



**203:
Investigative Interviewing in Child Sexual Abuse
Cases**

Standard Curriculum

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The Institute for Human Services**

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**For:
The Pennsylvania Child Welfare Training
Program**

**University of Pittsburgh,
School of Social Work
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Agenda for Two-Day Workshop on Investigative Interviewing in Child Sexual Abuse Cases

Day One

Estimated Time	Content	Page
45 minutes	Section I: Introduction	1
1 hour, 30 minutes	Section II: Overview of Investigative Interviewing	7
1 hour, 30 minutes	Section III: Preparation Stage of the Child Interview	13
1 hour, 30 minutes	Section IV: Beginning and Introductions Stage of the Child Interview	24
1 hour, 15 minutes (complete 45 minutes in Day 1)	Section V: Questioning and Clarifying (Work) Stage of the Child Interview (continued to Day 2)	32

Day Two

Estimated Time	Content	Page
1 hour, 15 minutes (complete remaining 30 minutes)	Section V: Questioning and Clarifying (Work) Stage of the Child Interview (continued from Day 1)	36
45 minutes	Section VI: Endings and Transitions Stage of the Child Interview	40
50 minutes	Section VII: Interviewing the Non-Offending Parent	44
1 hour	Section VIII: Interviewing the Alleged Perpetrator	52
50 minutes	Section IX: Interviewing Collateral Contacts	62
50 minutes	Section X: Making Decisions in Case Planning	67
1 hour	Section XI: Practice Interviewing	78
15 minutes	Section XII: Closing and Evaluations	82

203: Investigative Interviewing in Child Sexual Abuse Cases

Section I: Introduction

Estimated Length of Time

45 minutes

Key Concepts:

- ✓ Assisting child welfare professionals to tune into their own thoughts and feelings is a necessary step of self-discovery before they can effectively interview people surrounding sexual abuse.

Method of Presentation:

Lecture, individual activity, script, large group discussion

Materials Needed:

- ✓ Name Tents
- ✓ Colored markers
- ✓ Overhead marker and cloth/paper towel
- ✓ 2 flipchart stands and pads
- ✓ Masking tape or blue tape
- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Idea Catchers
- ✓ *Sexual Abuse in Nine North American Cultures: Treatment and Prevention* book
- ✓ Appendix #1 (Excerpt from *How I Learned to Drive*) – two copies
- ✓ Handout #1 (Agenda)
- ✓ Overhead #1 (Learning Objectives)
- ✓ Overhead #2 (Quote from *How I Learned to Drive*)
- ✓ Overhead #3 (Complexity of Child Sexual Abuse)

Outline of Presentation:

- Introductions
- Review of learning objectives and agenda
- Difficulty of the subject matter
- Complexity of child sexual abuse investigations

Section I: Introduction

Trainer Note: Title one flip chart “What’s In It For Me?” (WIIFM) and the other “Parking Lot.” Record participants’ answers to the questions below on the appropriate flip chart sheet and post them on the wall when done. Review the WIIFM list at the end of each day.

Place a copy of *Sexual Abuse in Nine North American Cultures: Treatment and Prevention* book by Lisa Fontes on the resource table. This will be referred to later in the training day.

Step 1: Getting to Know Each Other

Have participants write their names in the center of their name tents, completing the rest of the name tent as follows:

Agency & Unit	Number of years experience
Number of sexual abuse cases with which they have been involved	One concept or skill they wish to gain from this training

Introduce yourself and briefly describe your professional experience with child sexual abuse cases. Ask participants to introduce themselves to the group and include information about where they are from, their job, and what they hope to gain by attending this workshop. While participants describe what they wish to learn, delineate which topics will be covered in this workshop, recording them on the “What’s In It for Me?” flip chart and placing topics not to be covered on the Parking Lot flip chart. Provide an explanation regarding why certain topics are not to be covered. Refer participants to resources to find information (including their supervisors/agency libraries) and inform participants about the other workshops offered in the **Child Sexual Abuse Certification Series**:

- **Overview of Child Sexual Abuse** (Pre-requisite to all other courses in the series)
In preparation for the more specialized concepts in the *Child Sexual Abuse Certificate Series*, this two-day overview offers fundamental information necessary for working with children, youth, and families at various stages of the child welfare casework process facing sexual abuse issues. Participants will discuss beliefs/values and possible effects on casework efforts, child welfare law, individual and familial dynamics (including signs, characteristics, patterns, and cycles of sexual abuse), as well as how this information relates to collaborative service planning and delivery.
- **Sexuality of Children: Healthy Sexual Behaviors and Behaviors Which Cause Concern**

In this workshop, participants will learn normal development of children's sexual knowledge and behavior as well as the family's role in the development of healthy sexuality. It will focus on how sexual abuse affects normal sexual development and how to identify sexually reactive behavior, extensive mutual sexual behavior, and perpetrating behavior in children. Also, management techniques for children who exhibit sexually reactive behavior will be presented.

- ***Working with Juveniles Who Sexually Offend***

This workshop serves as an overview for child welfare professionals on the topic of working with juveniles who sexually offend. As child welfare professionals come into contact with juveniles who sexually act out and/or offend, it is imperative that they be able to identify and connect issues related to assessment and treatment issues throughout the case planning process. In this workshop, best practices in the areas of collaboration, service planning, permanency planning, and placement, will be related to sex offense specific assessment and treatment.

- ***Family Reunification and Case Closure in Child Sexual Abuse***

The process of reunification in child welfare cases in which sexual abuse has occurred requires the child welfare professional to take special measures within the reunification process. After attending this workshop, participants will understand the safety issues present during the reunification process; the key ingredients needed in a safety plan; the critical treatment milestones that the victim, perpetrator and family must meet prior to reunification; and the process that should be used when reunifying a family and closing a case.

Post "WIIFM" and "Parking Lot" flip chart sheets on the walls. Review the training room rules:

- Be on time
- Adhere to the 15 minute rule
- Be aware of the training schedule – 9:00 to 4:00 with breaks
- Document your presence - sign-in sheet
- Focus on learning:
 - No cell phones (calling or texting)
 - Only contact office in emergencies and
 - No side-bar discussion/conversation
 -

In addition, the trainer should note these guidelines for effective learning:

- Provide constructive and motivational feedback
- Demonstrate respect for others
- Engage in risk-taking
- Remember: Practice Makes Permanent

Display **Overhead# 1 (Learning Objectives)** and review. Advise participants that the **Idea Catcher** will be used at the end of this workshop when trainees develop action plans and encourage them to jot down notes on it throughout the training.

Review **Day 1** of the training on the **Handout #1 (Agenda)**, reminding participants of the difficult nature of the topic, and ask if there are any questions or comments.

Step 2: Tuning In

Ask participants, by a show of hands, to indicate:

- 1)** How long they have been doing child abuse investigations (0-6 months, 6 months- 1 year, 1-2 years, 2-5 years, more than 5 years);
- 2)** How many have conducted a sexual abuse investigation (raise hand if they have); and
- 3)** How many sexual abuse investigations they have completed (less than 5, 6-25, 25-50, 51-100, more than 100).

Ask participants to share some of their initial feelings when observing or conducting a sexual abuse interview. Record these on the flip chart for use with a later activity.

Remind participants that, as described during the *Overview of Child Sexual Abuse*, dealing with sexual abuse is difficult; however, our mission as child welfare professionals demands that we face the issues head-on so they can help children, families and others identify and overcome sexual abuse and its effects. Advise participants that the excerpts they are about to hear may evoke some of the same feelings they just listed and that participants can feel free to leave the room if they begin feeling uncomfortable with the material.

In preparation for the following activity, ask for a volunteer to help read the part of Uncle Peck and provide the volunteer with a copy of **Appendix #1 (Excerpt from *How I Learned to Drive*)**. Keep a second copy from which to read.

Activity

Before beginning the reading, inform participants the excerpts are taken from *How I Learned to Drive*, a play by Paula Vogel, in which she describes the experiences of a young girl who is sexually abused by her uncle, beginning at age 11, while he was teaching her how to drive. Display **Overhead #2 (Quote from *How I Learned to Drive*)**. Encourage participants to close their eyes while they listen. The following excerpt occurs when the girl, Li'l Bit, is 17 and they are alone in the car.

Trainer Note: Allow at least 3-5 seconds of silence before beginning the large group discussion.

Discussion:

-What emotions does this evoke?

Answers might include fear, helplessness, anger, disgust, sadness, etc.

Refer back to flip chart.

-What physical sensations did you feel?

Answers might include tightening of stomach muscles, clenching of fists or jaw, nausea, etc.

Trainer Note: Relate these emotional and physical responses to reactions child welfare professionals may have during the course of the investigation as well as to reactions of the subjects of the report (child, parents, and alleged perpetrator), household members and collateral contacts.

Present the next two discussion questions to the group:

-What typical elements of sexual abuse does this scene depict?

Answers might include secrecy, cognitive distortions of the perpetrator, blaming the victim, etc.

-How can knowing this help during sexual abuse investigations?

Answers might include being alert to possible cognitive distortions, uncertainty of child victim, difficulty of disclosure/reluctance to talk about the incidents, feelings of guilt and shame in the victim, etc.

Trainer Note: Allow participants to talk with each other in their table groups for 2-3 minutes. Note how difficult it may be to identify within ourselves that sexual abuse information can be overwhelming, even if we do not know the victim. Encourage participants to talk about the experience while on break. Relate that the need to take a break from emotionally laden discussions may arise during interviews, including with children, parents, and other professionals. When participants return from break, continue with the following information, tying it into participants' WIIFM comments, if possible.

Although much of the rest of the material covered in this curriculum is skill-based and not as emotionally charged, it is important to remember these thoughts and feelings so child welfare professionals can relate to those being interviewed and to maintain the motivation to keep children safe despite any challenges they may face.

Ask participants to offer reasons why investigating sexual abuse may be complex. Prior to displaying **Overhead #3 (Complexity of Child Sexual Abuse)**, compare the participants' answers to the following challenges, checking off any matches on the overhead with the overhead marker. Once the large group has finished answering, display **Overhead #3 (Complexity of Child Sexual Abuse)** and review any answers not offered by participants. Contribute several case examples of items on the list to further participants' understanding.

Note that, regardless of whether the family is known to the agency or it is a new referral, there may be many challenges throughout the investigative process. This workshop will provide child welfare professionals with some of the tools necessary to overcome those obstacles.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section II: Overview of Investigative Interviewing

Estimated Length of Time:

1 hour, 30 minutes

Key Concepts:

- ✓ The process of keeping children safe begins with the initial referral.
- ✓ In order to determine when it is appropriate to intervene with a family, child welfare professionals must be able to carefully assess the safety threats and risks to the identified child and other potential victims in the household.

Method of Presentation:

Lecture, individual reflection, small group activity, large group discussion, role play activity

Materials Needed:

- ✓ **Overhead projector and screen or laptop, LCD projector and screen**
- ✓ **Flip chart paper and stands**
- ✓ **Colored markers**
- ✓ **5X7 cards – 1 per participant**
- ✓ **Handout #2 (Objectives of the Investigation)**
- ✓ **Handout #3 (The Mary Referral)**
- ✓ **Handout # 4(How a Sexual Abuse Allegation Meets the Safety Threshold)**
- ✓ **Overhead #4 (Investigative Goals)**
- ✓ **Overhead #5 (A Successful Interviewer)**
- ✓ **Overhead #6 (Definitions of Interview Types)**
- ✓ **Overhead #7 (Definitions of Safety and Risk)**

Outline of Presentation:

- Scope of the investigation
- Types of interviews
- Receiving reports and screening
- Safety concerns

Section II: Overview of Investigative Interviewing

Step 1: (25 minutes)

Scope of Investigation

Sexual abuse investigation consists of a series of interviews with the identified child, the other children in the family, non-offending parent, household members, the alleged perpetrator, and collateral sources of information. It should also include review of available medical, law enforcement, and school records. Review of any prior reports of child abuse involving the child, sibling/other children in the home, parent, or alleged perpetrator should occur prior to planning the investigation. In addition to gathering information about the abuse, child welfare professionals must assess the safety of and risk to the identified child in order to determine if a safety plan is necessary and what services may be needed by the family.

Inform trainees that, in general, most interviews will collect general and broad information first and become progressively more focused and specific as the interview continues. Draw a funnel on a flip chart to describe this process. Explain that the funnel is widest at the top, representing general and broad questions and becomes narrower representing more focused and specific questions.

Review **Overhead #4 (Investigative Goals)** with the participants. Each interview will need to be tailored to the specific child or adult being interviewed. Investigative interviews are intended to:

- yield information that will enable the agency and coordinating agencies to make decisions regarding pending allegations and;
- evaluate possible safety threats and risk factors for the child.

Best practice guidelines indicate that all interviews should be conducted on the same day, to prevent intimidation and the possible removal or destruction of evidence. The perpetrator must be prevented from having access to the identified child(ren) during the investigation; however, potential protective actions should be discussed with the child, family and other stakeholders (e.g., extended family, school or medical personnel) prior to determining specifics of the safety plan.

In summary, it is important to remember key factors related to the objectives of the investigation. Distribute and review **Handout #2 (Objectives of the Investigation)**.

Activity

Distribute among the tables (at least 1 per table) participants who were identified in Section I as having investigative experience. Distribute flipchart paper to each table and ask them to record three (3) important qualities an investigative interviewer must possess and what skills they would need to have related to those roles. Allow 2-3 minutes for each group to complete their discussion and to record their answers. Reconvene the large group and offer their insights. Then display **Overhead #5 (A**

Successful Interviewer) and review the qualities listed to reinforce concepts offered by the group.

Trainer Note: Various professional associations have developed guidelines to assist professionals in conducting sexual abuse interviews. The American Professional Society on the Abuse of Children (APSAC), the National Institute of Child Health and Human Development (NICHD) and the American Psychological Association (APA) are some of the primary resources. They focus on providing a standard way to gather information and draw conclusions through the interview process regarding whether sexual abuse has occurred.

Step 2: (15 minutes)

Types of Interviews

In discussing the investigative process, it is important to distinguish between therapeutic (clinical/counseling), investigative (child welfare professional), and forensic CAC/LEO) interviews and the various roles each plays related to child sexual abuse.

Activity

Ask participants to individually jot down their ideas of the differences on 5X7 cards. Give them 10 minutes to complete this and ask participants to share with the large group some of their ideas.

Display **Overhead #6 (Definitions of Interview Types)** and clarify the overhead contents through the information below:

Investigative Interviews

The investigative interview can be described as a directed conversation between an investigator and a subject in order to gather information about an incident. Kee McFarlane (1986) describes the interview as a “conversation with a purpose”. Sound investigative interviews look not only at how and where to elicit information but also at identifying individuals and resources necessary to assure child safety. It can include concurrent planning for children through the initial screening and interviews during an investigation. Child welfare professionals primarily focus on investigative interviewing, incorporating some principles of forensic interviewing.

Forensic Interviews

Forensic interviews are much more narrowly defined, requiring specialized training as well as a specific order to the interview process. They are often conducted by law enforcement officials, who concentrate on obtaining accurate information which will lead to confirmation or disproving of any evidence related to the prosecution process.

Therapeutic Interviews

Therapeutic, or clinical, interviews are not necessarily concerned with the details of the abuse but rather the child’s perceptions of events surrounding the sexual abuse and how the events affected the child. They should occur after the investigation of the abuse

by child welfare and/or law enforcement and should not be substituted for the investigative or forensic interview. Typically, these interviews are conducted by mental health professionals or counselors, focusing on how the child has personalized the sexually abusive experience and on helping the child navigate the healing process.

Trainer Note: It is highly recommended that child welfare professionals stay current on literature and research regarding investigative and forensic interviewing since best practice and legal rulings change over time. One resource for accidental v. sexual abuse-related hymenal injury photographs is: *Child Abuse & Neglect: Sexual Abuse* (June 16, 2006) by Angelo P. Giardino, MD, PhD, on the *emedicine* website. The article can be retrieved at <http://www.emedicine.com/ped/topic2649.htm>. Further information regarding forensic interviewing and certification can be obtained through National Association of Certified Child Forensic Interviewers (<http://www.nacffi.com/>) or a similar organization. If desired, record this website information on a flipchart for participants.

Step 3: (30 minutes)

Receiving Reports and Screening

Inform participants that this training will focus on investigative interviewing. Specifically, they will now turn their attention to receiving potential reports of abuse. Ask participants for input regarding their own county's procedures for screening and intake. In summary, note that, while various counties may have different procedures, certain information will need to be gathered and specific decisions made during initial contacts.

Activity

Distribute **Handout #3 (The Mary Referral)** and ask participants to complete the handout with those in their table group, as if they were a screener for their agency. Inform them that they will have 10 minutes in which to complete the handout and to decide if they would accept the referral for investigation or not.

Reconvene the large group and have participants to call out answers they recorded on their **Handout #3 (The Mary Referral)** for what is known and what still needs to be explored, including what questions they would ask in order to obtain the "Needed Information". Some of the needed information may include:

- when they saw the child;
- the current location of the child;
- the immediate safety of the child;
- any assistance the referral source can provide in assuring the current safety of or future risk to the child;
- correct contact information;
- willingness and availability of referral source to be re-contacted;
- information on extended family members or significant others who can assist in safety planning for the child; and

- any other information about the child or family (e.g., child/family's schedule, special needs, language barriers, risk of violence, drug and alcohol involvement).

Note that it would be important for the child welfare professional to ask the referral source, "Is that how the child described it, in her own words?", in order to distinguish verbatim statements from general descriptions. Also, prior to ending contact with the referral source, the child welfare professional would request a written follow-up on a **CY-47** from any mandated reporter, along with any photographs, medical records, or supporting documentation.

Ask one person from each table to share whether the information provided would result in a case being screened out in their county (e.g., no caretaker relationship, sexual experimentation among peers) with possible services with another social service agency or if the referral should be accepted for investigation. Request that the table spokesperson include the rationale for their decision. Remind participants that the child no longer has to "come before" the mandated reporter, according to *Act 179 of 2006* amendments to the *CPSL* so, even if the referral source said the child's friend told her, she could report it.

Ask for the group, by a show of hands, to signify if they would accept the case for investigation or not, including their rationale for the decision. Have volunteers offer what type of a safety tag and response time they would assign to the case, supporting their decision with facts from the case.

Have volunteers answer how this would change if the referral had been received under different circumstances (such as, at 10:00 PM or if the mother had been the referral source). Follow up with questions about how the response time might differ in the various circumstances. For instance, would their response time be different if there was a babysitter coming over after school versus the child being supervised by the alleged perpetrator after school?

