

# The child is formally interviewed

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## 1. Who is this document for?

This practice guide is primarily for police officers and senior social workers who arrange and conduct Achieving Best Evidence (ABE) interviews, also known as video recorded interviews (VRIs) during criminal investigations into child sexual abuse.

It is also relevant to any other professionals supporting the child<sup>1</sup> around the time that an ABE interview is conducted, to help them understand what will happen.

## 2. What happens in a formal interview?

During a criminal investigation into concerns of child sexual abuse, the police may decide to ask the child to take part in a formal interview. This is commonly referred to as an Achieving Best Evidence interview, or sometimes as a video recorded interview.

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<sup>1</sup> In this document we use the term 'child' to refer to anyone under the age of 18. See [An introduction to the child sexual abuse response pathway](#) for more about terminology.

The Ministry of Justice (MoJ) has produced stringent [guidance](#) on the conduct of ABE interviews, which acknowledges the sensitivity of the interview process and the challenge for the child being interviewed. The guidance sets out best practice in interviewing children who are providing evidence, and in preparing the child to give their best evidence in court. Although the guidance is advisory, it should be followed; significant departures from it may need to be justified in court.

It is expected that those conducting the interview will have undergone the requisite ABE interview training – and, if this was some time ago, attended a refresher course on the updated 2022 ABE guidance. The 2011 ABE guidance does not include important recent changes in the law and best practice.

Before the ABE interview, the police and/or a social worker will have carried out some questioning of the child, obtaining a brief account of what has happened in order to ensure the child's immediate safety. A more detailed account is taken at the ABE interview, which will be video-recorded; if there is a criminal trial, the recorded interview will be used as the 'evidence in chief' to support the prosecution's case.

The MoJ guidance states that, where a full criminal investigation is carried out, the police are responsible for any investigative interview – but the police should not necessarily *lead* the interview. Provided that both the Officer in the Case and the child's social worker have received up-to-date interview training, either of them can lead, depending on which is able to establish the best rapport with the child.

### 3. How may the child be feeling?

Faced with a formal interview, the child may experience feelings such as **trauma** and **embarrassment** at having to recount events; **relief** that someone is going to listen to them and take them seriously; **anxiety** that everyone will know what happened to them; **anger**, especially if they do not consider themselves to have been abused; and **uncertainty** about what is expected of them.

Their feelings before and during the interview will depend largely on the information they are given in advance and the way the interview is conducted.

Although the child may find interactions with the police and the interview process difficult, they may also associate the police with routes to safety and protection. Those conducting the interview can seek to build on these positive associations, and limit any further trauma throughout the interview process.

*"[The police] make you feel dead welcome, try and make you not feel scared as you go in [to do the interview] and I think that's really important." (1)*

*"I think a good thing was that in my case they did prepare me. Like they came and picked me and my mam up, and although my mam had to stay outside*

*while I was being interviewed I knew that she was there. They told me I could have a break whenever I wanted one and they kind of gave me a pre-warning – that when [the police interviewer] goes in there he will have no emotion, and he'll be blank and just ask questions.” (2)*

*“They spoke to me about what would happen in the ABE interview ... They said I could stop the interview at any time or my [voluntary agency] worker could stop it if she felt it was getting too much for me.” (3)*

*“The hardest thing about that was having to go into a lot of detail, because you have to literally explain everything down to a tee and obviously being a teenager, it was a bit embarrassing talking to a random person about it.” (1)*

*“[The interview] was okay but it was scary ... I didn't want everybody knowing, I didn't want them to go back telling other people and them people telling everybody else. [It took] a long time. A long time.” (4)*

*“It was a good experience because they wanted to know everything that happened and I felt that was, like nice at least ... they wanted to help and listen. It's a nice feeling like, at least someone wants to help.” (3)*

*“They're asking you all these questions and they don't even know how it feels, like you just feel very angry and stuff like that ... And they're asking lots of questions about [the person who abused you] and it's making you even more angry.” (1)*

*“They speak in police language, not normal language. It is hard to understand.” (3)*

*“My mother sat next to me, when I didn't want her in the room, but they wouldn't let her not be in the room. I don't know why, they didn't ever explain.” (3)*

*“I have some learning difficulties and sometimes find it hard to understand things. I wanted my mother to be there but they said I was old enough to talk to them myself.” (3)*

## 4. How can you best help the child when preparing for the interview?

From the planning and preparation stage onwards, you should follow the current MoJ [guidance](#) on ABE interviews.

It is important to speak to the child and their non-abusing parent(s)<sup>2</sup> during preparations for the interview. Decide whether the Officer in the case or the child's social worker is best placed to do this.

