FOREWORD

The focus on Child Abuse has changed dramatically in South Australia in the past few years.

An increase in reporting and the initiation by the Government of a Task Force on Child Sexual Abuse have together precipitated changes by the Police Department in the management of these cases.

The results of the Task Force and experience amongst professionals in the field have shown that training and specialist skills are required to effectively fulfil our role as police officers when involved in investigating these crimes.

It is hoped that this handbook will assist you in this very difficult task.

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Assistant Commissioner (Crime)

February, 1991
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1. BACKGROUND

1.1 Task Force on Child Sexual Abuse

The Task Force on Child Sexual Abuse was established in South Australia in response to increasing professional and public concern about the plight of children who have been or are being sexually abused.

The brief of the Task Force was to provide South Australian Government with recommendations on how the problems associated with child sexual abuse could be alleviated and on how its occurrence might be prevented. Information on the problem was gleaned from the following:

- practical and theoretical knowledge of the Task Force members;
- views and perspectives of professional members of the public;
- available literature on the dynamics of child sexual abuse;
- available procedures and programmes to alleviate the problem and its causes.

In accordance with the terms of reference, the Task Force provided a range of practical recommendations.

Many of these recommendations impact on the Police Department. It found the level of service provision generally was inadequate and the delivery of service was ad hoc.

The report stresses the need for professional education and training in the detection and management of child sexual abuse cases. This training needs to occur at both pre-service and in-service levels.

It also identified the need for interdisciplinary and interdepartmental cooperation and coordination in policy development and the clarification of procedures.

Hence the priorities of this department are:

- training and educating all members involved with child abuse cases;
- revised and clearly defined guidelines and procedures;
- coordination with other relevant agencies.

1.2 Child Abuse is a Crime

Legislation exists making sexual and physical abuse of children a crime. These laws endorse society's view that child abuse is unacceptable. The enactment of legislation acknowledges that the State has the right and responsibility to intervene to protect the victim and make the offender accountable.

1.3 Significance for Police

When the public perceives the need for assistance, the police officer is usually the first one to be called. Each officer must be well trained, well informed and empathetic to the needs of the members of the community which he/she serves. This becomes even more critical when the victim is a child and the criminal offence is physical or sexual abuse.
1.4.3 Responsibility for the abuse or neglect lies with the person who commits the abuse. The child should never bear responsibility for its involvement, regardless of the time or the circumstances.

1.4.4 To protect the child or take the necessary action to ensure the child is protected from additional abuse or intimidation by the offender.

1.4.5 Intervention must include the necessary action to ensure the child's physical and emotional needs arising from the assault are met.

1.4.6 Take the necessary action to ensure the police response to the child and family will be supportive and will not contribute to further victimisation and trauma.

1.4.7 Child abuse inquiries must command an initial assessment at the earliest possible opportunity.

1.4.8 The investigation should involve full consultation, information exchange and coordination with the relevant agencies.

These principles should be regarded as a set of minimum standards which must be observed if child abuse enquiries are to be conducted in a manner most likely to ensure the protection of children and to minimize the trauma of investigation for innocent parties.
2. DEFINITIONS

2.1 Child Abuse
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2.7 Causes of Child Abuse
2.3 Emotional Abuse

Just as physical injuries can scar and incapacitate a child, emotional cruelty can cripple and handicap a child emotionally, behaviourally and intellectually.

Excessive verbal abuse, belittling, blaming, sarcasm, verbal aggression, scapegoating, unpredictable responses and continual negative moods are examples of emotional abuse. Emotional deprivation and neglect can be described as '...the deprivation suffered by children when their parents do not provide the normal experiences producing feelings of being loved, wanted, secure and worthy'.

Emotional deprivation may result if parents show little or no interest in a child's activities, or express neither warmth nor anger. Lack of attention and affection at home has led many children into more serious situations outside the home.

2.4 Neglect

Physical neglect is essentially the failure of a parent or guardian to provide a child with adequate food, shelter, clothing, protection, medical and dental care.

Neglect also includes failure to provide medical attention when needed and/or specifically requested, abandonment and gross lack of supervision.

Failure to thrive (FIT) is defined as an infant or young child whose height and weight measurements are well below the accepted average for age or who is continually losing weight.

FIT may not necessarily be due to physical factors such as lack of food or proper care, but can also be a direct result of emotional deprivation, rejection or lack of normal stimulation.

Diagnosis is difficult and complicated and, if untreated, the results can be as serious as permanent brain damage or death.

2.5 Drug Abuse

Drug abuse is the inappropriate administration of medical or dangerous drugs to children. It may also include inappropriate administration of alcohol.

2.6 Sexual Abuse

The South African Government Task Force on Child Sexual Abuse (October 86) defined child sexual abuse as 'the imposition of explicit sexual activity on a child who lacks the power and authority to prevent being coerced into compliance'.

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Masturbation:

The adult masturbates while the child observes; the adult and child observe each other (mutual masturbation).

Example: A sixteen year old adolescent discusses her nine year old history of sexual assault. Several times a week she masturbated her step-father to ejaculation. Although he attempted mutual masturbation, she refused.

Fellatio:

The adult has the child fellate him or the adult will fellate the child. This type of oral-genital contact requires the child to take a male perpetrator's penis into his or her mouth or the adult to take the child's penis into his or her mouth.

Cunnilingus:

This type of oral-genital contact requires the child to place mouth and tongue on the vulva or in the vaginal area of an adult female or the adult will place his or her mouth on the vulva or in the vaginal area of the female child.

Object or finger penetration of the anus or rectal opening:

This involves penetration of the anus or rectal opening by a finger. Perpetrators may thrust inanimate objects, such as crayons or pencils, inside as well. Pre-adolescent children often report fear about 'things being inside them' and 'broken'.

Penile penetration of the anus or rectal opening: Sodomy:

This involves penetration of the anus or rectal opening by a male perpetrator's penis. A child can often be rectally penetrated without injury due to the flexibility of the child's rectal opening.

Penile penetration of the vagina:

This involves penetration of the vagina by a penis.

Dry intercourse:

This is a slang term describing an interaction where the adult rubs his penis against the child's genital area or inner thigh area or buttocks.

Forced sexual activity with an animal: beastiality:

Where a child is forced to masturbate an animal or have sexual activity with an animal.
2.6.2 Who are the Victims?

Children of all ages and either sex are victims of child sexual assault. It is estimated that 75% of victims are girls. Girls are more likely to be assaulted by someone in the family and/or known to them, and boys are more likely to be assaulted by someone outside the family.

Sexual assault can begin for the child at any age, from a few weeks old, to 13 or more. Studies vary putting the most at risk age for sexual assault to begin, between 5 and 12.

Most offences occur repeatedly and over a period of years. Often the sexual behaviour increases in frequency and progresses in type (i.e. fondling - penetration) over time. About 70% of offences continue more than one year.