Do they have enough information to know if the incident happened yesterday or several months ago? Remind participants it is important to determine if the referral source has completed or facilitated a medical examination, obtained photographs, and made contact with any family members.

Ask with what services they would partner if a case were chosen for investigation versus if the family was screened out and referred to community services. If appropriate, the caller should also be provided with information regarding supportive services, such as a victim witness association, local rape crisis center, medical facilities, and counseling resources.

If a report of suspected sexual abuse is received in which an alleged perpetrator does not meet the perpetrator definition in *Section 6303 of the CPSL*, the child welfare professional is required to refer the case to the appropriate law enforcement department

for criminal investigation, per *Act 179 of 2006*, through use of a **CY-104 (Report to Law Enforcement Officials)**.

Another circumstance might be a case in which the child abuse is reported after the child is over the age of 23: changes were also made to the statute of limitations for child abuse reporting, which extends the length of time under which district attorneys may pursue criminal prosecution to the alleged victim's 50th birthday (*42 Pa. C.S. A. §5552*).

Other special instances might include if it is a child in a foster home/substitute care and the foster parent/substitute caregiver or a household member is the alleged perpetrator. Then it would be a Regional Investigation; however, the county may need to help assure the child's safety.

Step 4: (5 minutes)
Safety Concerns

Once the referral is received by the screener or intake, certain decisions need to be made, including those related to safety threats and risk factors. Remind participants of the difference between safety and risk by displaying **Overhead #7 (Definitions of Safety and Risk)**. As much as possible, key players (e.g., extended family/support system, school, law enforcement) should be involved in developing the initial plan which must clearly delineate an ongoing means of assessment, communication, and plan revision. Note that safety assessments provide child welfare professionals with a structure and filter for the information they gather.

Remind participants that, if sexual abuse has occurred or is suspected, it is considered a safety threat in Pennsylvania according to the Safety Assessment and Management Process (SAMP). Distribute **Handout #4 (How a Sexual Abuse Allegation Meets the Safety Threshold)**. If there is a potential threat of violence or if the non-offending parent/caregiver does not have the capacity to bar the perpetrator's access to the child, a safety plan must be created and immediate steps implemented to assure the child's safety.

Every child in the home should be evaluated for sexual abuse; not just the children of the same gender or age range because sex offenders do offend across age ranges and genders. The perpetrator should not have contact with the child or should only be allowed supervised contact only during the investigative/assessment process. One of the family's protective capacities may be in their ability to not allow access to the child. Any appropriate documentation should be completed and discussed with the supervisor prior to case closure or screen out.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section III: Preparation Stage for Child Interview

Estimated Length of Time

1 hour, 30 minutes

Key Concepts:

- ✓ Pre-planning the investigation is necessary to effective intervention.
- ✓ Child welfare professionals need to understand the interplay of culture and values in order to sensitively handle investigations, responsibly interview and protect children.

Method of Presentation:

Lecture, individual activity, small group activity, large group discussion, video

Materials Needed:

- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Flip chart stands and pads
- ✓ 5X7 cards – 1 per table
- ✓ 6 envelopes labeled "Tender Years Act Scramble", each with 1 copy of cut up rectangles from Appendix #2 (Tender Years Act Scramble), scrambled in the envelope
- ✓ DVD/Video player and television
- ✓ Appendix #2 (Tender Years Act Scramble)
- ✓ Trainer Resource #1 (Tenders Years Act Scramble Answer)
- ✓ Handout #5 (Information Gathering)
- ✓ Handout #6 (African-American Families)
- ✓ Handout #7 (Latino Families)
- ✓ Handout #8 (Asian, Pacific Islander and Filipino American Families)
- ✓ Handout #9 (Guidelines for Working with the Amish Community)
- ✓ Handout #10 (Use of Translators)
- ✓ Handout #11 (More About Mary)
- ✓ Handout #12 (*OCYF Bulletin*: PA Supreme Court Decision Update)
- ✓ Overhead #8 (Stages of the Interview Process)
- ✓ Overhead #9 (Definition of Culture)
- ✓ Overhead #10 (Sequencing of Interviews)
- ✓ Overhead #11 (Location of Interviews)
- ✓ Overhead #12 (Tender Years Act Scramble Instructions)
- ✓ Overhead #13 (Interviewing Tools)
- ✓ Overview #14 (Family Tree for the Doe-Davis Family)
- ✓ DVD/Video Clip #1 (Use of Body Drawings) (2 minutes, 57 seconds)

Outline of Presentation:

- Stages of the interview
- Cultural factors
- Logistics of the interview
- Equipment and interview tools

Section III: Preparation Stage of the Child Interview

Step 1: (5 minutes)

Stages of the Interview

Understanding the purpose and outcomes of interviews can assist workers in remaining committed to using best practice throughout the process. Attending trainings such as this can keep child welfare professionals thinking about how to continuously improve their practice. Looking at the interview as having steps or phases will help the child welfare professional cover all of the material and will help the child know what to expect. The interview with the child is to be conducted in an age-appropriate and developmentally appropriate manner. Remind participants that every stage should be used for each interview with the referral source, child, siblings, non-offending parent, alleged perpetrator and collateral contacts.

Display **Overhead #8 (Stages of the Interview Process)** and review the 4 stages. Note that the first stage involves the preparation that the child welfare professional must consider and implement prior to the interview, beginning with development of a plan. Since a vast amount of information must be gathered in a way that still engages the family, it is important to plan the interviews prior to speaking with the child or other parties. Distribute **Handout #5 (Information Gathering)** and encourage participants to review it as part of their preparation for interviews in the field. The first step in preparation is considering culture.

Step 2: (10 minutes)

Cultural Values Related to Sexual Abuse

Advise participants that, having looked at some of the factors involved in planning for the investigation, the training will now examine how to prepare for the interview itself. In order to do so, child welfare professionals need to evaluate the influence of a child's culture on how they see themselves and the world around them. Note that families represent a myriad of religious, ethnic and cultural backgrounds as well as varying sexual orientations. Display and review **Overhead #9 (Definition of Culture)**.

Trainer Note: Although the focus will be on the identified child and sibling in this section, the same principles will apply to the non-offending parent, alleged perpetrator and collateral contacts. The following description of the funnel should be visualized for participants on a flip chart sheet, which is then hung on the wall for later reference in Section V.

This can be seen as a funnel in which the overall culture (broader perspective) is drilled down into the family culture (narrowing of funnel), which is affected by the individual's experiences surrounding specific issues (neck of the funnel, producing the individual's cultural perspective (below the neck of the funnel). It is also important to recognize that values, beliefs and codes of conduct of cultural groups change over time as a child develops.

Solicit answers from participants related to why it is important for child welfare professionals to understand the impact of these factors, emphasizing the following points:

- a) assess to what degree the individual subscribes to ethnic, religious, or cultural values and codes of conduct common to his/her group;
- b) understand how these may affect an individual's response to sexual abuse;
- c) use that information to sensitively intervene to protect the child;
- d) behave and respond in ways that respect the ethnic, religious, or cultural group.

In looking at cultural values of specific groups, it is important to realize that each family may be a member of multiple cultural or ethnic groups and are, therefore, each their own unique blend of values and beliefs. A family's values, beliefs, traditions and codes of conduct may inhibit the child's willingness to disclose and the parent's willingness to report, believe and protect the child.

Step 3: (40 minutes) **Ethnic Groups**

Applying general knowledge about a particular culture to the Introductions and Building Rapport steps of this stage in combination with the ability to look at individual and familial differences will assist child welfare professionals in setting the stage for a "safe environment" in which to interview the child.

Activity

Group individuals in 3 groups: 1) those with birthdays in January-April, 2) with birthdays May-August and 3) with birthdays September-December. Distribute the following handouts, along with a piece of flipchart paper, to each group: **Handout #6 (African-American Families)**, **Handout #7 (Latino Families)**, **Handout #8 (Asian, Pacific Islander and Filipino American Families)**. Advise participants that the overviews are representative examples of information that is culturally relevant to child sexual abuse investigations.

Assign Group 1 to review **Handout #6**, Group #2 to **Handout #7** and Group 3 to **Handout #8**. Ask participants to work in groups for 10-15 minutes, note how their own experiences are the same or different than the information provided and then present their findings to the large group. Be available to answer questions during the group discussion.

Reconvene the large group and instruct each small group to report out. Summarize the main points of the handouts. If not offered by participants, summarize with the following: the strengths of the African American family may provide both safety threats

and strengths which may become protective capacities (see **Handout #6**). Latino families may expect many of the contacts to occur with both immediate and extended family members present (see **Handout #7**). Asian families may not report due to fear of “shaming” the family (see **Handout #8**).

After groups have shared the similarities and differences between the culture they presented and their own, provide some of the following examples, noting that some of the messages given by families may conflict with one another:

- Do not be sexually active before marriage
- Take precautions to prevent pregnancy and sexually transmitted disease
- If you have been sexually abused, keep it a secret, in order to avoid shaming your family.
- If you have been sexually abused, keep telling an adult you trust until someone believes you and helps you.
- Respect people in authority.
- Come to your own "people" for help in time of crisis; don't trust "outsiders" to have your best interests in mind.
- If you don't want to tell me (parent), talk to your teacher or guidance counselor.
- Obey your parents unquestioningly.
- Do not disrespect your elders by accusing them of an immoral behavior.
- Always tell the truth.
- Do whatever is necessary to protect your reputation, standing in the community and chances for a "good" marriage and successful future.
- Always go to the doctor (or healer) when you are sick.
- It is best to forget about bad things that happened in the past and move on with your life.
- When we do not remember, history repeats itself.

Emphasize that family values will always have a difference on sexual abuse-related issues. Note that interactions with certain ethnic, religious, or cultural groups may require additional skills from the child welfare professional.

Distribute and review **Handout #9 (Guidelines for Working with the Amish Community)**. Note that the Amish community is both a religious and cultural group. Highlight that both Amish and Mennonite communities are based on orders governed by the elders of the church, who may need to be included in decision-making during the investigative process. It is, therefore, important to understand that asking the family how the elders should be involved may be a first step in building rapport with the family and may lead to how interview rules (e.g., who would be present during the interview) are established.

Step 4: (5 minutes) **Language Barriers**

Other special considerations may include the family's use of a language other than English, such as Spanish or Vietnamese, or a hearing deficit, deafness and/or the family's use of American Sign Language. One such consideration may be language barriers. This could include that the family speaks English but the family's use of the language or their customs may be unfamiliar, as with the Amish community.

It is important to distinguish between language barriers, physical barriers to communication and cultural misunderstandings. For example, some Asian cultures may consider it polite to agree to whatever the child welfare professional (person in authority) is saying; determining if the person is responding within a cultural context versus not understanding the language being spoken require different interventions. It is crucial to respond in a culturally sensitive manner and, as needed, to employ the use of a translator.

Distribute **Handout #10 (Use of Translators)** and review. It is especially important to ask for clarification if one or more of the following conditions are present:

-  the interviewee's primary language is not English;
-  the person comes from a different geographic location;
-  there is a culture or dialect distinct from that of the interviewer;
-  the interviewee is hearing impaired;
-  they have a speech impediment; or
-  there are other verbal factors, such as echolalia (repeating some or part of a prior person's speech).

Note that individuals who cannot communicate with child welfare professionals in their primary language may not be able to understand the child welfare professional's role or purpose nor be able to accurately convey their needs or circumstances. With children for whom English is a second language (including deaf children who primarily sign), use of inverted word order may require clarification of the sentence meanings and sequence of events. Child welfare professionals should contact translators who are familiar with the culture and utilize their expertise to inform them about the proper way to approach the family, intervene on behalf of the child and arrange for appropriate services. Translators and other "cultural consultants" can often provide valuable advice and improve effective communication between the child welfare professional and child/family.

Child welfare professionals should seek out a language resource bank, become familiar with its benefits and limitations and discover the agency's policies regarding use of it. In areas where there are few translators available or many different languages spoken, agencies may sometimes **contract** with a similar, confidential service through Language Line Services (available 24 hours a day, 7 days a week), which uses an 800# on which to connect. (For further information, call 1-800-528-5888 or go to <https://www.languageline.com>.)

Trainer Note: You may wish to put the name of this service and the contact information on a flip chart sheet for participants. Note that, if the county does not have an already-established contract, they cannot use the Language Line services. Encourage them to take back the information to their agency so a contract can be established, if it is needed.

Emphasize that it is not imperative that every child welfare professional be an expert in every ethnic, religious, or cultural group. This should not dissuade child welfare professionals from using information and literature available to learn more about the diverse populations and the interwoven fabric of culture. It is important to know where to turn to gather the information or literature. One valuable source is *Sexual Abuse in Nine North American Cultures: Treatment and Prevention*, written by Lisa Fontes, which participants can peruse on the resource table.

Encourage participants to ask questions during contact with children and families to ensure understanding of the particular child or family's culture in order to assess children and families accurately, in light of their own values and beliefs.

Step 5: (10 minutes)
Logistics

Having looked at the overall structure of the interview and culture of the family, participants will now turn their attention to the stages of the interview, beginning with the preparation stage. The primary focus will initially be on interviewing the identified child, siblings and other children involved in the investigation.

Activity

Distribute **Handout #11 (More About Mary)**. Ask participants to briefly read over the handout, using this to fill in information the screener may have ascertained by further questioning of the referral source, as discussed in Section I. When they are done reading, ask them to offer in the large group what they would do next. Answers might include such things as talking with the teacher, scheduling interviews or looking at the previous case file. Through clarifying questions to the participants, draw out that the child welfare professional should first take an opportunity to discuss the referral and investigation plan with the supervisor to determine, among other things, the logistics of conducting the interview.

Logistics could include:

- Sequencing
- Timing
- Method
- Location

One of the first considerations would be the sequencing of the interviews. Display **Overhead #10 (Sequencing of Interviews)** and remind participants that the first interview should always be with the identified child and then with the other children involved, taking into account cultural and practical considerations.

If not offered by participants, note that:

- separate interviews maximize the integrity of the information obtained;
- siblings must always be interviewed in child sexual abuse cases for corroborating evidence and as potential victims;
- abuse may have happened to both the girls and the boys in the family;
- a medical exam should be provided to all siblings of victims with an STD (sexually-transmitted disease), even if the sibling denies sexual abuse conduct interviews with other possible child victims such as neighbors, playmates, members of the same club or sports team and members of the extended family;
- it can sometimes be helpful to interview a support person or the non-offending parent first, in order to gather information, such as the child's cognitive level, individual needs, words for body parts and body functions; and
- other contact interviews may need to be conducted later during the investigative process;

Relating to when and how the interviews should be conducted:

- interview children when they are rested and fed;
- nap time, meal times, school schedules and custody arrangements should be taken into account;
- children with developmental or medical concerns should be individually assessed to determine how they can best be interviewed (e.g., use of language board);
- it may be necessary to interview young children in the presence of a support person, such as a TSS (therapeutic support staff) or interpreter;
- collaborate about who will be in the room during the interview and who will take the lead in the interview and how the interview will be documented;
- in medical settings or at Children's Advocacy Centers, interview children fully clothed prior to the physical examination;
- instructions should be provided to any support person prior to the interview regarding containment of their physical/emotional (crying, gasping, rushing to the child) and verbal (contradicting, correcting or suggesting) responses;
- make all possible efforts to increase the comfort of the child; and
- focus should be on choosing a time and place that is best for the child.

For location, display **Overhead #11 (Location of Interviews)** and reinforce:

- a quiet, neutral and comfortable location with minimal distractions is preferred
 - away from noisy areas, ringing telephones, vending machines and outside entrances
 - safe for everyone involved
- interview young children in an interview room specifically designed for children, furnished with child-sized furniture
- if possible, use a room fully equipped with audio or videotaping equipment, interview tools and a two-way mirror or closed circuit television

Trainer Note: Professionals should take into consideration how to dress when using rooms with child-sized furniture or where they may need to be seated on the floor.

Step 6: (10 minutes)
Taping

Documenting the interview is typically defined by the process and procedures of the agency or an investigating law enforcement organization; however, with the growth of technology, many law enforcement agencies and Children's Advocacy Centers are moving toward videotaping on DVD's or other taping mechanisms in order to highlight the child's statements, demeanor and vocabulary. Interviewees must be notified that they are being taped and agree to the process, preferably through signing a release. The tape should include a verbal account of the date, time, persons present, and the location of the interview.

One advantage of videotaping or having closed-circuit television is the reduction in the number of interviews to which a child is subjected. An audio- or videotaped session (with parental/caregiver releases signed) helps preserve the integrity of the interview. It reduces the number of times a child is interviewed and may save a child from testifying in a criminal procedure. In addition, a videotape can provide the professionals involved with a wealth of information.

How and what is documented will be dictated by the child welfare policy, local legal requirements, and availability of equipment and supplies. Facilitate a discussion regarding the types of documentation that child welfare professionals use when recording the interviews with the alleged child victim, the non-offending parent and the alleged perpetrator.

Note that many people interpret verbal and non-verbal behaviors without even realizing why and how: "He acted as though he was guilty"; "She was lying -- I could tell"; "He was frightened" or "She was in shock". Appropriate documentation should reflect the questions asked during the interview process and the information gathered during this process, including non-verbal behaviors.

A critical court decision in Pennsylvania involved a 1994 Supreme Court decision, **A.Y. v. Department of Public Welfare and Allegheny County Children and Youth**. This ruling spurred an **OCYF Bulletin (3490-95-01)** outlining guidelines for hearsay evidence and audio or videotaping. This Bulletin has been updated by **OCYF Bulletin 3490-03-01, effective 3/10/03**.

Activity

Distribute to each group one envelope containing a complete set of **Appendix #2 (Tenders Years Act Scramble)** scrambled rectangles to each table. Display **Overhead #12 (Tender Years Act Scramble Instructions)** and review. Ask participants to work together to come up with the final product. Allow approximately 3-5 minutes for completion and, even if participants are not done, stop the activity. Ask

each table group to offer their results and then review the actual statements from **Trainer Resource #1 (Tenders Years Act Scramble Answer)**, reinforcing how important collaborative partnerships are to best practice.

Distribute **Handout #12 (OCYF Bulletin: PA Supreme Court Decision Update)** and highlight the noted changes as a result of the updated Bulletin. Note that another alternative to the child appearing in court, especially with young children, is to request that the judge meet with the child in chambers.

Trainer Note: Specific guidelines for testimony by video recording can be found under *Part E, Rule 1381, Preservation of Testimony by Video Recording*, of the Pennsylvania *Rules of Juvenile Court Procedure, Dependency Matters*.

