



ICBI Worksheet

Severe Child Physical Abuse-Specific

ENGAGE AND EXPLAIN

PHONE CALL E&E SCRIPT:

*Hello, this is Detective _____ with the _____ agency.
Am I speaking with _____.*

*Is now an okay time to talk for about two minutes.
If not, I can call you back at a better time.*

*I am working on a new case, where your name came up.
I am not calling to try and get a statement from you over the phone, and I cannot go through
details with you over the phone either.*

My job is to make sure information is collected accurately and then verified.

The best way to do that is a short, structured conversation in person.

Here is how I handle these conversations. And it will be a conversation, not an interrogation.

You talk first, in your own words.

I do not interrupt you or try to control the conversation in any way.

*After you give your story, I may ask a few follow up questions to make sure I understand what
you mean, and you have the opportunity to correct me if I get anything wrong.*

If there is something you do not remember or do not know, it is fine to say that.

If you need a break, we take one. You're not going to be forced to do anything or say anything.

*That's not what I do. I am just interested in getting your side of the story because there are
always more than one side, and I would be terrible at my job if I didn't ask for yours or consider
yours to be true.*

I do also record the conversation so that nobody can misquote you.

We meet in a quiet professional interview room at _____.

*It is not a holding area. It's not an "interrogation room". You're not under arrest, you are going
to be free to get up and leave at any time you wish.*

It is just a private room set up for us to have a good conversation without any distractions.

*I want to make sure your perspective is captured correctly, in your words, the way you want
them to be understood, rather than relying on secondhand descriptions from other people who
may have completely different objectives than I do.*

You have two options.



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We can schedule a time to meet and do this in a controlled and straightforward way.

Or I continue working the report without your input for now.

I prefer the first option because it reduces misunderstandings and uncertainty.

What works better for you, _____ or _____.

Morning or afternoon.

The time would be _____.

The location would be _____.

Plan for about _____ minutes.

If it needs to go longer, I will tell you before we cross that point.

Again, I do not want to go into details over the phone now.

It is too easy for things to get misunderstood, and I am sure that you weren't planning on having this conversation right now or over the phone anyways.

When we meet, you will have the space, and all the time you want, to explain everything start to finish.

If something changes on your end, call me and we will adjust. I always do my best to accommodate witnesses in any case. But do understand that I work normal business hours, so we will have to plan for those times and days for our conversation.

I do very much appreciate you being willing to come in.

IN-ROOM E&E SCRIPT:

Before we start, I want to explain how this conversation will work so there are no surprises.

This is not a debate. This is a conversation.

I'm not going to argue with you. I'm not going to accuse you of anything.

I'm going to listen to you. I am going to consider everything that you tell me, and I am going to trust you. People do lie to me, but I want you to know that I don't care if they do. I trust what people say, and then I go back and verify what they tell me. Sometimes people think they're telling the truth, but their facts are a little off, and it's just due to the flaws in our memory as human beings. That's completely ok. I have interview techniques we can use to clean up messy memory in a reliable way. So, I see my job as needing to understand what happened as accurately as possible. Then when you and I both get up and walk out of this room, my job is then to go and verify information afterward. I typically have some information before we come in here but not everything. And that is why I need your help.



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Here is the structure. First, I am going to ask you to tell me, in your own words, what happened. You talk. I listen. No interruptions. After that, I may ask some follow-up questions, only to make sure I understand what you mean, not to challenge you.

If there is something you do not remember, or you are not sure about, it is okay to say that. We might be able to use some memory enhancing techniques here to get to the answer. But I also want you to know that I would rather you tell me have an honest "I do not know" than for you to hazard a guess.

If at any point you need a break, tell me and we will take one. At any time you decide you want to stop talking and leave, you can leave. I don't want you to feel pressured and like you have to be here, because that is not the case. You control whether you answer questions. I am just here to understand.

I do record our conversations so I, and nobody else, can misquote you, and so your words are captured accurately.

I also want you to know that I am not going to try to work through details with you in a rushed way. We are here as long as you want to be. I want you to have the space to explain things start to finish.

My goal is not to put words in your mouth. My goal is to understand what you experienced, what you know to be true, in your own words. This helps me avoid relying on secondhand information and helps prevent misunderstandings later.