2.6.3 Who are the Perpetrators?

Sexual assaults on children are typically non-violent. It happens mainly when the child is alone and defenceless, and is generally followed by guilt-provoking demands for secrecy and threats of terrible harm if the secret is broken.

Studies show that 91% of offenders are men. What makes men abuse the power and trust they have over children is a question being asked by theorists, therapists and researchers internationally. One thing that has emerged: it is not possible to draw a personality profile of the typical offender or a family profile of the typical family that would include all the elements involved in child sexual assault.

2.6.4 Exploitation/Child Pornography

Although it is impossible to make an exact assessment of the number of children who have been victims of this kind of sexual exploitation, it is becoming increasingly evident, as a result of investigations conducted over recent years, that films, magazines and still photographs are readily available on the Australian market. These photographs depict young children, both male and female, in various nude poses or acts of a sexual nature.

Experience has shown that aside from the use of such materials for personal gratification, the material is frequently used to arouse victims, and in some cases, to persuade very young children that such behaviour is permissible.

The run-away juvenile, alone, without support, is a particularly attractive target as a model for pornography. Due to many factors, some being through shame and embarrassment of being so involved, the vast majority of such cases go unreported, even to the parents/guardians of children.
3. VALVES AND ATTITUDES

As police officer working with child abuse victims, families and offenders we must be conscious of our own values and attitudes to the issue. This can not only affect our own well-being but the objectivity of the investigation and the management of the victim.

When we confront our own values and attitudes on child abuse, then we adequately address the problems likely to arise in our working situation. Individual values and attitudes are determined by a number of factors, the most significant ones being our childhood experiences, parental influences, education, peer relationships and the societal conditions and beliefs of the time.

If we take an historical perspective of the treatment of children, then we find that societies throughout the ages have maltreated and abused children according to the social, political and economic needs of the day. Children throughout the ages have been abused, sold into slavery, forced into marriages, maimed, mutilated and killed.

Societies have sanctioned this continued maltreatment of children, often because of shear ignorance in relation to the physical and emotional needs of children; or because of the political and economic need (exploitation of child labour), or because the problem was seen to have such wide spread implications for the community at large, that governments decided to regard it as a private domestic matter which should not be interfered with. The concept of children's rights is a relatively recent phenomenon and still provides debate amongst professional and community groups. The issue of children's rights is fundamental to the issue of child safety. If we believe that children have no rights then our values reflect an acceptance of the use and abuse of children by those who are deemed to have rights (adults).

If we believe that children only have certain rights (right to food, shelter, education) but have few or no rights in other areas of social life, then how we treat children will be based on those beliefs. For example, if we believe that 'children should be seen and not heard', then we will have great problems in communicating with and listening to, our children accordingly.

Thus our beliefs about children will determine our treatment of children. Society's beliefs about children has and will continue to determine its treatment of children through legislation, education, welfare, child care and health services.

In summary certain societal/community attitudes maintain a set of beliefs about children, parents, men and women which provide a climate for abusive, violent behaviour. Some of the societal values which exist to maintain abusive climates are:

- lack of sufficient recognition of children's rights and the needs of each child as an individual;
- belief that children are their parents' property and therefore parents have every right to treat children as they see fit;
- belief that parents are, by nature, capable of caring parenting;
- a reluctance to acknowledge the presence of aggression in parents;
- an apathetic and indifferent view towards violence.
Fact:

Most abusers are not mentally ill but they are usually suffering from some stress (e.g. marriage breakdown, poverty, isolation; death in the family, handicapped child, etc.). In case of child molesters, research suggests that abusers come from varied backgrounds, live in very different situations and abuse children in many ways. Some research suggests that most child sexual abusers are married men, with children of their own, holding down respectable jobs, and from every class and background. Research on mental illness of male offenders would suggest that only a small portion of sex offenders are psychotic, senile or mentally retarded. (D. Finkelhor, Child Sexual Abuse, New Theory and Research, 1986, MacMillan, New York).

Myth:

Child abuse is not a large social problem and child sexual abuse (including incest) is rare.

Fact:

Child abuse and neglect is a very significant social problem and some statistics suggest it is increasing. Research also suggests that there is a greater public awareness and willingness to notify cases of suspected abuse. The prevalence of child sexual abuse and incest has only been studied in the past ten years.

The growth of the women's movement, the emphasis on children's rights and the child protection debate has increased public awareness and helped break the silence surrounding child sexual abuse. Women and men are now able to speak out about their own experiences. It is estimated that between 25% and 30% of girls and between 10% and 20% of boys will be sexually abused before the age of 8 years.

3.2 Discount Hierarchy

The model below is designed to provide individuals with an approach to the problem of child abuse. As with most social problems of any magnitude, there are levels of acceptance at both an individual and societal level. Child abuse is no exception. Acceptance at a societal level is determined by the amount of funding and services available and at the individual level by a person's response to perceived child abuse.

In competition for funding, the lack of available resources for intervention will influence an individual's personal response, often leading to discounting of the existence or the severity of the perceived abuse.

The Discount Hierarchy is a way of determining acceptance and resistance to the problem, at an individual and societal level.

3.2.1 Existence

'There is no problem':

The question here is how do we as individuals or as a society discount the existence of child abuse?
Societal
It's too big a problem to deal with.
There are not enough resources.
Welfare agencies are too over-worked to help.
The legal system is hopeless.

3.2.4 Self
'I can't do anything about it. That's for the government or experts':

Probably one of the most important stages is the self stage, that is, the question becomes, 'What can I, as one person, do about child abuse?'

Discounting statements are:

Individual
I'm not trained for this.
I haven't had enough experience.
I don't know what it's like to be abused.
It's not my responsibility to get involved.

Societal
Only experts can deal with child abuse.
There's no place for males in sexual abuse work.
Women get too emotionally involved.
Victims of abuse should not work in this field.
Once a victim always a victim.

The above model can be used as a positive way of assessing individual and societal responses to the problem of child abuse, thus providing a framework from which to become aware of discounting and to challenge it on both individual and societal level.

Levels of discounting can operate at both an individual and societal level which in turn lead to inaction by both the professional and the system involved as the following example illustrates.

3.3 Scenario - Example of Discount Hierarchy

The media has been highlighting cases of child abuse where the system had failed and children have been removed from their parents unnecessarily. At the same time, a local hospital has dealt with an increased number of child abuse cases and is stretched to the limit with staff and other resources. A young doctor on casualty duty is presented with a 3 year old child with extensive facial bruising. The parents (who present well and articulate) provide an explanation which does not quite fit with the location and the extent of the bruising. The doctor is unsure and consults with the registrar on duty who speaks with the parents. The registrar is convinced that the parents are telling the truth. The registrar makes comments like, 'They seem sincere, he's very intelligent and she is articulate, I can't imagine them abusing the child. In my experience, most child abuse occurs in lower socio-economic groups - people who aren't very intelligent and don't know any better. Besides, we don't want to
4. ROLES AND RESPONSIBILITIES

General Philosophy: A coordinated approach

No agency has all the answers to resolve the many issues associated with recognition, notification and eventual management of child abuse cases.

