

Tips for Interviewing Children in Nursing Facilities Involved in Issues of Abuse

These steps, for interviewing children in nursing facilities involved in issues of abuse, include “a face-to-face interview with the alleged victim to evaluate immediate and long-term risk.” The investigator should make every effort to establish face-to-face contact with the alleged victim, including a diligent search to locate the alleged victim, if the victim's whereabouts are unknown.

An investigator interviewing a child should be impartial and pursue only the truth. An interview should gather information that can withstand the legal process. Most children are frightened of new people and new surroundings and do not understand the concept of time. Interviewers should utilize situations that occurred during certain time frames of the day (e.g., music time, bedtime, eating time, etc.) to help the child recall when the abuse happened.

Children are trusting once they are familiar with the investigator and understand why they are receiving special attention at this time. It is important that the investigator explain why they are there and approximately when they will be leaving. Regulatory Services investigators may need to interview mentally challenged children; such investigations may take longer because the child may not understand, or could be having a bad day and does not want to cooperate. If the interview is not going well, the investigator should stop the interview and continue at another time or day, being certain to tell the child that he or she will return. It is very important to get the child to trust you as an adult who cares about his or her welfare.

The following techniques apply to all children, including those who are hearing and sight impaired, speech and language impaired, and developmentally challenged. The techniques appear in the “Forensic Interview Protocol” produced by the Michigan Governor’s Task Force on Children’s Justice and Family Independence Agency.

- Review the child’s background and medical history before conducting the interview. This gives you the opportunity to get acquainted with the child and aids in the child becoming more familiar with you by giving you familiar phrases and names to use in the interview.
- Learn the child’s name, age, sex, and relevant developmental or cultural considerations (e.g., developmental delay, hearing or speech impairment, bilingualism).
- Identify the child’s interests or hobbies that could be used to develop rapport (possible sources of information include facility staff such as Activity Director, Qualified Intellectual Disabilities Professional (QIDP), or aides, and documents such as care plans, Individual Educational Plan (IEP), etc.).

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- Evaluate facility events related to allegation issues (e.g., which staff and gender showers or bathes the child).
- Review records to verify the child's parent and/or guardian is aware of the complaint and investigation.
- Assess the content of recent sex education or abuse prevention programs. Evaluate possible motivations for false allegations (e.g., staff or roommate hostilities that predate suspicions of inappropriate behavior) and/or misunderstanding of the event.
- Identify strategies for approaching the child and learn if the child responds better to a desired name or nickname. If the child is developmentally challenged and responds better with certain caretakers or significant others, it may be useful to have that person available (use only as a last resort—social support is discouraged for children during interviews). If social support is used, that person should sit out of sight and not be allowed to answer any questions; only the child should voice answers.
- Learn what that particular child calls the environments (e.g., playroom, eating room, painting room, music room, etc.). Use the names most familiar to the child, according to developmental and cognitive level. While you must dress professionally during investigations, try not to dress in your most severe, formal clothing. Investigators should dress in something cheerful and child-oriented.
- Assess whether the child knows relevant medical treatment or conditions (e.g., genital rashes, assistance with toileting, suppositories, menstruation pads, or recent experiences with rectal thermometers). Assess whether the child understands the concept of physical play or tickling. These questions are important because they help determine whether the child knows the difference between medical treatments, routine care, play, and sexual abuse. A child may use terms that insinuate sexual touching; investigators must assess the child's understanding and find out whether touching might have come about during routine caretaking or medical treatment.
- Ensure the environment is familiar to the child. It should be cheerful and not distracting with too many toys. A planned activity of storytelling may reveal information concerning any abuse. The storytelling activity leads to communication between the investigator and child. By asking the child to explain their story or what the story is about, the investigator will learn about their inner thoughts. Anatomical dolls are not used in play therapy because the assumed activity might be considered an encouragement of sexual abuse. Never use the word "play" as it may suggest a fantasy to the child. Investigators may use storytelling as the activity word.
- Attempt to or arrange for a support person to be in the room when interviewing to help with interpretations and help take notes. Always rephrase questions in words the

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child may understand so you can tell whether the child is telling the truth, did not understand, or is tired of answering questions.