Although there was a United States Supreme Court decision in 2004 (see *Crawford v. Washington*, 124 S. Ct. 1354), regarding changes in admission of certain testimonial statements for criminal proceedings, this was overturned during a Jefferson County case in Pennsylvania where it was ruled that the *Crawford* ruling was not applicable as the statements made by the child were considered “non-testimonial” due to the circumstances of the police interrogation being “to enable police assistance to meet an ongoing emergency” (2007 Pa. Superior Court decision, *PA v. Rickey Lee Allshouse, Jr.*). Testimony by other professionals was also allowed, using the same “primary purpose” litmus test.

Step 7: (10 minutes)
Interviewing Tools

Trainer Note: Bring some favorite interviewing tools to display for participants during this section and for use with activities in the following section.

Interviewing tools can assist children in communicating information. Ask participants to share what types of tools they use when interviewing. Display **Overhead #13 (Interviewing Tools)** and briefly describe the types of tools available:

Dolls - There are several uses of dolls; however, they are primarily used now as demonstration aids, to show what occurred and/or to serve as a body inventory aid. Dolls of many types may also be useful in discovering the child’s ability to fasten or undo snaps, buttons, ties and other items requiring fine motor skills.

Body Drawings - Body drawings are also a commonly used interviewing tool. Some of the pre-fabricated drawing sets include drawings or outlines that display unclothed bodies of preschool children, school aged, and adolescent, adult and mature adult individuals. Many sets often include Asian, Hispanic, African-American and Caucasian ethnic groups. Outline sketches consist of only the eyes on the drawing. The child is asked to fill in the body parts as they go along and name them. As with the dolls, most investigative interviewers use the body part drawing and the purpose of the body part to assist in identifying the child’s names for the body parts and their use.

Other Tools – Tools used for interviewing children can be simple and easily available items as well. They may include colorforms, crayons and paper, Play-doh or clay, puppets, building blocks or Legos, doll houses/furniture and toy telephones.

Note that many of the tools described might be used primarily with younger children but may be able to be adapted for older children as well. For children able to understand the instruction, the child welfare professional may ask him/her to draw the layout of the house (what rooms are where) to use as a way to question them about what happens in the various rooms of the house (routinely) versus what happened the day(s) of the incident(s). Another way to bridge to the incident itself is to have them draw what is in the actual room where the alleged abuse occurred, naming each object. This can then lead to important information for assessing the child's developmental levels, veracity of the statements and potential sources from which evidence can be collected. Have the child sign and date the drawings.

Distribute one sample tool to each table and ask participants to identify how they would use their tool to assess the child, what would be the appropriate age child with which to use it and what kind of questions they would ask. Inform participants that they will now be viewing a video portraying the use of one of the tools: body drawings. Ask participants to evaluate what information other than names for body parts were learned during that part of the interview. Play **DVD/Video Clip #1 (Use of Body Drawings)**. Have participants share their observations.

Note that other information other than what was asked through direct questions was gathered in the interview, such as the child's knowledge of colors and other developmental issues. Further, although very simple tools were used, they were effective and appropriate to the age of the child.

Child welfare professionals may either have a myriad of tools available to them, such as in a Children's Resource Center, or few tools. It is important to use whatever tools are available in the space provided and it is recommended that child welfare professionals always carry some tools with them, such as body drawings or paper, pencils and crayons, to help supplement the interview process.

Trainer Note: If unfamiliar with genograms, go to <http://www.genopro.com/genogram/> to familiarize themselves with genograms. The website provides a general explanation of genograms, their uses and the meanings of symbols.

One final tool, used as a way to gain a quick overview of the family situation, is to jot notes down on a genogram. Display **Overhead #14 (Family Tree for the Doe-Davis Family)**, highlighting the different components. Reinforce that the genogram can be used while interviewing any child who is able to delineate family relationships (mom, dad, sister, brother, *etc.*) as a tool in gathering and organizing information. Older children can be asked to draw it themselves to provide explanations of who lives in what household, what relationships various siblings (full, half or step) or "cousins" have within

the family, patterns of behavior (domestic violence, drug and alcohol use, mental health conditions, *etc.*). Genograms can also be used later in interviews with the non-offending parent or collateral contacts to fill in missing information, such as given names, ages or genders that the child was unable to provide.

Trainer Note: For further information regarding genograms, refer participants to *Genograms: Assessment and Intervention, Third Edition*, by Monica McGoldrick, Randy Gerson, and Sylvia Shellenberger (W.W. Norton & Co, Inc., 2008).

Having considered the various aspects of preparation, the child welfare professional is ready to embark on the interview itself.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section IV: Beginning and Introductions Stage of the Child Interview

Estimated Length of Time:

1 hour, 30 minutes

Key Concepts:

- ✓ Setting a strong foundation for the interview will lead to more open discussion/disclosure during later stages of the interview.

Method of Presentation:

Lecture, individual and small group activities, large group discussion and activity, video

Materials Needed:

- ✓ **Overhead projector and screen or laptop, LCD projector and screen**
- ✓ **Flip chart stands and pads**
- ✓ **Colored markers**
- ✓ **DVD/Video player and television**
- ✓ **Lined paper -- 1 per participant**
- ✓ **Pens or pencils**
- ✓ **Sample interview tools (provided by trainer)**
- ✓ ***Sexual Abuse in Nine North American Cultures: Treatment and Prevention* book**
- ✓ **5X7 Cards -- 5 for Beginning and Introductions Activity**
- ✓ **Appendix #3 (Beginning and Introductions Stage Components)**
- ✓ **Trainer Resource #2 (Beginning and Introductions Stage Components Order)**
- ✓ **Handout #13 (Structuring Interview Questions)**
- ✓ **Handout #14 (Developmental Issues in Interviewing Children)**
- ✓ **Overhead #15 (Rules of the Interview)**
- ✓ **Overhead #16 (Children's Communication Sequencing)**
- ✓ **DVD/Video Clip #2 (Introductions) (1 minute, 8 seconds)**
- ✓ **DVD/Video Clip #3 (Building Rapport with Young Children & Older Children) (4 minutes, 25 seconds)**
- ✓ **DVD/Video Clip #4 (Timelines) (2 minutes, 36 seconds)**

Outline of Presentation:

- Components of the beginning and introductions stage
- Child communication
- Use of interviewing tools
- Elaborating skills

Section IV: Beginning and Introductions Stage

Step 1: (35 minutes)

Components of the Beginning and Introductions Stage

Trainer Note: The following activity will use the cards from **Appendix #3 (Beginning and Introductions Stage Components)**. If requested, also provide groups with flip chart paper and markers to make their presentations to the large group. Bring in samples of interviewing tools for use with a demonstration/activity in **Step 3 (Children's Communication)**.

Note that, having prepared for the interview and, as part of that preparation, looked at cultural factors surrounding the particular child(ren) and family, child welfare professionals will then initiate contact with the child. Ask the group to brainstorm the components of this stage. Components (as indicated on **Trainer Resource #2, Beginning and Introductions Stage Components Order**) should include:

- Introductions and Purpose
- Rapport Building
- Establishment of Interview Rules
- Assessment of the Child
- Bridge to Inappropriate Sexual Behavior

Activity

Create 5 groups (if participants are not already arranged at 5 tables). Using **Appendix #3 (Beginning & Introductions Stage Components)** cards, assign each group a component and distribute the corresponding card, along with a 5X7 card, to each group. Distribute **Handout #13 (Structuring Interview Questions)** and ask participants to use the information from the handout and related to their component to prepare a short presentation for the larger group. Advise them that each group should review the information given, review the resources related to their component, if appropriate and record some case examples and/or notes for the presentation. Each group should then decide on what and how they will present. Allow groups 15 minutes to prepare. Circulate among groups to answer any questions they may have about the presentation.

Trainer Note: While the groups are working, post flip charts sheets around the room, labeled with the following words: "Vagina", "Penis", "Breasts", "Buttocks", "Testicles", "Ejaculation/Sperm" for use in a later activity.

Ask each group to present, in the order listed below. Hold each group's presentation to no more than 2-3 minutes, allowing time following the presentation for other participants to make comments or ask questions. As each group presents, summarize the section using the following tools:

- Introductions and Purpose: **DVD/Video Clip #2 (Introductions)**

- Rapport Building: **DVD/Video Clip #3 (Building Rapport with Young Children & Older Children)**
- Establishment of Interview Rules: **Overhead #15 (Rules of the Interview)**

Once completed, remind participants that elements of the first two components were presented in previous trainings relating to interactional skills. Then provide the following summary for the first 3 components:

The child welfare professional begins the interview process, introduces himself/herself to the interviewee, reveal the purpose or reason for the interview, builds rapport and sets the stage for obtaining specific information about the allegation during this stage of the interview. The child welfare professional should encourage the gradual movement from more general information to more sensitive information. This stage may last only a few minutes or may take quite a while. It is important that child welfare professionals take time to build rapport and gain accurate information during this part of the interview, and not rush through it.

The goal is to lay a foundation of knowledge, gain insight into the interviewee's basic level of functioning, and learn about routine, daily events in the child/family's lives. This phase may include questions related to a child's understanding of or words for time (today, yesterday, tomorrow v. "mañana," meaning later or tomorrow); knowledge of numbers, letters, and colors; household rules and consequences; the child's routine/schedule; titles/names for household members; relationships with others; and other basic information. Note that rapport building will look different, depending on the age of the child.

Step 2: (20 minutes)
Assessment of the Child

Having covered the first 3 components of the Beginning & Introductions stage, participants should turn their attention to the 4th component. Ask the 4th group to present on:

- Assessment of the Child (summary resources contained in curriculum below)

Seeing children as their own cultural group, with age being viewed as an aspect of culture, allows child welfare professionals to determine what skills they will need to work with this particular group. As with any interview, the child welfare professional will want to begin the interview in a culturally-sensitive way. Child welfare professionals may start the interview by shaking hands and making eye contact but, for some people, these behaviors actually reduce rapport and trust. Being aware of the impact of one's actions will assist the interviewer understanding the language and general behavior of the child, in order to get "baseline" information regarding his/her verbal and non-verbal communication patterns, listening to the words and the meaning behind the words.

Highlight some key issues in **Handout #14 (Developmental Issues in Interviewing Children)** and encourage participants to use the handout for self-study at a later time. Note that some of the groundwork for evaluating this may have been covered while doing rapport-building.

Part of establishing the baseline may include how the child fixes times and dates for certain events. The child's use of time frames is often one of the most vital pieces of information secured during an investigative interview. Show **DVD/Video Clip #4 (Timelines)** and ask participants to identify how using various identifiers to establish timelines could influence interviews with other people (e.g., developmentally-delayed adult, person who could not see a clock but knew it was before or after a particular event, etc.). Reinforce their observations and note that perception of time is influenced, not only by a child's age and developmental level, but also by their culture.

Reinforce to participants that information is often not provided as it relates to chronological order. Sequencing, or identifying the order of events, is also crucial to understanding what occurred. As with many other facets of interviewing, sequencing is influenced by a child's culture. They may tell stories in either a sequential or contextual way, with most small children telling stories conceptually.

Display the overhead entitled **Overhead #16 (Children's Communication Sequencing)** and ask for volunteers from among the participants to read it orally. Ask participants to identify how the two accounts differ. If not captured by participants, share the following:

In the first story the teller concentrates on telling the order of events from a time perspective. The teller clarifies the causal connection between being told of the reward for doing a chore, choosing to do the chore, doing the chore, and receiving the reward. There is no mention of feelings.

In story #2, the teller assumes that you will understand the relationship between doing the chores and receiving the ribbons. This child concentrates on explaining her feelings about the ribbons, her mother's view of her in the ribbons and the importance of everyone in the family contributing to the well-being of the family.

Allow the child to initially tell their story in the way that is important to them, leaving clarification and specific details for later stages of the interview. In order to do this, child welfare professionals must master the elaborating skill of containment, or containing one's own responses. It is important because it "helps the client tell their own story" and keeps the worker from attempting to "help" before the whole story is told (Shulman, 2006, p. 126). Using this method helps child welfare professionals afford the child respect, maximize the amount of information gained and avoid leading questions.

Non-verbal communication may include voluntary movements (such as drumming their fingers, kicking their feet, standing or pacing), involuntary physiological responses (such as tics, narrowing of the pupils, rate of breathing, heart rate, perspiration) and other body language, such as tone, rate of speech, facial expressions and body position. Watching and documenting these activities can assist the child welfare worker in assessing, not only the child's baseline behavior, but also anything which represents an unusual response for the child. Note that the same principles apply to interviewing teenagers and adults.

Step 3: (35 minutes)
Bridge to Inappropriate Behavior

Inform participants that they now should have established a baseline rapport and understanding of the individual they are interviewing through the first 4 components of the Beginning & Introductions Stage. In light of that, they are ready to begin the transition to the work stage of the interview. In child sexual abuse cases, this can be done through:

- Bridge to Inappropriate Sexual Behavior

Have the 5th group make their presentation. Note that, as previously discussed, using tools such as body drawings, dolls or paper and crayon (child's own drawing) can help elicit information about the layout of the house, household members and names of body parts. Language that is easily understandable is important to effective communication during an interview, as well as explanations for any unfamiliar or difficult words. Child welfare professionals should also ask the child or family to explain any unfamiliar or seemingly out of context words, as well as any terms that may refer to private body parts or any sexually-related terms.

Activity

As a way to demonstrate the types of terms they may encounter, instruct participants to get a marker and to stand by one of the flipchart sheets with a body part on it, which are posted around the room. Ask participants to write words children or teens might use for vagina, breasts, buttocks, penis, testicles or ejaculation/sperm, going around the room in a counter-clockwise fashion until they have written on each sheet. Allow 10 minutes for participants to record their words and then ask them to be seated. If participants were unable to come up with any slang terms, note that some examples might be:

- a) Vagina -- butterfly, box, peach, cooter, va-j-j, pocketbook, kitty;
- b) Breasts -- nips, pillows of life, the girls, knockers, coconuts;
- c) Buttocks -- bootie, hiney, tushie, bum, ba-donk-a-donk;
- d) Penis -- turd cutter, lollipop, tube steak, wee-wee, tallywhacker, one-eyed willie, winker, weiner, birdie, pole, pee-pee, ding-dong, schlong, popsicle, snake, peter, twig and berries;
- e) Testicles -- the boys, balls;

f) Ejaculation/sperm -- skeet, milkshake, jizz.

Ask participants to clarify any terms unfamiliar to the group. Relate this activity to the need to clarify terms, phrases, and words the child uses during the interview which describe body parts, sexual acts, or other knowledge that the child would not normally have (e.g., regarding prostitution or pornographic material and how it is disseminated).

Note that, while continuing the interview, child welfare professionals should use the child's or family's terms for various body parts, once defined. It is also important that we conduct our conversations and interactions with children with an increased awareness of the cognitive, language and developmental barriers for ourselves as well. For instance, children learn very early to be cooperative with adults. Because of this, it is essential to ask follow-up questions, exploring children's responses to abstract concepts, such as those about age, size, time, relationships, and distance. Another strategy is to ask the child to repeat back questions the child welfare professional asked to ensure that the child heard and processed the information.

Although interviewing tools can be used at any point during this stage, it is often during the last two components of this stage that interviewing tools are introduced. The tools offer one way to segue into the next stage by exploring names for body parts with a doll or leading into bedtime/bathtime rituals through the use of a dollhouse. If children are having difficulty starting on more difficult subjects, it may be helpful to set the conversation up using a toy telephone or cell phone. The distancing of the child from direct interaction may allow them to explore topics that are taboo. Use of drawings or lists made by the child can add to conversation around discipline, rewards or punishments, leading into how these areas may affect events or activities surrounding the abuse.

Using one of the interviewing tool samples, select a volunteer from among the participants and assign him/her a suggested age. Do a brief demonstration of how the tool might be used during the beginning & introductions stage of the interview, including what type of activities or questions might be used to assess the child's level of functioning during rapport building and how to bridge to inappropriate sexual behavior.

Reinforce that the interviewer's initial work with a child must convey to the child that the interview will be conducted in a safe and sensitive manner. The child should be granted as much control in the interviewing environment as is realistically possible, in order to lessen the trauma of the interview process.

Step 4: Combining Skills and Knowledge

Another way to lessen the trauma of the interview process is to use containment skills, especially if the child discloses shocking, bizarre or violent details. Containment may include some of the skills already mentioned during discussion with use of support

people in the interview, such as not physically, emotionally or verbally reacting to a child's statements. It can include low or no affect, such as an approach a law enforcement officer may take, or containing such natural responses as, "It's going to be okay" or hugging the child during particularly difficult moments of the interview. Although use of touch can sometimes be used positively during an interview, it is especially important with child sexual abuse victims to establish clear and safe boundaries.

A second skill is focused listening, which involves being "present" with people during the interview, concentrating on what the child is saying through use of active and reflective listening skills (Shulman, 2006, pp. 128-132). Active listening requires the listener to be open and objective, to be aware of what the person is actually saying and not to what the listener thinks he/she is going to hear. Reflective listening requires the listener to reflect the information back to the person for clarity and confirmation, by repeating it for accuracy. For instance, "When you close your eyes and stop talking, you feel scared?" Both these skills are important in allowing the child to pace the interview at a comfortable level and keeping them as the primary focus of the interview.

One of the most difficult skills, which incorporates both containment and focused listening skills, is reaching inside silences. The first part of the skill is to be comfortable allowing the silence. The ability to let the child tell his/her story at their own pace, allowing for silence when they need it and then knowing when to ask a question to draw out what the child may be thinking or feeling requires a great deal of skill and practice. Observing others who use these skills during an interview is one way of learning how to develop elaborating skills.

If comfortable doing so, select a volunteer from one of the tables, provide him/her with a scenario (e.g., you are a 7-year-old male who was sexually abused by a babysitter or you are the 12-year-old girl from the *Learning How to Drive* excerpt we read this morning in Section I). Ask the volunteer to begin telling their story while the trainer demonstrates the 3 skills above: containment, focused listening and reaching inside silences. This should take no more than 2-3 minutes. After the demonstration, be silent before moving on. Ask the volunteer for feedback on how they felt and whether the use of the skills was helpful. Then ask other participants what they heard and observed.

Alternately, share a case example or use the following anecdote and then lead a large group discussion contrasting the use/lack of elaboration skills by child welfare professionals and the potential perception of their actions by the child:

An experienced worker is being shadowed by a new, young Latina worker. They go out to interview an 11-year-old white boy at school. The guidance counselor allows them to use her office, which is long and narrow with glass windows on 2 walls and glass in the upper part of the door. Children changing classes often pass by the office. The child is seated at one end of the office, bordered on two sides with filing cabinets. The workers sit in chairs located between the child and the door. When the child begins to discuss more sensitive topics, bridging to

sexualized content, the experienced worker remains calm and begins to matter-of-factly draw out further information, allowing silences in the conversation. During one of the silences, the Latina worker, who is obviously agitated, goes over and hugs the boy, saying, "Everything is going to be okay."

