

First Responder Contact Minimal Facts Interview

A primary goal of the multi-disciplinary approach to the investigation of child abuse is the avoidance of multiple, duplicative interviews of a child. Most communities require a joint investigation of child abuse by law enforcement and Child Protective Services. Both agencies have a need for the child to be interviewed as part of their investigation. Many communities have established a Child Advocacy Center where the official forensic interview of the child should be conducted with representatives of all investigative agencies present. One of the investigators or a CAC child forensic interview specialist will conduct the interview at the CAC with the interview being recorded in the recommended manner, often video-taping.

Following an initial report of the alleged abuse of a child, basic information must be collected to determine whether child maltreatment has likely occurred and a forensic interview should be conducted. Additionally, the child protective service agency has a mandate to assess the safety of all children in the family and to respond to all emergency needs. The initial child contact must be completed within the CPS policy timeframe and must provide sufficient information to assess the child's safety.

To accomplish the goals of the first responder contact, the following information should be collected:

1. What type of abusive activity happened?
2. Where did it happen? Check for multiple jurisdictions.
3. When did it happen? (first time/last time/frequency)
4. Who is/are the alleged perpetrator(s) & relationship to child? (Date of birth, address, social security number, if possible)
5. Are there witnesses and/or other victims?
6. Is the child victim physically and emotionally safe?
7. Are other steps necessary to assure the safety of the child and other potential victims?
8. Is immediate medical attention necessary for the child's health or to gather physical evidence?

The first responder should be reassuring, observant, and objective throughout the interview. Much of the necessary information may be gathered from an adult caregiver, if they are deemed to be protective of the child and reliable. However, the first responder must meet the child and it may be necessary to engage the child in a conversation to be able to assess the child's safety, emotional state and physical condition. The first responder should focus on safety and well-being assessment questions. Any spontaneous statements should be accepted and recorded. The first responder should not silence a verbal, forthcoming child; but should not ask for details. All information shared by the child should be recorded in as verbatim a manner as possible, including noting emotional state and behaviors.

If the first responder has any concerns about the emotional or physical safety of the child, she/he should ask the necessary questions to make decisions about removal or safety planning. In order for any type of safety plan to be developed, there must be sufficient information obtained to support the plan. The child's safety takes precedence over all other concerns.

The decision for referral to the CAC is established by local protocol. ~~When such a determination has been made, the following steps should be taken:~~

1. The first responder should give the caregiver detailed information about the appointment at the CAC.
2. Questions should be answered and assurances should be provided about the continuity of the process.
3. The child can be given a much simpler and age appropriate explanation of the CAC. A first responder positive contact can provide a bridge to ease the child's anxiety about the CAC interview.
4. Emergency contact information should also be given to the caregiver.
5. All information should be carefully recorded. Statements made by the child particularly should be recorded verbatim.

The safety of all children in the household must always guide our practice. If it is the judgment of the first responder that the above questioning should be extended to assess the safety needs of the child and family, the investigator must use his/her professional judgment. If arrest or apprehension of the alleged perpetrator may be facilitated by further

questioning, the Law Enforcement first responder should follow procedures recommended by their MDT protocols.

First Responder Contact Training Description

Many communities have a Child Advocacy Center where an official forensic interview of an allegedly abused child should be conducted. Law Enforcement and a Child Protective Services Social Worker are present and observe the interview. The primary goal of employing a skilled interviewer, video-recording of the interview, and the avoidance of multiple interviewers is to obtain the most complete and non-leading account of the child's statements. While both agencies require a timely response to the reporting of a potential crime against a child, Children's Social Services has a mandate to initiate contact, assess safety, and respond to any emergency needs within twenty-four hours. An initial response may be made by either the Social Worker or a patrol Law Enforcement officer; or the practice may be to respond jointly. It is necessary for the social worker to collect enough information to decide if the child is safe to remain in the home until the CAC interview takes place. In those cases where the CAC referral is deemed to be appropriate, the social worker should conduct a minimal facts interview.

This training will present basic interviewing skills, which can assist a social worker in conducting any interview of a child in a developmentally appropriate manner. Additionally, the training will provide an interview structure and guidelines for a Minimal Facts Interview.

The initial contact, usually made by an investigative social worker and a police officer, following a report of suspected child abuse.

The Role of the First Responder is to . . .