All agencies must act in the best interests of the child and not act alone, it must be a coordinated joint approach which:

- provides a coordinated systematic response to allegations of abuse;
- standardises definitions;
- maintains practice standards and procedures;
- ensures each concerned agency has an understanding of the other agencies roles and responsibilities.

4.1 Police Department

The role of the Police Department is to investigate and, where necessary, initiate legal proceedings against an alleged offender.

In particular, the Police Department will:

- Ensure all police officers are aware of their obligation to notify suspected child abuse, when that obligation is the result of legal mandate or Ministerial direction.
- Liaise with the Department for Family and Community Services and relevant departments/agencies to assist in the coordinated protection of the child and, where appropriate, his/her family.
- Interview the child as soon as possible, and all other witnesses as necessary, where criminal proceedings are possible.
- Inform the family and, where appropriate, the child of the statutory requirement of officers to investigate allegations of a criminal nature and to ensure those requirements are fulfilled.
- Provide feedback to the family and, where appropriate, to the child about police action taken.
- Provide feedback to the Department for Family and Community Services Case Coordinator about police action taken in a particular case.
- Where practicable, consult with the Department for Family and Community Services and other relevant agencies about the effects of legal proceedings on the child's safety and emotional well-being and the wider case management implications of such action.
- Decide on the appropriateness of arrest and further legal proceedings.
The role of the professional staff of the South Australian Health Commission is to provide physical and psychological assessment and treatment. They also provide crisis and on-going counselling including individual, group and family counselling, as well as a broad range of other health services for children, families and abusers.

Through the Corporate Office and within the resources of units funded in part or as a whole, the South Australian Health Commission will:

- Ensure all workers are aware of their responsibilities and obligations with respect to child abuse.
- Ensure the legal requirements for notification are known.
- Liaise with other departments and agencies to ensure a coordinated response.
- Make available services for the assessment and treatment of abused children and/or their families who present to any health unit.
- Inform the child and/or family of the statutory requirements of health workers and ensure that those requirements are met.
- Provide continuing medical care as necessary.
- Make educational and preventative programmes available to health care workers and the community at large to enable them to gain a better understanding of the causes and consequences of abuse.
- Participate in planning activities to ensure optimal responses.
- Encourage research into aspects of child abuse.
- Encourage, where appropriate, the participation of privately operated or voluntary organisations.

4.4 The Education Department

The role of the Education Department is to provide protective and preventative programmes in the area of child abuse and provide curriculum which enhances positive relationships.

In particular, the Education Department will:

- Ensure all Education Department personnel categorised in section 91(1) of the Community Welfare Act are aware of the legal obligations to notify child abuse.
- Liaise with Department for Family and Community Services, the police and other relevant government departments and government and non-government agencies to assist in the coordinated care of the child, and, where appropriate, the family.
- Develop and implement curriculum in the area of child protection and positive human relationships.
4.7 The Non-government Welfare Sector

The role of the non-government welfare sector is to provide on-going support for the child and, where appropriate, the family and other persons involved in the care of the child. Training, community education and the provision of information on child abuse are included in this sector's responsibilities. In particular, the non-government welfare sector will:

- Ensure all workers are aware of their obligations to notify child abuse where those obligations are the result of a legal mandate or agency directive.
- Liaise with Department for Family and Community Services and other relevant departments/agencies to assist in the coordinated care of the child and, where appropriate, the family.
- Provide counselling, support or material assistance to the child or adolescent and, as appropriate, to other persons involved in the care of the child as appropriate.
- Act as an advocate for the child or other family members as appropriate.
- Participate in or provide on-going training for workers either in the organisation and/or in the community.
- Participate in and/or provide community awareness on the nature of child abuse and its prevention.

4.8 The Non-government Schools Sector

South Australian Independent Schools' Board Incorporated:

The role of each non-government school is to provide protective and preventative courses in the area of child abuse.

In particular, non-government schools will:

- Ensure that staff categories under section 91 (1) of the Community Welfare Act are aware of their legal obligations to notify child abuse.
- Liaise with Department for Family and Community Services, the police and other relevant and authorised agencies for the coordinated care of the abused child.
5.5.5 Manslaughter - Section 13 CLCA

5.5.6 Acts Endangering life or Creating Risk or Grievous Bodily Harm - Section 29 CLCA

5.6 Community Welfare Act

5.7 Children's Protection and Young Offenders Act, 1979
5.1.7 Recent Complaint

Evidence of a person to whom the child complained is potentially admissible evidence. The admissibility of this evidence is subject to the judge's discretion. The child must also be available to give evidence at the trial. The evidence of complaint is admissible as the truth of what was said, i.e. recent complaint a statutory exception to the hearsay rule, (section 34ca).

NOTE: Its purpose is to give credibility to the child's evidence and is an exception to the rule against self-corroboration.

5.1.8 Proof of Age

A child's age can be proved by a birth certificate and is presumed to be the date of birth in the absence of proof to the contrary (section 65a).

5.1.9 Clearing Courts

Whilst a child gives evidence in a child sexual abuse matter, an order will be made clearing the court of all the non-essential persons, (section 69 (la)).

5.2 Justices Act

5.2.1 Children giving Evidence at Committals

Unless special reasons are found children who are alleged victims of sexual abuse do not give evidence at committal proceedings. (Section 106 (7) Justices Act, 1921)

5.2.2 Presentation of Evidence

Where a witness is a child the statement tendered at the committal or preliminary hearing may be either:

1) The statement taken by a police officer at an interview with a child. (This statement must show both the questions and the answers); or

2) May be in the form of a videotape of the child's interview with the police officer, (section 106 (2)(c) Justices Act, 1929). In this section 'child' means a person under the age of 10 years.

Where the evidence of the child is submitted to the committal hearing in the above manner, appended to the evidence must be an affidavit of the member of the police force present at the interview with the child, certifying the accuracy/ completeness of the child's statement.

NOTE: This legislation only applies to the committal stage; the child must appear in the Supreme Court.
5.3.3 Attempted Rape - Section 270a

Subject to subsection (2), a person who attempts to commit an offence shall be guilty of the offence of attempting to commit that offence.
Penalty: Imprisonment for a term not exceeding 12 years.

5.3.4 Unlawful Sexual Intercourse - Section 49

Section 49 (1):
Sexual intercourse with a victim under the age of 12 years.
Felony - Ute imprisonment
Consent - No defence
With regard to the age of the victim the offence may amount to rape.

Section 49 (3):
Sexual intercourse with a victim between ages of 12 and 17 years.
Misdemeanour - 7 years imprisonment
May be a defence available in relation to consent.

