



# WEST VIRGINIA INTEGRATED BEHAVIORAL HEALTH CONFERENCE

## Interviewing in Child Abuse Cases: A Trauma Informed Approach in a State of Crisis

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# Objectives

With a  
Trauma  
Informed Lens



- Assist law enforcement and other child welfare professionals to tune into their own thoughts, feelings, and trauma; a necessary step of self-discovery before they can effectively interview people surrounding child abuse
- Examine how cultural values relate to sexual abuse; the influence of one's culture on how they see themselves and the world around them, and how it affects the interviewing process
- Understand the importance of a Multi-Disciplinary Team (MDT) interviewing and fact finding, and who should be included on that MDT



# Introductions & Tuning In

## Child Abuse Investigations?

- How long?
- How many?
- Completed?

*“Investigative Interviewing in Child Sexual Abuse Cases”*  
Developed by The Institute for Human Services  
Revised by Gale L Sherrid, LCSW February 2010



# Feelings...



# What is Child Traumatic Stress?

When traumatic events such as physical abuse, neglect, sexual abuse, witnessing violence, traumatic loss of a loved one, affect a child's:

- Development
- Ability to form attachments and relationships
- Perception of self, the world and the future
- Ability to trust others
- Sense of safety
- Ability to self-regulate
- Emotional, behavioral, cognitive,  
and interpersonal functioning
- To learn and
- Navigate life changes



NTCSN Child Welfare Trauma Training Toolkit March 2008



# Types of Traumatic Stress

- Acute Trauma is a single traumatic event that lasts a short time
- Chronic Trauma the experience of multiple traumatic events
- Complex Trauma exposure to chronic trauma that is usually caused by parents or other adults who should have been caring for and protecting them -and the impact of such exposure to the child

NCTSN Caring for Children Who Have Experienced Trauma:  
A Workshop for Resource Parents February 2010



# Variability

The impact of a potentially traumatic event depends on several factors:

- child's age and developmental stage
- child's perception of the danger faced
- If the child was the victim or a witness
- child's relationship to the victim or perpetrator
- child's past experience with trauma
- adversities the child faces following the trauma
- presence/availability of adults who can offer help and protection



# Healthy Childhood Development

- Physical

- Educational

- Social

- Cultural

- Psychological

- Experiential



# Child abuse effects childhood development



# Prevalence of Trauma - West Virginia

Child Welfare League of America/State Fact Sheet/2012

## Child Abuse and Neglect in 2010:

- 32,244 referrals
- 17,686 reports referred for investigation
- 4,133 child victims, 10.7 per 1,000 children
- 53.6% neglected children
- 30.1% physically abused children
- 5.5% sexually abused children
- 8 children died from abuse or neglect

In 2008, 9,000 children ages 12-17 and 114,000 adults age 18 and older were dependent on or abusing drugs. In 2008, 5,000 of those children needed but had not received treatment for illicit drug use

[www.cwla.org/advocacy/statefactsheets/2012/westvirginia.pdf](http://www.cwla.org/advocacy/statefactsheets/2012/westvirginia.pdf)



# Effects of Trauma Exposure on Children

- Attachment: feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others
- Biology: may experience problems with movement and sensation, including hypersensitivity to physical contact and insensitivity to pain; may exhibit unexplained physical symptoms and increased medical problems



# Effects of Trauma Exposure on Children

- Dissociation: experience feelings of detachment or de-personalization, as if they are “observing” something happening to them that is unreal
- Behavioral Control: can show poor impulse control, self-destructive behavior, and aggression towards others
- Cognition: can have problems focusing on and completing tasks, or planning for and anticipating future events; some exhibit learning difficulties and problems with language development
- Self-Concept: frequently suffer from disturbed body image, low self-esteem, shame and guilt



# Effects of Trauma Exposure on Professionals



# Managing Personal & Professional Stress

- Law enforcement and other child welfare system service workers may be confronted with danger, threats, and/or violence on a routine basis
- Some professionals may empathize with victims' feelings of helplessness, fear, anger and feelings of helplessness
- Professionals that are parents – or who have experienced their own childhood trauma – may be at a greater risk for experiencing these reactions



# ACE Study

## The Study of Adverse Childhood Experiences

The ACE Study is ongoing collaborative research between the Centers for Disease Control and Prevention in Atlanta, GA, and Kaiser Permanente in San Diego, CA.

