metaphors. Adolescents are, in fact, in some ways at greater risk than young children of misjudgment. We would do well to keep that in mind.

ASKING AGE-APPROPRIATE INTERVIEW QUESTIONS

CONCRETE 							ABSTRACT	
AGE	WHO	WHAT	1X/>1X	WHERE	SEQUENCING	CIRCUMSTANCES	EPISODIC DETAILS	WHEN
3								
4								
5-6								
7-8								
10+								

- Developmentally “typical” child may be able to answer these questions.
 - Some children at this age may have the capacity to answer these questions.
- Trauma may be an additional impact to ability to answer.

GOALS OF THE CHILD INTERVIEW

KEY CPS INFORMATION TO BE OBTAINED:

- ♦ What happened and when
- ♦ Child's physical and emotional condition, including trauma
- ♦ Type, severity, and chronicity of maltreatment
- ♦ Other effects of maltreatment
- ♦ Child's characteristics
- ♦ Inappropriate behavior exhibited by child
- ♦ Parent-child relationship
- ♦ Immediate family dynamics
- ♦ Extended family information

KEY LAW ENFORCEMENT INFORMATION TO BE OBTAINED:

- ♦ How and when sexual activity began
- ♦ Approach offender used
- ♦ Frequency of contact
- ♦ Victim(s) disclosure to others
- ♦ Duration of sexual activities
- ♦ Details of the specific incident(s)

Child Forensic Interview: Best Practice

Rapport-Building Phase

- Interview Instructions (aka Guidelines, Ground Rules)
- Telling the Truth
- Practice Narrative

Substantive Phase

- Introduce the Topic of Concern
- Questioning and Clarification
- Alternative Hypotheses

Closure Phase

- Child Safety
- Next Steps

Overview of a Phased Interview

1. Prepare for the Interview and the Interview Environment

- a. Gather background information.
- b. Generate alternative hypotheses and hypothesis-testing questions.
- c. Remove distracting materials from the room

2. Introduce Yourself and Start Building Rapport

Transition: “Hello, my name is _____. My job is to listen to children, and today I am here to listen to you.”

- a. Introduce yourself to the child by name and, if desired, by occupation.
- b. Explain the recording equipment, if used, and permit the child to glance around the room.
- c. Begin a brief conversation about neutral events. Favor prompts that require narrative responses over prompts that elicit single-word responses or lists of words.
- d. Answer spontaneous questions from the child.

3. Establish the Ground Rules

Transition: “Before we talk more, I have some simple rules for talking today.”

- a. Tell the child not to guess at answers.
- b. Encourage the child to ask for clarification if the child does not understand something the interviewer said.
- c. Explain the child’s responsibility to correct the interviewer when the interviewer is incorrect.
- d. Get a verbal agreement from the child to tell the truth.
- e. Allow the child to demonstrate understanding of the rules with practice questions (e.g., “What is my dog’s name?”).

4. Conduct a Practice Narrative (to train the child to provide chronological details about a neutral event)

Transition: “I’d like to get to know you a little better now. I heard you (an event; e.g., went to ____). Tell me everything that happened that day, from [e.g., the time you got up, the time you got to the ____].

- a. Ask the child to recall a significant event or (if the child is hesitant) a scripted event (e.g., What the child does to get ready for school each morning or how the child plays a favorite game).
 - b. Tell the child to report everything about the event from beginning to end, even things that might not seem very important.
 - c. Encourage a spontaneous narrative with open-ended prompts, such as “What else happened after ____ [a part of the event mentioned by the child]?” “And then what happened?”
 - d. Be patient and allow time between a child’s response and the next question/prompt.
 - e. Reinforce the child for talking by displaying interest both nonverbally and verbally (e.g., “Really?” or “Ohhh.”)
- Immediately after the practice narrative is a good time to discuss useful background information (if helpful): “Thank you for telling me about _____. I’d like to know more about [e.g., who lives with you, your friends].”
- a. Use open-ended questions to elicit information about people and/or places you might discuss later in the interview.
 - b. If the child mentions a matter under investigation, proceed to phase 6.