5.3.5 Indecent Assault - Section 56

A person who indecently assaults another shall be guilty of a misdemeanour - 8 years imprisonment.

or

Where the victim was at the time of the commission of the offence under the age of 12 years - imprisonment for a term not exceeding 10 years.

An indecent assault is an assault which is accompanied by circumstances of indecency on the part of the accused towards the person assaulted.

Section 57 provides that no person under the age of 17 shall be deemed capable of consenting to an indecent assault.

The section further provides that no person under the age of eighteen shall be deemed capable of consenting to any indecent assault being committed by any person who is his or her guardian, teacher or principal.

5.3.6 Prurient Interest - Section 58a

(1) A person with a view to gratifying prurient interest (whether of that person or some other person)«

a) incites or procures the COMMSSIOBY a child of an indecent act; or

b) causes or induces a child to expose any part of his or her body, shall be guilty of an indictable offence.
5.5.1. Common Assault - Section 39 CLCA

A charge under this section is normally invoked when there are no circumstances of aggravation and the person assaulted sustains no injury at all or one that is neither severe nor permanent.

5.5.2 Actual Bodily Harm - Section 40 CLCA

This section provides that any person convicted of an assault occasioning actual bodily harm shall be liable to be imprisoned for any term not exceeding five years.

Actual bodily harm need not be permanent but it must be more than trivial. It includes any hurt or injury calculated to interfere with the health or comfort of another. It is not necessary that the assailant foresaw the harm likely to be caused to his victim.

5.5.3 Grievous Bodily Harm - Section 21 CLCA

Any person who unlawfully and maliciously by, any means-

a) wounds any person;

b) causes any grievous bodily harm to any person;

c) shoots at any person;

d) attempts to discharge loaded arms of any kind at any person, with intent to--

i) maim, disfigure, disable, or do other grievous bodily harm to, any person;

2) resist or prevent the lawful apprehension or detainer of, any person, shall be guilty of a felony.

Grievous bodily harm is an injury which seriously or grievously interferes with the health and bodily comfort of another although it needs not be permanent.

5.5.4 Murder - Section 11 CLCA

5.5.5 Manslaughter - Section 13 CLCA

5.5.6 Acts endangering life or creating risk of grievous bodily harm - Section 29 CLCA

1) Where a person without lawful excuse, does an act or makes an omission-

a) knowing that the act or omission is likely to endanger the life of another; and

b) intending to endanger the life of another or being recklessly indifferent as to whether the life of another is endangered.
(4) Where a person acts in good faith and in compliance with the provisions of this section he incurs no civil liability in respect of that action.

Section 93 - Medical Examination and Treatment and Temporary Custody of Children:

Section 93

(1) Where an officer of the department or a member of the police force suspects on reasonable grounds that an offence against this division has been committed in relation to a child, he may, if the Director-General authorises him to do so, cause the child to be taken to a hospital or legally qualified medical practitioner for medical examination, if:

a) the whereabouts of the guardians of the child has not, after reasonable enquiries, been ascertained;

b) it would be detrimental to the interests of the child to delay the medical examination while the consent of a guardian is obtained;

or

c) the guardians of the child refuse or fail to take the child for such medical examination.

NOTE: 'Offence against this division' relates to a person who has cause of a child maltreats or neglects or causes this to occur, section 92 refers.

(2) Where a child is taken for medical examination under subsection (1), the person who carries out the examination may do so without the consent of a guardian of the child, and:

a) shall report in writing as soon as reasonably practicable the results of the examination to the Regional Child Protection Panel for the region in which the offence is alleged to have been committed and;

b) may, without seeking the consent of any guardian of the child, or contrary to the wishes of any guardian of the child, admit the child to hospital, or give the child, or cause the child to be given, such medical treatment as he thinks necessary or desirable.

Section 94

Where:

a) a child has been admitted into a hospital; and
6. MANDATORY NOTIFICATION OF SUSPECTED CHILD ABUSE AND NEGLECT

6.1 Indicators

The Community Welfare Act requires certain professionals to report suspected cases of child abuse to the Department for Family and Community Services.

The Department for Family and Community Services is then required to investigate such cases and provide such services necessary for the protection and support of the child and family.

Members of the police force are required by law to notify the Department for Family and Community Services if they suspect on reasonable grounds that a child has been maltreated or neglected. Community Welfare Act, section 91(2).

Before detailing the procedures for notification this section will itemize indicators of the different types of abuse. A police officer who attends for example a domestic disturbance may come across children in the home who arouse suspicions of abuse. That officer must then notify the Department for Family and Community Services of that suspicion.

Children often find it difficult to verbalise that abuse is occurring, particularly when they have been told not to tell anyone (as is often the case with child sexual abuse). Children will however, usually find a way to let you know that something is wrong.

Some of the behaviours outlined in this section may be the only way children can express that abuse is occurring.

If you are concerned about the way a child is behaving, it is important to look at the reasons for the behaviour. One indication may clearly demonstrate that abuse has occurred, alternatively, three indicators may not. Often, with behavioural indicators, a pattern is present that may not mean abuse but will indicate that something is wrong.

Child abuse comes under four main categories and can be of varying degrees. The following describes those situations in which the Department for Family and Community Services will intervene.

Physical Abuse:

'Physical abuse is non-accidental physical injury inflicted upon a child'.

Injuries found in locations where it is unlikely that a child has injured themselves are physical indicators of abuse. Some examples are:

- **Bruises and welts** on facial areas, large areas of body (back, bottom, legs and arms); on the inner thighs. Any bruises or welts in unusual pattern, which are clustered or indicative of the instrument used to inflict them; handprints, slapmarks, fingerprints are various stages of healing and colouration.

- **Burns** may show the shape of the items used to inflict them. Can be caused by iron, grill, boiling water burns, flames, rope burns; cigar or cigarette burns;
Some of the physical indicators associated with sexual abuse that you may become aware of are:

- Injury to the genital or rectal area; bruising, bleeding or lacerations;
- Discomfort in urinating or defecating;
- Unexpected medical conditions;
- Presence of foreign bodies in vagina and/or rectum;
- Inflammation and infection of genital area;
- Sexually transmitted diseases;
- Bruising and other injury to breast, buttocks and thighs;
- Pregnancy;
- Unusual anxiety, embarrassment or distress from any medication applied to treat the above condition;
- Other anxiety related illnesses;
- Frequent urinary tract infections.