### ***a) Consider the child's communication needs***

Find out how the child **prefers to communicate**, and what their communication needs are:

- Do they have a visual or hearing impairment, other physical disabilities, social/behavioural difficulties, learning needs, or difficulties reading or writing? If so, what do they need to support their communication – for example, someone to **sign** for them, or a **Registered Intermediary** so they can better understand the questions asked and you can clearly understand their responses?
- Is their first language not English, and if so is an **interpreter** required? The interview should always be carried out in **the child's language of choice**, which will normally be their first language. Note that, although a child may be fluent in English, they may find it easier to express intimate or more complex concepts in their first language.
- If a signer, interpreter or other professional is to be involved, how will they be prepared for the interview? For an interpreter, there may be the issue that some languages lack words for intimate body parts and sexual activity.

You may also find it useful to watch [Trauma and the Brain](#), a video produced by NHS Lanarkshire which explains how trauma affects how people who have been abused may respond to questions.

### ***b) Check that the child and their parent(s) know what will happen, and find out how they feel about it***

**Before an ABE interview can take place, the child (or, if the child lacks capacity, their parent(s)) must freely give their consent to it.** (If they prefer, a written statement can be taken from the child instead.)

For consent to be valid, the person giving the consent must understand the purpose of the ABE interview and what will happen before, during and after it.

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<sup>2</sup> By 'parent' we mean someone in a parental or principal care-giving role to a child; this may be their biological parent, step-parent, adoptive parent, foster parent or other relative fulfilling that role. We use the term 'non-abusing' to mean a parent who is *not considered to have been involved in sexually abusing the child*, even if they may have previously come to agencies' attention for other reasons.

Explain this clearly, checking their understanding and answering any questions they have.

Even if the child can give their own consent, it's important to ensure that the parent(s) understand what the interview involves, and can be helped to support their child during this time.

Offer to refer the child to an **independent sexual violence adviser (ISVA)** or a **child and young person's sexual violence advocate (CYPsVA<sup>3</sup>)** for practical and advocacy support, if this has not been done already. For more information about ISVAs, see the Home Office's guide, [\*The Role of the Independent Sexual Violence Adviser\*](#).

Consider **the child's feelings about the police and the interview**. For example:

- the police may give the child a sense of safety and protection
- the child may be scared of the police
- they or their family may have had negative experiences of the police, affecting their willingness to trust and engage with the police
- they may blame themselves for the abuse and may be worried that the police will tell them off or they will be in trouble
- they may be fearful about the consequences of action taken by the police towards the person who has harmed them
- they may be worried that they and any siblings may be placed in care and lose contact with their family if they talk about the abuse
- they may resent police interference in their private life, especially if they do not consider that they are being sexually abused
- they may be intimidated by the prospect of sharing intimate details about the sexual abuse with the police.

Bear in mind that the person who has harmed the child may have influenced these feelings.

Decide how you will address any concerns or fears the child has about the police and the interview. For example, if the child is worried that other people will see the interview or hear the information they share in it, reassure them about the confidential nature of the interview and tell them specifically who will see any recording/transcript – but remember you cannot promise that the suspect and their legal representatives will not see it.

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<sup>3</sup> Also abbreviated to CHISVA or ChISVA.

Find out too whether there is anything that will **help the child feel more comfortable** during the interview, and manage any anxiety or trauma arising from it. For young children, for example, this may include bringing toys, pictures and objects that are important to them.

### ***c) Decide who will lead the interview, and who else will be present***

As noted in section 2 above, it may be the Officer in the Case or the child's social worker who leads the interview, provided they have had suitable, up-to-date training in interviewing children. If neither of you has had that training, a suitably trained police officer should lead the interview. The other professional(s) can focus on ensuring that the interview is properly planned and monitored; you should decide together what role they will play; for example, will they be present in the interview room, or watch the interview from outside (e.g. in a video suite)?

Make efforts to provide an interviewer who meets any preference expressed by the child – for example, a girl may prefer to be interviewed by a woman.

Ask the child if they would like a **'supporter'** in the room with them during the interview. This could be the child's social worker (if it has been decided that they will not be taking an active role in the interview), an ISVA, or another appropriate professional.

### ***d) Decide when to hold the interview, and how long it will last***

Once it has been decided to interview the child formally, this should happen **as soon as possible** – but allow sufficient time for planning and preparation, including arranging support (e.g. appointing an intermediary).