Distribute lined sheets of paper and ask each participant to label it with the above skills (containment, focused listening and reaching into silences), leaving spaces between each label. Instruct participants to individually record at least one example of each on their paper and one way they can improve their use of the skill when they return to work. Allow 60-90 seconds for participants to record their answers, without talking. Ask participants to share their discoveries at their tables, allowing 15 minutes. When completed, ask one volunteer from each table to share a new discovery or connection to their work.

Encourage participants to take opportunities to speak with their supervisor about agency expectations surrounding use of these skills. If possible, participants should rehearse this specific stage of the interview with their supervisor or an experienced worker, processing out how it felt and what worked well or could be done differently after the rehearsal. Also, invite participants to practice with trusted family and friends, noting that this can be a way for family and friends to feel a part of their important work without compromising confidentiality. Videotape yourself and then play it back. Promote the use of motivational and constructive feedback as a way of promoting elaborating skills as well. Becoming comfortable with the use of the beginning skills will also help child welfare workers as the interview progresses.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section V: Questioning and Clarification (Work) Stage of the Child Interview

Estimated Length of Time:

1 hour, 15 minutes

Key Concepts:

- ✓ Understanding how to interview children with developmentally appropriate methods increases the child welfare professional's ability to provide appropriate services for their well-being and to keep children safe in a permanency-based setting.

Method of Presentation:

Lecture, individual and small group activities, large group discussion and activity, video, case scenario

Materials Needed:

- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Flip chart stands and pads
- ✓ Colored markers
- ✓ DVD/Video player and television
- ✓ 6 blank 5X7 cards -- one per table
- ✓ Appendix #4 (Focused Questions Cards)
- ✓ Trainer Resource #3 (The Six Domains as Questions)
- ✓ Handout #1 (Agenda), Revisited
- ✓ Handout #3 (The Mary Referral), Revisited
- ✓ Handout #11 (More About Mary), Revisited
- ✓ Handout #13 (Structuring Interview Questions), Revisited
- ✓ Handout #14 (Developmental Issues in Interviewing Children), Revisited
- ✓ Handout #15 (Checklist for Interviewing/Questioning Children)
- ✓ Overhead #8 (Stages of the Interview Process), Revisited
- ✓ Overhead #16 (Children's Communication Sequencing), Revisited
- ✓ Overhead #17 (Reasons a Child May Purposefully Disclose)
- ✓ DVD/Video Clip #5 (Secrets) (1 minute)
- ✓ DVD/Video Clip #6 (Focused and Clarifying Questions) (47 seconds)
- ✓ DVD/Video Clip #7 (Child's Disclosure) (5 minutes, 40 seconds)

Outline of Presentation:

- Components of the work stage
- Focused questioning and clarification
- Process of disclosure and children's reactions

Section V: Questioning and Clarification (Work) Stage of the Child Interview

Step 1: Components of the Work Stage

Display **Overhead #8 (Stages of the Interview Process)** again. Note that participants are now familiar with both of the first two stages and will now turn their attention to the third stage. Refer participants back to the funnel developed in **Section III**, which talked about the influence of larger culture, family culture and individual experiences on the child. Remind participants that their age also puts them in a different culture and will influence the type, timing and complexity of questions asked.

During the questioning and clarification stage of the interview, it is best to begin with open-ended questions, in order to elicit as much free-flowing information from the child as possible. As information is provided, the child welfare professional will move toward more focused questions during the interview process in order to gather detailed information, determining what pieces of information or details have yet to be obtained or clarified. Any perceived inconsistencies, gaps in the statements and corroborative pieces of information should be addressed at this step.

The purpose of this stage is to gather as much information as possible, including his/her knowledge of the identified child/sibling and the allegations. This is the section where very specific abuse-related questions are asked. The child welfare professional may question the child/children in more detail about family life and relationships, supervision, body parts, bathing and bedtime rituals before turning to the specific allegation(s) of abuse. Answers are clarified through reflecting back and asking more specific questions.

During this stage of the interview, the child welfare professional takes the generalized information he or she received and tries to narrow the focus to the abuse allegations. This may also be the stage during which the child first discloses. The goal is to obtain as much detailed information about individual episodes of abuse as possible. So, for instance, if a child reported earlier in the interview that Uncle Joe washes her “down there” and it “hurts ‘cause he rubs so much”, the child welfare professional now wants to fill in details of what occurs while Uncle Joe is bathing the child.

Ask participants to think back to Section IV, when **Overhead #16 (Children's Communication Sequencing)** and **Handout #14 (Developmental Issues in Interviewing Children)** were discussed. Note that these same principles apply to each individual interview as well as over the course of interviews. Show **DVD/Video Clip #5 (Secrets)** and highlight the language the child used in describing the secret.

Remind participants that open-ended questions are used to get as much information as possible without leading or suggesting. Close-ended questions may be helpful during the early stages of an interview while gathering specific information about the

household/family life and also later in the interview when clarifying information already provided. Asking a projective question like, “What do you think might help your family?” could be used to elicit valuable information about the safety and well-being of the child as well as to convey a sense of respect for them. When establishing a safety plan, it may be useful to ask a miracle question (e.g., “If you woke up tomorrow and you were perfectly safe, what would that look like? “). Remember that it is important to talk to the child, when age-appropriate, because safety affects them directly. Child welfare professionals should explore what might make them feel safe and with which resource people they feel comfortable.

Affirm that the child has a right to ask questions and expect answers to them (as was discussed during rules of the interview), with the child welfare professional as well as any other professional with whom they are in contact. Encourage interviewees to write down any questions they might have or to ask someone else to help them remember their questions for their next appointment or visit, just as participants might at a training or child welfare professionals might do between supervisory sessions. Teaching children and parents how to advocate for themselves and their family can become a significant factor in whether a family will need continued services.

Step 2: Questioning

The interview should be viewed as a funnel; with general and broad questions being asked first and more specific and focused questions being asked as the interview progresses. Draw a funnel denoting the flow of questions on a piece of flip chart paper and post in the room. Note that the purpose of questioning relates to gathering information regarding the 6 domains and then, more specifically, to the safety threats surrounding the sexual abuse. Following this flow will assist child welfare professionals in making informed decisions about the child's safety, permanence and well-being.

Ask participants to watch **DVD/Video Clip #6 (Focused and Clarifying Questions)** and determine how they would have handled the situation (the same or differently and why, focusing on the child's age and developmental level. Upon completion of the video, process the participants' questions, comments and discussion regarding the information contained in the video.

Activity

Distribute **Appendix #4 (Focused Questions Cards)** one card goes to each table (referral source, child, sibling, non-offending parent, alleged perpetrator, collateral contacts). Ask each table to look at **Handout #3 (The Mary Referral)** and **Handout #11 (More About Mary)** as if they were going to interview a person from their assigned role: referral source, identified child, sibling, non-offending parent, alleged perpetrator or collateral contact. Ask them to identify what specific focused questions they would ask of him or her. Distribute a 5X7 card to each table and ask them to write down 2 or 3 of the questions on the card.

After 10 minutes, reconvene the large group and have each small group report out their identified questions. Remind participants that child welfare professionals must use a variety of approaches when interviewing, fit to meet the needs of the child (or adult) they are interviewing. The child welfare professional must make a professional judgment about:

- what type of questions to use;
- how to phrase the questions; and
- how to order the questions.

Refer participants back to **Handout #13 (Structuring Interview Questions)** and **Handout #15 (Checklist for Interviewing/Questioning Children)**, noting that dependent on the age and cognitive level of the child/sibling, various questions may be used.

Siblings should always be asked about their knowledge of what occurred with the identified child as well as other potential victims, including them. While interviewing the siblings, the child welfare professional should gather any corroborating evidence. Emphasize factual information, such as what the sibling saw, heard, or smelled but also take note of any other information provided. For instance, if the identified child disclosed that she was sexually abused at night, with her sister in the bed beside her, the sister may be able to provide further details regarding the abuse. If the child revealed that the perpetrator “peed” all over her stomach at the end of the incident, the sibling may be able to state that, although she had her eyes closed, she could feel the bed going up and down, she heard the perpetrator moan, and then “some sticky stuff” got all over the sheets.

It is also important to clarify any seeming inconsistencies. If the sibling provides different details or sequence of events, it may be necessary to clarify with the child if this was during the same or a different event. It is important to make the generalized assessment of the sibling’s developmental level and to compare it with that of the identified child when looking at how the information coalesces or seems different.

Asking focused questions will help workers clarify the, who, when, where, and what of the allegations as well as assist in safety and family service planning. Further, it is important to assess all children in the family regarding safety threats and ongoing risks, including those related to child sexual abuse. If the sibling is aware of the sexual abuse, this may be captured by questions such as, “What were you doing while this was happening?” or “Did anything like that ever happen to you?” The siblings may also become part of the safety plan, as appropriate. For instance, if the perpetrator were to come to the home unannounced, an older sibling may be able to get the child into a room with them and lock the door. Perhaps the sibling could call a relative or neighbor to come help them or to contact the police.

Trainer Note: If time permits, use **Trainer Resource #3 (The Six Domains as Questions)** to provide examples of questions child welfare professionals may ask.

Solicit additional information from the participants by asking, "What types of questions from the previous activity relate to each domain? Have you asked enough questions and gathered enough information to be able to assess each domain?"

Summarize the group's answers and note that the child welfare professional may have one understanding of the family following the child interview but that more insight will be gained from the following interviews. Remind participants that various types of questions and interaction will be used with the child and family throughout specific interviews as well as throughout the life of the case. Keeping in mind the specific focus of the contact or part of the interview will help child welfare professionals choose the most appropriate type of question or interaction to use.

Trainer Note: This should be the **end of Day 1**. After volunteers from each table have shared, review what is on the WIIFM flipchart list, noting what has been covered and what will be discussed during Day 2.

Step 3: Process of Disclosure

Trainer Note: This should be the **beginning of the second day**. Answer any lingering questions that participants may have and review **Handout #1 (Agenda)** to orient participants to what was already covered in Day 1 and what will be covered in **Day 2**.

Every child welfare interview should provide an environment in which children can safely disclose what happened to them when they are ready to do so. From the very beginning of the interview, the child welfare professional can assist the child/family in coping with the disclosure by both remaining objective and conducting the investigation without bias while also building trust and rapport.

Trainer Note: The child welfare professional may interview a child more than one time. Generally, the purpose of the initial interview with the identified child is to gain disclosure. In interviews with siblings, the initial interview may be to gain further information regarding what happened to the identified child; however, further interviews may be for the purpose of gaining a disclosure from the sibling.

Disclosure may often be a series of statements that are revealed over a period of time by the child rather than linear statements linked together in sequential order. In fact, they do not need to be statements at all. For example, drawings, poems, or papers which reveal the theme of sexual abuse. Children may reach a critical turning point, such as finding out a sibling is being groomed for sexual abuse, the non-offending parent becoming seriously ill, or becoming a teenager and wanting to date which results in a disclosure. Sexually abused children and teens must constantly weigh the risks of maintaining the secrecy of the sexual abuse versus the risks of disclosing the information.

Note that there are various ways in which sexual abuse is disclosed. “Disguised” disclosure is a technique children may use when unsure of the reaction they will receive or when they want to know it is safe to tell: A child may say something like, “What happens if a girl tells her mother that someone was touching her?” (Normand, 2007). Adolescents may also provide clues to the sexual abuse over time to see how others will respond to the information before they make a purposeful disclosure.

“Indirect” disclosure may come about when a child makes statements such as, “My babysitter keeps bothering me” or “I don’t like Grandpa anymore” (Normand, 2007). A child may make such statements when they are embarrassed to talk about it, do not have the words to talk about it or has promised not to tell (Normand, 2007).

“Accidental” disclosure is defined as disclosure “revealed by chance rather than a deliberate effort on the child’s part” while purposeful disclosure is defined as “when a child consciously decides to tell an outsider” (Sgroi, 1982). It may come about as a result of someone discovering the child has a bloody discharge or vaginal infection, with confirmation by a doctor that the child has a sexually transmitted disease or sexual trauma to the vaginal, anal or urethral area. Preschool and younger children often “accidentally” disclose by engaging in sexualized behavior or verbalizing inappropriate statements, whereas an adolescent girl may become pregnant and thus reveal the perpetrator by naming the father, upon further exploration by the family or doctor.

Activity

Ask participants in the right half of the room to stand, to provide several examples of questions that would fill in the details of the abusive episode and to sit once they have shared. Examples could include the following: “What is your ‘pee-pee?’”; “Did he touch your ‘pee-pee’ one time or more than one time?”; “Was Uncle Joe with you the whole time you were in the bathroom?”; “What is in the bathroom?”; “Was anyone else home at the time?”; “What were you doing right before Uncle Joe touched you?” If the child says Uncle Joe touched her with his hand, clarify what kind of touch. Further detail can be gained by asking, “What was Uncle Joe wearing?”; “What did you have on?”; “Did Uncle Joe touch you anywhere else?”; “What words, if any, did Uncle Joe say?” ; or “Did he make any other noises?” Remember that children and many cognitively challenged adults may describe their experiences more with sounds, smells, or tastes than chronological events or specific actions.

Activity

Ask participants in the left half of the room to stand, to share a reason for purposeful disclosure and to sit down once they have shared. Display **Overhead #17 (Reasons a Child May Purposefully Disclose)** and emphasize the following related concepts:

- The family is being disrupted as a result of other stresses.
- The perpetrator has left the home.
- The adolescent develops the insight that the abuse is not okay or that there are more serious implications than he/she had realized earlier.

- The adolescent is directly asked about the abuse and given assurances of a safe environment.
- The adolescent finds a safe relationship (e.g., a romantic relationship or therapeutic alliance).
- The perpetrator or another significant other dies.
- The adolescent becomes aware that other children or siblings are at risk.
- The abuse becomes intolerable.

(Adapted from Deaton and Hertica, 1993, p. 7)

Show **DVD/Video Clip #7 (Child's Disclosure)**. Ask participants to identify the positive aspects and challenges presented in the video. Ask several participants to share experiences they have had regarding children disclosing sexual abuse and have them share what they believe may have contributed to the child feeling comfortable enough to share that information.

Step 4: Reactions to the Disclosure

Note that an important variable in the disclosure process is the reactions of the individuals who have heard the statements of abuse. Providing support, not blaming the victim, and providing for the safety of the child and family are paramount. It is important to be truthful with the child about the fact that things will change and to prepare them for possible outcomes or situations they may face. Encourage children to identify people to whom they can go for comfort, support, and protection. This may include school teachers, neighbors, or friends. Child welfare professionals must provide the time, support and tools to assist with the aftermath of disclosure.

The child welfare professional should be aware that siblings, in particular, often have a difficult time dealing with the allegation of sexual abuse. Lead a group discussion about why siblings might have a difficult time with the allegation and investigation. Add any points from the following list that were not generated by the group:

1. The sibling may be saddened and worried about the identified child.
2. The sibling may be worried that he/she will be victimized as well.
3. The sibling may be angry at the identified child for "lying" about the perpetrator.
4. The sibling may have been jealous of the identified child because the perpetrator treated that child in special ways in the past.
5. The sibling may be too young to understand sexual abuse or the family may believe that the sibling should not be told about the sexual abuse.

6. The sibling may him/herself have been a victim of abuse in the past and made the decision not to disclose.
7. The sibling may believe that it is wrong to turn to outsiders like the police or children's services and may be angry that the alleged child victim brought these outsiders into the family.
8. The sibling may be upset because the non-offending parent is upset, the family had to move to a shelter and/or the alleged perpetrator is unable to come home.
9. The sibling may be embarrassed, ashamed, or afraid of what will happen.
10. The sibling may feel guilty for not protecting the child, especially if the sibling is older or a boy.

Sometimes siblings are sexually abused children who have not yet disclosed and are waiting to see how the disclosing child is treated by various family members and the system. Other times, these children were not victims of sexual abuse but they were victimized through the dysfunction of the family system. Some of these children may have been “groomed” for sexual abuse but no unwanted touching, photographing or exploitation has yet taken place.

The siblings should also be included in a discussion, directed by the non-offending parent, concerning what has happened to the identified child, what changes are happening in the family and how this will affect family life. For instance, if the children now have to go to a babysitter's home before and after school, the children may have to get up earlier in the morning and have packed their lunches the night before. Parents should encourage the children to talk about their feelings and reactions to what has happened and to reinforce that, if anything like that were to happen again, the children should tell an adult and keep telling until someone believes them and/or helps them.

Note the importance of normalizing reactions to the identified child's disclosure and note that the sibling(s) may need special help in dealing with the disclosure and its aftermath. Remind participants that keeping track of the various siblings' reactions and referring to them later will help in developing a safety plan for all the children and with later service planning.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section VI: Endings and Transitions Stage of the Child Interview

Estimated Length of Time:

45 minutes

Key Concepts:

- ✓ In order to determine when it is appropriate to intervene with a family, child welfare professionals must be able to carefully assess the safety threats and risks to the identified child and other potential victims in the household.

Method of Presentation:

Lecture, individual and small group activities, large group discussion and activity, video

Materials Needed:

- ✓ **Flip chart stands and pads**
- ✓ **Colored markers**
- ✓ **DVD/Video player and television and or laptop, LCD projector and screen**
- ✓ **Appendix #4 (Focused Questions Cards), Revisited**
- ✓ **Trainer Resource #4 (Additional Information Used in Assessing Children's Statements)**
- ✓ **Handout #16 (Factors Used in Assessing Children's Statements)**
- ✓ **DVD/Video Clip #8 (Endings and Transitions) (39 seconds)**

Outline of Presentation:

- Components of the endings and transitions stage
- Safety threshold
- Assessing credibility

Section VI: Endings and Transitions Stage of the Child Interview

Step 1: Components of Endings and Transitions

As noted in the previous sections, the interview process follows a flow, from the general to the specific. Having begun with planning the interview beforehand, the child welfare professional introduces their role and the purpose of the interview, builds rapport with the child, learns about the child's daily life/routines, transitions to more sexualized topics, and then delves into the specifics of the allegations. Once the disclosure is made or the specific purpose of the interview is accomplished, it is important to recognize the emotional impact on the child and to deal with any questions or concerns the child may have.

In this final stage of the interview, the child welfare professional ends the interview; requests permission from the child to talk again, if necessary, at a later point; communicates next steps, including what the child welfare professional may be sharing with parents/caregivers, the police or others; and talks about how that day's interview may affect the child and his/her family, such as involving services from the agency or other community providers that may be needed.