The Co-principal Investigators of The Study are Robert F. Anda, MD, MS, with the CDC; and Vincent J. Felitti, MD, with Kaiser Permanente.

Over 17,000 Kaiser patients participating in routine health screening volunteered to participate in The Study. Data resulting from their participation continues to be analyzed; it reveals staggering proof of the health, social, and economic risks that result from childhood trauma.

The Centers for Disease Control and Prevention provides access to the peer-reviewed publications resulting from The ACE Study.



# Adverse Childhood Experiences

In the first 18 years of life:

Did your parent or caregiver often or very often...

1. Swear at you, put you down, humiliate you or made you afraid you might be hurt?
2. Push, grab, slap or throw things at you or hit you so hard you had bruises or got hurt?
3. Touch or fondle you, have you touch them or attempt to have oral, anal, or vaginal sex with you (5 years older)?



# Adverse Childhood Experiences

In the first 18 years of life:

Did you often or very often feel that...

4. You weren't loved, important, special or your family didn't look out for, feel close to or support each other?
5. You didn't have enough food, clean clothes and no one to protect you or your parents were too drunk or high to take care of you or get you to a doctor if needed?



# Adverse Childhood Experiences

In the first 18 years of life:

6. Were your parents ever separated or divorced?
7. Was your mother or stepmother often pushed, grabbed, slapped, had things thrown at her, kicked, bitten, hit with a fist, or hit repeatedly or threatened with a gun or knife?
8. Did you live with a problem drinker, an alcoholic or substance abuser?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?



# The more categories of trauma experienced in childhood, the greater the likelihood of experiencing:

- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease (COPD)
- depression
- fetal death
- poor health-related quality of life
- illicit drug use
- ischemic heart disease (IHD)
- liver disease
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases (STDs)
- smoking
- obesity
- suicide attempts
- unintended pregnancies



# Compassion Fatigue

Working with a never ending procession of traumatized victims can take an emotional and physical toll; affect our own health and impair our ability to work effectively. This may be compassion fatigue.

Are you...

- mentally or physically exhausted
- using alcohol, food, caffeine, or other substance to combat feelings of being overwhelmed
- sleeping too little or too much
- numb or distanced from your own life
- not taking satisfaction from your work
- moody? Easily angered? Take it out on family?
- frequent headaches or stomach aches, or catching every “bug” that comes along?



# Secondary Traumatic Stress (STS)

- In addition to compassion fatigue, there are other ways that working with traumatized children can affect us
- Most surprising may be what happens when we start to feel almost as if our child's traumatic experiences happened to us

NCTSN Caring for Children Who Have Experienced Trauma:  
A Workshop for Resource Parents February 2010



# When the traumas they experience become your own

Constant exposure to traumatic material and cases can cause you to experience the same symptoms that the children do:

- Re-experience trauma through intrusive images you can't get out of your mind
- Become jumpy, nervous
- Hard to concentrate
- Nightmares about the traumas, insomnia, fear of going to sleep; don't want to dream
- Become emotionally numb/withdrawn/shut down to avoid thinking about all of the traumas



# When the traumas they experience become your own

Some traumatized children come to see the world as hopeless or indifferent to their pain; exposure to the traumatic experiences you deal with may:

Change your worldview

Leave you feeling hopeless or helpless

Make you feel angry at the world, society, or even God

Cause you to feel separated from others and disconnected from your loved ones by what you have experienced



# When the traumas they experience become your own

When you develop your own traumatic stress as a result to ongoing traumatic events, you may:

- Feel the need to withdraw and disengage
- Respond inappropriately or disproportionately to the child, the witness or perpetrator
- Lose perspective, identifying so closely with the traumatized child that you can no longer do your job effectively

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# WHAT CAN YOU DO?



The #1 Rule of a Trauma  
Informed System is...