Do you have any questions about the process before we begin.

Tell me everything that happened, starting wherever it makes sense to you to start.

NARRATIVE BASELINE

- Caregiver relationships with children usually develop through daily routines. Tell me about your role in [child]'s daily care.
- Most caregivers fall into predictable rhythms with feeding, bathing, and sleep. Walk me through what a typical day with [child] looks like.
- The places where caregiving happens tend to stay consistent. Tell me where you usually care for [child] in the home.
- There are usually certain caregiving tasks that become primarily your responsibility. What are the main things you handle?
- Other adults or children are often around during parts of the day. Who else is typically present when you care for [child]?
- In some homes, others step in if they feel concerned about stress or safety. Has anyone ever felt the need to monitor or assist you during caregiving?



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CONTEXT, SUPERVISION, AND DECISION PROCESSES

- Caregivers usually have personal rules about discipline and handling children. How do you decide what is appropriate physical discipline or correction?
- Physical handling can vary depending on the situation. How do you decide how firmly to hold or move a child when they are upset?
- Children sometimes cry or resist during care. How do you recognize when a child is overwhelmed or in pain?
- In stressful moments, decisions can happen quickly. What guides your actions when a child will not stop crying or comply?
- Supervision levels can shift throughout the day. How do you decide when a child can move independently versus when close supervision is needed?
- Privacy and space can matter during bathing or changing. How do you handle those situations?

EVENT EXPLORATION

- The day of the injury likely had a certain flow before anything unusual happened. Walk me through that day from the beginning.
- When people go step by step, small details tend to return. What happened first that was out of the ordinary?
- Events usually unfold in a sequence. What happened next?
- Specific rooms and surfaces tend to anchor memory. Where exactly were you and [child] when this occurred?
- Patterns and routines often repeat. Had anything similar happened before?
- There is often a point when someone realizes something is seriously wrong. What signaled that moment for you?
- After you noticed something was wrong, what did you do next?

DECISION-MAKING AND COGNITIVE FRAMING

- In caregiving, we are constantly interpreting a child's needs. What did you believe was happening with [child] at that time?
- What someone believes often determines how they respond. How did you decide what to do in that moment?
- Caregivers often believe they understand what a child is feeling. What did you think [child] was feeling physically and emotionally?
- Sometimes actions that feel necessary in the moment look different afterward. How do you see your actions now?
- Our interpretation of our role shapes behavior. What was your understanding of your responsibility in that moment?



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- Stress can narrow decision-making. What were you feeling immediately before the injury occurred?
- When children are injured, caregivers must decide whether to seek medical care. How did you decide when medical care was necessary?

INJURY MECHANICS AND ENVIRONMENT

- Injuries usually have a physical explanation tied to movement and force. Walk me step by step through how the injury occurred.
- Falls, impacts, or contact with objects follow a path. Describe the height, surface, and position involved.
- If an object was involved, tell me about the object, where it was located, and how it moved.
- If there was physical contact between you and [child], describe exactly how you were holding or moving them.
- Symptoms often appear at a certain point after injury. When did you first notice symptoms, and what were they?
- Other people sometimes observe changes in a child's condition. Who else saw [child] before medical care was sought?

DEFENSE ARGUMENT EXPLORATION

- **Defense Argument: Complete and Unequivocal Denial**
 - Statement: Sometimes caregivers are shocked when an injury is labeled abuse.
 - Invitation: Tell me everything you can think of that explains how this injury occurred.
 - SPECTAR focus: Events preceding injury, caregiver actions, timeline shifts.
- **Defense Argument: Accidental Fall**
 - Statement: Children fall frequently, and minor falls are common in childhood.
 - Invitation: Walk me step by step through the fall you believe caused this injury.
 - SPECTAR focus: Sequence mechanics, height, surface, body position, witnesses.
- **Defense Argument: Short Fall Caused Severe Injury**
 - Statement: Some caregivers believe even short falls can cause serious harm.
 - Invitation: Describe the exact height, surface, and position of the child during that fall.
 - SPECTAR focus: Biomechanics, scene layout, distance, timing.
- **Defense Argument: Another Caregiver or Sibling Caused the Injury**
 - Statement: In households with multiple people, responsibility can become unclear.
 - Invitation: Who else had access to the child during that time period?
 - SPECTAR focus: Access mapping, supervision gaps, frequency analysis.
- **Defense Argument: Injury Occurred Earlier Than Suspected**
 - Statement: Sometimes injuries are noticed well after they occur.