Behavioural indicators of a sexually abused child may be when the child:

- Tells of the abuse;
- Engages in persistent and inappropriate sexual activity including:
  - Excessive masturbation;
  - Masturbation with objects;
  - Rubbing genitals against adults;
  - Playing games that echo the sexually abusive event;
- Does drawings with explicit sexual themes;
- Has a detailed and overly sophisticated understanding of sexual behaviour;
- Shows fear when having nappy changed or being bathed;
- Is afraid to go home, expresses a desire to live elsewhere;
- Has a fear of being with a particular adult;
- Has poor or detenorating peer relationships;
- Has a lack of trust, particularly with significant others;
- Has a poor concentration, drop in school performance;
- Is the first to arrive and the last to leave school;
- Is reluctant to participate in physical/recreational activities;
- Displays regressive behaviours;
- Suffers sleep disturbance and night terrors;
- Displays overly compliant behaviour;
- Is overly protective of younger siblings;
- Has a loss of appetite;
- Has a problem with eating or swallowing;
- Has a sudden accumulation of money or gifts;
- Runs away;
- Demonstrates delinquent or aggressive behaviour;
- Suffers depression;
- Displays self-injurious behaviour including:
  - Drug and alcohol abuse;
  - Prostitution;
  - Self mutilation;
  - Attempted suicide.

Another behavioural indicator of sexual abuse may be displayed by the parent/caregiver who isolates the child from peers and normal social activity.
...has medical conditions related to poor hygiene;
...unattended physical problems and lack of routine medical care;
...existing in inadequate shelter, unsafe or unsanitary;
...abandonment;
...developmental delays;
...failure to thrive.

Behavioural indicators of neglect include:

- begging or stealing food;
- gorging when food is available;
- alienated from peers, withdrawn, pale, listless, thin;
- engaging in delinquent acts - vandalism, drug and alcohol;
- little positive interaction with the parent;
- attention seeking behaviour;
  - appears miserable, irritable;
  - has poor socialisation;
  - poor evidence of bonding, little stranger anxiety;
  - indiscriminate with their affection.

Dynamics of physical and emotional abuse and neglect:

Child abuse is a complex issue. It can result from interactions between children, families and caregivers, from all socio-economic backgrounds.

It is important to remember that there are three major variables that may put children at risk: the caregiver, the child, and the environment. Unless all three variables are considered when assessing the risk to the child it is unlikely that effective protection can take place.

Caregivers:

Research information about parents/caregivers who have been abused or neglected their children have revealed some common patterns and trends in relation to their personalities, behaviour, and childhood experiences.

However, the presence of one or even all of these characteristics does not mean that a caregiver will necessarily abuse a child.

In addition, although many caregivers who abuse their children were abused themselves as children, abused children do not always become abusive caregivers.

Patterns:

Poor self-image:

The personality of abusive parents may be characterised by poor self-esteem. They emerge from their own childhood as immature and dependent people who have great difficulty forming and sustaining close relationships. They do not know how to meet their own needs appropriately and are often unable to meet others' needs adequately.

Poor self-image and distrust of people can often lead to an inappropriate choice of partner - often someone, or a series of people, who reinforce their feelings of not being worthwhile.
Children:

Although an abused child may be the only scapegoat in the family, often the poor parenting skills of the caregiver are reflected in the treatment of all the children. In neglect situations, it is more common for all children to receive inadequate care, but it can happen that just one child is neglected.

What is it about these children that makes them different from their siblings? There are some emerging patterns, but the presence of one or more of the factors listed does not mean a child automatically will be abused. However, the child may be at 'at risk'.

Patterns:

Disruptions to early attachment and bonding process:

- This child may not have been planned and/or wanted.
- A difficult pregnancy may also make positive feelings towards the child less likely to develop.
- Difficult births can sometimes delay the bonding process. Premature babies are especially at risk.
- The child might be the wrong sex, or look like some disliked relative, or in some way not meet the expectations of the caregivers.

Some children are difficult to care for:

They may eat poorly, choke easily, be difficult to console, be fussy eaters, scream a lot, be unresponsive - there are many ways a child may 'give very little' to a needy parent.

The child may simply not meet the parents' expectations:

- physically, he/she may be perceived as unattractive, or have the wrong coloured hair, or be disabled.

Difficulty with development stages:

Some parents are bewildered by typical behaviour at certain stages and react violently to it - biting, resistance to toilet training, resistance to feeding, sexual exploitation, the constant 'no' and 'why', or the tiresome two year old.

Chance events:

Sometimes things happen in a family that are quite unrelated to the child, but which have an effect on the treatment the child receives, for example, desertion by the caregiver, unemployment, death in family.

The child is seen as different:

Sometimes the child is obviously different - disabled or is perceived as different from the other children.

Children can internalise negative messages or images provided by caregivers and may in turn become difficult to manage. Children may engage in attention seeking behaviour and often appear to invite abuse.
member of the police force;
probation officer;
social worker employed in hospital, health centre, or medical practice;
registered teacher;
teacher's aide employed in a school;
kindergarten employee;
employees of, or voluntary workers, in any agency that provides health, welfare, educational, child care or residential services for children;
a person of a class declared by regulation to be a class of persons to which the section applies.

Why is Notification Mandatory?

Notifying suspected child abuse is the first step in the process of determining whether the child has been abused and is in need of protection.

Therefore, the purpose of imposing a legal obligation to report suspected child abuse to the Department for Family and Community Services is to enable the best possible protection and help for the child and the child's family by:

alerting the Department for Family and Community Services, who then will begin an investigation;
starting a process which will provide long term protection and help for the child and the child's family;
ensuring that all relevant agencies and respective workers cooperate in the best interests of the child.

What do I report?

By law a suspicion of child abuse indicates that the notifier suspects on reasonable grounds that the child has been either maltreated or neglected.

Reasonable grounds to report include when:

a child discloses abuse to you;
someone else tells you, sibling, relative, friend, or neighbour of the child that the child has been abused;
a child indicates that he/she knows that someone has been abused - (the child could possibly be referring to self);
your own observations of physical indicators and/or a child's behaviour leads you to suspect that the child has suffered abuse.

Notifiers do not have to validate that the abuse actually occurred in order to report. The law does not require proof from notifiers, it specifically requires reporting of suspected child abuse.

To whom do I report?

The Department for Family and Community Services has a statutory responsibility for the protection of children and the power to ensure that all cases of reported child abuse are investigated.
Even if you are unable to provide all the above information you must still make a notification with as much as you have so an investigation can be undertaken.

What does FACS do with my report?

On receipt of your notification, the Department for Family and Community Services worker will determine whether your report constitutes a notification requiring investigation. You will be advised accordingly. On investigating the notification FACS will take whatever action is necessary to ensure the future protection and well-being of the child.

FACS intervention is child focused and, therefore, services are offered which assist and bolster the child's existing protection and support systems. For instance, FACS may suggest counselling for the family and/or individual which may determine why the abuse occurred, and how further abuse may be avoided. Practical assistance may also be offered, such as the services of a parent aide (trained volunteer who is able to teach new/coping skills), or help with housing, health, budgeting, or child care.

In extreme circumstances, FACS can apply to the Children's Court for the child to be removed from the caregiver. This action occurs when FACS considers that there is no alternative to assure the child's immediate safety.

