# PRACTICE
# The Victim Sensitive Interviewing Program: Outline and Data

—by Mary Martone and Paula Jaudes

Child sexual abuse in the United States is a problem of overwhelming proportions. At least 250,000 new cases of sexual abuse of children are reported each year. Anywhere from one in ten to one in three children will have experienced at least one episode of sexual abuse before age 18 (Russell, 1983). The dramatic number of child sexual abuse reports has raised crucial questions about how to conduct investigations of the reported cases:

* Who should be involved in the investigation and at what point?

* Who should conduct the interview of the child?

* Should there be a medical exam?

The following paper is a description of a project, The Victim Sensitive Interviewing Program (VSIP), started in 1986 at La Rabida Children's Hospital and Research Center, to minimize multiple interviewing of alleged child sexual abuse victims. The paper begins with a study that we conducted evaluating the efficacy of this model when compared to child sexual abuse cases not investigated using this model. Next is a description of the project and an overview of our expert interviewing protocol.

Most investigations of alleged sexual abuse cases involve an array of professionals, all with their own focused interest on what they need to know from the child. These professionals include at a minimum: state child protective workers, police (detective, youth, and/or patrol), nurses, doctors, social workers, and state's attorneys representing both criminal and juvenile courts. Moreover, some investigations result in several professionals from the same field talking with the child. It is not uncommon for the child to go through 5 to 10 interviews in the investigative phase alone, with further interactions during the prosecution phase. Often with no coordination or communication among any of the investigative agencies, inconsistencies occur among the professionals' accounts of the alleged incident so that confused, often disbelieving parents, and traumatized children, result from an investigative system designed to protect the victims.

Like child advocacy centers across the country, VSIP is designed to improve coordination among professionals and decrease the number of interviews the child has to endure. It has three main components: interagency coordination, expert interviewing and medical examinations of victims, and case follow-up after the forensic investigation. An interagency agreement between the police, state child protective agency, and state's attorney's office establishes a protocol of one investigative interview conducted by an expert interviewer and observed through a one-way mirror by professionals from the police, state's attorney's office, and child protection system.

As pointed out by Reece (Reece, 1992), while it is obvious to most professionals in the field that the team approach has clear benefits, we have very little empirical outcome data to back up those observations. We decided to test these observations against recorded fact.

After the VSIP program was in operation for two years, we conducted a study to assess the program's efficacy. A retrospective chart review was performed on all children seen in the VSIP program between June 1986 and June 1988. Retrospective chart reviews were then conducted on all children seen at La Rabida for evaluation of sexual abuse prior to VSIP (1984 - 1986) to ascertain if VSIP was minimizing the number of interviews and interviewers. We then looked at the results of police investigations of child sexual abuse in another area of the city of Chicago without a multidisciplinary model (Police area V) during the same time period as VSIP to determine if the outcomes of the investigations were the same.

In comparing pre-VSIP cases at La Rabida to VSIP cases, significant differences were found in the number of interviews and interviewers. Fifty percent of the children pre-VSIP were interviewed three or more times, while almost 80% of the children in VSIP received only one investigatory interview ($p < .001$). In addition, significantly more children in pre-VSIP were interviewed by two or more professionals, while those in VSIP had only one interviewer

Outcomes of the alleged sexual abuse cases were compared between the two groups. The VSIP cases when compared with pre-VSIP cases showed significant increases in (1) identification of perpetrator (71% of pre-VSIP cases and 85% of VSIP cases, $p < .035$); (2) charges pressed if identification of the perpetrator occurred (33% of pre-VSIP cases and 60% of VSIP cases, $p < .01$); and (3) indicated cases of sexual abuse by the state child welfare agency (68% of pre-VSIP cases and 88% of VSIP cases, $p < .006$).

We compared investigative outcomes between VSIP and alleged sexually abused children whose cases were investigated by Chicago Police Department on the Northwest side of the city (Area V) VSIP identified more perpetrators and had more indicated cases of sexual abuse by the state child welfare agency than Police Area V.

