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WORKING DOCUMENT

**EVALUATION OF THE VIDEOTAPING
PILOT PROJECT
IN WINNIPEG AND PARKLANDS**

**Studies on the Sexual Abuse
of Children in Canada**

Rita Gunn

February 1989

WD1992-7e

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Research and Development Directorate /
Sous-direction de la recherche et du développement

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Canada

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ACQUISITIONS

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Department of Justice Canada. The views expressed
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APPENDICES

NOTE: The following is a list of all the appendices contained in the original version of this report. To save duplicating expenses, appendices A to J have not been reproduced in the present version of this report. Complete copies of all appendices are available from the Department of Justice Canada on request.

- Appendix A Guidelines and Protocols
- Appendix B Videotaping Project Police Data Sheet (VPO1)
- Appendix C Videotaping Project Evaluation Sheet (VPO2)
- Appendix D Police/Crown/Court Data Collection Instrument
- Appendix E Tracking Data
- Appendix F Interview Schedules
- Appendix G Protocol for Children
- Appendix H Tape Summary
- Appendix I Tape Review
- Appendix J Additional VP Data Collection Sheets

EXECUTIVE SUMMARY

Background

In 1986, the Province of Manitoba, in cooperation with the Department of Justice Canada, initiated a pilot project to videotape the statements of child sexual abuse victims in Winnipeg and the Parklands Region of Manitoba. This report presents findings of an evaluation of the pilot project.

The originally stated objectives of the pilot project were to

- develop protocol and procedures for videotaping investigatory interviews with child victims of sexual abuse;
- develop a library of such videotapes;
- enhance the multidisciplinary team approach;
- reduce the negative systemic effects on the child;
- reduce the number of interviews in which a child is required to repeat the details of a sexual assault;
- develop trained personnel and programs to assist child victims, families and offenders; and
- improve the reliability and validity of children's testimony with videotapes, with a view to eventually using them in court.

Additional objectives added after September 1987 were to

- monitor the use of videotapes in criminal court;
- provide necessary documentation and resource material and act as a resource to other jurisdictions in Canada undertaking the videotaping of investigatory interviews with child sexual abuse complainants.

Evaluation Issues

To determine whether the objectives of the pilot project were met, a number of evaluation issues were formulated. As stated in the terms of reference for the study, the issues for this evaluation are

- how the project is perceived by the various participants;
- how the agencies and participants involved in the project influence its implementation;
- how the project is perceived by the community;
- the impact of the project on the legal, criminal justice, and child welfare systems;
- the extent to which interviewers are skilled and trained;
- the effectiveness of administrative protocols such as tape security, ownership, and consent;
- the extent to which tapes are made;
- the extent to which tapes are used;
- the informational quality of the tapes; and
- the impact of videotaping on the child.

Method

The focus of this evaluation is on process and outcome. The evaluation issues, and questions formulated to address the issues, have been viewed in the context of the development and implementation of the pilot project and its effectiveness in relation to its stated objectives.

Evaluation conclusions are based on

- data gathered from police files;
- videotaping project (VP) files;
- interviews;
- tape reviews;
- tape summaries;
- advisory committee minutes; and

- administrative materials.

Both qualitative and quantitative methods were used to provide a valid and reliable set of evaluation data. The quantitative data provide a foundation for causal attribution of both the intended and unintended effects of the project.

Main Findings

Videotaping began in Parklands on July 11, 1986, and in Winnipeg on October 24, 1986. Subsequently, 149 videotapes were made to May 31, 1988. The pilot project has achieved many of its objectives.

The evaluation discovered that the most important factor in deciding to tape is the cooperation received from the police departments, and not other factors such as seriousness of case or type of abuse. In Winnipeg, the project lagged for several months until a new coordinator who joined the Child Abuse Unit perceived videotaping as part of the investigation. His encouragement to the officers in the unit to support the project resulted in a substantial increase in tapes made. The proportion of all cases videotaped has steadily increased in Winnipeg. In Parklands, the project began with enthusiasm, which later dissipated. For the first five months, 100 percent of reported cases were taped, but this stopped occurring, and after dropping to a low of 15 percent, taping has remained at between 30 and 40 percent of reported cases. There appears to have been a direct relationship between the project coordinator's involvement, ongoing support, and reinforcement when the project was being set up, and the willingness of the RCMP to tape all reported cases. The proportion of cases videotaped dropped sharply after the first few months, but has steadily increased since June 1987.