Children and families are given help dealing with the aftermath of the allegations, including how to handle statements made or reactions the child or siblings may have relating to the disclosure of sexual abuse. It is important to use the skill of reaching into silences to draw out any fears or concerns the child may have and to address those prior to leaving the child's presence. A safety plan should be discussed if the child is remaining in the home if the child is determined to be safe with a comprehensive plan; this may include contact with other family members, involving school personnel or taking the child to be seen medically. If the child is to be placed in an alternate setting/substitute care, this will also need to be discussed in detail. Any questions the child/children have should be addressed prior to the end of the interview.

The conclusion of the interview provides closure by summarizing what information has been obtained, allowing the child to clarify information, exploring the interviewee's fears and setting the stage for further investigative effort (Colorado Module C). Bring the child back to a less sensitive topic area and provide some time for the child to talk about the interview itself. For example, the interviewer may ask, "What was the hardest thing to talk about?" or "What one thing helped you to feel more comfortable?" Allow time for the child to "come back to normal" before returning to class, home or another setting. Ensure the child's mental health status, especially if they have expressed fear regarding the consequences of their disclosure or have stated they do not know if they can face the aftermath. Provide for a support person to stay with the child, if possible, to help them through the initial aftershock of the interview/disclosure.

Activity

Advise participants that a short segment demonstrating a simple ending and transition to an interview will be shown. Play **DVD/Video Clip #8 (Endings and Transitions)**. Ask participants to note key components of the interview segment and to offer any suggestions on how it could be improved. After the video, ask participants to share what they noticed and review the following information, if not noted by participants:

- Thank the person for their participation;
- Only make promises that can be kept;
- "Leave the door open" for future interviews;
- Discuss next steps; and
- Identify supportive people with the child/non-offending parent who can help protect and care for the child.

Provide each table with a sheet of flip chart paper and ask each table group to record a sample ending for a meeting as if they were a child welfare professional interviewing a person with their assigned role (referral source, child, sibling, non-offending parent, alleged perpetrator, collateral contact) from the **Focused Questions Cards (Appendix #4)**. Instruct participants to also include what "transitions" child welfare professionals might need to consider regarding a person in their assigned role and to record that on the flipchart sheet also. Advise participants that they have 10 minutes to complete these tasks and to identify a spokesperson. Reconvene the large group at the end of that time and ask each group to report on their work. Ask other participants to provide additional ideas or techniques they have used successfully in the past.

After the "child" group has shared, offer the following information if not covered by the group:

At the conclusion of the interview the child can also be asked to gather up all of his/her personal items and help pick-up any interviewing tools that were used. For example, children can be asked to help dress the dolls or gather up the crayons. They may also be asked to turn off the lights and shut the door of the interview room to help provide closure to the interview.

When all groups have reported out, thank them for their participation and note that the investigation is not complete after the interview is over: it is just beginning.

Step 2: Assessing the Credibility of the Child

After completing the interview, assessment is vital to determining if child sexual abuse has happened and by whom. Ask participants the following questions, "Do you have enough information to determine if present or impending danger exists?", "Does it meet the safety threshold?" and "How would you know?".

Wrap up the discussion by noting that child welfare professionals generally do not have all the information needed to make a determination regarding the abuse after only one

interview with the child or the interviews with the identified child and siblings; however, they may need to make a time-limited decision about what next steps need to occur without having all the facts. For instance, the child may have been interviewed at school, it is the end of the school day and the child welfare professional has to decide if the child can safely return to the home prior to the professional having contact with the non-offending parent or if alternate arrangements need to be made. Consultation with one's supervisor is key in making these types of decisions.

Part of the decision-making is deciding whether or not the child's statements are credible. Child welfare professionals often do not have medical evidence, they rarely have contacts and perpetrators seldom admit to sexual abuse; therefore, the statements of the child may be the primary deciding factor in determining whether an abuse is substantiated. In order to assess an allegation accurately, it is important to remember that sexual abuse allegations differ due to type, circumstance, age of the child and a variety of other factors. As such, every interview should be individualized to the specific circumstances that exist.

One key skill in accurate assessment of a child's statement is critical thinking skills, which is also a key component in assessing safety. Child welfare professionals must consider all of the information they have available. Assessing the truthfulness of the allegations requires the child welfare professionals to understand and apply his/her knowledge of: the physical and behavioral characteristics of children who have been sexually abused; child development; the dynamics of sexual abuse; childhood power imbalances; and family relationships.

As previously discussed, a child's statements will be influenced by their age, development, feelings, gender, culture and experiences. In making decisions regarding credibility, it is useful to use multiple hypotheses, thinking through all the possible scenarios of the available information. Some children who have cognitive or other limitations do not have the ability to describe what happened in a clear, concise way. Young children may not have the words to tell what occurred. The child welfare professional must be careful to take these factors into account when assessing credibility.

Ask participants to offer some factors they might consider in assessing the child's statements, both after the initial interview with the child and following completion of the interviews. Following discussion regarding these factors, distribute **Handout #16 (Factors Used in Assessing Children's Statements)**. Review these factors, if not yet discussed, and offer any further insights provided on **Trainer Resource #4 (Additional Information Regarding Factors Used in Assessing Children's Statements)**.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section VII: Interviewing the Non-Offending Parent

Estimated Length of Time:

50 minutes

Key Concepts:

- ✓ The child welfare professional must build rapport with the non-offending parent, maintain an awareness of the family dynamics and understand the non-offending parent's characteristics in order to accurately assess the child and family situation.
- ✓ The child welfare professional must remain sensitive and objective during the interviewing process and be able to provide emotional support and encouragement to the non-offending parent in order to assure the safety of the child, protection of the child in the future and recovery of the child victim.

Method of Presentation:

Presentation, small group activity, large group activity and discussion, video

Materials Needed:

- ✓ Flip chart stands and pads
- ✓ Colored markers
- ✓ DVD/Video player and television or laptop, LCD projector and screen
- ✓ Six 5X7 cards, labeled for Non-Offending Parent Reactions activity
- ✓ Trainer Resource #5 (Non-Offending Parent Reactions to Disclosure)
- ✓ Handout #17: Non-Offending Parent Interview Issues: Beginning and Introductions Stage
- ✓ Handout #18: Non-Offending Parent Interview Issues: Questioning and Clarification Stage
- ✓ DVD/Video Clip #9 (Non-Offending Parent Issues) (1 minute, 5 seconds)

Outline of Presentation:

- Stages of the interview
- Reactions to disclosure
- Referrals for service/safety planning
- Evidence collection

Section VII: Interviewing the Non-Offending Parent

Step 1: Preparation Stage

Trainer Note: At the beginning of Day 2 or at the break, label six 5X7 cards as follows (one topic per card) for use during the Non-Offending Parent Reactions activity in this section:

- Initially not sure if the allegations are true or not (alleged perpetrator is non-offending parent's paramour or spouse)
- Paralyzed by the impact of the disclosure (alleged perpetrator is non-offending parent's paramour or spouse)
- Do not believe it is true (alleged perpetrator is non-offending parent's paramour or spouse)
- Do not believe it is true (alleged perpetrator is non-custodial parent)
- Are certain that it is true (perpetrator is non-offending parent's paramour/spouse)
- One non-offending parent/caregiver believes it and the other does not (perpetrator outside the home)

Ask the group the purposes of interviewing the non-offending parent. The following purposes should be included in the discussion:

1. To gather corroborating information regarding the allegations of sexual abuse.
2. To determine what, if any, role the non-offending parent played in the abuse.
3. To determine if the parent believes, supports and can keep the child safe.
4. To assess the need for supportive services (i.e. medical, emotional, financial, and legal support, emergency provision of food, clothing, shelter).

Ask the group what they might want to consider as they prepare for the interview with the non-offending parent.

Some planning issues might be:

- ◆ Holding the interview as quickly as possible after the child and siblings' interviews;
- ◆ Coordinating with community partners;
- ◆ Deciding if the contact will be announced or unannounced;
- ◆ Planning questions to be asked/topics to be covered;
- ◆ Choosing an interview location (agency, CAC/hospital, home, police station);
- ◆ Determining if transportation issues exist;
- ◆ Selecting a site that will provide maximum privacy;
- ◆ Arranging for a translator, if needed;
- ◆ Considering what issues might arise as a result of the allegation/disclosure;
- ◆ Determining availability of culturally-sensitive services;
- ◆ Preparing resource pamphlets/information in the parent's primary language; or

- ◆ Considering the immediate safety of all the parties, including the worker.

Another key ingredient in preparation for the interview with a non-offending parent/caregiver is tuning into one's own feelings about the parent/caregiver. Encourage participants who attended the *Overview of Child Sexual Abuse* to think back to the videotape segment used with the non-offending parent interview (Sylvie's Interview). Ask them to share some key points (e.g., the disclosure is a trauma to the parent, parent has multiple emotions, commitment level of parent in protecting the child) and to keep these in mind while discussing the interviewing process with the non-offending parent.

Step 2: Beginning and Introductions Stages

In general, the child welfare professional takes the lead in interviewing the non-offending parent, which assists in rapport-building and future teaming with the parent surrounding protection of the child/family and accessing needed services.

During this step of the interview with the non-offending parent or primary caregiver, the child welfare professional should clearly state the reason for the interview and the goal of protecting the child in his/her home, if at all possible. This may help lower the fear level of the parent, who may think that all child welfare professionals do is remove children from their parents any time an issue arises.

Attempts to establish rapport with the non-offending parent should begin with general, non-threatening questions about family life, marital relationship, and child care. These questions should be open-ended, allowing the parent to share the information that comes to mind and seems important. Questions such as, "Who lives here?" or "What rules do you have in your family?" can be used.

Distribute **Handout #17 (Non-Offending Parent Interview Issues: Beginning and Introductions Stage)** and review the specific information that should be gathered during this step of the interview process.

During this step of the interview, the child welfare professional compares the information with information gathered in the interview with the child. For example, the child welfare professional may have noted that the child reported that his mother was at work during the incident of abuse. While discussing hours of work, the mother indicated she is at home on Tuesday evenings; asking a follow-up question regarding the night of the incident may reveal that she switched shifts with someone and indeed was not home at the time, thus supplying corroborating evidence.

This can lead to bridging to more sexualized topics as more information is revealed, including the topic of the pending allegations. The child welfare professional should express to the parent or caregiver that the details of the allegations/child's disclosure may be distressing. The child welfare professional may wish to take some time

discussing the parent's feelings regarding how such a situation arose, as many parents will blame themselves for being unaware of the circumstances or abuse itself. It is especially important to explore feelings with both parents, since they may have differing reactions and/or may be separated from the child (e.g., non-custodial or incarcerated parent).

Activity

Ask participants to take 15 minutes in their table groups to share experiences they have had in dealing with parents of caregivers surrounding their feelings regarding the allegations, focusing on their own feelings regarding the encounter. Also have them identify what they could do differently the next time. At the end of the allotted time, ask one (1) person from each group to share how they successfully dealt with a situation or what they could do differently the next time. Focus on best practice techniques and reinforce the need to tune in to oneself prior to and during the interview.

Summarize by noting that the child welfare professional must be able to remain objective while providing emotional support and encouragement to the non-offending parent. Child welfare professionals can use what they learned from their own feelings to help non-offending parents. For instance: "I understand you are feeling shocked. It must be hard to imagine such a thing. This is hard to deal with."

Remind participants that, with each type of interview, the skills learned in earlier sections will apply. Having prepared for the interview, tuned in to oneself, initiated contact and begun to build rapport, participants should be ready to move on to the next stage: questioning and clarification.

Step 3: Questioning and Clarification Stage

As the child welfare professional enters the questioning and clarification stage, more focused questions are appropriate. The questions grow more sensitive and may be more difficult to discuss as some deal with sex and sexuality, adult relationships and other matters considered private.

The child welfare professional may want to begin by sharing small pieces of information such as the specific date the incident occurred. Parents may need to have questions answered about what the child said specifically happened. For instance, sharing with the parent the fact that their son or daughter said, "Daddy made me lick his penis" or "Daddy licked my penis" leads the parent to think through how their son or daughter may have learned this information.

Filtering through the information and identifying any gaps may result in further clarifying questions: "How would your child know the details of sexual activity?"; and "Do you have X-rated movies or other erotic materials in your home?" are all focused questions that will help you to assess the credibility of the allegation and the parent's ability or willingness to protect the child.

Child welfare professionals can often follow up with projective questions such as, "Why would Tina say this about her step-father if it were not true?" or "Can you tell me how Frank might make-up such a question?" The parent's answers to those projective questions may also lead to previously undisclosed information, such as prior abuse or the child's exposure to sexually explicit materials.

The parent may also disclose some behaviors exhibited by the child, which they now connect to the abuse. Ask participants from each table to offer at least one suggestion that a parent or caregiver may have noticed. Answers could include:

1. Masturbating at school and/or inappropriately at home
2. Spitting on other children
3. Storing and hiding dirty underwear in the closet
4. Leaving bed at night/not wanting to sleep alone
5. Not wanting to shower or bathe

It is important to explore when these behaviors began and to ask if the parent has anything further to share that might help the interviewer understand the family or the circumstances. Issues or memories brought out by the interview process may be shared at this time that can become vital to the determination of abuse.

Show **DVD/Video Clip #9 (Non-Offending Parent Issues)**. Ask participants to cue into the thoughts and feelings participants shared regarding working with non-offending parents. Ask the participants to brainstorm why it might be hard for the parent to handle the disclosure, given her particular set of circumstances. For instance:

1. The relationship between the child and parent may be conflictual.
2. The parent may have been abused as a child.
3. The parent may be financially/emotionally dependent on the alleged perpetrator.
4. The parent may fear the alleged perpetrator because of domestic violence.
5. The alleged perpetrator may be extremely manipulative.

Educating parents regarding the grooming process may help the parent identify behaviors seen or statements heard that help corroborate the child's statements regarding sexual abuse. Providing examples of cognitive distortions of the alleged perpetrator may also confirm suspicions the non-offending parent might have as well as help the parent gain insight into the meaning of subtle cues that the abuse was happening.

Activity

Provide one previously-labeled 5X7 card and a piece of flipchart paper to each table. Ask each group to brainstorm about why the parent might react that way to the disclosure, how the child welfare professional can be supportive and what options they might explore to assist the parent. Allow 5-10 minutes for the groups to discuss the topics and record answers on the flipchart sheet. Then ask each table group to present

their information to the other groups. As participants share, use **Trainer Resource #5 (Non-Offending Parent Reactions to Disclosure)** to add additional information/comments.

Reinforce their answers and distribute **Handout #18 (Non-Offending Parent Interview Issues: Questioning and Clarification Stage)**, highlighting how the types of questions that should be asked at this step of the interview process tie into learning about and dealing with the parent/caregiver's reaction to the disclosure or allegations.

Confrontative techniques can also be used when the child welfare professional's use of less direct ways of communicating are unsuccessful. For instance, a child welfare professional might ask an open-ended question: "Mrs. Wright, I am concerned about your son's safety; what do you think?" If Mrs. Wright indicates that she is not concerned, the child welfare professional can make his/her techniques progressively more focused and confrontative: "Mrs. Wright, I think something has happened to your son" or "Mrs. Wright, I believe your son when he says he was sexually abused" or "Mrs. Wright, your son needs protection; if you can't protect him then we must take some alternative action to protect him."

Note that, in situations of extrafamilial abuse, the questions to the child's parents or caregivers may need to be altered. Ask participants for examples of how the questions might be asked differently or what other questions they might ask. (For example, they might be asked to share as much information as they can about the alleged offender, including their knowledge of his/her contacts with other children.) Thank participants for their input and advise them that, once these questions have been answered and clarified, it is time to move on to the next stage of the interview.

Step 4: Ending and Transitions Stage

During the ending and transitions stage of the interview process, the child welfare professional should assess immediate safety threats as well as ongoing risks to the child and family with the parent or caregiver.

Activity

Title four (4) flipchart sheets "Next Steps" and place them around the room. Ask each participant to get up and write down on the nearest flip chart one (1) suggestion of what else they would cover with the non-offending parent at the end of the interview or what other steps they would take following the interview with the non-offending parent.

Once everyone has had a chance to participate, review the flipchart. If not offered by the group, note that the parent or caregiver's assistance should be solicited to complete the next steps in the investigative process, such as:

- how to talk with siblings about the allegations;
- how to provide support to the victim;

- what immediate alterations need to be made to the family's daily routine or living arrangements;
- what immediate services are needed;
- providing the non-offending parent with information and assistance in linking with ongoing services, such as individual and family counseling;
- supplying emotional care to the parent surrounding feelings of guilt, anger and distress;
- providing support to the parent in following through with getting members of the family to help; or
- scheduling a visit or telephone contact the following day to deal with urgent issues.

The child welfare professional should also give guidance on being open to discuss sexual abuse with the child but only when and how the child wants to talk about it. Advise them that, from a legal standpoint, discussions between the parent and the child could be portrayed in court as "contamination" or "coaching". At the same time, parents who refuse to discuss the abuse with their child may be sending the child the message that this subject should not be talked about. The child welfare professional can help the parent prepare for possible conversations with the child and advise parents to keep a diary of the child's statements, how and when they arose, and the parent's responses. This diary can be a valuable tool in court when defense attorneys suggest that the parent "brainwashed" the child or planted the disclosure.

The parent may also have questions about what will happen to the alleged perpetrator. Child welfare professionals should be honest with non-offending parents about the possible offender and the need to protect the child from any contact with him/her.

Trainer Note: In 2007, changes were made to the rules regarding Megan's Law and the Pennsylvania Sexual Offenders Assessment Board (SOAB) to expand listed offenses and increase penalties. For sexual predators (convicted of a sexually-related crime, assessed by the Board, and found at a hearing to be a sexually violent predator) the board will now submit to the court a summary of the offense, along with the full report (facts of the current offense, prior offense history, characteristics of the individual, and factors related to reoffense).

At times, the non-offending parent may also request that certain items be taken out of the house, such as videotapes, bed sheets or the child's underwear. If a law enforcement officer is present, an official search (with consent or a warrant) may follow the interview, which can be valuable in obtaining corroborating evidence. For instance, if the child stated that the perpetrator showed her a magazine with naked people in it, wiped him/her with a towel, ejaculated on the sheets or used lubricant on his/her fingers, these items should be collected by the law enforcement official.

Trainer Note: If requested to do so and time does not allow for law enforcement to come obtain these items (e.g., the parent wants the items out of the home before the alleged perpetrator comes home from work), the child welfare professional should wear

gloves or ask the parent to place the items in a paper bag, which should then be sealed and labeled, until it can be delivered to the appropriate law enforcement officer, thus preserving the chain of evidence.

