**Covid-19: Guide for Child Forensic Interviews and Forensic Medical Exams**

The COVID-19 crisis has temporarily changed some of the guidelines for services provided by CALICO and the Center for Child Protection at UCSF Benioff Children’s Hospital Oakland (BCHO). At times, these circumstances may make it necessary for some investigators and child welfare workers to conduct a more extensive interview of an alleged child abuse victim in the field. Below are tips for talking to children in a way that is both forensically sound and trauma informed. Also included are guidelines for accessing forensic medical exams at BCHO. Staff is available at both agencies to answer questions, should you have them.

**CALICO: Forensic Interviews of Children and Adults with Developmental Disabilities**

CALICO is available to conduct only emergency forensic interviews during this time. Interview specialists will be on call until the shelter-in-place order ends. All interviews for non-urgent cases will be postponed until the Covid-19 restrictions are lifted.

*Emergency Forensic Interviews*

* To schedule an emergency interview, call CALICO’s pager at (888) 570-0623.
* Interviews will only be conducted at CALICO’s San Leandro office.
* Only one investigator per agency and one caregiver will be allowed into the office during an interview.
* No siblings will be allowed to accompany the child unless they are also being interviewed.
* Some services, such as District Attorney viewing of the interview and Family Advocacy may be conducted remotely.
* When calling the pager, please be prepared to answer questions about both the case and child and families health. These questions may include:
	+ What is the allegation?
	+ Who is the suspect? Has her or she been arrested?
	+ Where is the child? Who is the child with now?
	+ Has the case been cross-reported and coordinated with CPS or LE?
	+ Does the child and/or caregiver have a cough, sore throat, nasal congestion, runny nose, sneezing, fever or body aches?
	+ Does the investigator coming to CALICO have a cough, sore throat, nasal congestion, runny nose, sneezing, fever or body aches?

*Non-Emergency Cases*

CALICO will not conduct forensic interviews in non-urgent cases until the Covid-19 shelter-in-place order is lifted. This may mean at times an investigator or child welfare worker will need to conduct a more extensive interview of the child in the field than they usually would do. To assist in this, CALICO has provided the attached sheet on *Field Interviews with Children* to provide guidance.

**Benioff Children’s Hospital Oakland, Center for Child Protection (BCHO): Acute Forensic Medical Exams**

Guidelines for acute sexual assault evaluations for Alameda County children in the context of Covid-19 Guidelines:

* These (5) requirements need to be met prior to bringing a child to BCHO for an acute sexual abuse evaluation:
1. Crime occurred in Alameda County
2. Child makes a clear disclosure of sexual abuse
3. Child is under 14 years of age
4. Event occurred within 72 hours
5. Investigating officer has discussed the case with Center for Child Protection (CCP) staff/social worker at Benioff Children’s Hospital Oakland (BCHO) prior to coming to hospital with the child.
* BCHO is requesting that prior to any child being brought to their facility for an acute medical/forensic examination that detectives or patrol offers contacts CCP staff directly to discuss the case and confirm whether such a visit is appropriate, prior to bringing the child to the BCHO emergency room.
* To contact CCP, please do the following:
	+ Monday-Friday 8:00am – 6:00pm: Please call CCP main number: 510-428-3742. Please leave a voice mail. Their voice mail is being frequently monitored and someone will get back to you as quickly as possible.
	+ After hours and on weekends: Please call the BCHO hospital operator at 510-428-3000 and ask operator to page the social worker who is covering or the Emergency Department
* It is essential that only children who truly need an acute medical/forensic assessment come to the Emergency Department to receive immediate care from our providers. Sending children to BCHO Emergency Department who do not require an acute exam places the health and safety of the child, family and responding officers at risk, and further burdens our already limited hospital resources.

**Best Practices for Field Interviews of Children**

Because of the COVID-19 shelter-in-place order, CALICO is temporarily suspending its interviewing services for non-urgent cases. CALICO is still available to conduct emergency forensic interview.

Please do not hesitate to reach out to CALICO if you have any questions or need advice regarding talking to a child. Currently, Maya Ynostroza, DA Liaison at CALICO, is available remotely to provide advice and assistance. Again, if the case presents urgent issues, such as an arrest of a suspect or the removal of a child from his or her home, please call CALICO’s pager at (888) 570-0623 to discuss and determine if the interview should be done at CALICO or, if it does not meet the requirements of our emergency interview protocol, should be done by LE or CPS investigators.

CALICO recognizes these changes may mean that an investigator or child welfare worker might have to take a more in-depth statement from the child than they normally might do. Below are some general tips and guidelines for ensuring these field interviews of children are as forensically sound and trauma informed as they can be. These tips should not be used in place of CALICO services once the shelter-in-place order is lifted.