- Establish contact with child
- Coordinate LE & CPS response
- Assess safety
- Assess risk of imminent danger
- Assess need for immediate medical care

The Steps of the First Responder Interview . . .

1. Introduce yourself
2. Build rapport with the child
3. Transition into the interview
4. Simple questions
5. Provide information on the next step and address any concerns

FIRST RESPONDER

First Responders

Should Collect the Following Information . . .

1. What type of abusive activity happened?
2. Where did it happen? Don't forget to check for multiple jurisdictions
3. When did it happen? (first time/last time/frequency)
4. Who is/are the alleged perpetrator(s) & relationship to child? (DOB, address, social security number, if possible)
5. Check for if there are witnesses and/or other victims?
6. Is the child victim physically and emotionally safe?
7. Are other steps necessary to assure the safety of the child and other potential victims?
8. Is immediate medical attention necessary for the child's health or to gather physical evidence?

Should Always . . .

- Show interest in what child is saying
- Use open-ended questions
- Avoid leading questions
- Don't go further than you need to

FIRST RESPONDER

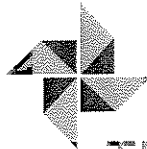


DEARING HOUSE AND KAY COUNTY MULTIDISCIPLINARY TEAM MINIMAL FACTS INTERVIEWS BY FIRST RESPONDERS

The first responder is the initial source of information for the remainder of the team. The first responder makes initial decisions that can deeply affect the investigation and the victim. The first responder sets the tone for the remainder of the investigation.

General Principles for First Person on the Scene:

- Take initial statement from parent/outcry or eyewitness, without the victim present. Interview contact with the victim, when necessary, should be limited to brief questions to evaluate safety or medical needs, or identify an alleged offender or criminal jurisdiction.
- Whenever possible, the victim should be interviewed only one time during the investigation, when all team members are together at the child advocacy center. Duplicate interviews can be a source of additional trauma for the victim, provides potential for contamination of the facts, and can be used a source for impeaching the victims credibility at trial. This applies regardless of the age of the alleged victim.
- When taking a statement from an outcry witness or eyewitness, never take the statement with the victim present. Doing this can again traumatize the victim, can contaminate the victims statement, and can also be used as a tool to impeach the victims credibility if the case goes to trial.
- When taking a statement from an outcry witness, make sure you ask for the exact words used by the victim and the context in which the victim made the statement.
- When taking the statement from the witness, ask if they know if the child has told anyone else about the abuse or if anyone saw the abuse.
- Advise the caregivers to avoid questioning the child or having conversations or phone calls about what happened in front of the child.
- If the witness reports the presence of possible physical evidence, make sure that it is collected. Examples of physical evidence include (but are not limited to) clothing worn by the victim, drawings/writings/tape recordings/E-Mails made by the victim regarding the allegation, bed sheets, used condoms, and photographs of the scene.
- If the child is in immediate danger or the alleged perpetrator has immediate access to the child, ensure that a safety plan is made.
- Seek emergency sexual assault examination only if the victim is injured or if there has been sexual contact in the past 96 hrs. If the alleged abuse occurred a long time ago and the child needs a medical exam, this can be scheduled with the SANE provider at a later time in the investigation.
- The child welfare worker and law enforcement officer should become apprised of sufficient facts to make a threshold determination of what protective steps may be required, including whether temporary emergency custody of the child should be sought.



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Minimal Facts Interview

To avoid multiple interviews of child victims by investigators, the Children's Advocacy Center (CAC) developed a Protocol of Services. The protocol suggests that the responding investigator taking the initial report of suspected child sexual abuse use the Minimal Facts Interview to conduct the first interview of the child. The interview will be followed by a formal, in depth forensic interview done at the child friendly atmosphere of the Children's Advocacy Center.

It is understood that all investigations differ in some respect and the approach to the Minimal Facts Interview must be flexible and permit the responding officer or investigator to use his/her common sense in the following policy. For example, if the child volunteers detailed information, that information should be written down, or otherwise recorded, and the report should reflect the circumstances under which the child made the disclosures. If the child is not volunteering information, questioning and particularly leading questions, should be avoided and "Minimal Facts" should be developed from other sources whenever possible.