In closing the interview, address how the non-offending parent can help the child begin the process of healing. While it is important to listen and respond to the non-offending parent with a non-judgmental attitude, the child welfare professional must focus the parent's attention on the child, perhaps through asking: "How do you think your son/daughter is feeling right now?" In supporting the non-offending parent, child welfare professionals should help the non-offending parent remain calm, focus on the needs of the child and objectively examine the evidence as it emerges.

Another way of encouraging a non-offending parent is to inform the parent that the best outcome in these kinds of situations occurs when the parent acts on belief in the child. Emphasize that they can move forward by making decisions about how to protect and support their child. Some non-offending parents can understand this as a two-step process and make a commitment to protecting their child until it is known for sure whether the abuse took place.

Throughout the interview, the child welfare professional should remind the parent/caregiver of the goal to protect the child and that you must work together to achieve this goal. It should be reinforced that an alliance with the child's therapist or counselor could assist in developing a plan to re-establish appropriate boundaries and provide ongoing assistance and advice to the parent. Be mindful to model healthy boundaries with the family and children and to promote interdependency among family members and their support system to assist the family in healing.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section VIII: Interviewing the Alleged Perpetrator

Estimated Length of Time:

1 hour

Key Concepts:

- ✓ Being aware of the difficulty of accurately interpreting verbal and non-verbal responses assists the child welfare professional in understanding how to prepare for an interview with an alleged perpetrator.
- ✓ Becoming aware of assessment and treatment options for sexual offenders assists child welfare professionals in defining their role in providing services to alleged perpetrators.
- ✓ Possessing a working knowledge of legal issues provides structure on how to question an alleged perpetrator during an interview.

Method of Presentation:

Lecture; individual, small and large group activities, video

Materials Needed:

- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Flip chart stands and pads
- ✓ Colored markers
- ✓ 5X7 cards -- 1 per table
- ✓ Trainer Resource #6 (Delay of Notification)
- ✓ Trainer Resource #7 (Miranda Warning Transmittal)
- ✓ Handout #13 (Structuring Interview Questions), Revisited
- ✓ Handout #19 (Assessment Tools for Alleged Sexual Offenders)
- ✓ Handout #20 (Sexual History Taking Guidelines)
- ✓ Overhead #18 (Thinking Errors)
- ✓ Overhead #19 (Common Sex Offender Assessment Areas)
- ✓ Overhead #20 (Interviewing Alleged Perpetrators)
- ✓ Overhead #21 (Assuring the Child's Safety)
- ✓ DVD/Video Clip #10 (Projective Questioning) (1 minute, 4 seconds)
- ✓ DVD/Video Clip #11 (Confrontation) (2 minutes, 21 seconds)

Outline of Presentation:

- Cognitive distortions
- Role of the child welfare professional
- Stages of the interview

Section VIII: Interviewing the Alleged Perpetrator

Step 1: Cognitive Distortions

Note that, while empathizing with the non-offending parent may be considered a normal part of sexual abuse investigations and interventions, viewing an alleged perpetrator as a client is often more difficult. Reinforce that child welfare professionals must be objective during the interview process in order to be able to rightly apply critical thinking skills and analysis to the investigative process.

One reason for this difficulty may be the cognitive distortions child welfare professionals have encountered while dealing with alleged perpetrators. Perpetrators of sexual abuse often erroneously cite religious, ethnic, or cultural justification for their abusive behavior. In the large majority of cases, this does not mean that the religious, ethnic, or cultural group to which they belong condones the abuse.

Trainer Note: Read each example slowly and look for reactions from participants, using **Overhead #18 (Thinking Errors)**. Place the overhead on the projector, hiding the entire page initially. Reveal each statement as it is read. Demonstrate for participants how to use the skill of reaching into silences (e.g., "I'm sensing that you're shocked by some of these statements.") after reading the statements.

Consider these examples of thinking errors:

- "I am the father in this household. I may do what I want with my child."
- "I am responsible for educating my daughter. I am teaching her about sexuality."
- "I am a man with strong sexual desires. She is available for me to use in this way."
- "I asked her if it felt good to her; I was careful not to hurt her."
- "She never said she didn't want to do it. I never did anything she didn't want me to."
- "I told her we are all sinners; we all have problems – and I asked her if she wanted to see what my problem was."
- "Oral sex doesn't count; it isn't cheating."
- "My wife doesn't mind. She doesn't want to give me head so I had her little girl do it. At least I wasn't committing adultery by going outside the marriage."
- "A stiff dick has no conscience."

Activity

Label four (4) flipchart sheets with "Thinking Errors" and post on the wall. Ask participants to get up individually, take a colored marker and write examples of other thinking errors they have heard on the nearest flipchart paper. As participants approach their flipchart paper, have them review the answers listed and, if someone has already written the example they were thinking of, ask participants to offer an alternative statement.

Such cognitive distortions are beliefs sexual offenders hold that legitimize sexual involvement with children and function to maintain offending. These cognitive distortions should be incorporated into the child welfare professional's documentation and case records both in the investigative and ongoing phases of their casework. They may include ideas like the perpetrator is unable to control thoughts and actions related to sexual abuse, the abuse had a minimal effect on the child, the child "wanted" it, or children should be sexually trained by someone who "loves" them (e.g., parent or caretaker).

It is important to be able to distinguish between such distortions and true cultural values and beliefs. For example, Latino families may view a male's genitals as a source of pride, showing the child's virility and ability to carry on the family. Ahn and Gilbert (1992) relate that some Latino and Asian cultures do not view touching a young child's genitals as harmful whether because it is believed to "encourage the growth of the genitals," or thought to help "keep children quiet or to help them fall asleep."

Cultural factors notwithstanding, there is no definitive answer regarding why people sexually abuse children. Note that this topic was already discussed in the *Overview of Child Sexual Abuse* and it encapsulated biological, environmental and other factors. Focusing the interview on the specifics of the particular incident disclosed by the allegations and on revealing any other incidents with the identified child or any other children, child welfare professionals should approach the interview with the alleged perpetrator in much the same way as other interviews.

Step 2: Child Welfare Professional's Role

It is essential to recognize that, during an investigation, facts are still being assembled regarding what occurred. Further, although the main focus of all child welfare work is the child, the family and significant others touching the child's life are also clients; their strengths and needs should also be addressed during contact.

The interview with the perpetrator can serve several different functions. It can:

1. Assist in a child's statement being corroborated and verified.
2. Provide insight into the dynamics of victimization and the situation of the current victim(s).
3. Help clear an innocent person.
4. Reveal the *modus operandi* (way of operating) of the offender.
5. Provide information about other offenders.

The investigative interview primarily focuses on the first two purposes, while forensic interviews may encompass all five. If an investigative interview reveals information regarding the last three purposes, however, child welfare professionals should also provide that information to law enforcement officials.

Activity

Distribute one 5X7 card to each table. Ask the participants to take 10 minutes in their table groups to identify possible reasons why an alleged perpetrator might display nervousness or anxiety throughout the length of the interview, including any racial, ethnic or cultural issues that may have an impact. Have them jot down their observations on their card. Once the large group is reconvened, ask each table to share, beginning with the group having the least amount of investigative experience. If the group reacts to this, highlight this reaction when discussing their answers and tie it to potential reactions of an interviewee.

If not brought out by the group, note the following situations:

- people who are unfamiliar with the system and do not know what to expect;
- a person who is in the U.S. illegally;
- people who believe they will not be treated fairly by the system;
- refugees who fled from oppressive governments may have tremendous fear of any government representative; or
- parents who may fear that their children will be taken away.

The child welfare professional must be careful to conduct a thorough investigation. The interpretation of behaviors that indicate nervousness must also be viewed with a critical eye. For instance, avoiding eye contact is often interpreted as being indicative of nervousness but may actually be a shame reaction. In some cultures, avoiding eye contact signifies respect, not nervousness.

Interviewing and assessment of the alleged perpetrator is important for providing additional information to the child welfare professional to make quality decisions and for planning appropriate interventions with the alleged perpetrator. At times a specialized forensic assessment may be conducted, typically exploring the child's/contacts statements, police records and medical records. The alleged perpetrator may display a variety of emotions: anger, disgust, horror, anxiety or nervousness. Note that most people are initially nervous when being interviewed by a law enforcement officer or child welfare professional. Some people become less nervous after a few minutes, especially when a child welfare professional has carefully established rapport.

Remind participants that the alleged perpetrator has not yet been confirmed as someone who committed the acts of which he/she is accused; is also a client for whom services may be needed; and deserves to be treated in an ethical manner.

Step 3: Making Connections

Having discussed how to interview both the identified child and a non-offending parent, child welfare professionals will learn information about and techniques for interviewing alleged perpetrators. As with other interviews, it is important that the child welfare professional remain unbiased and non-judgmental in order to elicit information and engage the alleged perpetrator in a working relationship.

Activity

Provide each table with flipchart paper and markers. Assign each table one of the following topics: Preparation Stage, Beginning and Introductions Stage, Questioning and Clarification Stage, Ending and Transitions Stage, and Alleged Perpetrator is a Non-Family Member. Ask participants to take 5 minutes at their tables to discuss and record how interviewing the alleged perpetrator differs from interviewing the other subjects of the report (child, parents) in light of their assigned topic. While they are discussing, the trainer should circulate and assist groups as appropriate. Advise participants that each group will have 3-5 minutes to present their information to the rest of the participants. Advise participants that they may wish to refer back to **Handout #13 (Structuring Interview Questions)**. Inform participants that the trainer will provide additional information following each group report out.

Step 4: Preparation Stage

Highlight the following information if not brought out by participants:

- It is important to coordinate with law enforcement during the investigation.
- While child welfare professionals are often effective interviewers of children and parents, law enforcement officers typically possess specific knowledge and skills for interviewing “suspects” of alleged crimes.
- Ideally, the investigative interviewing of alleged perpetrators should be done by law enforcement in conjunction with child welfare professionals.
- Historically, law enforcement audio-taped many interviews with alleged perpetrators.
- Documentation for demonstrating the Miranda waivers were knowing and voluntary and that the alleged perpetrator had the competence to successfully waive them is important in audio-taping or note-taking only are used during the interview.
- If law enforcement is unable to co-interview with the child welfare professional, the child welfare professional must ascertain whether or not law enforcement would prefer to interview the alleged perpetrator prior to the child welfare professional.
- The interview with the alleged perpetrator should occur, if possible, before anyone has an opportunity to warn the alleged offender of the investigation.
- While sometimes the interview may take place in the home, generally it will occur in the police station, agency or prison.
- As much as possible, the interview setting needs to be free of distractions, such as extraneous papers, documents, photos, pictures, windows, telephones, radios, and noise, especially when held at the police station.
- An alleged perpetrator in custody or incarcerated on charges related to the offense must be given a Miranda warning, including that a person who is accused of a crime has the right to remain silent and the right to have an attorney present during questioning.
- The interview may have to be postponed until an attorney can be secured.

- If the interview is conducted with an attorney present, careful note-taking or recording of the interview is essential.
- It is necessary to inform alleged perpetrators that the child welfare professional will be cooperating with law enforcement.
- If the alleged perpetrator refuses to cooperate with an interview, the CPS report will be based on the other sources of evidence available.
- The child welfare professional must explain why removal is necessary within the context of the development of a safety plan for the child and should not use it as a threat.

The interview with the alleged perpetrator is typically held at a police station or sheriff's office, in order to assure safety and to meet requirements of the law enforcement interview. Note that the alleged perpetrator has the right to choose not to answer questions without the presence of an attorney.

Many forensic specialists employ a variety of assessment tools and objective measures to assist them in rendering decisions regarding an offender's level of risk to the community. There are different assessment tools and objective measures for adults who sexually offend than there are for juveniles who sexually offend. In order to remain current, the child welfare professional must examine the current available information in the body of the literature/research available on alleged perpetrators of sexual abuse.

Review **Overhead #19 (Common Sex Offender Assessment Areas)** and distribute **Handout #19 (Assessment Tools for Alleged Sexual Offenders)** for further reference.

Trainer Note: Note that assessment of specific areas may need to be part of a request for a forensic interview in order for the interviewer to determine which assessment tools to use. Advise participants that **Handout #19 (Assessment Tools for Alleged Sexual Offenders)** is a representative, not comprehensive, list of assessment tools and that no one tool can measure all the factors involved. The Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) and the STATIC-99 are the two tools generally used by the Governor's Sex Offender Assessment Board. Child welfare professionals should be familiar with these resources and the types of factors each measures.

Child welfare professionals should be aware of the differences in terms related to CPS versus legal investigations and use the terms appropriately. For instance, the term confession indicates, in legal terms, that a person has acknowledged committing an act and has accepted responsibility for it. An admission, however, is merely an acknowledgment that the participant has, at a minimum, some knowledge or participation in an incident. This is relevant when completing the CY-48: the "perpetrator admission" checkbox and the narrative.

When video- or audio-taping, child welfare professionals should document any breaks, when and if the alleged perpetrator was advised of their rights under the Miranda

warning, in addition to any admissions that they make. In addition, the CY-48 should contain a concise report of the allegations and response of the alleged perpetrator.

Trainer Resource: For information regarding delay of notification to the alleged perpetrator regarding the investigation, refer to **Trainer Resource #6 (Delay of Notification)**.

Another difference between the interview with the alleged perpetrator and other interviews is the potential for the child welfare professionals to have to issue a Miranda Warning to him/her. In 1988, the Department of Public Welfare issued a memorandum concerning child welfare professionals giving Miranda Warnings to alleged perpetrators of child abuse. The memorandum states, "CPS caseworkers must provide Miranda warnings to an alleged perpetrator who is in the custody of law enforcement on criminal charges related to the alleged abuse that the CPS caseworker is investigating". The child welfare professional does not have to give Miranda rights to an alleged perpetrator who is in the custody of law enforcement officials on criminal charges not related to the alleged abuse being investigated nor to an alleged perpetrator who is not in custody.

Trainer Note: Reference: Commonwealth of Pennsylvania, Office of Child Welfare Services, *Special Transmittal (April 12, 1988) from Thomas R. Jenkins, Director*. See **Trainer Resource #7 (Miranda Warning Transmittal)** for full text and sample form.

If a child welfare professional is planning to interview an alleged perpetrator who is in custody on charges related to the alleged abuse, the worker should ensure they are familiar with their agency policies and procedures regarding this and are familiar with any forms they would be expecting the alleged perpetrator to sign.

Step 5: Beginning and Introductions Stage

Once the child welfare professional is prepared, they would then follow through with the interview, starting with the Beginning and Introductions stage. Ask the group assigned that stage to present their findings. If not included, highlight the following:

- Child welfare professionals must verify the identity of the alleged perpetrator.
- The alleged perpetrator must be informed:
 - what the presenting allegations are;
 - that the child welfare professional's job is to protect the child; and
 - that no final decision has yet been made, prompting the need for the investigation.
- If the alleged perpetrator is in police custody on charges related to the incident, the child welfare professional must provide the alleged perpetrator the Miranda warning and ensure the alleged perpetrator understands his/her rights.

- It is important to note that the child welfare professional is cooperating with law enforcement and will release information obtained during the interview to officials in the appropriate jurisdiction.
- If the alleged perpetrator is not willing to discuss the allegations of sexual abuse, he/she may still be willing to provide some background and family information.

Show **DVD/Video Clip #10 (Projective Questioning)** to demonstrate how child welfare professionals may approach the topic of sexual abuse and bridge to sexualized content while interviewing an alleged perpetrator.

Step 6: Questioning and Clarification Stage

The bridge to sexualized content would then move participants to the Questioning and Clarification Stage of the interview. If not shared by participants, review the following:

- The interviewer will observe the alleged perpetrator's communication patterns for indications of truthfulness.
- Child welfare professionals/other investigative team members must listen for and document corroboration of prior information as well as any new information the alleged perpetrator might disclose.
- Asking questions to which the child welfare professional already knows the answer is useful in assessing when the alleged perpetrator is lying or telling the truth.
- Child welfare professionals should:
 - remain calm;
 - communicate their commitment to fairness in their tone of voice and professional behavior; and
 - avoid making judgments or negative statements about the alleged perpetrator's behavior.
- Child welfare professionals should conclude the interview if they feel unsafe or threatened. A law enforcement officer or another worker should accompany the child welfare professional who is fearful or uncertain of an alleged perpetrator.
- It is often difficult to gather accurate and complete information regarding someone's sexual history, especially if that individual is alleged to have committed a sexual crime.
- The alleged perpetrator is invested in "keeping the secret." The alleged perpetrator has a lot to lose, possibly his children, his family, his home, his reputation and/or his own past secrets; therefore, he may protect it at all costs by adamantly denying the allegations or minimizing the sexual offense. The alleged perpetrator may also be embarrassed, be scared to go to jail or may not want the abuse to stop.
- If the alleged perpetrator denies the sexual abuse, the child welfare professional must evaluate:
 - Is there an admission of many of the facts, but not that sexual abuse occurred?

- Is there denial of many of the facts, as well as the sexual abuse?
- Is the alleged offender denying the allegation based on characteristics of the victim (for example, that the child is a liar or is angry with the offender for other reasons)?
- Is the alleged perpetrator saying that the abuse did not occur because the offender did not have access to the victim at the time or dates of the supposed offenses?

Note that some form of confrontation may become necessary during the interview. Explain that confrontation does not mean the child welfare professional becomes angry; it is just sharing information or beliefs directly with the person being interviewed. This can be as simple as saying, "Angelina said you messed with her while giving her a bath". The child welfare professional must be comfortable in asking very personal and detailed questions, starting with the use of proper words denoting genitalia and sexual actions and also including the terminology used by the alleged perpetrator.

Use **DVD/Video Clip #11 (Confrontation)** to show one way in which confrontation may occur during interviews. Note that alleged perpetrators may react to the disclosure by providing "reasons" why what occurred was not abuse, such as it being a form of training or protection to the child or it being a mutually desired occurrence or activity.

Provide **Handout #20 (Sexual History Taking Guidelines)** as these may be helpful in reminding participants of the types of questions they may want to use or adapt to this interview. Remind participants that alleged perpetrators may also have been sexually abused as children so directing the questions regarding children to the alleged perpetrator may be useful. In addition, some questions may also reveal further sexual trauma received or perpetrated. All such information is important to understanding the needs and motivations of the alleged perpetrator.

Step 7: Ending and Transitions Stage

Display and review **Overhead #20 (Interviewing Alleged Perpetrators)** and **Overhead #21 (Assuring the Child's Safety)** while discussing the following points:

Trainer Note: If these bullet-pointed items have already been covered by the group reporting out, simply review the overheads and continue with the rest of the section.