5. Introduce the Topic

Transition: “Now that I know you better, I want to talk about the reason [you are/I am] here today. “Do you know the reason I came to talk with you?”

- a. Raise the topic, starting with the least suggestive prompt.
- b. Avoid words such as “hurt,” “bad,” “good-touch/bad touch,” or “abuse.”

6. Elicit a Free Narrative

Transition: “Tell me everything about [refer back to child’s statement].”

- a. Prompt the child for a free narrative with open-ended broad prompts, such as “Tell me everything you can about [refer back to child’s statement].”
- b. Encourage the child to continue by using facilitators (e.g., pauses and utterances like “Uh huh”) and open-ended breadth questions (e.g., “Then what happened?”). When the child stops adding new information, continue with open-ended depth prompts “Tell me more about the part where [refer back to child’s statement]” paired with open-ended breadth questions (e.g., “What happened next?” “What else happened?”).

7. Question, Clarify, and Test Hypotheses

Transition: “I want to make sure I understand everything that happened.”

- a. Cover topics in an order that builds on the child’s prior answers. Avoid shifting topics abruptly or without warning.
- b. Select less suggestion question forms over more suggestive questions as much as possible. (See Quick Guide #4: Hierarchy of Interview Questions.)
- c. Do not assume that the child’s use of terms (e.g., “uncle” or “pee pee”) is the same as an adult’s.
- d. Clarify important terms and descriptions of events when these appear inconsistent, improbable, or ambiguous.
- e. Ask questions that will test alternative explanations for the allegations.
- f. At any time, you may break to review notes, check the interview plan, or consult with observers (if helpful).
 - a. Tell the child that you need a moment to check your notes.
 - b. If you are recording, keep the recording equipment running.

8. Close the Interview

Transition: “Is there something else you’d like to tell me about [event child described]? Do you have any questions for me?”

- a. Ask if the child has any questions.
- b. Revert to neutral topics.

From Forensic Interviewing Protocol, 4th Edition (2016)

Adapted from Poole and Lamb (1998).

Broad, breadth, and depth prompts reflect terminology from Powell and Snow (2007).

INTERVIEWING ADOLESCENTS

Rapport Phase:

- Be aware that adolescents may feel insulted and react negatively if treated like children.
- Though physically mature, most adolescents are not cognitively or emotionally prepared to grasp all complexities of sexual abuse.
- While building rapport, it is crucial to assess the adolescent's level of intellectual and emotional development and use of language.
- Be aware that chronically abused youth may be functioning at a developmental capacity that is much lower than their chronological age.
- Be professional and be yourself. Adolescents will be resistant to talk to you if they believe you are being manipulative or inauthentic.

Substantive Phases:

- The method of beginning the abuse inquiry can be more direct with adolescents than younger children.
- Ask adolescents questions such as, "Tell me what I came here to talk about." or "Someone was concerned about you. Tell me what you know." to introduce the topic.
- Adolescents are capable of answering open-ended questions and providing extensive details regarding their abuse and the surrounding circumstances.
- Gather as much detail as possible and assess the existence of corroborating evidence (e.g.- text messages, photos, diaries, semen-stained clothing or bedding, lubricants, contraceptives, etc).
- Acknowledge that your questions may be embarrassing. Reassure the adolescent that you talk to many teens about sexual abuse and will not be shocked or embarrassed by anything they tell you. Monitor your nonverbal reactions; provide a calm, non-judgmental demeanor.

- Explore the adolescent's concerns about physical injuries, pregnancy, and sexually transmitted infections (STIs) in a sensitive way. Evaluate the potential need for a medical examination and explain the process to the adolescent.
- Be aware that adolescents have varying degrees of sexual knowledge and may have some misinformation.
- Inquire about who else the adolescent has talked to about the abuse. Ascertain when and why the adolescent first disclosed.
- Inquire about current family relations. (Family conflict is very common in sexually abusive families and it is typical for the victim to be exhibiting some behavioral problems. Expect that the offender will bring up these issues in an effort to bring the victim's credibility into question.)