Minimal Facts Shall Include:

1. What happened? (Where on the child's body did the touching take place and how was the child forced or coerced?)
2. Where did the alleged abuse happen? (Location, jurisdiction, etc.)
3. When did it happen? (First incident? Last incident? How often?)
4. Who is/are the alleged perpetrator(s)? Age/DOB of alleged perpetrator
5. Are there other victims or witnesses?
6. What steps are necessary to protect the child or other victims? (Does the alleged perpetrator have access to siblings or other children?)
7. Is immediate medical attention necessary? If abuse has taken place within 72 hours, a medical exam is necessary to gather evidence. Medical exams should take place at Roanoke Memorial Hospital or Lewis Gale Hospital. Whenever possible the exam should be performed by a Sexual Assault Nurse Examiner. The S.A.N.E. nurse can conduct a forensic medical exam. The nurse or physician should not interview the child.

If the child doesn't need immediate medical attention or the alleged abuse took more than 72 hours prior to the disclosure, the forensic medical exam can be scheduled by the Children's Advocacy Center staff.

8. Do not ask the child WHY the abuse happened as it infers to the child that they are to blame.

The first concern of any investigation must be the safety of the child. If, in the judgment of the officer or investigator, expansion of the minimal facts interview is necessary, the policy of avoiding in-depth interviews must give way to the investigator's on-the-scene judgment. If an arrest or apprehension of the perpetrator can be affected expanding the minimal facts interview, policy should give way to the judgment of the investigator. Every effort should be made to avoid interviews in the late evening or early morning hours. (The Children's Advocacy Center staff is available and on-call 24 hours, 7 days a week).

The non-offending parent or caretaker should be advised that an in depth, forensic interview would take place at the Children's Advocacy Center. At the center, the child and their caregiver will meet other members of the CAC multidisciplinary team, CAC staff, and the forensic interviewer.

First Response Guide to Child Sexual Abuse Cases

To avoid multiple interviews of child victims, an Investigative Protocol has been developed which suggests that the police officer or investigator taking an initial report of suspected child sexual abuse to conduct only a “Minimal Facts Interview”. This interview will be followed by a formal, in depth forensic interview in a child friendly setting at Children’s Advocacy Center..

When you arrive on the scene tell the family what will happen. You could say:

- **Safety/Team Investigation:** My job is to make sure you are safe and secure. I may contact some other people on my team to help with your child’s protection and investigation.
- **No Details Now:** Your child won’t have to tell *me* the details about what happened. We will arrange for you and your child to go the Child Advocacy Center which is a child-friendly place kids can go for a forensic interview.
- **Outcry/Minimal Information:** I just need to make sure I have enough information to establish that a crime has occurred, the identity of the alleged offender, and to address your child’s safety and medical needs.
- **CAC Interview:** We will schedule an interview at your local CAC at a time that is best for you and your child. And a highly trained CAC interviewer will talk with your child and obtain legally admissible information in a non-threatening manner. The interview will be taped and is important evidence.
- **One Interview:** By using the CAC, your child should have to tell what happened only one time. Its proven to be the best way to get the facts and minimize the potential for upsetting your child.
- **Collecting Evidence:** We are going to need to take pictures of where things happened and we may need to borrow clothing, sheets, or any drawings, e-mails, texts, or letters about this.
- **Separate Parties:** Please explain to your child that we will talk to each grown up alone. We need to make sure that your child cannot see or hear you while we are talking—hearing that you are upset, sad, or angry can upset your child. Where can we go to talk? Where can the child go to be comfortable?

Parent/Witness Questions

- **Statement:** Please tell me “exactly” what the child said to you, what you saw, and how you found out about this. What else do you know or think about this?
- **First Disclosure:** Who did the child first tell? What were the circumstances?
- **Corroboration:** Do you know of any children or adults who might know something about this?
- **Other Victims:** Do you know if anything like this has ever happened before with (perpetrator)?
- **Assess need for Medical Exam:** If something may have happened in the last 72 hours or your child is injured, we may need to get a check-up now; otherwise we will schedule one at a time best for your child and you. When did your child last see (perpetrator)? Does your child have any medical symptoms?

Advise the Caregiver

- Please don’t bring up what happened with your child.
- Please avoid having conversations or phone calls about what happened in front of your child.
- If your child brings it up, listen without commenting or questioning. Later, document exactly what he/she said.
- Please try not to cry, act angry, or express feelings of helplessness in front of your child. This can be disturbing for a child; your child needs someone strong to help him/her through this.
- **Counseling:** The people at the CAC will help you find a counselor that can help your family get through this. Would you like to talk to someone now? The local hotline number is _____.

