

**Table 2. Investigative Components & Essential Elements Integration Examples**

<b>Investigative Component</b>	<b>Essential Element/s</b>	<b>Trauma-Informed Rationale</b>	<b>Trauma-Informed Recommendation/s</b>
Cross reporting & coordination with other investigative agency	<i>Coordinate services with other agencies</i>	Traumatized children & their families are often involved with multiple service systems. If investigative agencies don't act in coordination, children and family members must provide the same highly stressful details of traumatic events over and over.	<p>Professionals working with potentially traumatized children should endeavor to develop and follow common protocols and frameworks for documenting trauma history, exchanging information, coordinating actions.</p> <p>Conduct multidisciplinary child abuse investigations whenever possible following joint protocols which define the roles and responsibilities of all disciplines involved and facilitate the exchange information and coordination of tasks.</p>
Reviewing history & gathering background information	<i>Comprehensive assessment of the child's trauma experiences</i>	Many infants and children in the child welfare system have experienced multiple traumatic events. When faced with people, situations, places, or things that remind them of these events, even on an unconscious level, children may re-experience the intense and disturbing feelings tied to the original trauma.	<p>Determining the nature and number of past family involvement with CPS and law enforcement may help understand the family or their response to investigation.</p> <p>Read each prior referral or case history with a "trauma lens". Consider the cumulative trauma the child and other family members may have experienced.</p>

	<p><b><i>Provide support and guidance to the child's family and caregivers (Recognize many of the adult caregivers are trauma victims as well)</i></b></p> <p><b><i>Manage professional &amp; personal Stress</i></b></p>	<p>Untreated traumatic stress has serious consequences for children, adults, and families. Traumatic events in childhood and adolescence can continue to impact adult life, affecting an adult's ability to regulate emotions, maintain physical and mental health, engage in relationships, parent effectively, and maintain family stability.</p> <p>CPS professionals sometimes confront intense verbal or physical assault by clients or community members.</p>	<p>Plan your introduction in such a way that you reduce the risk of your presence and agency affiliation immediately "triggering" a traumatic response by the child or parents/ caretakers. Introduce by name first, then job explanation, then agency affiliation so that investigator is seen first as a person.</p> <p>Careful review of history of violence in the home will help the worker anticipate safety issues and plan options. Awareness of reasonable risks allows for mentally and behaviorally preparing for dangerous situations. Preemptive planning reduces stress.</p>
Investigative planning	<p><b><i>Maximize the child's sense of safety</i></b></p> <p><b><i>Assist children in reducing overwhelming emotion</i></b></p>	<p>Physical safety and privacy are important, but the child's feeling or perception of psychological safety, is also critical.</p> <p>When faced with trauma "triggers" children may re-experience intense and disturbing feeling tied to the original trauma.</p>	<p>Whatever the investigator can do to reduce the child's feeling of vulnerability or enhance the child's personal dignity is important. The child should be moved out of sight and sound of any possible crime scene.</p> <p>Allow time to build trust before seeking information about highly stressful events.</p> <p>If available, utilize the services of child advocacy center and child forensic interviews.</p>

	<p><b><i>Coordinate services with other agencies</i></b></p>	<p>In contrast to a fragmented approach, cross-system coordination views the child as a whole person. When different systems have many different and potentially competing priorities, there is a risk that children and their families will receive mixed or confusing messages—or simply fall through the cracks., (NCTSN, 2008)</p>	<p>Initiate joint/team investigation as per protocol and/or consult with patrol officer or detective responding to call or assigned to the case.</p> <p>Discuss in advance how best to coordinate the beginning steps of the investigative process. Consider who should be involved in performing investigative tasks in order to reduce the risk of additional trauma to the child, whenever possible.</p> <p>Gather whatever information law enforcement has and provide the information you have in order to reduce the duplication of effort, gain a broader picture of the situation, discuss investigative task sharing, ascertain if any contradictions have been noted.</p>
<p>Child interviewing</p>	<p><b><i>Maximize the child's sense of safety</i></b></p>	<p>The after-effects of trauma may impair a child's ability to describe the traumatic events in the detail needed by investigators. The child's lack of trust may lead him or her to provide investigators with incomplete or inaccurate information about abuse experienced or witnessed. Traumatic reactions may dull the child's emotions in ways that make some investigators skeptical of the veracity of the child's statement.</p>	<p>Follow a child interviewing protocol that specifies who conducts child interviews, interview locations, the structured interview model used, and interview documentation procedure.</p>

