

16. **Criminal Child Abuse Investigative Checklist from the  
National Center for Prosecution of Child Abuse**

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Figure II-3

**Criminal Child Abuse Investigative Checklist**

**1. REVIEW AND NOTE AVAILABLE INFORMATION**

- \_\_\_ How, when, and by whom reported
- \_\_\_ CPS report/caseworker and action taken to date
- \_\_\_ Police reports
- \_\_\_ Medical exam or autopsy/findings/name of doctor
- \_\_\_ Witness statements
- \_\_\_ Prior reports concerning this child
- \_\_\_ Prior reports/complaints/convictions concerning this suspect
- \_\_\_ Records check (local, state, F.B.I.) re: suspect
- \_\_\_ Need for interpreters

**2. CONTACT CHILD**

- \_\_\_ Note vital statistics: DOB, height, weight, etc.
- \_\_\_ Note home address, school/grade attended
- \_\_\_ Note any known disabilities
- \_\_\_ Note observations of physical appearance
- \_\_\_ Note demeanor, emotions displayed
- \_\_\_ Take photos of injuries
- \_\_\_ Make referrals to counseling and other support services

*Child Interview*

- \_\_\_ Explain your role
- \_\_\_ Elicit background information, put child at ease, assess developmental/intellectual level
- \_\_\_ Determine whether medical exam has occurred
- \_\_\_ Determine child's expectations, fears, desired consequences
- \_\_\_ Provide information and let child know how to contact you

*Obtain Detailed Description of Alleged Abuse*

- \_\_\_ Name of suspect and relationship to child (family, friend, stranger, etc.)
- \_\_\_ Physical description of suspect
- \_\_\_ When alleged abuse occurred
  - \_\_\_ Once or more than once
  - \_\_\_ How often
  - \_\_\_ Child's age at time
  - \_\_\_ First incident
  - \_\_\_ Most recent incident
  - \_\_\_ Time of day/duration
  - \_\_\_ Association with other events
  - \_\_\_ Recollection of individual incidents
- \_\_\_ Location(s) of abuse (state, county, city, building, room, other)
- \_\_\_ Any corroborative details: specific descriptions of clothing, furniture or other items, of other people nearby, of TV shows on at time, of child's feelings at time of abuse, etc.

- \_\_\_ Enticements, bribes, gifts, promises, explanations, threats, intimidation by suspect
- \_\_\_ Elements of secrecy
- \_\_\_ Suspect's words during abuse
- \_\_\_ Whether child has diary/journal
- \_\_\_ Whether child has correspondence from suspect
- \_\_\_ Whether child gave correspondence or other items to suspect
- \_\_\_ Whether other witnesses present
- \_\_\_ Where other family members were
- \_\_\_ Whether other victims seen/known
- \_\_\_ Child's attitude toward suspect then/now—close, loving, hostile, fearful, etc.
- \_\_\_ First person child told about abuse and his/her reaction
- \_\_\_ If applicable, why child delayed in disclosing
- \_\_\_ Others child told and reactions
- \_\_\_ Drugs used by suspect or given to child
- \_\_\_ Alcohol used by suspect or given to child
- \_\_\_ Prior abuse (physical or sexual) of child
  - \_\_\_ By this suspect
  - \_\_\_ By anyone else

*Add for Sexual Abuse*

- \_\_\_ Clarify child's terms for anatomy
- \_\_\_ Note child's exact words describing alleged abuse
- \_\_\_ Nature of alleged abuse
  - \_\_\_ Oral/vaginal/anal contact—descriptions of positions, movement
  - \_\_\_ Fondling/penetration
  - \_\_\_ Made to perform sex acts on offender
  - \_\_\_ Use of pornography (films, magazines, pictures)
  - \_\_\_ Use of foreign objects, sexual devices, contraceptives, lubricants
  - \_\_\_ Whether photos taken of child
  - \_\_\_ Whether child saw photos of other children
  - \_\_\_ Clothes on or off—child and offender
  - \_\_\_ Pain, bleeding or discharge
  - \_\_\_ Suspect's behavior/words during and after sex acts
  - \_\_\_ Whether child saw/felt ejaculation
- \_\_\_ Description of any unusual physical characteristics of suspect—tatoos, birthmarks, etc.
- \_\_\_ Description of suspect's genitals—pubic hair (color), penis (erect/flaccid, circumcised or not), or any other unusual or unique features
- \_\_\_ If suspect ejaculated, where—in child's mouth/vagina/rectum, elsewhere on child's body, on bedding/carpet/clothing, etc.
- \_\_\_ Did child wipe self or suspect clean it up—if so, with what and where is it?