In the few cases where the Children's Court orders that the child is in need of care and protection, FACS generally continues to work with the child's family with the aim of restoring the child to the family.

Issues for the mandated notifier:

Legal concerns:

If I make a mistake and report a child that has not been abused, am I legally liable?

No: Any person who is legally required to report suspected abuse and acts in compliance with the Law (Community Welfare Act, section 91 (5) is immune from civil liability for reporting their suspicion.

Mandatory notification overrides professional etiquette, ethics or conduct.

It shall not provide grounds for civil action if the report is made in good faith. Good faith means an honest belief by the reported that the child was abused or that the substance of the report which may be only a suspicion is based on reasonable grounds. Good faith does not mean that you are personally required to believe beyond a doubt that the abuse or neglect has occurred.

What happens if I don't notify?

If the suspected abuse is not reported, then the child remains at risk of further abuse or neglect and subsequently the child may be subjected to the risk of permanent harm or possible death.
7.8 Miscellaneous Procedures

7.8.1 Signing Off Crime Reports
7.8.2 Forensic Dolls
7.8.3 Tape Recording Interviews
7.8.4 Family/Children's Court
7.8.5 Video-taping of Interviews of Victims
An early decision should be made as to the most appropriate and effective means of investigation.

In situations where neither the social worker nor the police are of the same culture as the child, the team should consult with a person of the same culture.

NOTE: Reports of sexual abuse made by children are likely to be true.

7.2.2 Notification of Abuse to Police by FACS

Notification or other information that a criminal offence may have been committed will be promptly supplied by FACS, to the crime assessor in the division in which the offence occurred.

In the absence of the crime assessor the senior cm member on duty will receive the information.

In the country the contact person will be the senior cm member on duty.

The responsible member receiving the notification will record the details on a Child Abuse Notification Form (RF 1491) along with the action to be taken by police and/or FACS.

7.2.3 Initial Action and Assessment

Physical Abuse:

cm personnel will investigate cases where information comes from FACS direct to the crime assessor or senior cm member on duty.

Sexual Abuse:

Information received relative to sexual abuse is to be assessed to establish the offence category and decide if the case will be handled by Sexual Assault Unit or patrols.

The next stage of the investigation will either be:

- medical assessment; or
- recording of victims allegations.

Where a child is at risk, the order of these two processes is to be arrived at in consultation with FACS workers. The appropriate action will depend upon the following factors:

- the immediate risk to the child;
- the recency of the offence;
- the medical condition of the child;
- the severity of the offence;
- the needs of the non-offending parentis;
- the willingness of the child to discuss the allegations.

NOTE: The medical appointment can be made by either the police or FACS.
1. The child
   - reassurance and allaying of fears;
   - restoration of a feeling of control;
   - assessment of physical and sexual development;
   - establishing the physical impact of abuse;
   - medical treatment where necessary;
   - follow-up.

2. The family
   - reassurance and allaying of fears;
   - answering 'medical questions';
   - support in protecting the child.

3. Statutory
   - obtaining forensic or other evidence;
   - documentating findings;
   - preparing a report of the medical evaluation.

7.3.6 The Referral and Assessment Process

The nature of child abuse requires that Child Protection Services work closely with the police and FACS. Child Protection Services will not accept referrals of suspected child abuse unless prior notification has been made to FACS.

Child Protection Services undertake to see any referrals as expeditiously as possible, but reserves the right to assign a priority to each individual case.

Referrals may be made by police or FACS, direct to the Child Protection Services.

Referral to Child Protection Services at FMC must be made through the assessment worker on duty or on call. Referral to CPS at ACH is through the on duty assessment worker, but through on-call doctor after hours.

7.3.7 Appointment Difficulties

Should any member encounter difficulties with any of the medical procedures outlined, enquiries should be directed to the Sexual Assault Unit.

7.3.8 Flinders Medical Centre (FMC)

Referral:

The Child Protection Service at FMC only provides a medical service to sexually abused children. The Paediatric Department at FMC provides the service for other forms of abuse.

Hours of Service:
Monday - Friday: 0900-1700 hours
After Hours: FMC switchboard and ask for on-call assessment worker for Child Protection.
Transport of exhibits:

Police are to ensure that the chain of evidence is maintained with due regard to contamination and deterioration of exhibits. Members should be conscious that certain exhibits may require refrigeration.

Affidavits for court use:

The doctor will provide a report of examination findings to the police. From this, police may extract sufficient information to prepare an affidavit.

Statements:

Statements taken by police from a child victim will only be made available to a doctor if written consent is obtained from a parent or guardian.

Medical Consent:

It is the responsibility of the hospital to obtain written consent for the medical examination of a child from the appropriate parent/guardian.

When a child is under care and control of the Minister consent for a medical must be obtained by police from FACS, G.O. 3895/5 refers.

7.4 Procedures for Obtaining Statements

The statement will, in most cases, be taken by the Sexual Assault Unit (SAU) member, or the uniform patrol member depending upon the offence category and location (city/country).

The timing of the statement will depend upon the medical requirements as previously discussed, and the availability of the child.

The techniques for obtaining the statement and the statement content are discussed in chapter 8 of this handbook.

In most instances, the child should be interviewed alone, without the presence of any person who may have a vested interest. The interview should take place in a non-threatening, emotionally comfortable environment with appropriate play and interview materials available.

The interview should be fully and exactly recorded in writing, or by audio and/or video tape recording, where equipment is available.

The number of interviews with the child victim should be kept to an absolute minimum. In some instances it may be necessary to establish a trusting relationship with the child over several interviews before the child feels free to divulge detailed information.
The joint interview will take the form of obtaining a statement from the child witness. The initial assessment process will not necessarily be classified as a joint interview.

Police will give the FACS worker a copy of the statement if required. In emergency cases the statement may not be available immediately. Availability to the transcript should be discussed prior to the interview.

The interview and prosecution of the alleged offender in criminal matters is a police responsibility, and the offender will always be interviewed by police.

7.4.2 Joint Interviews - Police and Child Protection Services

Interviews should be conducted by the assessment worker at the Child Protection Services instead of police in the following circumstances:

- when the child is very young and difficult to interview, i.e. pre-school;
- when the young child is particularly hesitant and will not discuss the allegations;
- when the child has a learning disability and as a consequence requires specialist interviewing skills to illicit an accurate statement.

Guidelines:

Appointments for interviews can be made following the referral procedures as outlined in 7.3.6 to 7.3.10.

The interview will be conducted by the Child Protection Services assessment worker.

A police officer will observe the interview. Police will not interrupt the interview. If they have additional questions, these can be conveyed to the assessment worker during a break, prior to the conclusion of the interview.

Child Protection Services will provide police with a transcript of the recorded interview.