Consider the timing of the interview in relation to a **paediatric medical examination**:

- In a case where recent sexual abuse (within the past seven days) is suspected, the child may be offered a forensic medical examination before the ABE interview (in order to secure forensic samples, identify injuries, address immediate health needs, allow the child to wash, etc). If this is done, read the report of the examination before the interview.
- If the suspected sexual abuse was not recent, the ABE interview should ideally take place before the medical examination, and the information from the interview should be shared with the examining clinician.

Each case should be considered individually, with advice from a child sexual abuse health specialist. See our practice guide [The child has a medical examination](#) for more information.

Where possible, try to hold the interview at a time when it **does not disrupt the child's schooling or important social activities**. For younger children, avoid mealtimes, nap times or the end of the day.

Consider too the **wider family's usual routines** and what matters to them, and work around these where possible. For example, you may need to think about other family members' caring roles (including childcare for other children), work demands and transport needs.

Think about how long you are likely to need for the interview, and make provision for **breaks and rest** in the overall time allocated.

### *e) Decide where to hold the interview*

Try to ensure that the interview takes place in a **child-friendly environment** – ideally not in a police station open to the public, although child-friendly interview suites may be used if available. Check that:

- the facilities at the location are **accessible**, if the child or their parent(s) have any physical disabilities.
- there is somewhere quiet but close to the room where the interview takes place, where the child's non-abusing parent(s) will be able to wait during the interview.

Think about **how the child will get to the interview** and whether they or their parent(s) will need any support with this. If the child will be taken to the interview by the police, make sure that officers are in plain clothes and unmarked police vehicles are used.

### *f) Be clear what the interview aims to achieve*

Set **clear objectives** which will give direction to the interview and contribute to its structure. Aim to achieve all the planned interview objectives, while being as concise as reasonably possible. Think also about the techniques you will use.

### *g) Tell other professionals about the interview*

Tell other professionals around the child (such as their teacher) when the interview is taking place and how the ABE interview process works, so they are prepared to support the child before and after the interview. Tell the child who this person is so they know who they can talk to afterwards if they need to.

## 5. How can you best help the child when conducting the interview?

You should follow the current MoJ [guidance](#) on ABE interviews at all times during the interview.

Immediately before the interview, carry out last minute checks to make sure that:

- technical equipment does not have any faults or hitches which could result in the child having to repeat themselves
- cameras aren't visible, although the child should be shown that they are there. Be mindful that for children who were abused online or where abuse was filmed may be anxious about the use of recording equipment.
- the waiting area for the child's non-abusing parent(s) is ready and suitable, someone is there to look after their needs
- you have age-appropriate tools at hand, such as toys, colouring books, pens, dolls or anything else to help the child feel relaxed and support their communication.

As at all times in your interaction with the child, it's important to bear their individual circumstances and characteristics in mind during the interview – their age and stage of development; their sex; their ethnicity, religion and culture; their social class; any disabilities or learning difficulties they have; and their sexual orientation and gender identity – while not making assumptions based on those circumstances and characteristics. Our practice guide [Taking account of diversity](#) contains more information.

Be **child-centred** throughout the interview:

- Use **simple language** which the child can easily understand and is appropriate to their developmental and cognitive ability.
- If other people are present, **address the child directly** wherever possible.
- Try to reassure the child that it is **safe** to talk to you, and that **you will not blame them**. Remember that they may have been groomed to be afraid of other adults, particularly police officers or social workers.
- Engage with the child in a **positive** way, remaining calm.
- Keep in mind how your **appearance, manner and willingness to accept** what the child says may come across to them; many children are good at interpreting body language.
- Remember that some children **may not view what has happened to them as abuse**, and take this into account in the way you talk with them.

- Take account of any **barriers to the child's engagement** with you (such as a lack of exposure to words related to sex).
- Try to address any **fears or concerns** the child has – see section 4b) above.

Help the child to **tell you what they need/want to**, by:

- Letting them finish what they want to say before asking questions.
- focusing on the information you need at this point to safeguard the child.

It's important to be open and listen to the child if they want to tell you something else, though; remember, never close a child down.

Remember that the child may not be ready to tell you if anything has happened to them. The person harming them may have:

- made them think that the abuse was their fault
- threatened to harm them or others they love if they tell
- told them that they and their siblings will be taken into care.

They also may be scared of talking to the police. If the child doesn't tell you about sexual abuse, this doesn't mean that it has not happened; it may be better to try a different approach at another time. The important thing is to give the child the time, the space and the best opportunity to talk freely.

Sometimes there may be multiple ABE interviews, because:

- the case is particularly complex
- it is beneficial to clarify a witness's account
- new evidence has come to light.

If this happens, the subject areas covered in previous ABE interviews should not be gone through again, although identified omissions can be clarified.