	<p><i>Assist children in reducing overwhelming emotion</i></p>	<p>When faced with trauma “triggers” children may re-experience intense and disturbing feeling tied to the original trauma.</p>	<p>Interviews with children should occur in locations where the child has both physical safety and psychological safety, such as a private area of the home away from parents or others whose reactions the child may fear. Far better is a child advocacy center.</p> <p>How can questions about the event/s or behaviors under investigation be asked in a way that reduces the risk of re-traumatizing the child?</p> <p>Interviewers need to be very cognizant of the words and interview tools or communication aides they use in the child interview. Not only should the words/ tools be culturally and developmentally appropriate, but the interviewer needs to consider how the word or phrase is commonly used by children in their communication with each other. For example the word “story” is frequently used by and among children when describing a lie.</p> <p>Reassure child and clarify where responsibility for maltreatment belongs, e. g., "We're here to make sure you're OK. Not because of anything you did or didn't do."</p> <p>Terms, tools, and aides should not</p>
	<p><i>Help children make new meaning of their trauma history &amp; current experiences</i></p>	<p>Child trauma can result in serious misunderstandings about safety, personal responsibility, and self concept. It can disorganize and distort the connections between thoughts, feelings, and behaviors, and it can disrupt the encoding and</p>	

	<i>Coordinate services with other agencies</i>	<p>processing of memory.</p> <p>Multiple child interviews for the same information unnecessary duplication of effort and can be especially damaging when investigators are asking probing questions about intrinsically traumatic events.</p>	<p>introduce the element of fantasy or pretend into the child interview. If the child shares information which is questionable, the interviewer should use gentle challenges to clarify what the child means rather than using confrontational techniques.</p> <p>Minimize the number of child investigative or forensic interviews through cooperation, collaboration, and precise documentation. Re-interview only if there are new issues to explore or if the child needs additional interviews to provide a complete statement.</p>
Adult interviewing	<p><i>Provide support &amp; guidance to child's family &amp; caregivers</i></p> <p><i>Manage professional &amp; personal stress</i></p>	<p>Parents may deny experiences under investigation have caused trauma to child.</p> <p>Interviews with parents and caretakers can be emotionally draining. The parent's behaviors or attitude may be trauma reminders of the caseworker's trauma history.</p>	<p>Understand that parents' anger, fear, or avoidance may be a reaction to their own past traumatic experiences, not to the case worker him/herself.</p> <p>Place child's behaviors in the context of trauma history and help parent to see the connection between the environment and behaviors, e. g., by explaining "trauma triggers".</p> <p>Personal trauma history can bias caseworker's perception of child, parents, and information asked for and given. Professionals should seek assistance in dealing with their trauma issues.</p>