The police officer who witnessed the interview is responsible for submitting an affidavit appended to the evidence verifying the accuracy and completeness of the child's statement. (Section 106 Justices Act)
It is the responsibility of the interviewing officer, not that of the school in this instance, to notify the parents/guardians that an interview has taken place.

7.5 Removal of a Child from a School

7.5.1 Under section 93(1) of the Community Welfare Act, Amendment Act 1981, a member of FACS or the police may take a child for medical examination with or without parental/guardianship consent.

7.5.2 Officers removing students from school for the purposes of a medical examination must leave with the principal a signed letter to that effect.

7.5.3 Principals will ensure that the FACS or police member accepts responsibility for informing the child's parents/guardians, as soon as possible, and in any case, before the child would normally be expected home from school.

7.5.4 Principals are responsible to ensure that where necessary, appropriate arrangements are made for other family members enrolled in the school before the end of the school day. This may include ensuring that a younger sibling who would normally be accompanied by the other child travels home safely.

7.6 The Sexual Assault Unit

7.6.1 Role of the Sexual Assault Unit

The Sexual Assault unit based at Central Headquarters, provides a twenty-four hour service. Its function in relation to children is to take statements from victims of serious sexual assault.

7.6.2 Duties of the Sexual Assault Unit

Sexual Assault Unit members will assist in the following circumstances. (Note: These are guidelines, and as such, they are flexible and should peculiar circumstances exist, the assistance of a member of the Unit may be necessary).

Rape: Female

Sexual Assault unit member will take the statement.

Male

Sexual Assault Unit (SAU) member will take the statement unless the child prefers a male member to take the statement, in which case the ern will have this responsibility.

SAU will only take statements for victims of tender or immature age.
When SAU member is to obtain the statement, the Crime Report and Serious Crime Report (where applicable) are to be prepared and handed to the Unit member.

SAU members are not responsible for the management of the investigation. The CRN members allocated to the case have this responsibility.

Where an alleged offence falls within the ambit of the SAU and police assess the child personally, this assessment must be brief. Should the SAU be required, they must be notified prior to attendance at the unit office. Under no circumstances is a victim to be conveyed to the office without prior notification.

7.7 Country Guidelines

7.7.1 Because of geographic restrictions, facilities of the Child Protection Services and SAU, it is generally considered impracticable to use these services. However, in very serious incidents, requests for assistance should be made.

7.7.2 It is the responsibility of the officer in charge of a division to ensure that a liaison is maintained between the police and the medical practitioner/s in the division.

A system suitable to the division should be devised in order to ensure that when the need arises, there is a capable doctor available to conduct the medical examination. The doctor may need assistance from police in terms of the use of a sexual assault kit or in maintaining the chain of evidence.

7.7.3 It is the responsibility of the officer in charge of a division to ensure that a liaison is established and maintained between the local police and FACS members. In child sexual abuse cases, it is essential that these two consult quickly and regularly to ensure that children are protected and the criminal investigation is not impeded.

7.7.4 As there is no SAU in the country, uniform or CRN personnel will be responsible for taking the statement. The role of these personnel will also include support for the victim in line with the 17 principles (PCa Circular No 478).

7.8 Miscellaneous Procedures

7.8.1 Signing Off Crime Reports

The matter of guardians of young victims signing off Crime Reports to indicate no further police action occasionally occurs. Also on occasions, the signing off may be from a child victim.

These cases are usually where alleged offenders are related to the victims.
8. INTERVIEWING CHILDREN

8.1 Why Statement is so Important

The importance of the police interview with a child witness cannot be stressed enough. It requires both skill and compassion for the following reasons:

8.1.1 The interview process should not add any further trauma to the child. The interviewer needs to conduct the interview in a manner which supports the child and at all times consider the psychological well-being of the child.

8.1.2 The child’s initial statement to police and subsequent testimony in a sexual abuse case may well be the only source of evidence, given the often secret nature of the crime.

8.1.3 Adults are extremely reluctant to believe a child over an adult. Popular mythology dictates that children often fabricate tales of sexual assault despite a lack of research to substantiate this belief. The style of questioning is open to criticism if it leads the child or shows any lack of objectivity on behalf of the interviewer. Hence police must be aware of the correct manner in which to conduct these highly sensitive and political interviews.

There are many useful strategies for improving the investigation of this crime and where possible the procedures and principles outlined in this chapter should be considered when conducting an interview with a child victim.

8.2 Basic Principles

The interview should minimise further trauma to the child and facilitate gathering the best possible information available.

8.2.1 Frequency

The number of interviews with the child should be kept to an absolute minimum. In the past children have been interviewed by a series of police personnel. If possible the child should not be interviewed by more than one police officer. If an additional interview is required it should be carried out by the same member.

In addition, interviews with other agencies must be kept to a minimum. A child has a limited capacity to respond to repeated questioning, so in order to most effectively elicit information and maintain his/her cooperation, agencies must have a coordinated approach. (Refer 7.4.1, in procedures for joint interviews/giving copies of police statement, etc.)

Interviews must be reduced for the sake of the child as well as to ensure the accuracy of the statement.

NOTE: It may be necessary in order to establish a trusting relationship with the child to have a series of interviews before the child feels free/safe to divulge the information.
Reluctance to talk:

Many children are reluctant to talk about sexual abuse. It is important to be familiar with the many reasons a child may not want to cooperate during an interview. If you understand the child's point of view it makes it far easier to facilitate a situation which enables the child to open up.

Why won't child disclose what has happened?

It is not easy to receive or signal a need for help.

Since the victim cannot control what has happened or is happening to him/her; the psychological need for feeling in control of a situation, ie. the interview, may cause him/her to be silent or manipulative in the relationship with you.

It is difficult to commit oneself to change:

The victim fears the possible outcomes of disclosure almost as much as he/she fears the abuse continuing. Will her/his family be broken up because of him/her? Will he/she be sent to a foster home? Will her/his neighbours and friends ostracize or blame him/her? Will the family be 'abandoned' with the abuser being jailed? Will he/she have to go to court?

It is not easy to trust strangers and to be open with them:

Are you subconsciously seen as a threat because of your uniform, age or your sex?

The victim's problems may seem too unique, or overwhelming to be talked about:

Because of the horror and hushed tones with which society treats sexual abuse, the victim may feel that he/she is a unique and disgusting example of something rare. By helping him/her to understand that such abusive behaviour is not uncommon and a function of the abuser's maladjustment, you can help to relieve her/his feelings of self-denigration and guilt.

Child may not realize that it is wrong:

In many cases the child trusts the offender and particularly in the early stages thinks the behaviour is normal, i.e., all children do those sort of things with their parents or other adults.

Child may be afraid of offender:

Fear that if they disclose the offender will punish them by physically hurting them.

Child may be bribed by offender:

Extra pocket money, toys.
Improving communication:

The interviewer's goals: following are some of the major goals that a good interviewer should focus on:

Expectations:

Each person in the interview may have different expectations of the interview. The interviewer should talk to the child about what to expect and how the interview will help.

