

As First Responders to Child Sexual Abuse Allegations...
Top Ten Do's and Don'ts in Federal Child Sexual Abuse Cases

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1. DO NOT conduct your own investigation – notify the FBI, BIA Criminal Investigator, and U.S. Attorney's Office IMMEDIATELY of any Indian Country child sexual abuse allegation or disclosure. **DO NOT WAIT!**
2. DO NOT send child for local medical exam unless acute injury requires medical attention or rape/assault happened within last 24 hours and evidence (hair, semen, etc.) will be lost.
3. AVOID detailed interview of child at initial disclosure.
ONLY basics should be elicited using non-leading questions:
 - i. Is child Indian?
 - ii. Is offender Indian?
 - iii. Where did incident occur?
 - iv. What did offender do to child?AVOID telling victim to write out factual account
AVOID audio taping or videotaping of victim's statement
4. Unless child is in immediate danger, try to avoid removing child from home until FBI or BIA is notified to allow chance for immediate perpetrator interview or search warrant.
 - a. "emergency pick up order" or immediate removal of child may "tip off" offender and evidence may then be destroyed, lessening chance for successful prosecution.
 - b. Offender may have time to develop alibi or excuse for conduct or intimidate possible witnesses.
 - c. Chance for confession drops dramatically if offender knows that child has made a disclosure.
 - d. Restraining order forcing offender to leave house may protect child in some cases and be less disruptive to the child and family than taking child into protective custody.
5. Remember, all your records may be subject to discovery by offender's attorney and be used at trial to assist in defense of the accused:
 - a. Child welfare records
 - b. Personal notes, files, court papers
 - c. Phone records
 - d. Personal notes and calendars
 - e. Medial records and notes
 - f. Comments about the child's behavior or demeanor
6. Use a Child Advocacy Center or other agency that:
 - a. Safe, child-friendly environment
 - b. Family members able to accompany child

- c. Allows federal victim witness coordinators to contact family face to face and provide information about counseling, court process, etc.
 - d. Allows prosecutors and others with a need to know to observe child's demeanor and verbal skills through a 1-way mirror during the interview
 - e. Immediate medical exam usually can be conducted if disclosure is made
 - f. Allows creation of drawings for trial
 - g. Avoids later need for repeat interviews
 - h. Professional forensic interviewer may be able to assist in interview process
7. AVOID sending child to a doctor who does not conduct a detailed interview of child and who is not experienced, qualified, or available to testify in court on a regular basis.
- a. Medical evidence is very rare, so an exam will not usually be conclusive as to whether abuse occurred
 - b. Doctor who does few interviews in a year may not be considered to be an expert by the court and cannot testify as to his or her opinion about the child's findings
 - c. A "WNL" (within normal limits) notation on a report with no detailed and written interview of child helps offender
 - d. Doctor who does detailed interview and writes down the interview may be only other person other than the child who can testify to the facts of abuse in court
8. If child is in protective tribal custody while trial is pending, remember that extended family members may intimidate child or try to get child to recant the disclosure.
9. Remember, the child generally *must testify* in court at trial;
- a. It is very difficult to close the courtroom, so it will generally be open to the public
 - b. Unique procedures (video feed, etc.) are rarely allowed
10. THE ULTIMATE GOAL:
A good interview, medical report and confession can often result in a guilty plea by the offender, thus avoiding the stress and anxiety of trial for the victim.