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- Invitation: Describe when you first observed anything unusual about the child.
- SPECTAR focus: Timeline anchors, behavioral changes, delay in care.
- **Defense Argument: Medical Condition Caused the Injury**
 - Statement: Certain medical conditions can make children more fragile.
 - Invitation: Explain what medical condition you believe contributed to this injury.
 - SPECTAR focus: Medical history, prior diagnoses, treatment records.
- **Defense Argument: Birth Trauma or Prior Injury**
 - Statement: Some injuries are believed to originate earlier in life.
 - Invitation: Describe any prior incidents or complications that might explain these findings.
 - SPECTAR focus: Hospital records, prior ER visits, imaging history.
- **Defense Argument: Rough Play Gone Wrong**
 - Statement: Play can escalate faster than expected.
 - Invitation: Walk me through the play activity exactly as it unfolded.
 - SPECTAR focus: Force mechanics, repetition, object involvement, duration.
- **Defense Argument: CPR or Rescue Efforts Caused Injuries**
 - Statement: Emergency efforts can sometimes leave marks.
 - Invitation: Describe every action you took while attempting to help the child.
 - SPECTAR focus: Hand placement, duration, force, timing relative to EMS arrival.
- **Defense Argument: Child is Clumsy or Accident Prone**
 - Statement: Some children have frequent minor injuries.
 - Invitation: Describe prior injuries and how they occurred.
 - SPECTAR focus: Pattern frequency, documented medical visits, injury distribution.
- **Defense Argument: Delay in Seeking Medical Care Was Unintentional**
 - Statement: Caregivers sometimes misjudge the severity of an injury.
 - Invitation: Describe your thought process about whether medical care was needed.
 - SPECTAR focus: Decision timing, symptom observation, phone searches.
- **Defense Argument: Injury Was Self-Inflicted**
 - Statement: As children grow, they can hurt themselves in unexpected ways.
 - Invitation: Explain how the child could have caused this injury independently.
 - SPECTAR focus: Developmental capability, object height, strength requirements.
- **Defense Argument: Burn Was Accidental**
 - Statement: Household burns can occur quickly.
 - Invitation: Walk me through exactly how the burn occurred from beginning to end.
 - SPECTAR focus: Water temperature, container size, supervision, splash pattern.
- **Defense Argument: Fracture Occurred During Routine Handling**
 - Statement: Everyday care sometimes involves lifting or repositioning a child.
 - Invitation: Describe how you were handling the child immediately before the injury.
 - SPECTAR focus: Grip, force, twisting motion, resistance.