Isolation:

Each party must feel a part of the interview. The interviewer should take care that the child does not feel isolated or misunderstood.

Concern:

It is essential for the interviewer to exhibit concern and gain the child's trust before asking him/her to reveal confidences. Do not, however exhibit so much concern to encourage the child to embellish her/his answers in order to obtain positive reinforcement from the interviewer.

Interviewer's attitude:

The interviewer should be aware of the depth, intensity, and nature of her/his feelings in order to understand the child's own. The interviewer should be aware of how he/she relates to children and how comfortable he/she is talking to children.

Objectivity:

The interviewer must be objective. The interview is not necessarily just to prove abuse occurred but to show exactly what did happen. An over-concerned officer who prematurely commit themselves to believing an allegation and over identifies with the young child and over values, misinterprets or distorts the available data will short circuit a balanced thorough evaluation.

Interest:

Another important part of communication is, simply, to show interest. This is accomplished as much by non-verbal behaviour as by dialogue. Interest is also communicated by giving the child a chance to complete what is said. One of the most common errors of interviewing is that the interviewer tries to talk too much. In certain instances, the interviewer should refrain from revealing too much information. And, in some cases silence is an appropriate way of soliciting a more thorough response.
tend to blame the child or to doubt the child's credibility; display of surprise, shock, horror or anger. (These reactions will be perceived by the child as signs of blame and disapproval, with the effect of suppressing further disclosures).

Language:

The final but most important point on communication and the role of the interviewer is language. The interviewer must use words and concepts that the child can understand, that is, language which is appropriate to the child's level of development. You must be alert to signs of confusion or inappropriate replies from the child. Try to determine if the child truly understands what you are asking.

8.4 Interview Stages

8.4.1 Preparation
Background

Good preparation does not only facilitate a better interview but it can reduce the number of questions thus reducing the time involved.

As much information as possible should be gathered before commencing the actual interview with the child. Time and circumstances will dictate how much of the following you can establish:

- the full name of the child and what the child prefers to be called;
- determine child's developmental status, age, grade, siblings, family composition, capabilities, ability to write, read, count, tell time, etc.;
- address and current location of the child, and best way to contact child. In cases where the offender is a member of the family, determine whether the child or the offender will remain in the home;
- custodian of the child;
- identification of the suspected offender;
- offender's relationship and duration of relationship;
- offender's access to child;
- present condition of child;
- identification of any other victims or potential victims.

It is helpful to know how the original information that has led to this stage of the investigation was developed:

- who did child first tell?
- what triggered the report?
- what were the exact words the child used to disclose the abuse?
- how was the report received (shock, indignation, blame, shame, threats of retribution, and towards whom?).
- how does the child feel about the abuse?
- how does the child feel about the offender?
Appointment time:

Do not interview late in the day or during a normal nap time. Do not keep children waiting if avoidable.

Who interviews?

Females are used to interviewing in the Sexual Assault Unit office but it does not always have to be the female partner in a crew who interviews the child. What is important is that the best member of the crew does the interview. This should be determined before the interview commences based on ability to talk to and relate to children.

Purpose of interview:

It is most important before starting the interview to be clear as to what the aim is and what is hoped to be achieved by conducting the interview, for example:

- to determine whether a crime has been committed;
- the type of crime committed/circumstances;
- identity of alleged perpetrator;
- to ascertain if physical evidence is available;
- to ascertain the location of the offence;
- to ascertain if any witnesses are available.

An interview is basically a conversation with a purpose. The purpose is to obtain information relative to the case under investigation.

Questions:

Effective questions, of course are the primary tools in the interview. Questions should be as precise and relevant as possible. Keep them simple, direct, and open-ended. Do not use leading questions; complex, multi-directional questions lead to confusion and misunderstanding. Such questions may also elicit unintentionally false responses. Questions requiring a 'yes' or 'no' answer should be mainly for clarification and summation. The child's level of comprehension and ability to talk about the assault will determine if the open-ended question will be successful in eliciting the relevant information.

If free narrative fails to illicit an answer a more direct question may have to be used. This does not mean the whole of the remaining interview should be conducted using direct questioning. Remember to keep reverting back to the free narrative style of questioning.

8.4.3 Establishing a Relationship

Introduction:

Use your first name. Explain role and purpose of the interview to a degree that is appropriate to the child's age and in a manner which is consistent with the child's level of understanding.
Interviews cannot be rushed. The officer taking the statement must be given sufficient time and understanding by supervisors and the crn that the statement process is often lengthy. Time spent engaging the child is a good investment and does not necessary lengthen the overall process.

8.4.4 Statement

Once time has been spent relaxing the child, establishing a relationship and obtaining background information the interview is gradually directed toward discussion of the alleged abuse.

The child should be encouraged to tell the story in a sequential fashion with the interviewer asking questions which continue the flow of the story and elicit detail.

NOTE: If child cannot tell the story in order of events it does not matter the statement should be recorded in the order the child tells it.

Include: (if possible)

What?
Details of the actual incident including the build-up events. Remember to determine what names the child uses for penis, vagina, etc, so that you are sure you know exactly what they mean.

Who?
Child's response here will probably not be elaborate. Most children know the offender and can name him/her, although in some cases the child may not understand relationship to self or family. If child names offender as 'daddy' ensure child has only one 'daddy' or if more than one, to which one he/she is referring.

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 6 years, information re time is unlikely to be reliable. An older child can often narrow down dates and times using recognizable events as associating the assault with other incidents, i.e. 'Was it before your birthday, weekend, Christmas, etc'. 'Was it night time or day time'. 'Did it happen after dinner?'

How long has this been going on?
Again, when did the sexual activity begin? If necessary correlate to a time child understands. Try to learn if the activity stopped for a period of time and then resumed again. Try to determine the frequency of abuse (every night, once or twice a month.).
Summary

Needless to say, many factors will determine if you can obtain all of the information outlined above in your statement. Some of these factors are: age of the child, degree of trauma or inhibition, circumstances and setting of the interview, accidental versus and purposeful disclosure, and so forth. It may even be necessary to have more than one interview with the child. The details provided are in effect the ideal to include in your statement it is, however, appreciated that in practice this is not always possible.

8.4.5 Assessing Credibility and Competency

Does the child describe acts or experiences to which he/she would not normally have been exposed?

Does child describe circumstances and characteristics typical of sexual assault situations? 'He told me it was our secret'. (Or the behaviour gradually progresses).

How and under what circumstances did child tell?

How many times has child given history and how consistent is it regarding the basic facts of the assault? (Time, dates, circumstances)

How much spontaneous information can child provide?

How much prompting is required?

Can child define difference between truth and lie? Get child to give examples.

8.4.6 Closing the Interview

Praise/thank child for information and cooperation.

Give opportunity to ask you questions.

Chat for awhile to wind down after interview.