* **INITIAL CONTACT WITH CHILD/MINOR**
	+ Try to get most allegation info from non-offending parent or guardian.
	+ Asking open-ended questions will get you more information.
	+ Examples of open-ended questions:
		1. “Tell me all about…”
		2. “What happened next?”
		3. “Tell me more about...”
		4. “Then what happened?”
* **GENERAL PRINCIPLES TO FOLLOW IF A FIELD INTERVIEW OF CHILD IS NEEDED**
	+ Interview child/minor away from witnesses or parents
	+ If child requests a support person present, avoid someone who may be personally and emotionally involved
	+ Show interest in what the child is saying
	+ Use open-ended questions
	+ Avoid leading and suggestive questions (such as, “Did John touch you?” or “That hurt, didn’t it?”)
* **BUILDING RAPPORT WITH THE CHILD**
	+ Go slow and take time to build rapport
	+ To begin building rapport you can ask
		1. Tell me about things you like to do? Tell me more about that…
		2. Tell me about things you do not like to do? Tell me more about that…
		3. Tell me about your family?
	+ Remember this may be the first time the child has talked about incident(s)
	+ Start with some instructions so they know what to expect from this conversation:
		1. Let them know if you ask them a questions and they don’t know the answer, it is okay to just say, “I don’t know.”
		2. Let them know if you ask a question and they don’t know what you mean or what you are saying, they should say, “I don’t know what you mean.”
		3. Tell the child that if you make a mistake or say the wrong thing that it is okay for them to tell you, “You’re wrong.”
		4. Remind them that you don’t know what’s happened and you are there to hear from them so you understand everything that has happened.
		5. Let them know that it is really important that they tell you the truth. Ask them, “Do you promise that you will tell me the truth?” This oath is important.
			1. The child will most likely will say yes. If he or she says no, ask them why. Explore the reasons the child tells you, and reassure them they will not get into trouble by you.
* **ALLEGATION: WHAT HAPPENED?**
	+ Once you have built rapport with the child and explained the instructions, transition to asking about the allegation.
	+ Ask the child, “Tell me why I am here to talk to you today,” or, “Tell me why you came to talk to me.”
	+ If they are avoidant or reluctant to answer this question you can ask:
		1. “It’s really important for me to know why I came to talk to you/you came to talk to me.”
		2. “I heard you talked to [whoever the child disclosed the abuse to]. Tell me what you talked about.”
		3. “Is your mom worried that something may have happened to you? Tell me what she is worried about.”
		4. “I heard that someone may have done something to you that wasn’t right. Tell me everything about that.”
	+ Try to get them to give a narrative of the allegation without interrupting them by asking, “What happened next,” or “then what happened.”
	+ After they give description of what happened, you may need to ask follow up questions.
		1. “You said that [repeat allegation]. Tell me everything that happened.”
			1. Example: “You said that Uncle Bill hurt your pee-pee. Tell me everything that happened.”
		2. Follow up with TELL ME MORE and WHAT HAPPENED NEXT questions
		3. Do NOT ask how many times. Instead ask:
			1. “Did this happen one time or more than one time?”
			2. If more than one time, have them tell you about the first time, the last time and the one they remember the most
			3. Try to understand when last time happened. They may not be able to give an exact date so ask about what was happening at the time, how old where they, where were they living at the time
	+ Document questions asked and child’s answers verbatim.
	+ Body diagrams should only be used as last resort. Don’t use a body diagram for a tool to get child to talk about abuse.
	+ Any diagrams or drawings used in the interview need to be documented. Please date and (if age appropriate) have the child sign it.
	+ If child discloses sexual abuse, in order for a medical evaluation can be done please ask questions specially about:
		1. Where on the child’s body did the contact happen?
		2. Rubbing/fondling: Did the suspect rub any part of his/her body on the child, e.g. penis, tongue, and where?
		3. Penetration: Where on their body did the suspect penetrate them with something, e.g. butt, vagina, mouth. With what did the suspect penetrated them with, e.g. penis, finger, tongue, and other objects?
		4. Bodily fluids: Were any bodily fluids transferred to child, e.g. semen, saliva, urine, blood and where on their body would they have the suspect’s bodily fluid, e.g. chest, vagina, penis, butt, neck, face, back.
		5. If there are acute symptoms (discharge, bleeding, pain) and incident happened longer than 96 hours, ask, child or parent, about the history of the symptoms.
	+ Have child explain terms that they are using
		1. “You said you were raped. What does that mean?”
		2. “You said your pee pee was touched. Is there another name for pee pee?”
* **CONCLUDING THE INTERVIEW**
	+ When it is time to end the interview with the child, give them the opportunity to ask any questions they might have of you
		1. “Are there any questions that I forgot to ask you?”
		2. “Anything else you want to tell me?”
		3. “Do you have questions for me about what we’ve talked about?”
	+ Don’t make promises about the investigation or that no one else will have to ask them questions about the allegations
	+ Thank the child for their patience with your questions