

PINNACLEHEALTH'S CHILDREN'S RESOURCE CENTER
MINIMAL FACTS INTERVIEWING OF YOUNG CHILDREN
BY AGENCY FIRST RESPONDERS

Introduction:

"Taint" is "the implantation of false memories or distortion of actual memories through improper and suggestive interview techniques" (Commonwealth v. Delbridge, Pennsylvania Supreme Court, September 2003). Those who raise the specter of tainting the child's memory include the child's family and friends; emergency department or other healthcare provider to whom the child is brought; agency first responders (law enforcement, District Attorney's office and Children and Youth Service); and anyone else who interviews a child. If the child has disclosed sexual or physical abuse and, for this reason, has been brought to a healthcare provider, the provider's asking, in an improper manner, a child to reaffirm the disclosure introduces the risk of tainting the child's memory, or of having the successful allegation that the child's memory has been tainted, in a "taint hearing", lead to exclusion all of the child's disclosures as evidence at trial.

The child should be interviewed as few times as possible, should not be asked to reaffirm or corroborate facts he or she has already stated, and should undergo only one in-depth forensic interview, conducted by a properly trained child interview specialist.

There are substantial problems and pitfalls created by in-depth and corroborative interviewing of young children, developmentally functioning at or below the age of 10 years (ATTACHMENTS I and II). These problems can best be addressed by adopting a policy of focused, rather than in-depth, interviewing of children at the time of first medical response to reported child abuse.

General Principles*:

When a person has been victimized, additional trauma is inevitable in the aftermath, even during the appropriate first response. To minimize trauma relating to interviewing the child at the first response, a limited, focused interview should be conducted. Extensive interviews are usually not needed for first responders to make decisions about the next appropriate action(s).

A child suspected of having been sexually or physically abused is interviewed by the first responders for the benefit, welfare, and safety of the child. The first concern of the responder must be the safety and health of the child. The approach to the focused interview must be flexible and must permit the responder to use common sense and discretion.

If the child volunteers detailed information to the responder or other person during the first response, the child should be listened to without interruption, and the disclosure should be recorded in the child's words. The record should also reflect the circumstances under which the child made the disclosures.

* The concept of minimal facts interviewing has been adapted from the Joint Investigative Policy of the Sexual Assault & Trauma Resource Center, Providence, RI.

If the child does not volunteer information, extensive questioning of the child should be avoided as much as possible. In-depth facts should, however, be developed from other sources present, like adults.

Deciding whether to interview the child:

Before interviewing the child, the first responder should ask himself or herself the following four basic questions:

1. What must be known to make decisions about further action? If the information is not necessary for this purpose, don't ask the child.
2. Is there another source for the information, such as the accompanying adult? If so, ask the adult, not the child.
3. Is the child developmentally competent to provide the information I need? For example, is the child developmentally prepared to answer questions about when and how many times it happened? If not, don't ask the child.
4. How do I phrase my questions so that they are developmentally appropriate, non-suggestive, and non-leading?
 - ✓ A suggestive question introduces an idea or concept to the child that has not yet been mentioned to the first responder by the child.
 - ✓ A leading question introduces an idea or concept to the child that has not yet been mentioned to the first responder by the child, then asks the child to agree with that new idea or concept.

Preparing for the interview:

1. If the child is hungry or thirsty, the child should be offered and provided refreshments.
2. The responder must allocate sufficient undisturbed time (as much time as the child needs) for the interview.
3. The interview should be conducted in a quiet, child-friendly environment.
4. Accompanying adults must not be present.
5. If available and if acceptable to the child, another person should be present. This person should be supportive and reassuring to the child, but should not participate in the interview. The supportive person may have the responsibility to write down every question, and the child's responses in his or her own words.
6. The most experienced interviewer available should conduct the interview, no matter what agency that person represents. The first responders should consult before the interview to be sure there is agreement about what questions are to be asked.

Conducting the interview:

1. There should be structure to the interview:
 - ✓ Build rapport.
 - ✓ Assess development.
 - ✓ Practice narrative responses to open-ended questions.
 - ✓ Identify names for parts of the body.
 - ✓ Acquire essential details of the abuse.

- ✓ Deal with the child's stress, including knowing when to quit.
 - ✓ Properly conclude using techniques like reinforcing body safety.
2. Types of information which may be important to ask about, in a developmentally appropriate manner, may include (but are not limited to) the following,
If the answers are essential to obtain at that moment,
And if there is no other source for the answers,
And if the child is developmentally prepared to answer,
And if asked in a developmentally appropriate manner:
- ✓ What happened?
 - ✓ Who did the touching and how old was/were the person(s)?
 - ✓ Can the child describe the person(s)?
 - ✓ Was force or any other form of coercion used?
 - ✓ Was there penetration, pain, bleeding, ejaculation...?
 - ✓ Is there presently pain, bleeding, discharge...?
 - ✓ Where did it happen [to determine jurisdiction(s) involved]?
 - ✓ First time, last time, how many times did it happen?
 - ✓ Did the person use inducements, like gifts or money?
 - ✓ Were drugs used?
 - ✓ Was anyone else there?
 - ✓ Did the child see anyone else get touched?
 - ✓ Was the child ever abused by any other person, at any other time?
3. All questions and responses must be accurately recorded, in the child's own words, in the record.

ATTACHMENT I
***Potential Problems Created by In-Depth and Corroborative
Interviewing of Young Children****

Methodological problems:

Knowledge of how to interview young children properly is not intuitive; principles of older child and adult history taking are not applicable to young children.