*Add for Physical Abuse*

- \_\_\_ Any weapons used: description and location
- \_\_\_ Child's explanation for specific injuries
- \_\_\_ Reason (if known) for suspect's use of force—punishment, anger, etc.
- \_\_\_ Whether suspect violent toward others
- \_\_\_ Whether child has had prior medical problems or treatment and if so, when and what

## INVESTIGATION AND PROSECUTION OF CHILD ABUSE

### 3. MEDICAL EXAMINATION OF CHILD

- \_\_\_ Find out if exam already done; if so,
  - \_\_\_ When
  - \_\_\_ By whom conducted
  - \_\_\_ Who sought medical attention for child
- \_\_\_ If not already done, arrange as soon as possible
- \_\_\_ Obtain consent to acquire medical reports; arrange for legible copies
- \_\_\_ Interview doctor and other medical personnel and determine how to contact in future
- \_\_\_ Document any statements made by child
- \_\_\_ Note any special procedures used
  - \_\_\_ Colposcope
  - \_\_\_ Photos
  - \_\_\_ Videocolposcope
  - \_\_\_ Toluidine blue dye
  - \_\_\_ Wood's Lamp
  - \_\_\_ Proctoscopy or anoscopy
  - \_\_\_ CT scan
  - \_\_\_ X-rays/skeletal survey
  - \_\_\_ Screen for blood disorders/clotting studies
  - \_\_\_ Consultation with/referral to other experts
  - \_\_\_ Other
  - \_\_\_ Collect any physical evidence gathered by doctor
  - \_\_\_ Specimens and samples
  - \_\_\_ Photos
  - \_\_\_ Child's clothing worn during assault
- \_\_\_ Arrange for necessary crime lab analysis
  - \_\_\_ Presence of sperm, acid phosphatase, P 30
  - \_\_\_ Blood/serology analysis
  - \_\_\_ Hair comparison
  - \_\_\_ Fiber comparison
  - \_\_\_ DNA testing
  - \_\_\_ Other

#### *Medical Evidence/Observations Consistent with Sexual Abuse*

- \_\_\_ Evidence of violence anywhere on body
- \_\_\_ Bleeding, bruises, abrasions
  - \_\_\_ Bitemarks
  - \_\_\_ Broken bones
  - \_\_\_ Other
- \_\_\_ Positive results for presence of semen
  - \_\_\_ Fluorescence with Wood's Lamp
  - \_\_\_ Motile/nonmotile sperm
  - \_\_\_ Positive acid phosphatase or P30
- \_\_\_ Pregnancy/Abortion
- \_\_\_ Sexually transmitted disease present
  - \_\_\_ Tests conducted
  - \_\_\_ Sample collection method
  - \_\_\_ Body sites tested (anus, vagina, mouth)
  - \_\_\_ Gonorrhea

- \_\_\_\_\_ Syphilis
- \_\_\_\_\_ Chlamydia trachomatis
- \_\_\_\_\_ AIDS
- \_\_\_\_\_ Herpes
- \_\_\_\_\_ Trichomonas vaginalis
- \_\_\_\_\_ Venereal warts
- \_\_\_\_\_ Nonspecific vaginitis
- \_\_\_\_\_ Pubic lice
- \_\_\_\_\_ Any vaginal/penile discharge
- \_\_\_\_\_ Other
- \_\_\_\_\_ Itching, irritation or trauma of any kind in genital or anal area
- \_\_\_\_\_ Foreign debris in genital or anal area
- \_\_\_\_\_ Vaginal area injury/findings
  - \_\_\_\_\_ Enlarged vaginal opening in prepubertal child
  - \_\_\_\_\_ Posterior fourchette lacerations
  - \_\_\_\_\_ Other lacerations/scarring, and location
  - \_\_\_\_\_ Redness, focal edema or abnormalities (synechia, changes in vascularity, etc.)
  - \_\_\_\_\_ Absent or thinned hymenal ring
  - \_\_\_\_\_ Laxity of pubococcygeus muscle—gaping vaginal opening
- \_\_\_\_\_ Anal area injury/findings
  - \_\_\_\_\_ Reflex relaxation of anal sphincter
  - \_\_\_\_\_ Positive wink reflex
  - \_\_\_\_\_ Complete or partial loss of sphincter control
  - \_\_\_\_\_ Lacerations, scarring, erythema
  - \_\_\_\_\_ Fan-shaped scarring
  - \_\_\_\_\_ Loss of normal skin folds around anus
  - \_\_\_\_\_ Thickening of skin and mucous membranes
  - \_\_\_\_\_ Skin tags
  - \_\_\_\_\_ Gaping anus with enlargement of surrounding perianal skin