Closure Phase:

- Keep in mind that adolescents may be very concerned about threats made by the offender. Consider that in order to maintain secrecy, the offender may have threatened the safety of the victim, siblings, non-offending caretaker, or beloved pets and personal items.
- Explore the adolescent's fears and explain the roles of CPS and law enforcement in planning for safety.
- Explain the boundaries of confidentiality that will help to protect the adolescent's privacy.

INTERVIEWING CHILDREN WITH DISABILITIES

Pre-Interview Planning:

Prior to the interview, it is helpful to obtain the following information from records or persons knowledgeable about the child:

- Child's primary disability
- Ways the disability impacts current functioning (e.g. - cognition, language, communication mode, emotions, behavior, memory, mobility, etc.)
- Other accompanying impairments
- Communication challenges (to include differences between receptive and expressive communication)
- Behavioral challenges and distractibility
- Primary educational and treatment sources (which could serve as resources)
- Special care requirements of caretakers

Interviewing Guidelines:

- The child's school can provide a safe interview environment.
- The interview room within the school should be:
 - Familiar to the child
 - Quiet with limited distractions
 - Private
- The CPS worker may decide to include school staff/aides in the interview to decrease anxiety and facilitate communication if the following factors are considered:
 - Child's best interest
 - Child (and family's) right to privacy
 - CPS need for facilitated communication

Adapted from: Partnership for People with Disabilities (2003). *Abuse and Neglect of Children with Disabilities*. Richmond, VA: Virginia Commonwealth University.

Balderian, NJ (1998). "Interviewing Skills to Use with Abuse Victims with Developmental Disabilities". Disability, Abuse, and Personal Rights Project.

Physical Disabilities

- When interviewing children with wheelchairs, canes, or other assistive devices:
- Sit at the child's eye level
- Respect the child's sense of personal space by asking permission to touch the assistive device if necessary
- Provide assistance with mobility only when needed and with permission from the child

Developmental Disabilities

- Discuss possible communication problems with the child.
- You may say, "I am new to you. Sometimes it is hard for me to understand new people. I may have to repeat questions sometimes. I hope that's okay."
- Be aware of the child's anxiety about the interview.
- "You may get nervous and that's okay. Many people get nervous." As necessary, move from threatening to neutral topics and allow the child to relax before proceeding.
- Be aware of vocabulary issues.
- "I will have to learn from you what words you use. Everyone uses different words for parts of the body and acts. I'll use pictures or dolls to help me understand."
- Use plain English. This means smaller words or phrases, **not** "baby talk".
- Do not touch the child. This gesture, while intended to be supportive, may heighten the child's fear and destroy rapport. Do not touch the child's wheelchair or any other equipment used for assistance.

INTERVIEWING CULTURALLY DIVERSE CHILDREN

Culture is shaped by value & belief systems, **not** skin color.

In assessing a child's reaction to sexual abuse (and level of willingness to disclose the abuse), it is helpful to consider the messages the child has received about:

- The human body
- Virginity
- Gender roles
- Sexuality
- Shame
- Power

These messages are influenced by:

- Ethnic cultures
- Economic class
- Religion

Do not assume you know the meaning of sexual abuse to the child or family.

Consider the child's environment and the presence of oppression in the family's life.

- How are CPS workers and law enforcement viewed in the child's neighborhood?
- If the child is part of a family of recent immigrants to this country, consider the potential that the child/ family has experience with abusive government authorities.
- What is the child's language of origin? If English is the child's second language, consider how difficult it may be to describe sexual event is such vocabulary is unfamiliar.

NATIONAL CHILDREN'S ADVOCACY CENTER – FORENSIC EVALUATION CRITICAL ANALYSIS GUIDE

This guide is a not an empirically derived scale. It is a desk guide, designed to assist the evaluator in analyzing the results of a forensic evaluation. It is intended to be used as a tool for making decisions with the obtained information. The presence or absence of any given element does not validate or invalidate allegations; rather, the elements are provided as a framework for analysis of the evaluation outcome. The factors are not designed to be used in legal decision-making in court.