- Alleged perpetrators should not have access to child victims at any time during the investigation, even supervised contact.
- Child welfare professionals should seek the cooperation of the alleged perpetrator in voluntarily refraining from any contact with the child victim.
- The alleged perpetrator should be advised that the investigation generally takes 30 days but may take as long as 60 days.
- Engaging the alleged perpetrator during the initial interview may result in further cooperation with the investigatory process.

- Scaling questions can be used to assess the alleged perpetrator's level of cooperation (willingness to cooperate) during the rest of the investigatory process.
- The law enforcement officer may request that the alleged perpetrator come to the police station for a polygraph test.
- An arrest may be made during the CPS investigation but this does not guarantee that the alleged perpetrator will remain in jail nor that he/she will stop all contact with the child.
- When placing/re-placing a child or seeking protective custody, the "no-contact" agreement should be made part of the juvenile court order, for support to the non-offending parent, school, and other caretakers.
- If applicable, the non-offending parent may also need to seek a Protection from Abuse order.
- It is important to talk to the alleged perpetrator regarding the effects of this separation and/or court orders, if applicable.
- In making a determination, evaluate whether the alleged perpetrator has:
 - a possible alibi;
 - a partial admission to the allegations of/circumstances surrounding sexual abuse; or
 - a full admission to all facts and circumstances surrounding the allegations (and any new incidents/offenses).
- It is important to ask if the alleged perpetrator has any questions prior to closing the interview and also to provide any positive feedback possible, including his/her willingness to participate in the interview.
- The child welfare professional should thank the alleged perpetrator and indicate the likely next steps of the investigation.
- Referrals should be made to individual counseling, sex offender's group or other community resources which can be of assistance to the alleged perpetrator, including shelter information if the alleged perpetrator is leaving the home and has nowhere else to stay.

Remind participants that it is important to address any identified or underlying needs of the alleged perpetrator and to refer him/her for any needed services, regardless of their guilt or innocence.

"It is important to see that identifying the taboo or any other obstacle is done to free the client's energy to work on the mutually agreed-upon contract. Sometimes simply naming the obstacle will release the client from its power. In other situations, some exploration of the obstacle may be needed before its impact abates. For example, a client might need to talk briefly about the difficulty he feels in discussing issues related to sex. His family norms might have added to the pressure against such open discussion" (Shulman, 2006, p.157).

203: Investigative Interviewing in Child Sexual Abuse Cases

Section IX: Interviewing Collateral Contacts

Estimated Length of Time:

50 minutes

Key Concepts:

- ✓ Understanding the importance of interviewing siblings and others who have knowledge of alleged incidents is crucial to the effective investigation of child sexual abuse.
- ✓ Being aware of collateral contacts' roles in the investigation will assist in case planning.
- ✓ Understanding the roles of community partners during the investigation and working together collaboratively minimizes trauma to the child and family.

Method of Presentation:

Lecture, small group activity and large group discussion

Materials Needed:

- ✓ **Flip charts and pads**
- ✓ **Overhead projector and screen or laptop, LCD projector and screen**
- ✓ **Colored markers**
- ✓ **Appendix #5 (Community Partner Activity Cards)**
- ✓ **Trainer Resource #8 (Additional Information for Community Partners Activity)**
- ✓ **Overhead #22 (Collaboration with Other Agencies)**

Outline of Presentation:

- Introduction
- Issues related to family and other household members
- Partnering with school personnel
- Teaming with community partners

Section IX: Interviewing Collateral Contacts

Step 1: Introduction

In order to successfully investigate child sexual abuse allegations, the child welfare professional must interview anyone who is believed to have knowledge about the alleged sexual abuse. This can include other family members or people in the community, whose contact with one of the members may have given them knowledge that would illuminate the investigation.

Identifying information, such as full name, dates of birth/age, address, parents' names and social security numbers, when known, are necessary when gathering information from collateral contacts or when contacts are providing information about other potential victims.

Step 2: Other Family or Household Members

Other family or household members can have many of the same reactions as the siblings. Sexual abuse can put extended family members in difficult binds. Loyalties are often conflicted: the perpetrator's side of the family does not believe the allegation while the non-offending parent's side of the family does OR those that live in the household believe the child while other members of the family and friends do not. Child welfare professionals need to be aware of these loyalties and be sensitive to this difficulty.

Family members can be very important to an investigation. They can provide corroborating information and many provide financial, emotional, or physical help to the family. Family members might also be able to provide an informal or kinship care placement for the identified child and siblings if the non-offending parent can not protect the child or children from abuse or retaliation.

Child welfare professionals can help families deal with the allegations and subsequent investigation by asking family members to focus on the safety of the child or children; by letting family members know that the child welfare professional believes the child; by urging family members to spend energy on helping family members rather than defending the family against outsiders; and by being sensitive to family members who may be asked to help in ways that burden them financially or emotionally.

Family members should also be made aware of any community resources which can be of help to them, especially if they are to provide care to the children. Special attention should be given to any religious beliefs, especially in regard to the selection of counselors. If possible, children should remain in their home school districts, to minimize the impact of the trauma, separation and placement. If the children are placed with a non-relative, every effort should be made to ensure that the child is able to attend

family functions, have sibling visits, and maintain cultural and religious ties to their own community. Support should be given to caregivers, including transportation assistance and coordination of visits in the most home-like setting possible.

Step 3: School Personnel

School personnel, especially teachers and school nurses, are excellent sources of corroborating information that can help you confirm or deny an allegation of child sexual abuse. They may be able to offer information on children's behaviors associated with child sexual abuse; have insight into the child's relationship with his/her family members; or have observed medical or psychological conditions that might be associated with child sexual abuse. School personnel may also be able to provide information related to household members and are permitted to release such information to investigators under *CPSL §6313 (c) (6), Reporting procedure, Written reports*.

It is important to obtain whatever documentation school personnel might have which would support the allegations, such as a noted change in the child's behavior shortly after the alleged perpetrator moved into the home or unusual injuries or symptoms (like constant stomach pain) which may be related to the abuse. As with all mandated reporters, it is important to obtain the CY-47 within 48 hours of the oral report (*CPSL §6313 (a) Reporting Procedure, General rule.*), along with any supporting documentation.

Although the CPSL allows for release of medical documentation and other records when making a referral of child abuse, school districts may have policies, which require releases of information to be signed for, information such as school psychological or psychiatric reports, when the school is cooperating with the investigation. The child welfare professionals should seek such releases even if not required so that ongoing information can be obtained and shared for monitoring the safety of and risk to the child. According to the *CPSL §6346 (a), Cooperation of other agencies. General rule*, "School districts shall cooperate with the...agency by providing them upon request with the information as is consistent with law."

Because of the information they are required to share, school personnel often feel uninformed when it comes to the potential child victim, especially if they reported the abuse. They often want to know more about the case and the investigation than can be released due to confidentiality requirements of the laws. The child welfare professional should share information with the teacher or nurse up to the limits of the law and their own agency's policy. The *CPSL (§6340 (a) (12), (Release of information in confidential reports, General rule)* indicates that the following information can be shared with the mandated reporter who made the referral: "The final status of the child abuse report...whether it be indicated, founded or unfounded" and "Any services provided, arranged for or to be provided by the county agency to protect the child."

Trainer Note: Reinforce that such information cannot be shared with people other than the Investigative Team or mandated reporter. At times, issues can surface during discussion of such matters in a teacher's lounge, on an elevator, while calling a parent from the office regarding follow-up services or when speaking to a child in the hallway. If issues arise, remind school personnel that respecting confidentiality is not only a legal matter but also one of preserving the dignity of the child and family.

The child welfare professional should explain why more information can not be shared and should also educate the referral source regarding the meaning of the various findings. The child welfare professional should also pursue having releases signed by the parent in order to be able to share needed information with school personnel, for the child's health and safety. At times, school personnel may be made a part of the multi-disciplinary team related to the investigation since the school often has information vital to the investigation and may be a part of the safety plan (e.g., will not release the child to anyone other than identified caretakers, will allow the child to go to the nurse or counselor's office when needed, will help identify any potentially harmful situations, and so forth).

Step 4: Teaming with Community Partners

In order to conduct a sound investigation into child sexual abuse, many professionals from various disciplines are often needed. Child welfare professionals have traditionally taken the lead in interviews with the identified child, siblings and any additional children due to their training and experience surrounding child development, family dynamics, interviewing skills and child sexual abuse. Other professionals (e.g., forensic interviewers, law enforcement officers) may also conduct an investigative interview separately or in combination with the child welfare professional.

Activity

Assign participants the roles of various community partners by tables to one of the **Community Partners** listed on **Appendix #5 (Community Partner Activity Cards)**. Ask each group to discuss with whom they collaborate and assure confidentiality during a sexual abuse investigation related to the community partner on the card they were provided. Allow them 15 minutes to record their answers on flip chart paper. Instruct participants to post their flip chart paper when done. During the large group report out, ask the other groups how this is different or the same regarding how their roles are delineated in their agencies.

Trainer Note: Add information from **Trainer Resource #8 (Additional Information for Community Partners Activity)** as appropriate while groups are reporting out. Examples of confidentiality forms to be signed by Multi-Disciplinary Team members, the Investigative Team or those who may be participating in/cooperating with the investigation process can be circulated, if desired.

When all groups have shared, emphasize the use of the Investigative Team from **Trainer Resource #8 (Additional Information for Community Partners Activity)**. Reference **Overhead #22 (Collaboration with Other Agencies)** and review how the following mandates encourage collaboration while addressing issues of confidentiality:

- Chapter 6, Title 63 Domestic Relations, *CPSL §6368 Investigation of reports*. Contain CPS regulations delineating how and when information can be shared during and following investigations.
- *55 Pa. Code, Chapter 3130.44 (c) Confidentiality of family case records*. Allows information “necessary to protect the safety and well-being of a child” to be released, including another county agency and other providers of services to children and families with whom they are accepted for service. The other providers may have access to and the right to use identifying information in order to carry out its service responsibilities, with the amount and type of information released being determined by the county agency.
- *Juvenile Act §6311 (b)(2)(Powers and duties)*. The guardian *ad litem* for a dependent child is to represent the legal interests and the best interests of the child at every stage of the proceedings and is to be given timely access to relevant court and county agency records, which includes medical, psychological and school records.
- *Juvenile Act (§6336 (f) Discretion of the Court)*. The court at any disposition proceeding shall have discretion to maintain the confidentiality of mental health, medical or juvenile institutional documents or juvenile probation reports.

Summarize this activity by stating that, in order to effectively team with other professionals, certain principles should be kept in mind. Recognize that individual members or agencies may have a different agenda for the team or may allow their own professional or personal philosophies to influence the team process, making collaboration toward the common goals of child safety and a single case plan even more important. Further, delineation of roles and duties for each team member is needed. Involving community partners in decision-making will ultimately lead to more positive outcomes for children and families.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section X: Making Decisions In Case Planning

Estimated Length of Time:

50 minutes

Key Concepts:

- ✓ Knowledge gained from the interviews prepare the child welfare professional to make case planning decisions.

Method of Presentation:

Lecture, small group activity, large group discussion

Materials Needed:

- ✓ Overhead projector and screen or laptop, LCD projector and screen
- ✓ Flip chart stands and pads
- ✓ Colored markers
- ✓ 5X7 cards
- ✓ Pens and pencils
- ✓ Appendix #4 (Focused Questions Cards), Revisited
- ✓ Trainer Resource #9 (Characteristics of a Safe Environment)
- ✓ Handout #21 (Family Cohesion, Adaptability and Communication)
- ✓ Overhead #23 (CFSR Service Array)
- ✓ Overhead #24 (Investigation and Interviewing)

Outline of Presentation

- Safety decisions/safety plan
- Substantiation of the abuse
- Case Planning
- Case Closure

Section X. Making Decisions in Case Planning

Step 1: Safety Decisions

Having looked at how to conduct the investigation, participants will now focus on their next steps, involving case planning. Hold a large group discussion with the participants about how safety threats interact with the family's protective capacities in making service plan determinations. For instance, the initial assessments in sexual abuse cases are done simultaneously with the investigation and provide the child welfare professional with a formal process for making critical decisions.

Emphasize that safety assessments are not something done once or twice during the life of the case; rather they are an ongoing activity that is constantly being evaluated, particularly as decisions are being made. Although the safety assessment only specifically addresses the primary caregivers, the interrelationships with any other household members (especially if household members come and go) is captured in the safety assessment through looking at how the primary caregivers protect or fail to protect the children.

Continual reconsideration of the current safety threats and future ongoing risk must be taken into account while it is being determined if the allegation is substantiated and the plan should be revised accordingly.

Step 2: Safety Plan Development:

As previously noted, an allegation of sexual abuse may represent a safety threat. When safety threats exist but the child can still remain in the home based on the protective capacity of the primary caregiver(s) with or without the assistance of reliable, suitable support people, a safety plan must be put in place.

A safety plan is a written arrangement between caregivers, responsible persons and the county agency designed to control present danger and/or impending danger by mobilizing current protective capacities in order to allow the Child Protective Services (CPS) investigation, General Protective Services (GPS) assessment, and/or safety assessment to occur. The safety plan must include specifics such as under what conditions a child will remain safe in the situation in which they are currently residing and a method for monitoring compliance with the plan. The safety plan may remain in effect as long as needed (must be implemented and active as long as threats to child safety exist) and must be continually evaluated and modified as long as it is in effect. (See *OCYF Draft Bulletin #3490-08-xx, Safety Assessment and Management Process* and the accompanying *Reference Manual*.)

The belief and support of the non-offending parent is crucial to minimizing the effects of sexual abuse and facilitating the healing process for children. Child welfare

professionals must determine whether the non-offending parent can support and protect the child victim on an ongoing basis and to work on changing the family environment so that the child can be offered future protection.

Safety plans completed by the child welfare professional may include how to support the parent through use of extended family, community resources, school/medical personnel and religious practitioners. It should note the protective capacity of the parent/family, the resiliency of the child, the potential for any threats against the child or family and how to ameliorate (lessen or diminish) them. A safety plan is sufficient when it is a well, thought-out approach; containing the most **suitable people taking** the necessary **action frequently enough** to control safety threats and/or substitute for diminished caregiver protective capacities. Progress and adherence to safety plans should be checked at every contact.

Trainer Note: If there is time, a sample safety plan can be created using the "Mary" case information or an example offered by the trainer.

Step 3: Substantiation of the Abuse

Key decisions during and following the investigation include:

- Whether the report is substantiated or unsubstantiated
- Whether the agency will continue to work with or be involved with the child and family and/or if the child and family will be referred to another agency for services
- Whether emergency services are needed to protect the child from further harm while in the home
- Whether court action (protective supervision or placement) should be pursued
- Where the child should be placed, if needed
- What the permanency goal will be for the child, if placed

(Adapted from Brittain & Hunt, 2004, pp. 192-194)

The use of supervision during a child sexual abuse case is a crucial aspect of the investigation, for case review, feedback, guidance, and case direction. The supervisor must review the case with the worker every ten (10) days, at a minimum. Although experienced child welfare professionals may possess the advanced skills needed to conduct sexual abuse investigations, they will still require supervision to discuss the content and direction of the case. Marsha Salus identified the significance of supervision when she stated,

“Any decision that affects the safety or permanency to the child must be made in consultation with the supervisor” (Salus, 2004).

As best practice and in keeping with the Pennsylvania Standards, supervision should occur at least once a week. The regulations (*3490.61(a) Supervisory Review and Child Contacts*) mandate that the supervisor review the case at least

once every 10 days, dependent on the level of risk to the child, and record essential elements on the supervisor's log. It is crucial for supervisors and child welfare professionals to review all of the information obtained during the ongoing investigatory process. Supervision should focus on engagement of the child and family; risk and safety assessments and the associated decision plans; comprehensive assessments of all subjects of the report; factors affecting the decision-making process; and development of a case plan. Consultation with the rest of the multi-disciplinary team, other professionals and family members should occur throughout the investigative process and be taken into account when decisions are being made.

Supervisors and child welfare professionals should determine if the case should be unfounded, indicated, or founded. Since a founded determination is from the court, it is not generally the finding during the initial investigation but the determination on an amended CY-48, at a later time. The supervisor and child welfare professional will want to "weigh" all of the information obtained during the investigation, including other possible explanations, and rule in or out whether or not sexual abuse likely occurred per statutory guidelines. They then should identify specifically what services are needed in order to ensure the safety, well-being, and permanency of children in child sexual abuse cases.

Reiterate that all information should have been gathered prior to the date of decision. Inform participants they must present the evidence/lack of evidence clearly and concisely when completing the CY-48. Note that, according to 3490.4 regulations, *Definitions*, an indicated finding can be based on ANY of the following:

- ✓ Available medical evidence
- ✓ CPS investigation or
- ✓ Admission of the acts of abuse by the perpetrator

If the case is unfounded, services may still be provided, if warranted for other reasons. Generally, cases will not be founded (determining in juvenile court or criminal court to be abuse or a crime related to abuse) before the end of the 30- or 60-day investigative period. It should be noted that a report must be unfounded if the CY-48 is not submitted to ChildLine by the 60-day deadline. Generally, if the case is indicated (determined to be true, based on the CPS investigation, medical evidence, and/or other corroborating evidence), the family is accepted for ongoing services. If the case is already open for ongoing in-home or placement services, an amendment to the Family Service Plan/Child Permanency Plan and any accompanying court documents will need to be made to reflect the changes.

Step 4: Case Planning

Remind the participants that, according to *Pennsylvania Standard I-E (Permanence)*, the child welfare professional must work directly with and involve all family members, as

well as others involved with the family, in a comprehensive family-focused assessment to determine the strengths and needs of the family. The initial family-focused assessment must be completed within sixty (60) calendar days of the referral, also per *Pennsylvania Standard I-C (Make Investigative Decisions)*, and must include: an assessment of the family's living conditions, the family's financial situation, available family and community supports, parent/child interactions, parenting skills, substance abuse, functioning and behaviors of the children, parents' history and personal characteristics, parents' developmental levels, and interactions between the parents and/or among household members.

Again, the importance of engaging the subjects of the report and the family members needs to be emphasized. This may become especially important if there is a circumstance in which the alleged perpetrator is willing to leave the home voluntarily but then chooses to move in with another client family or other person with children in the home. It is important not to violate confidentiality when concerned for the other client or family. Maintaining relationships and providing ongoing guidance to all those involved with the abuse is paramount.

Step 5: Arranging Services

Activity

In keeping with their previously assigned roles (referral source, child, sibling, non-offending parent, alleged perpetrator, collateral contacts) from **Appendix #4 (Focused Questions Cards)**, instruct each table to identify examples of services or assistance that might be offered to or provided by those in the various roles as part of the case planning process. Ask participants to consider how it would differ if the child were to remain in the home with a safety plan versus going to kinship or substitute care. Allow 15 minutes for small group discussion and then have each group report out.