***Medical Evidence/Observations Consistent with Physical Abuse***

- \_\_\_\_\_ Doctor's opinion regarding cause of child's death or injury as nonaccidental
- \_\_\_\_\_ Delay or failure to seek medical treatment by child's parent(s)/caretaker(s)
- \_\_\_\_\_ History given inconsistent with severity, type or location of injury
- \_\_\_\_\_ History inconsistent with child's developmental level/ability to injure self
- \_\_\_\_\_ Different explanations of injury from different family members
- \_\_\_\_\_ Child fearful, unwilling to explain cause of injury
- \_\_\_\_\_ Change in details during history-taking or given to different people
- \_\_\_\_\_ Current physical injury accompanied by signs of multiple prior injuries or neglect, e.g., malnutrition, lack of regular medical care, etc.
- \_\_\_\_\_ Parenting disorders apparent—e.g., alcoholism, drug abuse, psychotic behavior, etc.
- \_\_\_\_\_ Parent/caretaker irritated, evasive, vague, reluctant to give information
- \_\_\_\_\_ Doctor's opinion that child's injuries are consistent with battered child syndrome

## INVESTIGATION AND PROSECUTION OF CHILD ABUSE

### *Injuries Suspicious for Physical Abuse*

#### SOFT TISSUE INJURIES

##### Bruises, Abrasions, Welts and Lacerations

- \_\_\_ In location other than bony prominences, such as buttocks, lower back, genitals, inner thighs, cheeks, ear lobes, mouth, neck, under arms, frenulum
- \_\_\_ Multiple bruises at different stages of healing over large area of body, especially if deep
- \_\_\_ Adult bitemarks
- \_\_\_ Wrap-around, tethering or binding injuries
  - \_\_\_ Neck, ankle or wrist circumferential injuries; rope burns
  - \_\_\_ Injuries due to choking or gagging
  - \_\_\_ Trunk encirclement bruising
- \_\_\_ Patterns/imprints/lacerations suggesting inflicted injury
  - \_\_\_ Grab, pinch, squeeze or slap marks
  - \_\_\_ Strap or belt marks
  - \_\_\_ Looped cord marks
  - \_\_\_ Imprints or lacerations from other objects—tattooing, punctures, whips, sticks, belt buckles, rings, spoons, hairbrush, coat hangers, knives, etc.

#### INTERNAL OR ABDOMINAL INJURIES

- \_\_\_ History or severity of injury indicating child was pummelled, thrown or swung against wall or other object, kicked, or hit with blunt, concentrated force
- \_\_\_ Lack of history indicating auto accident or fall from high place
- \_\_\_ Internal/organ damage
  - \_\_\_ Ruptured or perforated liver
  - \_\_\_ Injuries to spleen
  - \_\_\_ Injuries to intestines
  - \_\_\_ Injuries to kidneys
  - \_\_\_ Injuries to bladder
  - \_\_\_ Pancreatic injury
  - \_\_\_ Injuries to other internal organs
- \_\_\_ External symptoms
  - \_\_\_ Nausea, vomiting
  - \_\_\_ Constipation
  - \_\_\_ Shock
  - \_\_\_ Blood in urine
  - \_\_\_ Swelling, pain, tenderness

#### HEAD INJURIES

- \_\_\_ Multiple bruises/lumps on scalp
- \_\_\_ Hemorrhaging beneath scalp or hair missing due to hair pulling
- \_\_\_ Subdural hematomas (never spontaneous)
- \_\_\_ Suspect caused injuries by violent shaking if
  - \_\_\_ Bone chips at cervical vertebrae
  - \_\_\_ Compression fractures to ribs
  - \_\_\_ Damage to neck muscles and ligaments—child unable to turn head to side or up and down