Tell the Caregiver How to Support their Child and Help with the Investigation

Research clearly indicates that the resiliency of abused children depends on the support of their non-offending caregiver. Recent research suggests that law enforcement should tell caregivers to make certain statements and take certain actions in order to increase the chances of the child giving a full disclosure. You can help the non-offending caregivers support their child by telling them the following:

- Even if you aren't completely convinced about everything that is being said, please let us do our investigation. The most important thing for your child is to tell him or her that you *do* support and believe him or her.
 - Please tell your child:
 - "You were brave to tell, and I am proud of you. This isn't your fault."
 - "I am so sorry this happened to you."
 - "I called the police/child protection to make sure that you are safe."
 - "I reached out to (another supportive adult) to help keep you safe."
 - "I am not going to let (your perpetrator) come around right now in order to make sure that you're safe."

What to Say to the Child

(Document statements verbatim. Do not supply your own words or summarize.)

- I know this is hard, but right now I need a little bit of information.
- **Jurisdiction:** Tell me about where this happened. (If this is unknown to you)
- **Identity:** Tell me about who did this.
- You are so brave to have told someone. That takes courage and I am proud of you.
- What happened is not your fault. I am sorry that this happened to you.
- Your (protective caregiver) called us to make sure that you are safe.
- Your (protective caregiver) called (other supportive adult) to help keep you safe too.
- Your (protective caregiver) is not going to let (the perpetrator) come around you right now to make sure that you stay safe.
- You will need to talk to someone at the CAC about what happened. The people there are very nice and it is their job to listen to you.

As a responder, please AVOID statements that might

Minimize:

- That's not so bad. I've heard worse. (about the allegation) You'll live.

Interrogate:

- I'm having a hard time believing everything you have said. Did anyone put you up to this?

Blame the Victim:

- Why didn't you tell the first time this happened?
- Why didn't you say "no"? or fight? or yell? or run away?
- Why did you go back there?
- Why were you out late/dressed like that/doing that/at that location?

Cause a Recantation:

- Don't you worry; I'm going to make sure your (daddy/perpetrator) goes to jail.

MINIMAL FACTS CASE SHEET

POLICE DEPARTMENT		CONTACT NUMBER	
REPORT NUMBER		REPORTING OFFICER	

VICTIM NAME:	
VICTIM ADDRESS:	
VICTIM D.O.B.:	
VICTIM SS #:	
VICTIM HOME PHONE:	
GUARDIAN NAME:	

SUSPECT NAME:	
SUSPECT ADDRESS:	
SUSPECT D.O.B.:	
SUSPECT SS #:	
SUSPECT PHONE:	
RELATIONSHIP TO VICTIM:	

ABUSE TYPE: <small>(brief description)</small>			
LOCATION OF ABUSE: <small>(multiple jurisdictions?)</small>			
DATE(S) OF ABUSE: <small>(first/last/frequency)</small>			
IS CHILD SAFE?	YES	NO	ADDITIONAL STEPS NEEDED TO ASSURE CHILD SAFETY?
IMMEDIATE MEDICAL ATTENTION NEEDED?	YES	NO	HOSPITAL USED:
OTHER VICTIMS? <small>(use additional sheets)</small>	YES	NO	CYS NOTIFIED: YES NO

BRIEF NARRATIVE:	

WITNESS NAME:	
WITNESS ADDRESS:	
WITNESS D.O.B.:	
WITNESS SS #:	
WITNESS PHONE:	
WITNESS GUARDIAN: (if applicable)	

WITNESS NAME:	
WITNESS ADDRESS:	
WITNESS D.O.B.:	
WITNESS SS #:	
WITNESS PHONE:	
WITNESS GUARDIAN: (if applicable)	

WITNESS NAME:	
WITNESS ADDRESS:	
WITNESS D.O.B.:	
WITNESS SS #:	
WITNESS PHONE:	
WITNESS GUARDIAN: (if applicable)	

OTHER RESIDENTS: (names/DOB)	
OTHER RESIDENTS: (names/DOB)	
OTHER RESIDENTS: (names/DOB)	
OTHER RESIDENTS: (names/DOB)	
OTHER RESIDENTS: (names/DOB)	
OTHER RESIDENTS: (names/DOB)	

CONTACTS:

CHILD LINE:	800-932-0313	DATE / TIME CONTACTED:	
DISTRICT ATTORNEY:	610-278-3142	DATE / TIME CONTACTED:	
MISSION KIDS:	484-687-2990	DATE / TIME CONTACTED:	

Child Sexual Abuse and First Response Training Outline

- I. Child Sexual Abuse
 - A. Definition
 - 1. Sexual Acts
 - a. Sexual contact acts
 - b. Non-sexual contact acts
 - B. Prevalence
 - 1. Child Sexual Abuse Boundaries
 - a. Statistical Data
 - b. Underreported Crime
 - C. Secrecy
 - 1. Factors associated with Secrecy
 - a. Victim influenced factors
 - b. Offender influenced factors
 - D. Indicators of Child Sexual Abuse
 - 1. Signs and/or symptoms of child sexual abuse.
 - a. Physical indicators
 - b. Behavioral indicators
 - E. Perpetrators
 - 1. Who are the perpetrators?
 - a. Statistical data
 - b. Manipulation tactics
 - F. Reporting
 - 1. Laws
 - a. Response to Child Sexual Abuse
 - b. Multidisciplinary Teams (CPIT)
 - G. Societal Consequences
 - 1. Statistical Data
 - a. Sex offender/child victim data
 - b. Deviant behavior
- II. First Responder Contact
 - A. Definition
 - 1. Goals
 - a. Safety
 - b. Minimal Facts
 - B. Tasks
 - 1. CPS/LE Strategy
 - a. Minimal Fact Interview
 - b. Preliminary Case Information
 - C. First Responder Contact
 - 1. LE Response
 - a. Information needs
 - b. Considerations
 - D. First Responder Interview

1. Child Interview
 - a. Format
 - b. Simple communication
- E. Follow-Up
 1. Procedures
 - a. Recording of information
 - b. Appropriate referrals (Investigators, CPIT...)
- F. Conclusion
 1. Key Points to Consider
 - a. Question/Answers
 - b. Testing

Child Sexual Abuse and First Response Training

1. Child sexual abuse includes sexual contact as well as non-contact acts such as:
 - a. exhibitionism
 - b. exposure to pornography
 - c. communicating in a sexual manner by phone or Internet
 - d. all of the above

2. Child sexual abuse occurs predominantly in:
 - a. rural communities
 - b. low income homes
 - c. high income homes
 - d. none of the above

3. The prevalence of child sexual abuse is indicated by the following statistics:
 - a. 1 in 4 girls and 1 in 6 boys will be sexually abused by their 18th birthday.
 - b. 1 in 10 girls and 1 in 15 boys will be sexually abused by their 18th birthday.
 - c. 1 in 26 girls and 1 in 52 boys will be sexually abused by their 18th birthday.
 - d. none of the above

4. The incidence of child sexual abuse is likely higher than the reported statistics because/of:
 - a. researcher bias
 - b. children lie
 - c. sexual abuse is an underreported crime
 - d. none of the above

5. Secrecy as it relates to child disclosures is often a result of:
 - a. threats to the victim by the offender
 - b. child victim feelings of guilt
 - c. child victim fears that no one will believe them
 - d. all of the above

6. Possible signs of child sexual abuse include:
 - a. low self-esteem
 - b. delinquent acts
 - c. sexually promiscuous behavior
 - d. all of the above

7. Child sexual abuse consequences to society indicate _____% of survivors report excessive drug and alcohol use.
 - a. 70-80 %
 - b. 15-25 %
 - c. 95%
 - d. 65%

8. First Responder contact with a child victim should not include:
 - a. assessing safety
 - b. assessing need for immediate medical care
 - c. collecting all information pertaining to the case
 - d. establishing contact with the child

9. The purpose of the initial minimal fact interview is:
 - a. to assess the safety and well being of the child
 - b. to gather as much evidence as possible
 - c. to question the child about the allegation
 - d. talk with all individuals involved in the case

10. Information to be gathered during the minimal fact interview is:
 - a. location of abuse (are there multiple jurisdictions)
 - b. time frame (more than one event, frequency)
 - c. identification of alleged perpetrator
 - d. all of the above

11. What are ways to build rapport and engage with the child?
 - a. talk about everyday things and topics that interest the child
 - b. show genuine interest in what the child has to say
 - c. get down on the child's level
 - d. all of the above