In conclusion, the VSIP model did significantly decrease the number of interviews and interviewers the child had to face during the course of a child sexual abuse investigation. In addition, the VSIP model increased the likelihood of identification of the perpetrator and the indicated cases by the state child protective agency.

## VSIP Program Description

### Background

Because child sexual abuse cases are so complex, coordination of mandated investigators (child protection, police, medical, and prosecution) is critical. Often there are no physical findings, or the physi-

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cal findings (e.g., hymenal tear) can only be seen by the physician and not by the other investigators. Investigators used to seeing concrete evidence must depend on the physician's assessment for critical information on physical findings. In addition, in child sexual abuse cases there are rarely eye witnesses or other forms of corroboration (torn clothes, scratches, semen in underwear, etc.) The investigator, accustomed to requiring corroborative evidence, must often rely completely upon the word of the child in order to complete an investigation. Investigative interviews with children call for communication skills not in most investigators' arsenals. These factors—the lack of physical evidence, the lack of corroborative evidence, and the special demands of child interviews—mark child sexual abuse investigations for most investigators as difficult, if not impossible, from the start. To provide the best possible environment for forensic evidence to be collected, interagency coordination and planning is crucial.

A single collaborative forensic investigation is an effective way to prevent "system abuse" of the child and an efficient way to communicate important details and get professionals working together. This process encourages cooperation, prevents early denial of the abuse by the family members, and is reassuring for children and their parents (non-offending).

**Interagency Coordination**

The first step in developing the VSIP program was to create a Task Force made up of all of the professionals (police, state's attorney, state child protection, medical, and psychosocial) involved in the investigation of child sexual abuse allegations. Establishing rapport, understanding, and respect for each professional's role was critical as a foundation for interagency coordination.

The second step was agreeing on a protocol for notification and referral of the cases. The protocol was a simple and concise document that spelled out the goal of one forensic interview, established criteria for referrals, and listed the procedures for notification. Each agency represented had a clearly identified role in the interagency agreement.

Once the interagency protocol was established and each agency representative had obtained a letter of support from his or her agency, an interview protocol was established that incorporated all of the questions from each agency that needed to be answered in the course of the expert forensic interview. The protocol was modified to accommodate the needs of children at different developmental levels. When the letters of support were received and the interview protocol approved, the VSIP program began accepting referrals.

**Referral Procedure**

Any child between the ages of three and 13 can be referred to VSIP if there is an allegation of child sexual abuse reported to the Illinois Department of Children and Family Services hot line. The age parameter of three was selected because that is generally the youngest age at which a child can verbalize information in a manner that can be used for forensic purposes. The age of 13 was selected because the Illinois Criminal code guidelines specify that sex crimes against children under 13 can be considered a felony (therefore the presence of an assistant state's attorney is necessary at each interview).

Cases can be referred by the police, child protection, hospitals, parents, schools etc., but in general they are referred by the police officer making an initial contact on the case. Detailed case information is taken from the referring officer by the hospital social worker on call for the VSIP, and a tentative interview time is established. Risk is also assessed by the officer. If the child is felt to be at risk, an inpatient hospital admission can be considered. The VSIP social worker is responsible for contacting the other mandated professionals to confirm the interview time.

**Forensic interviewing and medical examination**

The VSIP philosophy is to hold one expert medical examination and conduct one in depth forensic interview of the child victim. Every effort is made to perform the medical examination prior to the forensic interview so that as much information as possible is available to the interviewer.

The medical examination is performed by a trained pediatrician who follows an established protocol consisting of a general physical examination and then a genital examination. Appropriate laboratory tests and cultures are conducted as indicated. If the sexual incident occurred within 72 hours, forensic specimens are obtained. The results of the physical and genital examination are documented according to protocol. A diagnosis of sexual abuse is generally given only in conjunction with the information gathered during the forensic interview.