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- **Defense Argument: Shaking Never Occurred**
 - Statement: Caregivers often deny any forceful shaking.
 - Invitation: Describe how you were holding or moving the child when they became symptomatic.
 - SPECTAR focus: Movement velocity, head support, timeline of symptoms.
- **Defense Argument: Child Suddenly Became Unresponsive Without Cause**
 - Statement: Sudden changes in a child's condition can feel unexpected.
 - Invitation: Describe everything that happened in the minutes before you noticed something was wrong.
 - SPECTAR focus: Sequence compression, stress markers, symptom onset timing.
- **Defense Argument: Caregiver Has Good Character and No History**
 - Statement: People often describe themselves by their long-term caregiving patterns.
 - Invitation: How would others describe your patience and discipline style?
 - SPECTAR focus: Prior CPS contacts, prior medical visits, digital statements.
- **Defense Argument: Physical Incapacity Prevented Abuse**
 - Statement: Physical limitations can affect a caregiver's ability to exert force.
 - Invitation: Explain how your physical condition would prevent this type of injury.
 - SPECTAR focus: Medical records, functional capacity timeline.
- **Defense Argument: Child Has Behavioral Problems**
 - Statement: Some children exhibit challenging behavior that strains caregivers.
 - Invitation: Describe recent disciplinary situations before the injury.
 - SPECTAR focus: Escalation markers, stress triggers, frequency.
- **Defense Argument: Injury Was Caused by Object Falling**
 - Statement: Household objects sometimes fall unpredictably.
 - Invitation: Describe the object, its location, and how it fell.
 - SPECTAR focus: Object weight, height, trajectory, scene reconstruction.
- **Defense Argument: It Was a Momentary Loss of Control**
 - Statement: Intense stress can narrow a person's reactions.
 - Invitation: Describe what you were feeling just before the injury occurred.
 - SPECTAR focus: Emotional escalation, prior conflict, triggering event.
- **Defense Argument: Medical Professionals Are Overinterpreting Findings**
 - Statement: Different professionals can interpret injuries differently.
 - Invitation: Tell me what you believe the medical findings actually mean.
 - SPECTAR focus: Prior explanations given, understanding of injury severity.
- **Defense Argument: Child Was Already Injured Before Caregiver Took Over**
 - Statement: Injury timing can sometimes be disputed.
 - Invitation: Describe the child's condition when you first assumed care that day.
 - SPECTAR focus: Custody exchanges, daycare records, witness accounts.
- **Defense Argument: Injury Was Discipline but Not Abuse**
 - Statement: Caregivers sometimes use physical discipline within what they believe are limits.
 - Invitation: Describe your approach to physical discipline and what occurred that day.



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- SPECTAR focus: Force proportionality, object use, frequency, escalation history.

ELICITATION EXAMPLES (GENERAL):

- *Responsibility Evasion*
 - Statement. – “A lot of people in situations like this feel like events started moving before they could really stop them.”
 - Statement. – “It often feels like once things start, they take on a life of their own.”
 - Statement. – “Most people don’t feel like they were the one steering everything that happened.”
- *Distancing*
 - Statement. – “It sounds like this is something that happened around you more than something you were actively driving.”
 - Statement. – “People often talk about this like they were watching things unfold rather than creating them.”
- *Hedging / Narrative Softening*
 - Statement. – “A lot of people describe what happened in general terms, because the details are harder to pin down.”
 - Statement. – “Most people remember the big picture first, not the exact steps.”
- *Stability and Drift*
 - Statement. – “It usually gets harder to keep all the timelines straight once several people start retelling the same events.”
 - Statement. – “When a lot of people are involved, the story tends to shift a little each time it gets repeated.”
- *Denial Activation*
 - Statement. – “Most people are surprised by how quickly others decide what kind of person they are after something like this.”
 - Statement. – “It’s frustrating when people hear one version and treat it like it’s the whole truth.”
- *Denial and Impression Management*
 - Statement. – “People usually worry more about how they come across than about the actual situation itself.”
- *Impression Management*
 - Statement. – “It seems like you care a lot about how this reflects on you as a person.”
 - Statement. – “For most people, protecting their reputation becomes just as stressful as dealing with the case itself.”
- *Hero and Victim Role*
 - Statement. – “A lot of people in your position feel like they are the only one who really tried to handle things the right way.”
 - Statement. – “It can feel like you were the one holding things together while everything else was falling apart.”
 - Statement. – “Sometimes it feels like you were trying to do the best you could in a situation that was already broken.”



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- *Victim Role Inversion*
 - Statement. – “It sounds like you’ve taken most of the impact from all of this.”
 - Statement. – “A lot of people feel like they are the one paying the biggest price here.”
 - Statement. – “It often feels like the consequences hit you harder than anyone else.”
- *Mitigation*
 - Statement. – “Most people in situations like this focus on the parts that were understandable at the time.”
 - Statement. – “People usually explain what they were thinking rather than what others assume they were doing.”
 - Statement. – “A lot of people try to make sense of why their choices felt reasonable in the moment.”
- *Minimization*
 - Statement. – “Some people would probably see this as much smaller than how it has been described.”
 - Statement. – “It probably feels like the situation has grown far beyond what actually happened.”
 - Statement. – “Most people are surprised by how serious others make something like this sound.”
- *Rationalization*
 - Statement. – “A lot of people can explain their decisions in a way that makes sense when you understand their situation.”
 - Statement. – “Most people feel there were practical reasons behind the choices they made.”
- *Justification*
 - Statement. – “It often feels like what you did was reasonable given what you were dealing with at the time.”
 - Statement. – “People usually believe they acted in a way that fit the circumstances.”
- *Blame-Shifting*
 - Statement. – “Usually when something reaches this point, more than one person played a role in how it unfolded.”
 - Statement. – “It’s common for people to feel that others could have handled things very differently.”
 - Statement. – “A lot of situations like this only escalate because someone else makes the wrong move.”
- *Victim Denigration*
 - Statement. – “It’s hard when people don’t really understand the other person’s behavior in situations like this.”
 - Statement. – “Most people feel the other person’s actions don’t get examined very closely.”
 - Statement. – “A lot of people feel the focus stays on them instead of on what the other person was doing.”