12. During the Rapport and Management phase of the minimal facts interview, a topic to AVOID with the child victim is:
 - a. family
 - b. abuse scenario
 - c. school
 - d. hobbies

13. First response to child victims of sexual abuse:
 - a. can impact the psychological survival of an individual
 - b. is not as important as the forensic interview
 - c. is not necessary
 - d. none of the above

14. The acronym CPIT refers to:
 - a. Center Professionals that Interview Teens


- b. Child Protective Investigative Team
- c. Carl Perkins Interviewing Team
- d. Center for the Protection of Interviewing Tapes

15. Tennessee law mandates:
- a. reporting of child abuse
 - b. interagency response to child sexual abuse
 - c. formation of the Child Protective Investigative Team
 - d. all of the above





CPS and LE First Responder Contact in a Child Abuse Investigation

Minimal Facts Interview





What is a CPS or LE First Responder Contact?

The initial contact, usually made by a Child Protective Services Case Manager or law enforcement officer, responding to a report of suspected child abuse. State law, agency policy and other professional standards govern the requirements of the contact.



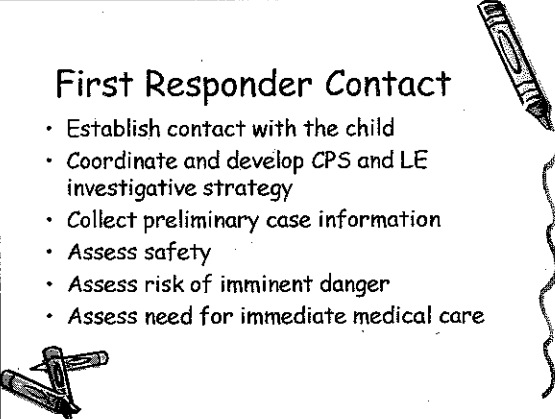
What is a CPS or LE First Responder Contact?

- The first responder contact is usually to ascertain safety of a child and to determine whether child maltreatment has occurred. The initial minimal facts interview or "conversation" with a child is to assess safety and well being.



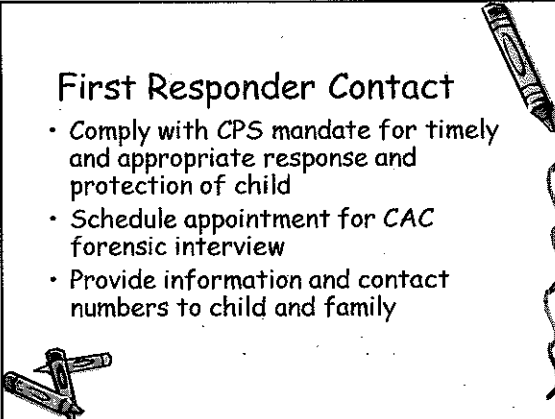
First Responder Contact

- Establish contact with the child
- Coordinate and develop CPS and LE investigative strategy
- Collect preliminary case information
- Assess safety
- Assess risk of imminent danger
- Assess need for immediate medical care



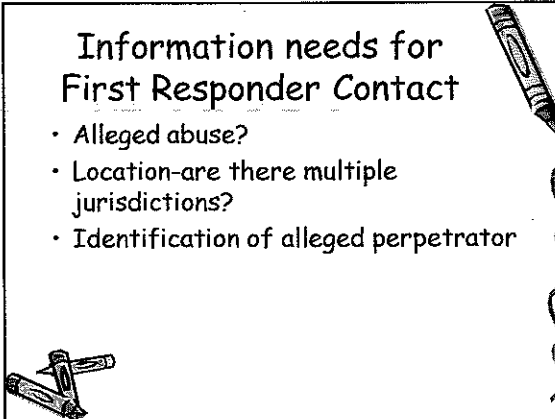
First Responder Contact

- Comply with CPS mandate for timely and appropriate response and protection of child
- Schedule appointment for CAC forensic interview
- Provide information and contact numbers to child and family



Information needs for First Responder Contact

- Alleged abuse?
- Location-are there multiple jurisdictions?
- Identification of alleged perpetrator



Information needs for First Responder Contact

- Witnesses and/or other victims?
- Steps to insure safety of child (ren)
- Is there a need for an emergency response-medical attention for child, arrest for alleged perpetrator or immediate protection agreement for victim and family or removal of child?