Give the child clear **reassurance** that:

- their personal information and experiences will be managed sensitively and confidentially, although there could be a need after the interview for managed disclosure of relevant information to progress the investigation and a criminal trial
- any risk to them will be taken seriously and addressed.

Spell out clearly, and in a way they understand, how the child will be protected following the interview. For example, tell them where their information will be stored and who will have access to it, and agree with them what information will be shared with their parent(s).

## 6. How can you best help the child after the interview?

There are a number of immediate steps that will need attention:

- Talk to the child's non-abusing parent(s) about what was said in the interview, as agreed with the child.
- Share all relevant information from the interview with the child's social worker, if they have not been involved in the interview, so they can understand and participate in the management of any current and ongoing risks around the child.
- Take appropriate steps to secure and preserve any new evidence that has come to light as a result of the interview (e.g. clothing, images, communications).
- If the child has not already had a paediatric medical examination and this has not been discussed, talk to a child sexual abuse health specialist about whether such an examination is indicated. If a child has been the victim of a crime and has a physical or mental health need as a result, the [Victims' Code](#) make clear that they have a right to access medical support.
- If a medical examination will take place after the interview, the interviewer or the Officer in the Case should talk to the paediatrician or clinician who will carry out the examination, to share information which may inform the medical examination and reduce the number of times the child is asked about what happened.
- Take appropriate steps to secure therapeutic support for the child, in line with the Crown Prosecution Service's legal guidance on [Pre-trial Therapy](#).
- Tell the child what the next steps in the criminal investigation will be, and keep them updated at regular intervals.

### *Protecting the child*

The interview may have identified that the child has additional safeguarding needs, especially if the suspect/s remains at large.

- Alert the safe adults around the child – their parent(s), school staff, youth club workers, staff at their children's home, etc – to look out for any potential risks. Who is the child engaging with? What can the safe adults do if the child is seen with the suspect?
- Police powers of protection can be used to limit a suspect's access to the child.

- Civil orders can also be used to protect the child.
- Ask yourself whether the child's behaviour suggests that they may still be being harmed? Building a trusting relationship with the child will be a further protective factor.

## 7. Support for professionals

The wellbeing of professionals is also important:

- All the professionals involved, including the police officer, should be given a named supervisor and a timely supervision session to reflect upon the formal interview.
- Senior police officers supervising officers who are talking to children about child sexual abuse should be mindful of any wellbeing needs these officers may have; they should recognise, for example, that officers may suffer vicarious trauma following such cases.

## 8. Where next?

- [The child has a medical examination.](#)
- [The police arrest the suspect or invite them for interview.](#)
- [The police decide whether to send the case to the Crown Prosecution Service for a charging decision.](#)

Or [return to the response pathway](#)

### Sources of quotes

The quotations in this practice guide, from children who have received a criminal justice response after being sexually abused, illustrate how the child may be feeling at this point.

- (1) Warrington, C., Beckett, H., Ackerley, E., Walker, M. and Allnock, D. (2017) [Making Noise: Children's Voices for Positive Change after Sexual Abuse. Children's Experiences of Help-seeking and Support after Sexual Abuse in the Family Environment.](#) Luton: University of Bedfordshire
- (2) Beckett, H. and Warrington, C. (2015) [Making Justice Work: Experiences of Criminal Justice for Children and Young People Affected by Sexual Exploitation as Victims and Witnesses.](#) Luton: University of Bedfordshire.
- (3) Beckett, H., Warrington, C., Ackerley, E. and Allnock, D. (2015) [Children's Voices Research Report. Children and Young People's Perspectives on the Police's Role in Safeguarding: A Report for Her Majesty's Inspectorate of Constabularies.](#) Luton: University of Bedfordshire.
- (4) Marsden, H. (2017) [Journey to Justice: Prioritising the Wellbeing of Children Involved in Criminal Justice Processes Relating to Sexual Exploitation and Abuse.](#) Barking: Barnardo's.

*Procedures to be followed in interviewing child witnesses are set out in the Ministry of Justice's [Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses, and Guidance on Using Special Measures](#) (updated 2023). The Crown Prosecution Service's [Child Sexual Abuse: Guidelines on Prosecuting Cases of Child Sexual Abuse](#) (2013) is also relevant.*

*This practice guide outlines specific considerations when there are concerns of child **sexual** abuse. It is underpinned by the above documents, and is not intended to repeat or replace them. It should be read alongside your local child protection procedures.*

*This guide is part of our [child sexual abuse response pathway](#), designed to ensure that professional responses to concerns about child sexual abuse meet the needs of children and their families. It aims to bring clarity to key response points, helping you keep the child's needs and perspectives central.*