- \_\_\_ Spinal cord damage
- \_\_\_ No skull fracture or external bruising or swelling
- \_\_\_ Whiplash or shaken baby/impact syndrome diagnosis
- \_\_\_ Suspect caused injuries by abusive blunt force trauma if
  - \_\_\_ Skull fracture
  - \_\_\_ Scalp swelling and apparent bruising
  - \_\_\_ Parent/caretaker denies recent trauma, fall or other injury sufficient to account for injury or claims accidental force such as fall from couch, bed or crib which is insufficient to cause such injury
- \_\_\_ Subarachnoid or other intracranial hemorrhages with no sufficient "accidental" explanation
- \_\_\_ Skull fractures without history of significant "accidental" force
- \_\_\_ Injuries to eyes without sufficient accidental or other explanation
  - \_\_\_ Retinal hemorrhaging, especially if other evidence of nonaccidental head trauma present
  - \_\_\_ Black eyes
  - \_\_\_ Detached retinas
  - \_\_\_ Petechia (small spots of blood from broken capillaries) or other bleeding in eye
  - \_\_\_ Cataracts
  - \_\_\_ Sudden loss of visual acuity
  - \_\_\_ Pupils fixed, dilated or unresponsive to light
  - \_\_\_ Eyes not tracking or following motion
- \_\_\_ Ear injuries without appropriate explanation
  - \_\_\_ Sudden hearing loss
  - \_\_\_ "Cauliflower" ear
  - \_\_\_ Bruising to ear or surrounding area
  - \_\_\_ Petechia in ear
  - \_\_\_ Blood in ear canal
- \_\_\_ Injuries to nose without appropriate explanation
  - \_\_\_ Deviated septum
  - \_\_\_ Fresh or clotted blood in nostrils
  - \_\_\_ Bridge of nose bent or swollen
- \_\_\_ Injuries to mouth without appropriate explanation
  - \_\_\_ Chipped, missing or loose teeth caused by blow to mouth
  - \_\_\_ Bruising in corners and lacerations of frenulum, of upper and lower lip, and of tongue—indicative of exterior gag
  - \_\_\_ Petechia inside nostrils, around nose, or near corners of mouth—could indicate manual suffocation if child has stopped breathing

**SKELETAL INJURIES**

- \_\_\_ Multiple fractures at different stages of healing
- \_\_\_ Repeated fractures to same bone
- \_\_\_ Spiral fractures (usually femur, tibia, forearm or humerus)
- \_\_\_ Rib fractures, especially in children less than three
- \_\_\_ Bone chips in bones connecting at elbow or knee, caused by jerking and shaking (avulsion of the metaphyseal tips)
- \_\_\_ Growth plate separations caused by shaking—"bucket handle" and "corner" fractures
- \_\_\_ Injuries to bone—bleeding and thickening/calcification—which is repeatedly hit but not broken (sub-periosteal proliferation—apparent on x-ray)
- \_\_\_ Fractures to bones not usually accidentally broken, such as scapula and sternum

## INVESTIGATION AND PROSECUTION OF CHILD ABUSE

### INFLECTED BURNS

- \_\_\_ Child burned on unusual part of body—palms, soles, genitals, etc.
- \_\_\_ Parent/caretaker delays in seeking medical help
- \_\_\_ Multiple burns of different ages and different burn patterns
- \_\_\_ Symmetrical, patterned burn with sharp margins—no indication of child trying to get away (child held down or hot object deliberately applied)
- \_\_\_ Hot water burns
  - \_\_\_ Immersion/dipping burn—oval shape, usually buttocks and genital area
  - \_\_\_ Doughnut-shaped burn—surrounding buttocks (indicates child forcibly held down)
  - \_\_\_ Glove or stocking burn—immersion of hand or foot
  - \_\_\_ Even immersion lines, lack of splash burns (child prevented from thrashing around, trying to get out)
- \_\_\_ Contact burns
  - \_\_\_ Cigarette, cigar, match tip, pilot light flame burns—usually deep circular burns
  - \_\_\_ Imprint of object responsible for burn with sharp margins—usually deep and uniform burn:
    - \_\_\_ Stove burner (star, circular, coil shapes)
    - \_\_\_ Heating grate, radiator
    - \_\_\_ Iron
    - \_\_\_ Curling iron
    - \_\_\_ Heated knife or hanger
    - \_\_\_ Other

### 4. CONTACT OTHER WITNESSES

- \_\_\_ Determine *all* people with relevant information about child or suspect and obtain statements (complainant, child's parents/caretakers, family members, friends, emergency medical technicians (EMTs), ambulance attendants, emergency room doctors, medical examiner, co-workers, teachers, CPS personnel, neighbors, therapists, etc.)
- \_\_\_ Note identifying information for each witness: DOB, address, phone, employment, employment phone, relationship to child and/or suspect, marital status, etc.
- \_\_\_ Check for prior criminal record of witness
- \_\_\_ Note witness' demeanor and attitude toward child and/or suspect, and reaction to allegations
- \_\_\_ Determine degree of familiarity with child and/or suspect
- \_\_\_ Determine whether they witnessed any unusual or inappropriate behavior/contact between suspect and child or other children
- \_\_\_ Determine whether they know of or suspect any other children who were victimized or at risk
- \_\_\_ Determine whether they know of additional potential witnesses
- \_\_\_ Determine whether they can verify/refute *any* facts supplied by child or suspect
- \_\_\_ Awareness of any motives of child or others to falsely accuse suspect
- \_\_\_ Observation of any physical/medical symptoms in child (see preceding list)
- \_\_\_ Determine whether suspect or caretaker gave explanation to witness of child's injury
- \_\_\_ Obtain written, signed statements of witnesses (or recorded, if appropriate)
- \_\_\_ Observation or knowledge of *any* unusual behavior/behavior changes in child before or after disclosure; some possibilities include:

**Behavioral Extremes**

- \_\_\_ Constant withdrawal, depression, suicide gestures/attempts or self-destructive behavior
- \_\_\_ Overly compliant or passive
- \_\_\_ Overly eager to please
- \_\_\_ Afraid to talk or answer questions in parent's/suspect's presence
- \_\_\_ Avoiding suspect or refusal to be with suspect
- \_\_\_ Fearful of a place—day-care, school, baby-sitter's, suspect's room, etc.
- \_\_\_ Fear of all males, all females or all adults
- \_\_\_ Wary of physical contact
- \_\_\_ Unusual self-consciousness—e.g., unwilling to change clothes for gym class or to participate in recreational activities
- \_\_\_ Constant fatigue, listlessness or falling asleep in class
- \_\_\_ Excessive self-control; never cries or exhibits curiosity
- \_\_\_ Frequent unexplained crying
- \_\_\_ Apprehension when other children cry
- \_\_\_ Poor peer relationships or deterioration in existing friendships
- \_\_\_ Inability to concentrate
- \_\_\_ Unusual craving for physical affection
- \_\_\_ Unexplained or extreme aggressiveness, hostility, physical violence
- \_\_\_ Turning against a parent, relative, friend, etc.
- \_\_\_ Delinquency, including theft, assaultive behavior, etc.
- \_\_\_ Alcohol or drug use/abuse
- \_\_\_ Running away
- \_\_\_ Frequent absences/truancy from school
- \_\_\_ Early arrival, late departure and very few absences from school
- \_\_\_ Sudden increase or loss in appetite
- \_\_\_ Change in school performance or study habits
- \_\_\_ Compulsion about cleanliness—wanting to wash or feeling dirty all the time

**Psychosomatic Symptoms**

- \_\_\_ Headaches
- \_\_\_ Stomachaches
- \_\_\_ Rashes
- \_\_\_ Stuttering

**Regressive Behavior**

- \_\_\_ Reverting to accidents/bed-wetting
- \_\_\_ Baby talk
- \_\_\_ Excessive clinging
- \_\_\_ Thumb sucking
- \_\_\_ Carrying blanket
- \_\_\_ Wanting to nurse
- \_\_\_ Otherwise acting younger than age

**Sleep Disturbances**

- \_\_\_ Bad dreams
- \_\_\_ Refusal/reluctance to sleep
- \_\_\_ Excessive sleeping
- \_\_\_ Sleepwalking

## INVESTIGATION AND PROSECUTION OF CHILD ABUSE

- \_\_\_ Sudden fear of darkness
- \_\_\_ Other sleep pattern changes

### *Unusual Sexual Behavior or Knowledge*

- \_\_\_ Acting out sexually with toys, other children
- \_\_\_ Excessive masturbation
- \_\_\_ French kissing
- \_\_\_ Sexually provocative talk
- \_\_\_ Seductive behavior toward adults
- \_\_\_ Preoccupation with sexual organs of self or others
- \_\_\_ Sexually explicit drawings
- \_\_\_ Sexual knowledge beyond norm for age

### *Other Behaviors*

- \_\_\_ Dressed inappropriately for weather—e.g., always in long sleeves, etc.
- \_\_\_ Enuresis/encopresis
- \_\_\_ Pseudo-mature behavior
- \_\_\_ Extreme hunger
- \_\_\_ Sudden weight loss or gain
- \_\_\_ Personality disorders

## 5. INTERVIEW WITNESSES TO WHOM CHILD MADE STATEMENTS

- \_\_\_ Cover all applicable areas in 4.
- \_\_\_ Determine exact circumstances of child's disclosure
  - \_\_\_ When and where statements made
  - \_\_\_ Who else present
  - \_\_\_ Words used by child
  - \_\_\_ Details provided by child
  - \_\_\_ Incident precipitating disclosure—e.g., spontaneous disclosure, child responding to questions, etc.
  - \_\_\_ Child's demeanor/emotional state
  - \_\_\_ Child's attitude toward suspect
  - \_\_\_ Child's expressed concerns/fears
  - \_\_\_ Witness' reaction to child

## 6. INTERVIEW COMPLAINANTS (first reporters, if other than child)

- \_\_\_ Cover all applicable areas in 4. and 5.
- \_\_\_ Determine what caused them to report
  - \_\_\_ Child's disclosure, *or*
  - \_\_\_ Suspicions based on other factors without disclosure from child
- \_\_\_ Assess potential motives of complainants

