INTERVIEWING CHILD VICTIMS

GUIDELINES FOR CRIMINAL JUSTICE SYSTEM PERSONNEL

Background Information

The following issues affect the child's ability to give a history of sexual assault and influence the cooperativeness of victim and family.

I. Child's Developmental Level

A child's cognitive, emotional and social growth occurs in sequential phases of increasingly complex levels of development. Progression occurs with mastery of one stage leading to concentration on the next.

Cognitive - Preconceptual, concrete, intuitive thinking in the young child gradually develops toward comprehension of abstract concepts. Time and space begin as personalized notions and gradually are identified as logical and ordered concepts.

Emotional - The young child perceives her/himself egocentrically with little ability to identify her/himself in a context. S/he is dependent on the family to meet all needs and invests adults with total authority. The child often reflects the emotional responses of the parents. S/he gradually shifts to greater reliance on peer relationships and emotional commitments to people outside the family.

Behavioral - The young child is spontaneous, outgoing and explosive with few internal controls and only a tentative awareness of external limits. S/he has a short attention span. A child most often expresses feelings through behavior rather than verbally. As the child grows, s/he develops internal controls and establishes a sense of identity and independence. Peers and other adults have increasing influence on behavior.

II. Sexual Assault

Characteristics of the assault affect the child's emotional perception of the event and to a great extent determine the response. The closeness of the child's relationship to the offender, the duration of the offense, the amount of secrecy surrounding the assault, and the degree of violence are the factors which have the greatest impact on the child's reaction. The child may very well have ambivalent feelings toward the offender or be dependent on him for other needs.

III. Response to Child

The child is fearful of the consequences of reporting a sexual assault. The response of the family support system and official agencies will directly affect the resolution of the psychological trauma and her/his cooperativeness as a witness. The child fears s/he will be disbelieved or blamed for the assault and almost always is hesitant about reporting.

Prepared by:
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I. Preparing for Interview

Prior to interviewing the child, obtain relevant information from parents/guardian, and if applicable, Child Protective Services caseworker, physician, and/or Sexual Assault Center/Rape Relief counselor.

A. Explain your role and procedures to above personnel, and enlist their cooperation.

B. Determine child's general developmental status: age; grade; siblings; family composition; capabilities; ability to write, read, count, ride a bike, tell time, remember events; any unusual problems: physical, intellectual, behavioral; knowledge of anatomy and sexual behavior; family terminology for genital areas.

C. Review circumstances of assault (as reported already by child to other persons): what, where, when, by whom, and to whom reported; exact words of child; other persons told by child; how many have interviewed child; child's reaction to assault; how child feels about it and what, if any, behavioral signs of distress (nightmares, withdrawal, regression, acting out) have occurred.

D. Determine what reactions and changes child has been exposed to following revelation of the assault(s): believing; supportive; blaming; angry; ambivalent; parents getting a divorce; move to a new home.

II. Beginning the Interview

A. Setting - The more comfortable for the child, the more information s/he is likely to share.

1. Flexibility - A child likes to move around the room, explore and touch, sit on the floor or adult's lap.

2. Activity - Playing or coloring occupy child's physical needs and allows her/him to talk with less guardedness.

3. Privacy - Interruptions distract an already short attention span, divert focus of interview, and make self-conscious or apprehensive child withdraw.

4. Support - If the child wishes a parent or other person present, it should be allowed. A frightened or insecure child will not give a complete statement.

B. Establishing a relationship

1. Introduction - Name, brief and simple explanation of role, and purpose:
   - "I am the lawyer (or legal person) on your side; my job is to talk to children about these things because we want them to stop happening."

2. General exchange - Ask about name (last name), age, grade, school and teacher's name, siblings, family composition, pets, friends, activities, favorite games/TV shows. (It often helps to share personal information when appropriate, e.g., children, pets.)

3. Assess level of sophistication and ability to understand concepts - Does child read, write, count, tell time; know colors or shapes; know the day or date; know birthdate; remember past events (breakfast, yesterday, last year); understand before and after; know about money; assume responsibilities (goes around neighborhood alone, stays at home alone, makes dinner, etc.)