		<p>The importance of getting complete and accurate information on a number of topics, plus using active listening and generating additional questions, and taking detailed notes can create cognitive overload, causing stress.</p> <p>Some adult behaviors are threatening or violent and raise personal safety caseworker concerns.</p>	<p>Use a structured interview model gain interview skills and reduce cognitive load during interviews.</p> <p>Develop questioning plan for reference use during interviews.</p> <p>Using a multidisciplinary team approach divides the number of interviews any one person is responsible for or recommends joint interviewing this reducing the pressure for one person to be responsible for all facets of the interview.</p> <p>The safety of investigators is of primary concern when conducting interviews.</p> <p>Supervisors should ask workers about their personal safety concerns in each investigation and assist in developing a safety plan for the caseworker.</p> <p>Caseworkers should honestly appraise reasonable dangers presented by specific families and share these with supervisor.</p>
<p>Evidence identification &amp; collection: medical, physical, verbal</p>	<p><b><i>Maximize the child's sense of safety</i></b></p>	<p>Children feel powerless when being abused.</p> <p>Children are touched and handled at the needs and whims of adults. They are frequently given the message that their wishes about who touches them, where, and</p>	<p>Give child control whenever possible.</p> <p>Prepare children for body checks and photo-documentation of injuries by explaining what you need to do and why, then asking the child for permission. For</p>

		<p>how are not important. In fact, they are often ignored by adults who cajole, manipulate, shame, or force them to touch or be touched.</p>	<p>older children and adolescents, after explanation, ask permission and provide viable options should the youth not agree.</p> <p>If medical is to be conducted: Locate healthcare provider who is a child abuse specialist and follows AAP child abuse examination protocol.</p> <p>Make appointment so that child will not have to wait for extended period of time before being seen. If acute examination is necessary, be aware of medical center protocols so as to prepare the child and supporting parent of the process.</p> <p>Explain to child and parents what the examination consists of. Provide written information, if available.</p>
	<b><i>Coordinate services with other agencies</i></b>	<p>Significant evidence supporting the child’s disclosure can reduce stress and pressure on the child and enhance appropriate case outcomes.</p>	<p>Always be observant and listen for information that might lead to physical or medical evidence. Advise law enforcement of possible physical evidence.</p> <p>Utilize trained medical child abuse specialists for healthcare assessments.</p>
Critical thinking: evaluation of	<b><i>Comprehensive assessment of the child’s trauma</i></b>	<p>After traumatic events are over, a child may continue to experience insecurity, both physically and emotionally.</p>	<p>What are the confirmatory biases which may have influenced the investigation?</p>

<p>information &amp; evidence</p>	<p><i>experiences</i></p> <p><b><i>Provide and promote positive and stable relationships in the life of the child (Recognize many of the adult caregivers are trauma victims )</i></b></p>	<p>Parents’ past or present experiences of trauma can affect their ability to keep their children safe, to work effectively with child welfare staff, and to respond to the requirements of the child welfare system.</p>	<p>Document findings using objective terminology</p> <p>Are the biases related to STS?</p> <p>What are the cultural influences in the allegation or investigation?</p> <p>Consider the impact of trauma on behaviors of children and parents before, during, and after the alleged abuse or neglect.</p>
<p>Consultation &amp; decision-making</p>	<p><b><i>Comprehensive assessment of the child’s trauma experiences</i></b></p> <p><b><i>Address any impact of trauma &amp; subsequent changes in the child’s behavior, development, &amp; relationships</i></b></p>	<p>Incomplete investigations lead to inconclusive findings. This can leave a child at risk of further, and potentially, more severe abuse.</p> <p>Misinterpretation of history, observations, or information gathering during the course of the investigation may leave a child at risk of further trauma or a family traumatized by hanging in limbo or subjected to unnecessary interventions.</p> <p>Even if this allegation cannot be substantiated, based on child/family history and information gathered in this investigation, what is the totality of the child's trauma exposure?</p>	<p>Use evidence-based safety &amp; risk assessment tools.</p> <p>If there are unanswered questions significant to decision-making, consider further investigation.</p> <p>Is there a trauma related barrier to a thorough investigation?</p> <p>Consult with supervisor on facts gathered from all sources. Present case at multidisciplinary staffing.</p> <p>If appropriate, make mental health recommendation for evidence-based trauma treatments for child and family members. In service planning, look beyond the current allegation and consider the totality of the child’s trauma exposure.</p>



--	--	--	--