## 7. INTERVIEW CHILD'S PARENT(S)/CARETAKER(S)

- \_\_\_ Cover all applicable areas in 4., 5. and 6.
- \_\_\_ Determine child's medical and mental health history
  - \_\_\_ Obtain names of doctor(s)/therapist(s)
  - \_\_\_ Obtain consent to receive relevant medical records

- \_\_\_ Prior abuse of child—when, where, who, action taken, results
- \_\_\_ Prior accusations of abuse by child—when, where, who, action taken, results
- \_\_\_ Child's general personality/functioning—school performance, hobbies, friends, etc.
- \_\_\_ Child's normal schedule/routine
- \_\_\_ Verification of timing/events related by child
- \_\_\_ Suspect's access to child (past and present)
- \_\_\_ Ongoing difficulties in family (e.g., divorce, custody or visitation disputes, arguments, etc.) and child's awareness of/reaction to them
- \_\_\_ Determine whether family is supportive of child
- \_\_\_ Obtain signed medical release for child's medical records

#### *For Physical Abuse*

- \_\_\_ When injury/sickness of child first noticed and what noticed
- \_\_\_ What they know or suspect about cause
- \_\_\_ Where child was/who with child before injury/sickness became apparent (usually cover as much as possible up to five days before)
- \_\_\_ Child's apparent health and activity for same period before child became ill/development of symptoms noticed
- \_\_\_ Time and contents of child's last meal
- \_\_\_ Child's sleep activity prior to injury
- \_\_\_ Prior illnesses or injuries of child since birth
- \_\_\_ Prior medical treatment/hospitalization of child, name of provider(s), name of person who took child for treatment, need for treatment and cause of injuries
- \_\_\_ Suspect's responsibility, if any, for discipline of child; normal methods used
- \_\_\_ Action taken when noticed injury/sickness
- \_\_\_ Health of other children in family
- \_\_\_ Name of family doctor or child's pediatrician
- \_\_\_ Child's school attendance, names of schools and teachers
- \_\_\_ Recent behavioral changes, suspect's explanations for change, events that preceded, suspect's feelings about the change
- \_\_\_ If no explanation, periods when child was unsupervised or with others
- \_\_\_ Child's developmental level (i.e., child crawling, walking, etc.)
- \_\_\_ Any problems with toilet training
- \_\_\_ Suspect's awareness of child's medical problems/disabilities
- \_\_\_ Parenting or child care classes/instruction received by suspect

#### *For Sexual Abuse*

- \_\_\_ Determine child's awareness of/exposure to sexual matters
- \_\_\_ TV, movies, videos, magazines, etc.
- \_\_\_ Observation of adults
- \_\_\_ Talking to others—sex education in school, friends, personal safety curriculum
- \_\_\_ Determine sleeping arrangements (intrafamilial abuse)
- \_\_\_ Determine who bathed child

#### **8. INTERVIEW OTHER FAMILY MEMBERS OF CHILD**

- \_\_\_ Cover all applicable areas in 4, 5, 6 and 7.
- \_\_\_ Determine whether they saw/heard any direct or indirect evidence of abuse
- \_\_\_ Determine if they were ever abused

*INVESTIGATION AND PROSECUTION OF CHILD ABUSE*

**9. INTERVIEW SUSPECT'S SPOUSE, SIGNIFICANT OTHER OR OTHERS IN FAMILY/HOUSEHOLD**

- \_\_\_ Cover all applicable areas in 4, 5, 6, 7 and 8.
- \_\_\_ Determine statements made by suspect
- \_\_\_ Suspect's reaction to allegation or explanation for it
- \_\_\_ Unusual behavior of suspect before or after allegation
- \_\_\_ Suspect's opportunity to abuse child—time with child, alone or otherwise
- \_\_\_ Relationship known/observed between child and suspect
- \_\_\_ Whether suspect owns/owned/possessed items, clothes, etc., described by child
- \_\_\_ Other children in contact with suspect
- \_\_\_ Prior arrests, accusations, convictions of suspect
- \_\_\_ Suspect's violence toward others
- \_\_\_ Suspect's employment—past and present
- \_\_\_ Suspect's residence—past and present
- \_\_\_ Prior marriages of suspect
- \_\_\_ All children/stepchildren of suspect
- \_\_\_ Suspect's physical and mental health
  - \_\_\_ Prior illness/infections/treatment
  - \_\_\_ Alcohol or drug abuse
  - \_\_\_ Names of doctors/therapists seen
- \_\_\_ Description of witness' relationship with suspect
- \_\_\_ Description of witness' background—marital, employment, etc.
- \_\_\_ Whether suspect (or witness) keeps diary, journal, calendar, computer records, address book, etc.
- \_\_\_ Whether suspect has another residence, post office box, storage area, etc.
- \_\_\_ Unusual hobbies or interests of suspect