Disclosure Factors

- ☐ Child made a verbal disclosure
- ☐ Child provided a demonstration of abuse
 - ☐ With dolls
 - ☐ With anatomical drawings
 - ☐ With free-style drawings
 - ☐ With other _____
- ☐ Child provided a description of abuse to someone else
 - ☐ Another professional
 - ☐ A family member or friend
 - ☐ Other _____
- ☐ Child provided the majority of details from a first-person perspective
- ☐ Disclosure was somewhat unstructured without a rote quality

Attempts Were Made to Decrease Potential Coercive Elements:

- ☐ Evaluator clearly communicated to the child that the evaluator lacks knowledge about the child's experience
- ☐ Child demonstrated freedom to correct interviewer
- ☐ Child demonstrated freedom to say "I don't remember"
- ☐ Child demonstrated ability to refrain from guessing
- ☐ Child demonstrated freedom to disagree with the evaluator

Specific Details Recounted:

- ☐ Alleged offender clearly identified
- ☐ Specific chargeable offense identified
- ☐ Date identified within two-month time frame
- ☐ Time of day identified
- ☐ Identified where offense(s) took place
- ☐ Provided sensory details
- ☐ Provided unique or idiosyncratic details
- ☐ Provided contextual details (i.e., decorations, pieces of furniture)
- ☐ Described props (lotions, porn, photography, or gadgets)
- ☐ Identified grooming behavior
- ☐ Described use of force or threats
- ☐ Described maintenance of secret (i.e., force, threats, coercion)
- ☐ Described specifics of own clothing
- ☐ Described specifics of alleged offender's clothing
- ☐ Pattern of abuse is plausible
- ☐ Core factors identified consistently
- ☐ Child provided quotes of statements made by self or alleged offender
- ☐ Child described own or alleged offender's emotional state during the alleged offense
- ☐ Child attempted to justify alleged offender's actions

Disclosure Is Consistent With Developmental Level:

(Based on developmental assessment)

- ☐ Sexual knowledge and/or terminology is beyond the typical developmental level for a child this age
- ☐ General terminology describing alleged offense is consistent with child's typical language
- ☐ Child verbalized understanding of truth and lies
- ☐ Child verbalized understanding and accepted obligation to tell the truth
- ☐ Details of time are developmentally appropriate
- ☐ Details of location are developmentally appropriate
- ☐ Details of acts described are developmentally appropriate
- ☐ Identification of alleged offender is developmentally appropriate

Emotional Content:

(In relation to the child's known affective style)

- ☐ Child's manner appeared reluctant to disclose
- ☐ Child's manner appeared withdrawn
- ☐ Child's manner appeared guarded
- ☐ Child exhibited embarrassment during disclosure
- ☐ Child exhibited guilt during disclosure
- ☐ Child exhibited anxiety during disclosure
- ☐ Child exhibited disgust during disclosure
- ☐ Child exhibited anger during disclosure
- ☐ Child exhibited sexual arousal during disclosure
- ☐ Child exhibited fear during disclosure
- ☐ Child's affect was flat
- ☐ Child's affect was congruent with the disclosure

Behavior Checklist Results:

- ☐ Significantly inappropriate sexual behaviors indicated on the Friedrich CSBI
- ☐ Child has borderline or clinical scores on the Achenback CBCI
- ☐ Child has clinical scores on Briere's Trauma Symptom Checklist for Children

Corroborative Information/Confirmatory Factors:

- ☐ Law enforcement has crime scene evidence
- ☐ Alleged offender confessed
- ☐ Alleged offender failed polygraph
- ☐ Medical findings indicate possibility abuse occurred
- ☐ Witness corroboration has been obtained
- ☐ Child protection agency declared case "founded"
- ☐ Other victims of alleged perpetrator have disclosed
- ☐ Alleged offender has previously been investigated by law enforcement or CPS
- ☐ Alleged offender has previously been convicted of child sexual abuse

Motivational Factors (evaluate case on the following factors)