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- *Victim Initiation / Provocation Framing*
 - Statement. – “Many people feel the situation really started earlier than what is being talked about now.”
 - Statement. – “It often feels like something set this in motion long before the incident everyone focuses on.”
 - Statement. – “Most people describe a buildup that others never really see.”
- *Revenge and Grievance Motive*
 - Statement. – “It can feel like someone wanted to hurt you back more than they wanted the truth.”
 - Statement. – “A lot of people believe this turned into something personal for someone else.”
 - Statement. – “Sometimes it feels less about what happened and more about settling something.”
- *Posturing and Framing*
 - Statement. – “The way this is being described publicly probably feels very different from how you experienced it.”
 - Statement. – “It seems like the wording people use changes how serious everything sounds.”
 - Statement. – “How this is framed probably matters more than most people realize.”
- *Evasiveness / Process Avoidance*
 - Statement. – “Most people talk about outcomes first, not the steps in between.”
 - Statement. – “It’s usually easier to describe what it ended up looking like than how it actually unfolded.”
 - Statement. – “People often skip over the middle part of the story.”
- *Psychological Distance*
 - Statement. – “It sounds like you’ve had to separate yourself from a lot of this just to get through it.”
 - Statement. – “A lot of people talk about this in a very detached way once it’s over.”
 - Statement. – “It’s common to describe things almost like they happened to someone else.”
- *Boundary Reframing*
 - Statement. – “People often describe the boundaries in situations like this as more complicated than outsiders realize.”
- *Consent Ambiguity Framing*
 - Statement. – “A lot of people say what was understood between two people gets oversimplified later.”
- *Escalation Framing*
 - Statement. – “Most violent or sexual situations people talk about don’t start at the point everyone focuses on.”
 - Statement. – “There is usually a long lead-up that never makes it into the reports.”
- *Relationship Reframing*



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- Statement. – “People usually feel the relationship itself gets misunderstood once everything is reduced to an incident.”
- *Authority and System Blame*
 - Statement. – “It’s frustrating when professionals step in after the fact and think they understand everything.”
 - Statement. – “A lot of people feel the system already has its own story before they ever speak.”
- *Control Versus Chaos Framing*
 - Statement. – “It sounds like a lot of what happened was shaped by circumstances more than by deliberate choices.”
 - Statement. – “Most people describe the situation as messy rather than intentional.”
- *Identity Protection*
 - Statement. – “It seems important to you that people understand who you really are, not just what they heard.”
 - Statement. – “A lot of people worry that one situation ends up defining their entire life.”

One operational warning that matters in your environment.

Several of these statements embed psychological direction on purpose. You should only deploy them after the subject has already produced an unprompted baseline narrative. Otherwise you will pollute your own movement analysis.

The tactical rule for your system. - Use one elicitation statement. Then go silent. Then move immediately into clean follow-up questions only after the offender has committed language to the record.

CLOSING WITHOUT CONFRONTATION

- When someone looks back at a serious injury, there is often something they wish they had handled differently. Is there anything you would handle differently now?
- Most caregivers can step outside themselves and consider how events appear to others. How do you think this situation looks from the outside?
- Small decisions throughout a day can add up. What decisions during that period stand out to you now?
- When medical professionals reviewed the injury, they reached certain conclusions. How do you believe they interpreted what happened?
- Looking back at the pattern of stress or discipline in the home, what do you think escalated over time?