*For Sexual Abuse*

- \_\_\_ Sleeping arrangements in home
- \_\_\_ Responsibilities for children's bathing and discipline in home
- \_\_\_ Distinctive anatomical features (if any) of suspect—e.g., scars, tatoos, birth-marks, etc.
- \_\_\_ Suspect's use (if any) of pornography, sexual aids or implements, birth control
- \_\_\_ Presence of sexually transmitted disease in suspect or witness
- \_\_\_ Strange/unusual/distinctive sexual practices or preferences of suspect
- \_\_\_ Knowledge of prior accusations by other children against suspect
- \_\_\_ Knowledge of prior convictions
- \_\_\_ Knowledge of suspect's history, prior addresses, prior contact with children

*For Physical Abuse*

- \_\_\_ Suspect's and others' responsibility for child's discipline
  - \_\_\_ Usual methods/frequency
  - \_\_\_ Amount of force
  - \_\_\_ Use of weapons/implements
  - \_\_\_ Loss of control
- \_\_\_ Any expressions of frustration, disappointment or anger with child by suspect
- \_\_\_ Suspect's access to weapons/implements consistent with child's injuries
- \_\_\_ Witness' knowledge of suspect's explanations for child's injuries

## 10. INTERVIEW SUSPECT

- \_\_\_ Advise of *Miranda* rights when appropriate
- \_\_\_ Stress interested only in hearing and determining the truth: be sympathetic
- \_\_\_ Obtain background, biographical information
  - \_\_\_ DOB, Social Security Number
  - \_\_\_ Vital statistics: height, weight, etc.
  - \_\_\_ Past and present residences
  - \_\_\_ Past and present employment
  - \_\_\_ Marital status/prior marriages
  - \_\_\_ Number of children and their names, locations and ages
  - \_\_\_ Mailing address(es), P.O. box(es)
  - \_\_\_ Neighborhood/community organizations or affiliations
  - \_\_\_ Hobbies and interests
  - \_\_\_ Regular doctor
  - \_\_\_ Magazine subscriptions, especially if sexually-oriented
- \_\_\_ Suspect's descriptions of time spent alone with child
- \_\_\_ Suspect's schedule and routine—e.g., work and leisure time, vacation time, etc.
- \_\_\_ Note suspect's demeanor and any changes during interview—e.g., angry, uncomfortable, vague, evasive, amused, unconcerned, etc.
- \_\_\_ Any indication of psychosis, mental health problems, alcohol or drug dependence, physical or medical problems
- \_\_\_ Suspect's familiarity with child and child's routine
  - \_\_\_ Acknowledgement/awareness of child's age or any disabilities
  - \_\_\_ Acknowledgement of time alone with child
- \_\_\_ Suspect's description of nature and quality of his relationship with child
- \_\_\_ Suspect's description of child
  - \_\_\_ "Problem child"
  - \_\_\_ "Special" child
  - \_\_\_ Good/bad
  - \_\_\_ Obedient/disobedient
  - \_\_\_ Smart/dumb
  - \_\_\_ Honest/dishonest ("pathological liar")
  - \_\_\_ "Bruises easily"
  - \_\_\_ "Clumsy"
  - \_\_\_ "Always/never in trouble"
  - \_\_\_ Unrealistic expectations of child
  - \_\_\_ Complaints about minor, irrelevant or unrelated problems with child
  - \_\_\_ Other
- \_\_\_ Suspect's description of ways of dealing with problems with child
- \_\_\_ Suspect's description of relationship with spouse, complainant, other important witnesses
- \_\_\_ Types and frequency of sexual activity with spouse or peers
- \_\_\_ Frequency of masturbation and types of fantasies
- \_\_\_ Use of pornography
- \_\_\_ Unusual sex practices
- \_\_\_ Corroboration of as many details as possible supplied by child
- \_\_\_ Suspect's explanation, *in detail*, of reasons for allegation of abuse
  - \_\_\_ Child's motive to lie
  - \_\_\_ Motive of others to lie
  - \_\_\_ Details of "unintended" or "accidental" touching or injury
  - \_\_\_ Detailed explanation of how child initiated event

