

**Bridging Two Disciplines:  
Control Phone Calls  
and Clinical Interventions**

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**What We Will Cover**

- The Child First Doctrine
- What are Control Telephone Calls
- Legal Considerations
- Clinician Involvement
- Logistical Considerations
- Preparation of Child
- The Call Itself
- Post Call Considerations

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**Control Phone Calls**

- Recorded telephone conversation between Alleged Offender and person related to Child Abuse Case
- Child
- Parent/Other Relative
- Care Giver
- Siblings/Friends
- Someone the Alleged Offender would make an incriminating statement to

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### Brain Surgeon – Compliant Victim

- Offenders come from all social strata and occupational backgrounds
- “Compliant Victim”, Ken Lanning is leading source this category of victim

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### Brain Surgeon Call

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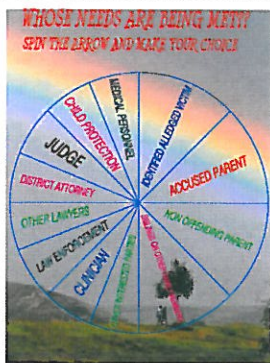
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### The Child First Doctrine



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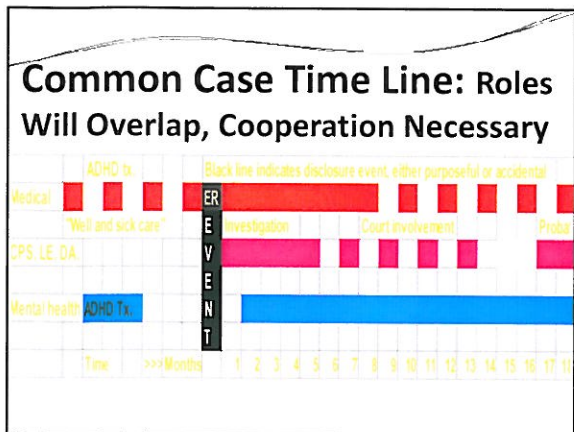
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- ### Child Considerations
- How is this meeting the needs of the child?
  - Nature of Abuse
  - Age
  - Relationship with Alleged Offender
  - Emotional/Psychological State of Child
  - Child's Support System
  - Child's Ability to Converse with Alleged Offender
  - Clinical Involvement
  - (The above is the Decision Making Continuum to Make the Call)

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- ### Clinical Involvement
- Clinicians need to understand and respect the roles and obligations of law enforcement.
  - Clinicians need to be prepared for dealing with the child's potential feelings of regret and divided loyalties.
  - Clinicians need to consistently remind the child that the offender is responsible for all the acts and outcomes.

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### **“Protection” of Young Sisters**

- Validate, communicate, appreciate;
- Altruism;
- Clinical intervention: Thought replacement with people who value you.

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### **“Protection” of Young Sisters Call**

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### **Tactical Considerations**

- DAs & LE want to charge as high as they can knowing it will probably be reduced.



- For purposes of the call, we start low and work up.

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### Tactical Considerations

- Who will make the call
- Texting
- When last contact with alleged offender
- What alleged offender knows about disclosure
- Forming a relationship with the child
- Rehearsal with child
- Supporting the child during the call

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### Tactical Considerations

- Specificity of assault behavior (calling a penis/vagina whatever the child calls it, making sure it is the same language that the offender will recognize).

Anne Graffam-Walker, Ph.D.

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### Logistical Considerations

- Equipment
- Cell phones or hard lines
- Where will the call be made
  
- Having a backup plan

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### Preparation of Child

- Scenario planning with child
  - Dealing with previously undisclosed information
  - Possible responses by Alleged Offender
  - Anticipated Questions from Alleged Offender

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### Preparation of Child

- Pretense for call
- Compliancy
- Speech
- Empowering the child to end the call when the child wants to

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### Suicide Call

- This is the call of a child whose uncle (the offender) committed suicide several days after the call.
- Prep of the child and family were key in this matter because there was an unfavorable outcome for the offender.
- One parent was quite angry with the investigation process and was much less able to be supportive of the child.

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**Suicide Call**

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**Post Call Considerations**

- Immediate physical safety of child/family
  - Rehearsal of specific safety scenarios
- Reaction by Support System
- Equipment/Evidence Preservation
- MDT mobilization
- Long term safety considerations

• It's best for the child if we all play nicely together in the sandbox.

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**Handling "Glitches"**

- **Child First Doctrine** – do not show child you are upset.
- Reevaluate the purpose/what you are trying to accomplish. The purpose may change.
- Roll with it. Leave messages. Obtain information/admissions from other people.

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**Contraindications**

- Compliant Victim
  - Accidental Disclosure



Samuel Manzie

Eddie Was Murdered. Sam's Doing 70 Years.  
But Who Is To Blame?

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**Clinical Application**

- Apart from photographs or videos, listening to the call is the closest the clinician will get to having raw data and how the child and the offender communicate.

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**Clinical Aftermath**

- Summit's Accommodation description continues to be valid in understanding the child's effort to adjust to the new family structure.
- Regrets and coping with irrevocable changes will be part of therapeutic interventions.

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## Family Reconstruction

- Public Accountability is the child's best protection against re-abuse.
- "I made the visit deliberately, in order to be in a position to give first-hand evidence of these things if ever, in the future, there develops a tendency to charge these allegations merely to 'propaganda'."

General Dwight D. Eisenhower

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## Final Thoughts

- Child First Doctrine.
- This is a proactive technique.
- You move to the next case, the child does not.

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## Q&A

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