**DO NOT MAKE  
IT WORSE!**



# Considering Culture



# Cultural Values Related to Abuse

- In preparation and planning of the interview itself, we need to evaluate the influence of a child's culture on how they see themselves and the world around them
- The same principles apply the non-offending parent, alleged perpetrator and collateral contacts and witnesses

“Investigative Interviewing in Child Sexual Abuse Cases”  
Developed by The Institute for Human Services  
Revised by Gale L Sherrid, LCSW February 2010



# Think broadly about “Culture”

## **Culture represents the vast structure of**

- behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, expressions of distress and grief, history, perceptions, ceremonies and practices that are “peculiar” to a particular group of people

## **It provides them with**

- a general design for living and
- patterns for interpreting reality

## **Culture determines how we see the world and the way we see the world is reflected in our behavior**



# Historic Trauma



“The collective emotional and psychological injury both over the life span and across generations, resulting from massive group trauma experiences” -Maria Yellow Horse Brave Heart

Overall Culture  
(Broader Perspective)

Narrowed down into  
the Family Culture

Which is affected by  
individual experiences  
surrounding specific issues

**Produces the Individual's Cultural Perspective**

# Why is it important for us to understand the impact of these factors?

It is important to realize that each family may be a member of multiple cultural or ethnic groups, 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 witness' willingness to report, believe and protect the child.

*"Investigative Interviewing in Child Sexual Abuse Cases"*

Developed by The Institute for Human Services

Revised by Gale L Sherrid, LCSW February 2010



# SMALL GROUP ACTIVITY

Share the similarities and differences between a culture you will present - and your own



# Some messages may conflict with one another!

- Respect people in authority
- Come to your “own people” for help in time of crisis; don’t trust “outsiders”
- Obey your parents unquestioningly
- If you don’t tell me (parent), talk to your teacher or counselor
- Always tell the truth
- Do not disrespect your elders by accusing them of an immoral behavior
- Always go to the doctor or healer when you are sick
- It is best to forget about bad things and move on with your life
- When we do not remember, history repeats itself



# Translators or Interpreters

It is especially important to ask for clarification if one or more of the following conditions are present:

- 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)



# Being Culturally Aware or Culturally Informed

We do not need to be an expert in every ethnic, religious or cultural group. That does not mean that we should not take advantage of available information and literature to learn more about diverse populations and cultures.

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# MDT: Multidisciplinary Team Approach

## Interviewing and Fact Finding



# Child Abuse is a Community Problem

“No single agency has the training, manpower, resources, or legal mandate to intervene effectively in child abuse cases. No one agency has the sole responsibility for dealing with abused children.”

“Law Enforcement Response to Child Abuse” March 2001 NCJ 162425  
U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention



# MDT-Multidisciplinary Team

In cases involving child maltreatment, the most effective approach is interagency coordination and planning. Each Team member must be able to communicate effectively with the others.

The skills of each person are viewed as different but equally important.

All must work together with a common concern –the welfare of the child –and with a common goal—to communicate with mutual respect

- **Victims**
- **Offenders**
- **Witnesses**
- **Social workers**
- **Physicians**
- **Mental Health Personnel**
- **Lawyers**
- **Judges**
- **Peers**
- **Advocates**
- **Law Enforcement**



# An obligation...

All of the child protection team members have an obligation to appreciate what the other professionals on the team are attempting to accomplish, and to understand how their activities interrelate.

For example, law enforcement officers need to be concerned that their investigation might traumatize a child, and physicians and therapists need to be concerned that their treatment and evaluation techniques might hinder or damage law enforcement's investigation.

"Law Enforcement Response to Child Abuse" March 2001 NCJ 162425  
U.S. Department of Justice  
Office of Justice Programs  
Office of Juvenile Justice and Delinquency Prevention



# MDT Objectives

- Reduce trauma to child through coordinated response
- Increase accuracy
- Maximize amount of information gathered for decision making
- Minimize duplication & conflict of action
- Assess the child's ongoing safety
- Monitor medical, emotional & social needs
- Guide & support the non-abusive parent(s)
- Decide the best criminal & protective action
- Develop better trained professionals
- Track cases and outcomes



# An Effective Investigative Team

- Plans and coordinates the fact finding process
- Tries to minimize the trauma of the investigation, assessment, and prosecution
- Enhances the probability of the child and family getting fair and equitable treatment
- Acts as “checks and balances” for each other as well as support

“Culture and Trauma-Informed Child Abuse Investigations”  
Donna M Pence 24<sup>th</sup> Annual Child Abuse Prevention  
& Treatment Conference 2012



# Protocols, Policies & Procedures

Law enforcement officers, with their legal authority to investigate violations of the law, are vital members of a community's child protection team.