The goal of the forensic interview is to gather all of the relevant information needed to complete DCFS, police, and state's attorney's investigations. Identification of a crime, a perpetrator, a victim, a place where the crime occurred, and a time of occurrence are critical. When the child gives information related to any of these areas, the interviewer asks simple clarifying questions to elicit as much detail as possible. What is different about these interviews from more clinically focused interviews is that the goal of the questioning is completion of an investigation rather than assessment of psychological functioning or trauma.

Many of the children interviewed in the La Rabida VSIP program are very young (average age is 7.5 years). For this reason developmental consid-

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erations are essential for our forensic interviewing program. Our environment immediately lets children know that the room is a space meant for children. We use child sized furniture, a small room, and always have available items familiar to children such as crayons, paper, markers, telephone and stuffed toys.

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A very simple orientation to the room and program is given to the child before the child is actually brought to the room for the start of the interview. The child's parent is asked to sit in a waiting area near the interview room so the child knows the parent is nearby and available.

With very young children (under 6) the timing and the length of the interview are very important. The interview should be at a time when the child is not tired or hungry and the length should not exceed the child's attention span (perhaps 20 minutes for 3-year-old and somewhat longer for older children). The interviewer must prepare to talk with the child in a way that is not confusing or overwhelming. Compound questions and statements are avoided. Questions that expect a child to abstract a concept (i.e., "Do you like to eat?" versus, "Do you like hot dogs?") are also avoided. Questions must be simple, with one thought or concept. The techniques that are used in this style of interviewing are not leading, and are designed to communicate with the child in a way that brings about spontaneous statements.

Making the transition from the beginning of the interview, which generally deals with descriptions about home, school, family etc., to questions about an alleged incident of sexual abuse is very important. An example of a transition question that is commonly asked is, "Could you tell me why you are here today?" If the child responds with a statement about an abusive incident, the interviewer assists the child in re-creating the experience in the interview situation. The interviewer uses simple questioning to elicit details about the incident. Contextual details, such as what it felt like, looked like, etc., are very important. The interviewer is always careful to follow the child's lead rather than suggest a response.

*The VSIP cases when compared with pre-VSIP cases showed significant increases in (1) identification of perpetrator, (2) charges pressed if identification of the perpetrator occurred, and (3) indicated cases of sexual abuse by the state child welfare agency.*

After the interviewer talks with the child and gathers as much information as possible, he/she generally takes a break to confer with the other professionals behind the one-way mirror. Any additional questions are then asked prior to concluding the interview. When ending, the interviewer often ascertains what the child thinks or would like to have happen next. This is also is an opportunity for the child to ask questions of the interviewer. If appropriate, the interviewer may give the child some corrective information such as, "What happened to you is against the law," or "Adults are not supposed to do that." The child is given information about whom to contact if he or she wishes to talk further about what happened. At this point the interview is ended with a statement to the child about what may happen next, e.g., "Now you can play while the grown ups talk about this problem." Promises that may not be kept—that the perpetrator will go to jail, or the child will never have to relate this information again—are never made.

The multidisciplinary team then meets to discuss the case. After there is a consensus about the case thus far and a plan for what to do next, a conference with the parent is initiated. When the police and state's attorney complete their discussion with the parent regarding prosecution stages and requirements, planning and intervention for the victim and/or parent ensues. Generally, the hospital social worker and the child protection worker meet with the parent to discuss immediate concerns such as housing, safety, questions from family members, and communication and/or contact with the perpetrator. Many families request and receive immediate treatment, while other families, where cases may be unfounded, do not request services and the case is closed.

**Conclusion**

The VSIP program is similar to many coordinated investigation efforts across the country. As Dr. Reece stated in his earlier article, we all believe coordinated team efforts are much better for children. The data we have generated about the relative efficacy of the VSIP program supports such intuitive knowledge. When the VSIP protocol was used, children were subjected to fewer interviews and interviewers, more perpetrators were identified, more charges were pressed, and more cases were indicated. Such data are satisfying insofar as they verify what we thought we knew, and crucial in the search for continued program funding. We urge others to seek to verify their own observations, and in so doing help build the empirical knowledge base Dr. Reece rightly calls for.

**References**

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