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Overview of a Phased Interview

Preparing the Environment

- Prepare questions that will yield truthful answers as much as possible. Test answers with alternative questions. For example, ask the child, “Did you eat eggs or cookies for breakfast?” The alternate question is, “When you ate this morning, did you eat eggs or cookies?”
- Remove distracting materials from the room and make it child-friendly.

Cultural Considerations

- If a child is from a different culture from your own, try to confer with someone from that culture to see if special cultural considerations should be understood prior to the interview.

Communication Barriers

- Whenever there is concern that a child faces limitations in understanding or speaking English, make arrangements for an interpreter of the child’s primary mode of communication (e.g., sign language, augmentative communication through technology) to be present.

The Introduction

- Introduce yourself to the child by name and occupation.
- Permit the child to glance around the room.
- Answer spontaneous questions from the child.
- Inform the child why you are there without using words like “abuse.” The child must say in his or her own words “abuse” or demonstrate he or she has been sexually violated before you can voice anything that may influence the child.

Establishing the Ground Rules

- Get a verbal agreement from the child to tell the truth. Test the child as well as possible with questions the child may be able to answer such as, “Yes, that is the truth” or “No, that is not true.”
- Remind the child that he or she should not guess at an answer.
- Explain the child’s responsibility to correct you when you are incorrect.
- Allow the child to demonstrate understanding of the rules with practice questions (e.g., “What is my dog’s name?”).

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Completing Rapport Building with a Practice Interview

- Ask the child to recall a recent significant event or describe a scripted event (e.g., what he or she does to get ready for school each morning or how he or she plays a favorite game).
- Direct the flow of conversation through a series of phases, but allow the child to determine the vocabulary and specific content of the conversation as much as possible (i.e., do not influence the child with suggestive words such as "I bet that was scary").
- Reinforce the child for talking by displaying interest both nonverbally and verbally.

Introducing the Topic

- Introduce the topic, starting with the least suggestive prompt.
- Avoid words such as *hurt*, *bad*, or *abuse*.
- You can ask the child, what is the least favorite thing and what is the favorite thing about the people in his or her life.
- Alternatively, you can ask, who are the people you do not like to be around and who are the people you do like to be around?

Questioning and Clarification

- Cover topics in an order that builds upon the child's prior answers to avoid shifting topics during the interview. If possible, allow the child choices on how they would like to answer questions. Use phrases like "just to make sure I understand."
- Clarify important terms and descriptions of events that appear inconsistent, improbable, or ambiguous.
- Ask questions that test alternative explanations for the allegations.
- When the child's answers are contradictory, attempt to clarify by rephrasing the questions to be more appropriate for that child's age group, cognitive level, and developmental stage. Be a listener and let the child tell the whole story if possible.

Closure

- Ask if the child has any questions (e.g., "Is there something else you'd like to tell me about _____? Are there any questions you would like to ask me?").

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- Revert to neutral topics (e.g., “This is a great toy you were playing with; would you like to play with it now?”).
- Thank the child for coming.

Visual Impairments

- Studies show that children who lose vision before age of five years have setbacks in language concepts, which includes echolalia (repeat words). The investigator should be aware that most children with vision impairment have other developmental handicaps.

Hearing Impairments

- Children with hearing impairment usually communicate through sign language or a language specialist. The specialist should not have an interest in the investigation. Most of the children with hearing impairments are more impulsive than other children about responding, so give the ground rules as soon as possible.

Augmentative and Alternative Communication

- Augmentative and Alternative Communication (AAC) includes any system that supplements or replaces traditional communication modes, including communication by eye gaze, picture boards, or computer-based technologies. A person familiar with the system should be involved with the child during the interview but must not have an interest in the investigation.

Developmental Disabilities

- Developmentally challenged children are best at responding to yes-no questions and will sometimes give incorrect answers. Investigators should demonstrate special care during the rapport building stage. Ground rules should be phrased in words for that particular child’s understanding. If the child’s answers are doubtful, use the information you gathered during background research and evaluate the child’s response to determine whether the child can talk about past events.