- ☐ Evaluator ruled out possibility of specific psychiatric disorder that impairs perceptions of reality
- ☐ Evaluator ruled out possibility that a benign activity (i.e., bathing) was misinterpreted
- ☐ Evaluator ruled out possibility of third party influence
- ☐ Evaluator ruled out possibility of other dysfunction in child's life
- ☐ Evaluator found adequate explanations for any existing unusual or improbable elements in the child's disclosure
- ☐ Other issues pertaining to alternative explanations:

Based on the above analysis, the most likely hypothesis is:

- ☐ The child has made a valid report of abuse.
- ☐ The child disclosed abuse. The disclosure is vague or problematic due to developmental and/or cognitive limitations of the child.
- ☐ The child disclosed abuse. The fundamental allegation appears to be valid, based on the above criteria. However, improbable or unusual elements are incorporated into various details, leaving some aspects of the disclosure to be invalidated based on the above criteria.
- ☐ Child did not disclose abuse. Behavioral or other indicators exist that are consistent with those present in abused children.
- ☐ The child appears to have been coached, pressured, or shaped to make a disclosure that cannot be validated by the above criteria.
- ☐ Child appears to be utilizing past victimization as a basis for present disclosure.
- ☐ The child appears to have made a disclosure that is based on personal motives of revenge, secondary gain, or attempts to help someone.
- ☐ Due to the psychiatric disturbance in the child, the disclosure cannot be validated by the above criteria.
- ☐ Due to developmental and/or cognitive limitations of the child, the disclosure cannot be validated by the above criteria.
- ☐ Other:

Goals of the Alleged Abuser Interview

Key Information to Obtain:

- Initial reaction to disclosure
- Nature and quality of relationship with child
- Description of child
- Schedule and routine
- Details about maltreatment
- Acknowledgement of maltreatment
- History
- Corroboration
- Explanation of reasons for allegation
- Methods of coercion/secrecy
- Rationalizations for sexual activity (cognitive distortions)
- Sexual activity with other children
- Motivation for sexual abuse
- Overall level of functioning
- Presence of stressors
- Mental health status and history
- Physical or medical problems
- Alcohol/drug use
- Parenting practices
- Relationship with spouse/partner
- Current emotional state
- Willingness to participate in counseling

THE ALLEGED ABUSER INTERVIEW PROCESS

- I. Preparation
- II. The Introduction
- III. Build Rapport/Adjust Questioning to Level of Understanding
- IV. Confront With Allegations
- V. Clarification Questioning
 - Expect “sympathy” ploy
- VI. Closure
 - Discuss rules of contact
 - Team contact information

From “Interviewing the Child Molester: Ten Tips for Eliciting Incriminating Statements,” by V.I. Vieth, 1998, *APRI Update*, 11(2) [Newsletter]. Copyright © 1998 by the American Prosecutors Research Institute and the National Center for Prosecution of Child Abuse. Used with permission.

Common Reactions of Offenders

When confronted with allegations of sexual abuse, the following are predictable reactions:

- Denial of all allegations
- Partial admissions (non-sexual)
 - Non-sexual interest in children
 - Interest in being with children or child development
 - Photography as a hobby
- Partial admissions of sexual activity
 - Minimization quality and quantity of sexual interactions
- Rationalization/ justification of sexual behavior with child(ren)
 - Accidental contact
 - Sexual education
 - Checking virginity/ development
 - Blame abuse on others (non-offending caretaker was unavailable; child was seductive)
 - Blame other factors (under stress, drinking too much)
 - Stressed to a point that behavior was atypical
- Admission of specific acts in response to questioning

GOALS AND TECHNIQUES OF THE NON-OFFENDING CARETAKER INTERVIEW

Goals:

- To gather facts about knowledge of abuse and family dynamics
- To explore corroborating evidence
- To emphasize the importance of support for the child
- To make a connection

Techniques:

- Begin with explanation of your role and contact made with child
- Join with parent
 - Assess knowledge of, perception of, and feelings about child
 - Join as partner in promoting the child's safety and best interests
- Lower authority
 - Promote collaborative work by avoiding threats and blame
- Clarification
 - Assess family dynamics and parenting practices
- Join resistance and acknowledge divided loyalties
 - Acknowledge the caretaker's feelings for the child and offender
 - Gain insight into how the offender will react to the allegations/ safety plans
- Reframe
 - Help caretaker to understand the child's perspective
 - Identify the caretaker's strengths
- Address feelings
 - Assess caretaker's intent to protect child
- Universalization
 - Help caretaker recognize that she is not alone and her reactions are common and understandable
- Confrontation
 - Determine caretaker's perceptions about the child and offender as well as the disclosure of abuse
 - Help caretaker to recognize that the offender is responsible

- Prediction
 - Assess the willingness and ability of the caretaker to protect the child by making necessary changes
 - Consider the caretaker's vulnerability to the offender
- Clarification
- Probe
 - Gather information about the sexual relationship with alleged abuser
 - Evaluate what is known by the caretaker (corroborating evidence)
 - Determine barriers that might impact the caretaker's ability to protect the child (such as economic concerns)
- Safety Assessment and Safety Planning

Adapted from: A Coordinated Response to Child Abuse Cases, Part 1 (Video), produced for Action for Child Protection, 1994. (Available from Action for Child Protection, 2101 Sardis Road N. Charlotte, NC 28227.) Copyright 1994 by Action for Child Protection. Used with permission.

THE NON-OFFENDING CARETAKER INTERVIEW PROCESS

- I. Introduction & Explanation of Role
- II. Rapport Building
- III. Introducing the Allegations
- IV. Questioning & Clarification
- V. Safety Planning
- VI. Closure

CORROBORATING EVIDENCE

Potential areas of corroborating evidence to be explored during the interview with the non-offending caretaker:

- Alleged Abuser treats child differently than other children;
- Alleged Abuser has opportunities to spend time alone with the child;
- Alleged Abuser gives child special privileges, gifts, or favors;
- Alleged Abuser does things that involve physical contact with child (e.g.- wrestling, back rubs, bathing child, massages, etc)
- Alleged Abuser has been interested in teaching child sexual education or checking child's body for development/ teen's body for virginity;
- Alleged Abuser does not respect privacy and walks in on child in bathroom or bedroom without knocking;
- Alleged Abuser is nude in the home or has "accidentally" exposed himself to the child
- Alleged Abuser asks questions or makes sexual accusations about child and boyfriend/ girlfriend;
- Alleged Abuser discusses sexual or private adult matters in child's presence;
- Child has complained of being uncomfortable or not wanting to be alone with Alleged Abuser;
- Child has disclosed sexual abuse;
- Child has had unexplained injuries or genital trauma;
- Changes in the child's behavior or affect;
- Suspicions of abuse or that "something was not right";
- Observations of inappropriate sexual behavior;

Also attempt to tactfully ascertain the following information:

Does the Alleged Abuser...

- Engage in any distinct sexual practices?
- Have any scars, tattoos, birthmarks, or unusual features on or near genitals?
- Have a history of any sexually transmitted infections (STIs)?
- Have or use pornography, sexual aids, or birth control

devices? Does the child have any motive to lie about the Alleged Abuser?

Establishing corroborating evidence can increase the credibility of the child's statement and help to overcome the non-offending caretaker's initial denial.

SAFETY PLANNING: OFFENDER OR CHILD REMOVAL?

When sexual abuse has been identified within a family, the removal of the offender from the home is optimal and serves several purposes:

- Promotes physical and emotional safety of victim(s) and other vulnerable persons within the home;
- Creates a safer environment in which the victim(s) can more openly discuss the abuse;
- Reinforces that the offender is being given sole responsibility for the abuse;
- Provides opportunity for other family members to make important and necessary changes in the overall family structure and environment without interference from the offender;
- Offers increased motivation for some offenders to invest in and comply with treatment and supervision due to desire for reunification;
- Provides leverage for other family members to participate in necessary services.