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III. Obtaining History of Sexual Assault

A. Preliminaries

1. Use language appropriate to child's level; be sure child understands words. (Watch for signs of confusion, blankness, or embarrassment; be careful with words like incident, occur, penetration, prior, ejaculation, etc.)

2. Do not ask WHY questions ("Why did you go to the house?" "Why didn't you tell?") They tend to sound accusatory.

3. Never threaten or try to force a reluctant child to talk. Pressure causes a child to clam up and may further traumatize her/him.

4. Be aware that the child who has been instructed or threatened not to tell by the offender (ESPECIALLY if a parent) will be very reluctant and full of anxiety (you will usually notice a change in the child's affect while talking about the assault). The fears often need to be allayed.
   - "It's not bad to tell what happened."
   - "You won't get in trouble."
   - "You can help your dad by telling what happened."
   - "It wasn't your fault."
   - "You're not to blame."

5. Interviewer's affective response should be consonant with child's perception of assault (e.g., don't emphasize jail for the offender if the child has expressed positive feelings toward him).

6. Ask direct, simple questions as open-ended as allowed by child's level of comprehension and ability to talk about the assault.

B. Statement

1. WHAT
   - "Can you tell me what happened?"
   - "I need to know what the man did."
   - "Did he ever touch you? Where?"
   - "Where did he put his finger?"
   - "Have you ever seen him with his clothes off?"
   - "Did you ever see his penis (thing, pee pee, weiner) get big?"
   - "Did anything ever come out of it?"

   Once basic information is elicited, ask specifically about other types of sexual contact.
   - "Did he ever put it into your mouth?"
   - "Did he ever make you touch him on his penis?"

2. WHO
   Child's response here will probably not be elaborate. Most children know the offender and can name him, although in some cases the child may not understand relationship to self or family. Ascertain from other sources what is the exact nature/extent of the relationship.

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3. WHEN
   The response to this question will depend on child's ability, how recently assault happened, lapse between last incident and report, number of assaults (children will tend to confuse or mix separate incidents). If the child is under six, information re: time is unlikely to be reliable. An older child can often narrow down dates and times using recognizable events or associating assault with other incidents.
   - "Was it before your birthday, the weekend, Valentine's Day?"
   - "Was it nighttime or daytime?"
   - "Did it happen after dinner, 'Happy Days', your brother's bedtime?"

4. WHERE

   The assault usually occurs in the child's and/or offender's home. Information about which room, where other family members were, where child was before assault may be learned.

5. COERCION
   What kind of force, threat, enticement, pressure was used to insure cooperation and secrecy?
   - "Did he tell you not to tell?" "What did he say?"
   - "Did he say something bad would happen or you would get in trouble if you told?"
   - "Did the man say it was a secret?"

C. Assessing credibility and competency

1. Does child describe acts or experience to which s/he would not have normally been exposed? (Average child is not familiar with erection or ejaculation until adolescence at the earliest.)

2. Does child describe circumstances and characteristics typical of sexual assault situation? ("He told me that it was our secret"; "He said I couldn't go out if I didn't do it"; "He told me it was sex education".)

3. How and under what circumstances did child tell? What were exact words?

4. How many times has child given the history and how consistent is it regarding the basic facts of the assault (<u>not</u> times, dates, circumstances, sequence of events, etc.)?

5. How much spontaneous information can child provide? How much prompting is required?

6. Can child define difference between truth and a lie? (This question is not actually very useful with young children because they learn this by rote but may not understand the concepts.)

IV. <u>Closing the Interview</u>

A. Praise/thank child for information/cooperation.

B. Provide information

1. Child - Do not extract promises from child regarding testifying. Most children cannot project themselves into an unknown situation and predict how they will behave. Questions about testifying in court or undue emphasis on trial will have little meaning and often frightens the child (causing nightmares and apprehension).

2. Parent - Provide simple, straightforward information about what will happen next in the criminal justice system and approximately when, the likelihood of trial, etc.

C. Enlist cooperation - Let them know who to contact for status reports or in an emergency; express appreciation and understanding for the effort they are making by reporting and following through on process.

D. Answer questions; solicit responses.

E. Refer to Sexual Assault Center/Rape Relief for counseling, medical care, advocacy.

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