Failure to respond properly to child abuse cases from the outset (e.g., failure to obtain certain information) can result in

- Cases being dismissed in court or
- innocent people being falsely accused



# Interviewing



# Ways Trauma Affects the Investigative Interview

## Emotionally

- Overwhelms a victim's sense of safety
- Elicits intense fear, anger, shame and helplessness
- Emotions experienced prior to language development may be very real for a child but difficult to express or communicate verbally
- Distorted connections between thoughts, feelings and behaviors can disrupt processing of memory



# Ways Trauma Affects the Investigative Interview

## Emotionally (continued)

- Difficulties in communicating about the event may undermine the victim's confidence and social support
- Separation from an attachment figure, especially under traumatic and uncertain circumstances, is highly stressful

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# Ways Trauma Affects the Investigative Interview

## Cognitively

- Problems focusing on and completing tasks
- Difficulty planning and anticipating
- Problems understanding own contribution to what happens to them
- Learning difficulties
- Problems with language development

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& Treatment Conference 2012



# Ways Trauma Affects the Investigative Interview

## Systemically

- Multiple professionals conducting repeated interviews for the same information can cause traumatized victims to believe their statements are not believed, can create doubt that their memory is accurate and further impair their sense of trust

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& Treatment Conference 2012



# Ways Trauma Affects the Investigative Interview

## Systemically (continued)

- Interviewer personal characteristics or style may hinder building trust and engagement with the victim as well as increase the risk of misinterpretation of both questions and responses
- Unfamiliar people and locations may make it more difficult for the child to feel psychologically safe
- Interviewers may empathize with victims and “leak” feelings of helplessness, anger and fear for which the victim may feel responsible.



# Trauma Informed Practice Strategies

- Plan investigations, assessments and possible removals ahead; reduce element of surprise
- Keep things calm; engage parents to help
- Utilize child advocacy center services
- Provide sensory comfort; familiarity; settle in
- Empathize, connect & try to understand the victim's perspective
- Provide information
- Help your colleagues to adjust their practice and deal with their emotions
- Educate and work with social workers, medical personnel and legal staff around trauma reduction

"Culture and Trauma-Informed Child Abuse Investigations"  
Donna M Pence 24<sup>th</sup> Annual Child Abuse Prevention  
& Treatment Conference 2012  
Source: "Reducing the Trauma of Investigation, Removal and  
Initial Out-of-Home Placement of Child Abuse Cases"



# A Good Child Interview

- Have as many MDT members present as possible to limit the number of interviews
- Know the child's developmental age
- Ask open-ended questions
- “Wh” format questions—Who, What, Where & When
- Back off from the child when you sense the child is uncomfortable
- Walk the child through familiar routines so the child can describe them spontaneously
- Do not lead the child
- Do not answer for the child
- Ask for parental support BUT...
- Do not let the parent (caregiver, teacher, etc.) answer for the child or “badger” the child



# What can you do by Tuesday?

- It is my goal that this material will help gain insight into the emotions and mind of the traumatized child, the child's family and into the mind of the child abuser by looking deeper into ourselves. It is my intent that you will go back into your community with your own Trauma Informed Lens and begin to change the way we serve our families.
- It is my hope that by gaining insight into the mind of child abusers, interviewer might secure more favorable outcomes in their interviewing process.

**“The outcome of the interview can mean the difference between a successful prosecution and the release of the suspect to continue a life of abusing others...”**

“Understanding the Psychology of Child Molesters: A Key to Getting Confessions”

By Tom O’Conner, Chief of Police, and William Carson, Captain April 2013

Maryland Heights, Missouri, Police Department [www.policechiefmagazine.org](http://www.policechiefmagazine.org)



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24th Annual Child Abuse Prevention & Treatment Conference

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