While removal of the offender is preferable to protect victims from further abuse and trauma, consideration should be given to removing the victim from the home when the following occur:

- The non-offending parent refuses to acknowledge that abuse occurred;
- The offender refuses to leave the home or cannot be trusted to remain out of the home;
- The non-offending parent is unable or unwilling to ensure that the offender remains out of the home;
- The non-offending parent is clearly not interested in having the child in the home;
- The non-offending parent has repeatedly failed to protect the child(ren) from abuse;
- The non-offending parent will not work collaboratively with treatment and supervision professionals to ensure a safe and supportive home for the child(ren);
- The child expresses concerns for his/her physical or emotional safety and well-being in the home and these concerns are confirmed or strongly believed.

Removal of the victim(s) should be the exception rather than the rule.

Building a Safety and Support Network can prevent unnecessary removal of the child.

A Family Partnership Meeting should be convened whenever the child's safety is in jeopardy or an out of home placement is considered in order to engage and empower the family and its support system in the decision-making process.

RISK ASSESSMENT IN SEXUAL ABUSE INVESTIGATIONS

When a sexual abuse investigation results in a Founded disposition, it is necessary to assess the risk of future sexual abuse. The dynamics of sexual abuse differ significantly from other types of abuse or neglect so it is important to be aware of risk factors specifically related to sexual offenders.

The following factors related to offenders are correlated with higher risk of reoccurring sexual abuse:

- Any prior charges, convictions or allegations (regardless of disposition) of sexual offenses
- Sexual deviance; inappropriate sexual attraction/ arousal to children
- Criminality, lack of remorse, impulsivity, failure to conform to social norms
- Extra-familial offenders (often predatory) have higher recidivism rates
- Stepparents & live-in paramours who abuse within first 2 years
- Male victims (abusers are more likely to re-offend & have multiple victims)
- No history of marriage or intimate relationships with peers

After the investigation, the following offender risk factors signal that continued sexual abuse is likely and victim's safety is endangered:

- Living arrangements that allow contact with children
- Lack of court sanctions/ restrictions
- Inability of the non-offending parent in the home to implement safety plans and effectively supervise the child
- Lack of cooperation with CPS and/or probation conditions
- Lack of self-control (nonsexual arrests, problems with employment, finances, etc)
- Isolation from positive social supports or continued antisocial behaviors/ peer relationships
- Sexual preoccupation (Internet sex, porn)
- Failure to successfully complete sexual offender treatment
- Ongoing substance abuse

A qualified mental health professional specializing in the evaluation or treatment of sexual offenders can assist by completing a psychosexual evaluation (including a polygraph examination) to clarify the risk posed by the abuser.

When child sexual abuse has been confirmed, there should be no contact between the abuser and the child until the therapist for the child and the therapist for the offender and the agency can state it to be safe. The abuser should not be allowed to reside with children. Whenever possible, the abuser should leave the home rather than the victim or other children.

Offender Treatment Requirements for Contact or Reunification

Consider the following questions in assessing the offender's readiness to resume contact or reunify:

- Absence of denial, minimization, justification, or externalization of the abuse;
- Identification and modification of cognitive distortions;
- Demonstration of victim empathy;
- Understanding and clear verbalization of harm caused to victim and other family members;
- Recognition that the safety of the victim and other family members is paramount to any needs of the offender;
- Recognition of patterns of abuse and any situation or place that may serve as a risk associated with their abusive behavior;
- Development and consistent implementation of coping skills to effectively address identified risk factors;
- Development and demonstrated use of a strong support system;
- Understanding and acceptance of the fact that they do not have equal parenting "rights" with the non-offending caretaker;
- Approved safety plan that sufficiently addresses identified or potential concerns in the home;
- Consistent compliance with all supervision conditions and restrictions imposed as a result of the abuse;
- Address relationship or marital issues with the non-offending caretaker;
- Consistent and meaningful participation in required/recommended treatment or services *other than offender treatment* (family or marital therapy; parenting classes; substance abuse treatment; anger management; domestic violence; etc.)