First Responder Minimal Facts Interview Summary

A primary goal of the multi-disciplinary team (MDT) approach to the investigation of child abuse is the avoidance of multiple, duplicative interviews of a child. Delaware requires a joint investigation of child abuse by law enforcement (LE) and the Division of Family Services (DFS). Both agencies have a need for the child to be interviewed as part of their investigation and should adhere to the Memorandum of Understanding (MOU). Delaware established the Children’s Advocacy Center (CAC), a private, non-profit organization where forensic interviews are conducted with representatives of all investigative agencies present when practicable. The child will be interviewed by a trained forensic interviewer at the CAC and all interviews will be digitally recorded.

Following an initial report of the alleged abuse of a child, basic information or “minimal facts” may need to be collected. This information will be collected by the first responder (i.e., LE, DFS). A first responder may not be the first person who has knowledge of the allegation (i.e., teacher, doctor, counselor), but is someone who has investigative responsibilities.

The Role of the First Responder is to:

- Coordinate LE & DFS response as appropriate
- *Establish contact with the reporter/non-offending caregiver
- Assess safety/risk to the child(ren)
- Determine the need for medical services
- Provide information on the next step (ex: medical exam, forensic interview, etc.)

Once law enforcement and DFS have collaborated, contact with the reporter/non-offending caregiver should be made. Much of the necessary information may be gathered from an adult caregiver, if s/he is deemed to
be protective of the child and reliable. This conversation should be out-of-earshot of the child. A first responder will need to determine if a crime may have been committed and to assess the safety of the child(ren). *If the reporter/non-offending caregiver is able to provide sufficient information, USE that source, NOT the child.

If contact with the child is necessary, use the following steps:

1) Build Rapport
2) Ask Limited Questions
   - What happened? (Type of abuse/maltreatment)
   - Who is/are the alleged perpetrator(s)?
   - Where did it happen? (Don’t forget to check for multiple jurisdictions)
   - When did it happen? (Timeframe)
   - Ask about witnesses/other victims.
     - Did someone see what happened?
     - Do you know if this happened to someone else?

3) Provide a Respectful Ending

During the initial contact the first responder should determine whether or not:

- the child(ren) is physically and emotionally safe,
- immediate medical attention is necessary, and
- other steps are needed to ensure the safety of the child and other potential victims.

At the conclusion of the initial contact the first responder should make additional agency contacts as appropriate, schedule a forensic interview at the CAC if needed, provide the family with the appointment date, time and CAC contact numbers, and follow the MDT and agency protocols regarding follow up and next steps.
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- Determine the need for medical services
- Provide information on the next step (ex. medical exam, forensic interview, etc.)

*If the reporter/non-offending caregiver is able to provide sufficient information, USE that source, NOT the child. If contact with the child is necessary, use the following steps:

1) Build Rapport
2) Ask Limited Questions (see reverse)
3) Provide a Respectful Ending
First Responders

**Should collect the following information:**
1) What happened? (Type of abuse/maltreatment)
2) Who is/are the alleged perpetrator(s)?
3) Where did it happen? (Don't forget to check for multiple jurisdictions)
4) When did it happen? (Timeframe)
5) Ask about witnesses/other victims.
   a. Did someone see what happened?
   b. Do you know if this happened to someone else?

**Should consider:**
- Is the child physically and emotionally safe?
- Are other steps necessary to ensure the safety of the child and other potential victims?
- Is immediate medical attention necessary for the child’s health or to gather physical evidence?

**Should always:**
- Have only one person speak with the child
- Talk to the child in a safe, quiet place
- Use age- and developmentally-appropriate, open-ended questions
- Avoid leading and “Why” questions
- Record your questions and the child’s responses as verbatim as possible

*Never Go Further Than Needed!*