Considerations about First Responder Contact

- What information can be collected from a trusted, non offending parent or caretaker?
- Emotional status of child?
- How forthcoming is the child without probing questions?



First Responder Child Interview

- Talk to the child (alone if warranted)
- Show interest in what child is saying
- Use open-ended questions
- Avoid leading questions
- Don't go further than you need to for a 'minimal facts interview'
- Record your questions and child'



First Responder Child Interview Format

- Introduction-you and your role today
- Rapport building and engagement
- Transition to outcry concerns
- Limited questioning (think conversation !)
- Set the stage for CAC forensic Interview
- Thank the child



Introduction

- Name
- Profession in terms child understands
- "I talk to kids about things that have happened to them"
- "I talk to kids to find out how they are doing/if things are okay/if they are safe"



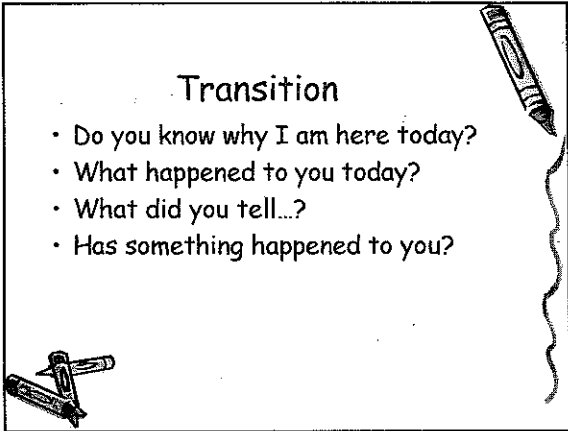
Rapport and Engagement

- Talk about everyday things and topics that interest the child
- Show genuine interest in what the child has to say
- Family, pets, activities, school, tv, games, etc



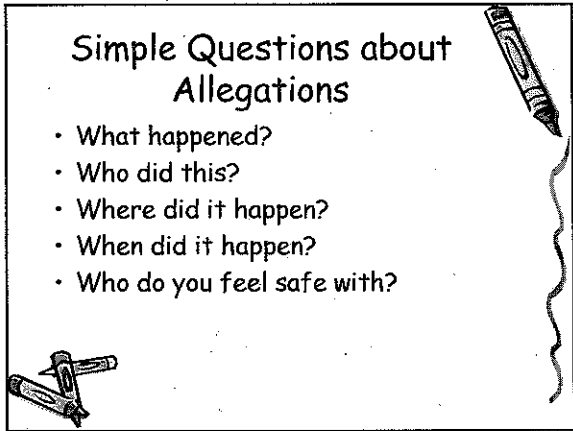
Transition

- Do you know why I am here today?
- What happened to you today?
- What did you tell...?
- Has something happened to you?



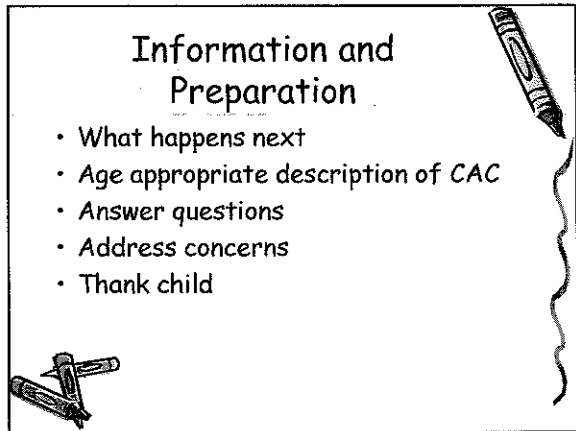
Simple Questions about Allegations

- What happened?
- Who did this?
- Where did it happen?
- When did it happen?
- Who do you feel safe with?



Information and Preparation

- What happens next
- Age appropriate description of CAC
- Answer questions
- Address concerns
- Thank child



Contact Follow-Up

- Record all information collected
- Record all questions asked of the child and answers provided by the child verbatim
- Follow-up with CPIT protocol for other referrals and follow up activities



Recommendations

- Follow CPIT Protocol and agency policies
- Attend training
- Have a mechanism in place for resolving problems, team conflict or miscommunications



An empty rectangular box with a decorative border. In the top right corner, there is a vertical crayon illustration. In the bottom left corner, there is an illustration of two crayons, one standing and one lying down.