Highlight that, dependent on the siblings' reactions and pre-existing mental health conditions, the sibling may also need to be referred for services in the community. Appropriate family members should be identified as alternatives for the children if the parent is not available. Siblings should also be included in discussion of the Family Service Plan, especially if they are over the age of 14.

The child welfare professional should work with the treatment professionals, educators, medical personnel and others who are working with family members as a team. Best practice is for the same mental health therapist to be providing treatment to the child and the non-offending parent in order for family therapy to take place seamlessly, when appropriate. The perpetrator should receive services from a different provider to help assure the safety of the child and to avoid any conflicts of interest for the provider.

It is vital to establish clear treatment goals for the child victim, the non-offending parent and the alleged perpetrator, especially in cases where reunification or case closure is a goal. As previously identified, the child welfare professional should obtain any needed

releases and coordinate the family, therapists and other professionals working together, sharing information, and assessing the readiness of all parties for case closure and/or reunification.

It is important for child welfare professionals to recognize that therapy is not required for all children who have been sexually abused. Typical treatment for child victims deals with the effects of the sexual abuse and the effects of the investigation on the child. Although many details of the abuse might surface during the therapeutic process, the focus should remain on healing for the child.

Trauma work or the facilitation of the healing process takes place in the everyday world of the child. Thus, all of the adults in the child's life are involved in providing therapeutic services to the child. The child welfare professional, armed with the appropriate resources and support, is one individual who can assist the child's caregivers in moving toward healthiness with the child from the point of investigation to the establishment of permanency for children.

For children in care, the restructuring process might be even more difficult since cognitive distortions of worthiness and blame are reinforced by their removal from their home. Thus, it is vital that kinship providers and foster parents dedicate an extraordinary amount of time restructuring children's cognitive beliefs and values. Child welfare agencies must utilize concurrent planning from the outset in the event the children are unable to return home.

When children are acting out, behavior management is therapeutic work that is essentially conducted outside of therapy. Therapists assist the child's caregivers in identifying the problematic behavior, identifying the need that the behavior fills, developing a plan to address the behavior, and working on strategies to replace the behavior with more positive behaviors. Creative approaches and strategies using the non-offending parent, relatives, and formal supports within the community, such as schools and religious communities, are the key to minimizing problematic behaviors for children who are sexually abused.

Ask as a large group for participants to identify topic areas that they believe should be included in treatment. Areas of concern might include the following information:

- How to respond and manage the child who was victimized and sibling groups;
- Emphasize communication;
- Parenting skills (focusing on boundary establishment, rules in the family, power issues);
- Understanding sexual abuse;
- Non-offending parents as victims of the offender's cognitive distortions;
- Dependency issues of the non-offending parent;
- Drug/Alcohol issues, if applicable; and
- Non-offending parent's own victimization, if applicable. (Elliott & Carnes, 2001; Deblinger, Steer & Lippman, 1999)

Sex offender treatment for adult males has primarily been a specialized treatment model. The prevailing type of treatment that has been endorsed over the years is a cognitive-behavioral approach, often administered in a group setting. Working with adult sex offenders requires that any type of intervention be conducted with an emphasis on community safety. Cognitive-behavioral therapy (CBT) operates under the premise that thoughts, feelings (affect) and behavior are interrelated and influence each other.

Treatment assists the offender with identifying stressors and cognitive distortions, challenging assumptions or rigid beliefs, and identifying and developing strategies to replace them with healthier, more flexible, and appropriate thoughts. CBT has also been identified as the best course of treatment for dealing with juvenile offenders. (Worling, OJJDP, 2000). It should also address: social/employment skills, human sexuality, relationship building, fantasy management, and victim empathy.

In addition to these treatment components, some sex offenders might require pharmacological intervention to help manage their sexual impulses. Identify that there is a website in Pennsylvania that provides treatment and management standards for sexually violent predators as well as information by zip code of registered offenders – <http://www.meganslaw.state.pa.us/soab/site/default.asp>.

Trainer Note: For participants' benefit, the trainer may want to write the web site information on a flip chart.

Step 6: Acceptance for Service and Family Service Plan Development

Continuing with the case planning process, child welfare professionals need to consider each component. Title a flipchart paper as follows: "*ASSESSMENT + CASEWORK = CASE PLAN*". State that a thorough assessment, as previously described is important in order to provide safety information to the child welfare system as well as to plan for appropriate interventions and monitoring of the child and family. Child welfare professionals might refer the family for ongoing agency services as well. If there is ongoing risk of harm to the child, if the child has been placed in kinship or foster care with a goal of reunification, and/or if other issues related to the safety and well-being of the child require ongoing child welfare attention, the case should be opened for services.

The purpose of the Family Service Plan and Child Permanency Plan are to meet the safety and well-being needs of the child in order to achieve permanency in a timely manner. Family Service Plans and Child Permanency Plans are developed for both children who remain in their homes and children who have been placed outside of their homes. For children who are placed out of their homes, due to the high risk of the children remaining in their own homes, the service plan must include the kinship caregivers or foster parents.

Chapter 3130.66 reminds child welfare professionals that, if a child has been placed in emergency care and continued placement is necessary, the county agency shall prepare a Family Service Plan no later than thirty (30) days from the date the child enters into emergency placement. However, if the child is in emergency placement and continued placement is not necessary but in-home services are needed, the county agency should prepare a Family Service Plan no later than sixty (60) days after the date the child enters emergency placement.

The Family Service Plan and Child Permanency Plan should be a collaborative effort between the child welfare professional and the family. The child welfare professional should engage the family by complementing the strengths of the family and discussing the risk factors identified during the family assessment. At this time, it may be helpful for child welfare professionals to link various family members with information on the topic of child sexual abuse in order to assist them in engaging in the Family Service Plan and Child Permanency Plan. The child welfare professional can recommend a number of books, articles, and resources readily available to sexually abusive families at the agency, the local library, and the community bookstore or online.

Display **Overhead #23 (CFSR Service Array)**. Note that the Child and Family Services Review (CFSR) will evaluate seven outcomes and seven systemic factors in each state's service delivery system. One of the seven systemic factors is "Service Array and Resource Development." Review the factors noted on the overhead.

Note that it is important to take these factors into consideration when developing the Family Service Plan and Child Permanency Plan with the family. Services, such as those described above, should be specifically outlined, with time lines for completion noted. Specific goals and benchmarks should be delineated for the child, family, and perpetrator related to reunification and the eventual closure of the case.

Families who are past the initial stages of treatment and who do not plan to reunify with offenders may be good candidates for early case closing (keeping in mind the variables discussed above). Families who plan to reunify may need protective supervision for several months after reunification. In both cases, however, families may maintain their treatment relationship long after case closure.

Step 7: Case Closure

Consultation with one's supervisor and review of all aspects of the case plan are crucial prior to case closure. Discuss if all the tasks listed have been accomplished, emphasizing the following aspects of the first phase of the case:

- ✓ Assure the protection of the child victim from further abuse or retaliation;

- ✓ Help the non-offending parent or parents acknowledge that abuse has occurred, believe the victim, recognize their responsibility to protect the child, and provide consistent parental support to the victim;
- ✓ Decrease the offender's power, control, and psychological influence over the child victim and other family members;
- ✓ Encourage and enable the child victim to fully disclose the details of the abuse, and prevent the child from false recanting;
- ✓ Support and empower the non-offending parent to manage the family in the absence of the perpetrator;
- ✓ Help siblings understand the situation and help them refrain from blaming the victim for the family's problems.

(Adapted from pp. 200-216, Rycus & Hughes, 1998, Vol. I.)

Ideally, the child welfare professional will assist the family through the phases listed on **Overhead #24 (Investigation and Interviewing)**, keeping a goal of reunification in mind. Use the overhead to show how child welfare professionals might be involved with families through the initial life of the case. Note that there are times, however, when the child and the family do not require continued monitoring during the latter three phases.

Often there is consideration to close a case at intake if the offender does not reside in the home or has moved out of the home. The caseworker should carefully evaluate family structure and functioning to discriminate between families who may be culturally different and those whose functioning clearly puts a child at risk.

Activity

Ask participants at each table to record on a 5X7 card at least 3 factors that should be considered if the case is to be closed at intake. Give groups 2-3 minutes to complete the activity and then ask participants to pass the cards to the trainer. The trainer will read the cards, noting the following information if not offered by the group:

- Parents who may expose their children to many partners/significant others without appropriate supervision. Is the parent/caregiver functioning well enough to prevent abuse by future perpetrators?
- Women who have been victims of domestic violence from the offender and/or may be pressured by the offender at a later date;
- Parents who have diminished protective capacities because of substance abuse, depression, poor parenting skills or other problems;
- Significant mental health issues that put the child at risk for re-abuse;

- Structural or functional elements of the family system that may have created vulnerability for the child;
- Role reversal in the family;
- Family boundaries sufficient to protect the child;
- The ability of the family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress;
- Openness to help from providing agencies and treatment recommendations;
- Child-specific vulnerabilities (e.g., handicapping condition, impairment in communication, sexualized behavior, psychiatric impairment);
- The role the offender played in the family;
- Non-offending parent's belief or disbelief of victims;
- Family's emotional closeness vs. distance with the offender;
- Presence of protective from abuse orders;
- Willingness to seek required treatment or follow the safety plan without legal mandates.

Trainer Note: Distribute **Handout #21 (Family Cohesion, Adaptability and Communication)** and offer this as a reference guide for future use. In addition, **Trainer Resource #9 (Characteristics of a Safe Environment)** to review safety concerns before closure.

The child welfare professional should reinforce with the child and family that case closing and the termination of treatment do not necessarily coincide. Maintaining treatment after closing the child protective case means that the family will continue to have a support system that is aware of the history of sexual abuse and is able to help as future issues arise. The therapist can contact the agency if concerns regarding the safety and well-being of the child surface.

Treatment of sexual abuse is often considered open-ended treatment. Family members may at various future points in time need additional intervention. Even though children may receive good initial treatment and experience symptom remission, they may experience difficulties later. Children should be encouraged to keep in contact with support persons in their life. Parents and youth should be educated regarding the potential need for additional treatment at certain developmental stages and trigger

points. For example, issues related to sexual abuse often re-surface when a child enters adolescence. Perpetrators should maintain a life long link to an offender's group or treatment provider to whom they can report any relapse. Written resources, web links, and information on support groups should be provided to each family member.

The case should be closed if the children are safe, the family is able to protect the child on an ongoing basis and the parents or caregivers are willing to follow through with any recommended services.

203: Investigative Interviewing in Child Sexual Abuse Cases

Section XI: Practice Interviewing

Estimated Length of Time:

55 minutes

Key Concepts:

- ✓ Putting classroom learning to use within the first 24 hours helps solidify new material into permanent practice.

Method of Presentation:

Lecture, triads, small group and individual activities, large group discussion

Materials Needed:

- ✓ Flipchart stands and pads
- ✓ Colored markers
- ✓ Lined paper -- at least two sheets per triad
- ✓ Pens or pencils
- ✓ Handout #3 (The Mary Referral), Revisited
- ✓ Handout #11 (More About Mary), Revisited
- ✓ Handout #13 (Structuring Interview Questions), Revisited
- ✓ Handout #14 (Developmental Issues in Interviewing Children), Revisited
- ✓ Handout #15 (Checklist for Interviewing/Questioning Children), Revisited
- ✓ Handout #17 (Non-Offending Parent Interview Issues: Beginning and Introductions Stage), Revisited
- ✓ Handout #18 (Non-Offending Parent Interview Issues: Questioning and Clarification Stage), Revisited
- ✓ Handout #22 (Scenario: Interviewing the Identified Child)
- ✓ Handout #23 (Scenario: Interviewing the Non-Offending Parent)
- ✓ Handout #24 (Scenario: Interviewing the Alleged Perpetrator)

Outline of Presentation:

- Preparation for interview activity
- Practice interviews
- Process out of various stages of interviews

Section XI: Practice Interviewing

Step 1: Preparing for the Interview

Now that participants have gained an understanding of how an investigation is planned and how each stage of the interview is crucial to its outcome, inform participants that they will have an opportunity to practice interviewing. Advise participants that the purpose of this exercise is to allow them the opportunity to apply the information that they received on interviewing the identified child, siblings, the non-offending parent/caregiver, the alleged perpetrator and collateral contacts. The practice interviews will be approximately 5 minutes long. Acknowledge that an entire interview cannot be conducted in the time allotted for this activity.

Designate different areas of the room for each one of the above groups (the identified child, siblings, the non-offending parent/caregiver, the alleged perpetrator and collateral contacts). Ask participants to stand in the area representing the person they would most like to practice interviewing. Indicate that participants can base this decision on the level of difficulty they would have in developing appropriate questions, the amount of challenge it represents to demonstrate containment during the interview, the person they would have the most difficulty relating to or any additional personal criteria they may have.

Once participants have selected one of the categories of people to be interviewed, break the 5 small groups into groups of three, partnering the more seasoned participants with newer trainees or with those who feel less comfortable with conducting an investigative interview. Acknowledge that they may now be in a group with one or more persons they do not know and remind them that this often may be the case when conducting sexual abuse interviews. Inform participants that they will take turns playing each one of the following roles: interviewer, interviewee and observer.

Ask each trio to make space slightly apart from the other triads in the room. Inform participants that they will process out the activity initially with other triads in their category (the identified child, siblings, the non-offending parent/caregiver, the alleged perpetrator and collateral contacts). Then the category small groups will reconvene with the large group to summarize learning points.

Activity

Distribute the Scenario Handouts to each group, which would include: **Handout #22 (Scenario: Interviewing the Identified Child)**, **Handout #23 (Scenario: Interviewing the Non-Offending Parent)** and **Handout #24 (Scenario: Interviewing the Alleged Perpetrator)**. Remind participants that further information regarding the referral, allegations and family situation can be found on **Handout #3 (The Mary Referral)**, **Handout #11 (Meet Mary)** and **Handout #13 (Structuring Interview Questions)**.

Refer participants to additional handouts related to their particular interview. For example: child: **Handout #14 (Developmental Issues in Interviewing Children)** and **Handout #15 (Checklist for Interviewing/Questioning Children)**; and non-offending parent: **Handouts #17 (Non-Offending Parent Interview Issues: Beginning and Introductions Stage)** and **#18 (Non-Offending Parent Interview Issues: Questioning and Clarification Stage)**.

After distributing 2 sheets of lined paper to each triad, instruct participants that they will use their paper to record information regarding each stage of the interview. Advise participants this information will then be used in discussion with the other members of their small group (identified child, siblings, non-offending parent/caregiver, the alleged perpetrator or collateral contacts).

Ask participants to take 10-20 minutes in their triads to:

- ✓ Discuss decisions to be made in preparation for the interview and record those items on the top section of the first flipchart paper.
- ✓ Decide which stage of the interview each participant in their group wishes to practice: Beginning and Introduction, Questioning and Clarification, or Ending and Transitions. (Each participant within the group of 3 should select a different stage.)
- ✓ Select which person will be the interviewer, interviewee and the observer for each stage.
- ✓ Practice interviewing each other, starting with the Beginning & Introductions stage.
- ✓ Stop after each stage of the interview for the observer to record on the flip chart paper their reactions and responses to the exercise, beginning with the bottom half of the first flipchart paper and continuing onto the second paper.

Remind participants to develop questions that are both open- and close-ended in their preparation phase. Advise participants that, following the allotted time, they will gather with the rest of their small group before reconvening as a large group to report out on each stage of the interview, noting similarities and differences between their findings.

Step 2: Practice of Interviews

Trainer Note: During this activity, walk around the room to assist participants in re-phrasing questions as needed and to promote thinking through the goals of the stage they are practicing. It is vital to assist the teams during the interviewing process as this is an activity where participants are allowed and encouraged to make mistakes. Spend some time with each of the groups, although some teams will need more assistance than others. Look for comprehensive yet fair questioning of each party (non-offending parent, alleged perpetrator, *etc.*).

Remind participants after the initial 5-7 minutes to record their Preparation stage

feedback and to begin their practice interviews, if they have not already done so. Approximately every 5-7 minutes afterward, remind participants to record observer feedback and to switch roles, if they have not already done so.

Step 3: Processing Out

After 10-20 minutes or when most participants appear to be done, instruct triads from the same category (the identified child, siblings, the non-offending parent/caregiver, the alleged perpetrator or collateral contacts) to gather as a small group. Distribute 2 sheets of flipchart paper to each small group, advising them to format the flipchart paper with each stage of the interview, the same as they did with their lined paper. Inform participants that the small groups have 5-10 minutes to discuss their findings and to record the key points from each stage on their flipchart paper.

Following the allotted time, reconvene the large group and ask each small group to post the flipchart paper with their findings. Ask for each small group to share what they had thought about for the preparation stage, announcing which interviewee they had chosen. Follow this up with other small groups sharing how their thoughts were the same or different. Summarize any common themes shared by participants and then move on to the other stages of the interview, always beginning with the child group(s) and ending with collateral contacts in order to reinforce proper sequencing of interviews. Summarize common themes at the completion of discussion regarding each stage.

Ask volunteers to share what surprised them most about the interview and what area they may need to concentrate on in future interviews. Ask them to identify one resource or person who could help them. Instruct participants who did not share aloud to also reflect on these issues. Allow 30 seconds of silence for reflection and then solicit any closing comments.

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Section XII: Closing & Evaluation

Estimated Length of Time:

15 minutes

Key Concepts:

- ✓ Adult learning principles indicate that concepts used within the first 24 hours after training are more likely to become long-term changes.

Method of Presentation:

Individual activities, lecture, large group discussion

Materials Needed:

- ✓ **Handout #25: Action Plan**
- ✓ **Handout #26: Bibliography**
- ✓ **Training Evaluation**

Outline of Presentation:

- Wrap-up
- Completion of action plan and training evaluation

Section XII: Closing & Evaluation

Step 1: Wrapping Up Activity

Ask participants to look back over their notes and handouts and think about what they learned that was especially helpful. Ask them to take 2-3 minutes to write down on their "Idea Catcher" new awareness or ideas they gained during the training.

Distribute the **Handout #25 (Action Plan)** and ask them to:

- think about how each of their new awareness might change the way they approach their work and
- write down what they might want to add to their existing work or change about their work.

After 10 minutes ask individuals to share their thoughts with the group. Guide a discussion about their thoughts.

Thank group for their participation. Distribute the **Handout #26 (Bibliography)** for this workshop and inform participants that the information on the bibliography provides resources that may be of interest to them.

Finally, ask the participants to fill out the training evaluation before they leave.