## INVESTIGATION AND PROSECUTION OF CHILD ABUSE

- \_\_\_ Detailed explanation of injuries observed on child
- \_\_\_ Explanation for why suspect delayed or did not seek medical attention for injured child
- \_\_\_ Extent and details of any abusive conduct suspect admits
- \_\_\_ Suspect's terminology for body parts
- \_\_\_ Request names and locations of anyone who can corroborate information given by suspect
- \_\_\_ Request access to any items which could corroborate suspect's claims—e.g., calendar, work records, etc.
- \_\_\_ Request names of suspect's friends and co-workers; if someone you are aware of is left out by suspect, find out why
- \_\_\_ Ask suspect to verify he has told truth and whether he has anything to add
- \_\_\_ In physical abuse/homicide cases, have suspect explain child's injuries
- \_\_\_ In Physical abuse/homicide cases, have suspect reenact incident on video

### 11. SEARCH FOR/SEIZE PHYSICAL EVIDENCE

#### *From Child*

- \_\_\_ Photos of injuries/general appearance
- \_\_\_ Clothing worn at time of assault, especially if torn, bloody, etc.
- \_\_\_ Bedding, etc. which may contain evidence
- \_\_\_ Items received from suspect
- \_\_\_ Calendars, diaries, journals, etc.
- \_\_\_ Receipts of purchases made by suspect for child
- \_\_\_ Other items to corroborate details of child's account (see list below)

#### *From Scene*

- \_\_\_ Instruments, weapons used by suspect
- \_\_\_ Movies, videos, magazines, etc.
- \_\_\_ Photograph, diagram, videotape scene; note working condition of TV, video equipment
- \_\_\_ Take measurements of areas/items involved, especially in physical abuse cases with claim of accident or self-infliction of injury by child
- \_\_\_ In burn cases:
  - \_\_\_ Seize/photograph items consistent with pattern of contact burn
  - \_\_\_ Photograph all sinks, spigots, bathtubs, stoves, heat sources
  - \_\_\_ Check water temperature at water heater and faucets in water burn cases
  - \_\_\_ Measure height of tub/sink and note what tub/sink (or other site of burn) is made of
  - \_\_\_ Test to determine surface temperature of items used to burn child and check for body residue on them
- \_\_\_ In criminal neglect cases:
  - \_\_\_ Note/document/photograph/video general appearance of home before "cleaned up" by suspect(s)
  - \_\_\_ Determine whether utilities on/working
  - \_\_\_ Determine availability/condition of food appropriate for child
  - \_\_\_ Determine condition of appliances (stove, refrigerator, etc.) and whether working
  - \_\_\_ Determine condition/safety of electrical and plumbing features

- \_\_\_ Determine condition/cleanliness of sleeping areas and items, clothing for child, etc.
- \_\_\_ Evidence of alcohol or drugs in home
- \_\_\_ In physical abuse/homicide cases:
  - \_\_\_ Evidence of motive for abuse (soiled underwear, bedding, diapers, medication for colic)
  - \_\_\_ Photos/videos/diagrams of scene
  - \_\_\_ Measurements of areas/items involved
  - \_\_\_ Note surface child supposedly landed on in "fall" case—e.g., wood, concrete, carpeted, etc., and measure distance from child's supposed position to point of impact
  - \_\_\_ Photograph/seize items involved (objects which child allegedly fell from or landed on)
  - \_\_\_ Instruments used to discipline child
  - \_\_\_ Evidence of child's blood (on floor, wall, object)
  - \_\_\_ Check wastebaskets, trash receptacles
  - \_\_\_ Items listed in criminal neglect section above

*Any Relevant Evidence From Suspect, Suspect's Residence, Office, etc.*

- \_\_\_ Use search warrant if necessary; always request consent
- \_\_\_ Photos to show suspect's appearance and/or unusual/distinctive physical features
- \_\_\_ Fingerprints
- \_\_\_ Hair, blood, saliva, semen, fingernail scrapings, dental impressions as applicable to facts
- \_\_\_ Handwriting exemplars, voice tapes
- \_\_\_ Clothing with potential evidentiary value
- \_\_\_ Occupancy papers
- \_\_\_ Phone records
- \_\_\_ Bank or credit card records
- \_\_\_ Work records
- \_\_\_ Drugs or alcohol, medication provided to child by suspect
- \_\_\_ Drugs or alcohol, medication used to cure suspect's venereal disease
- \_\_\_ Pictures, negatives, videos, home movies of alleged victim or other children
- \_\_\_ Camera and/or developing equipment
- \_\_\_ Weapons/implements used to threaten or injure child
- \_\_\_ Items left at suspect's or with suspect by child
- \_\_\_ Pornographic items (films, pictures, magazines, videos, etc.)
- \_\_\_ Sexual aids or devices
- \_\_\_ Computer records, journals, calendars, diaries, address books, etc.
- \_\_\_ Any unique/distinctive items described by child (furnishings, pictures, clothing, lubricants, etc.)
- \_\_\_ Test suspect for relevant sexually transmitted diseases; always request consent to test and accompany suspect or obtain search warrant or court order immediately