- ✓ Most professionals have not experienced intensive training in young child interviewing techniques.
- ✓ Interviews by those who have not received intensive training frequently include questions that are developmentally age inappropriate, unnecessary, leading or highly suggestive
- ✓ A developmentally age-appropriate foundation and structure for the interview is frequently not established.

Questioning by first responders intended to corroborate what the child has already disclosed does not increase the number or accuracy, or establish the veracity, of prior disclosures.

- ✓ The fact that a disclosure is repeated in another interview does not corroborate it.
- ✓ The fact that a disclosure occurred in one interview and not in others does not mean that the disclosure was not truthful.
- ✓ Repetitive (corroborative) interviews may lead to recantation of truthful disclosures.
- ✓ Corroborative interviews may lead to variation in details of the disclosure as time passes and as memory of the event changes. The more recent the event, the more accurate the memory of the event.
- ✓ Corroborative interviews have the potential for psychologically injuring children because:
 - Many repetitive interviews are performed by responders who lack training and experience, and their questions may be confusing, threatening or frightening to young children.
 - Repetitive interviews force children to repeatedly experience the details of their sexual or physical abuse.
 - Repetitive interviews force children to talk about their humiliating experiences with yet more strangers.
 - Young children may interpret repetition of questions by the same or other interviewers to mean that prior interviewers did not believe them, so they may change their recounting of events to try to please the authority figure(s).
 - Many children interpret repetition of questions to mean that their first answers were incorrect, so they may change their responses.

Logistical problems:

The circumstances when first responders see the child are often not appropriate for conducting an interview of a young child because:

- ✓ The child may be tired or hungry.

* Promulgated in consultation with Dr. Mark Everson

- ✓ The child may be emotionally ill prepared for an in-depth interview at that moment.
- ✓ The child may be frightened because:
 - Of the abuse
 - Of the highly emotional and/or threatening events that occurred to him or her, or to others and observed by him or her, because of his or her initial disclosure of abuse.
 - Responders are authority figures whom they do not know
 - Law enforcement officers often wear uniforms and/or firearms, which may be threatening or frightening to children
 - The environment may not be child-friendly
 - The perpetrator may be present or nearby, or may have access to the child when the child leaves

Preparedness problems:

Children may not be ready or willing to disclose to the first responders, even though they have disclosed to others, because:

- ✓ They are not ready to disclose their abuse to the responders.
- ✓ Their initial disclosure was frightening and upsetting.
- ✓ They may not speak of their highly emotional and embarrassing abuse with strangers.
- ✓ They may be concerned that the perpetrator will be able to punish or re-abuse them for having disclosed. Many perpetrators tell children not to tell and threaten them with dire consequences if they do.
- ✓ A non-offending parent or other individual may be present at the time of the interview, whether in the room or not, who may have told the child that he or she does not believe the child.
- ✓ A non-offending parent or other individual may be present at the time of the interview, whether in the room or not, who may have told the child that he or she is not to tell anyone what happened.
- ✓ After the child has talked about the event to other family members, friends, teachers or neighbors, a family member may have told the child not to talk about what happened, and the child interprets this admonition to include not talking to the responder.
- ✓ Children may not choose to repeat disclosures they believe they have already successfully related.
- ✓ The child has seen the adverse family impact of disclosure and would like to reverse it.

ATTACHMENT II

*Pitfalls in Performing Child Interviews**

Some things must be avoided when interviewing abused children. Some are outward behaviors, and others are inner thoughts, feelings, and attitudes that first responders might have. It is important to control these internal reactions, since children are very perceptive and can “sense” them from tone of voice and other nonverbal signals.

- ✓ Don't express frustration or resentment over your helplessness and lack of control.
- ✓ Don't be overzealous. Don't pressure children to obtain information.
- ✓ Don't minimize the seriousness of the situation.
- ✓ Don't say negative or judgmental things about anyone, including the alleged perpetrator, to the child or anyone else. Maintain a nonprejudicial attitude and demeanor.
- ✓ Don't display surprise, shock, horror, or anger in response to things a child says or does. The child will perceive these expressions as signs of blame and disapproval.
- ✓ Do nothing to allow a child to feel that you don't believe him or her, even if all the pieces don't fit together.
- ✓ Don't over-react to the victim's or family's misdirected anger. Their emotions and behaviors that appear hostile are really symptoms of pain, loss of control, and/or fear.
- ✓ Don't compare one situation to another.
- ✓ Don't expect victims to appreciate your efforts; they are usually too immersed in their reactions to the abuse and the situation to focus on others' efforts on their behalf.
- ✓ Don't become hardened, cynical, or mistrusting of those who don't conform to the “ideal victim” stereotype.
- ✓ Don't share “graveyard humor” with the child or family. It will almost surely have a negative impact on them.
- ✓ Do not assume the child is “OK” even if he or she looks or behaves that way. Abused children have experienced serious psychological and emotional trauma, and their reactions and demeanor may appear inconsistent with the trauma they have endured. Lack of behavior perceived by the observer to be consistent with severe trauma, or inappropriate behavior, does not mean that the disclosures are untrue or inaccurate.
- ✓ Do not touch the child, even gently, unless he or she agrees to it. Touching can trigger strong abuse-related reactions. Offering to shake the child's hand is acceptable, as developmentally appropriate, but accept without reaction, a child's refusal to do this.

* Promulgated in consultation with Dr. Mark Everson