A major finding is that a commitment by police to tape and by other professionals to use the tapes is essential to the success of videotaping. In Winnipeg, once taping began to be regarded as part of the investigative process, people who were initially skeptical became convinced of its value and thus taped (and utilized tapes) more often. Also, with increased taping came an increased "comfort level", thus making it more attractive to tape.

Other main findings of the evaluation:

- Videotaping has enhanced the degree of cooperation among diverse professionals, particularly in Winnipeg.
- The project has developed a protocol for videotaping children's testimony, resulting in increased consistency in content and decreased length of tapes.

- Agreement on the value of videotaping among the participants (agencies) concerned with the project has increased over time. During the evaluation, their views changed: there was far more positive feedback at the conclusion than there was at the start.
- The tapes have been found to be useful for training social workers and police to increase their sensitivity and skill when interviewing child sexual abuse victims. An unintended but positive effect of the training is the increased skill acquired by police in the handling of children, which is then transferred to other areas of police work. The police do not receive such training in Police College.
- This project demonstrated the value of tapes as tools for social workers, for therapy (tape has been used in offender therapy), for case meetings, and for improving the interdisciplinary process through the criminal justice system. The videotaping process has strengthened the relationship between the police and social workers, particularly in Winnipeg.
- Many of the professionals involved with the project have given presentations at workshops and the like; this will expand the knowledge of videotaping throughout the community.
- Data are unclear and opinions vary regarding the extent to which the number of interviews has been reduced. However, it appears that the need to recount details of the abuse has been lessened. Professionals are utilizing the tapes more often and are recognizing additional benefits as time passes.
- Videotapes have improved over time as the protocol has been revised and improved. Reviews of tapes have demonstrated that "specialists" both in Parklands and Winnipeg conduct an interview that is superior in quality of information provided, as well as in sensitivity toward the child.
- Most professionals who used the tapes said that they helped them understand and assess the child, as well as investigate the allegation of abuse.
- Videotapes have merit as a reference point. They provide a good record of the statement and respondents generally reported that they are more compelling than a written report.
- Videotaping has also been advantageous in providing effective consultation: it helps professionals become focussed so they can plan (and limit) subsequent interviews with the children.

- Videotaping is reported to be useful for family counselling, and potentially for preparing children for court.
- An unintended disadvantage may be that the tape provides finite disclosure: the first recorded incident serves as the final record. In other settings there may be continuing disclosure, while on videotape the disclosure may be incomplete. However, children can be re-interviewed if this is suspected.
- Another unintended disadvantage is that poor tapes may be entered into the record and may compromise legal proceedings.

It was not possible to assess the role of videotaping in court cases because no videotapes had been introduced as evidence at the time of the evaluation. Concern has been expressed that the termination of the project will compromise the practice of videotaping before its value in court has been established. The Winnipeg police do not own the equipment, nor do they have an appropriate facility or the resources to coordinate activities; therefore, termination of the project will curtail taping.

If the benefits of videotaping are to be fully evaluated, the project must continue with a full-time coordinator. There are three main tasks left for the project: to monitor the use of videotapes in court; to develop the mechanisms to make videotaping a routine function; and to provide additional and ongoing training to maximize the use and role of videotaping in the criminal justice system.

Recommendations

Therefore, the key recommendations of the evaluation are:

- The project should continue with a full-time coordinator for another year so that the admissibility of videotapes in court can be assessed, and the mechanisms for videotaping to carry on will be in place.
- Training for police should be provided on an ongoing basis, to ensure that videotaped interviews will be appropriate for use in court.
- Training should be provided throughout the system on the effective use of videotaped evidence, which will ensure that professionals (e.g., prosecutors, social workers, doctors) are knowledgeable about the uses of videotapes and their potential to ease trauma for children.
- Training should be provided for judges, to increase their level of awareness and encourage the acceptance of videotapes in court.

- Express efforts should be made to encourage routinization of videotaping in Parklands.

Operational recommendations provided by respondents are:

- Consideration should be given to establishing a location that does not require children to be exposed to office personnel or others in the building while on the way to be videotaped.
- Videotaping should be planned to accommodate children's schedules.

1.0 INTRODUCTION

1.1 Overview

Many observers have commented that the adversarial system of justice is difficult for children, especially victims of sexual abuse. Recently, a number of changes to court proceedings have been proposed to ease the burden for children who are testifying. One of the more notable ideas is that the evidence provided by children ought to be videotaped. It is believed that this will reduce the number of interviews required in the processing of a case. Since the prosecution of a typical sexual abuse case may require many interviews, videotaping is believed to have obvious benefits in terms of reducing stress on the child. Another benefit is that children may have a tendency to recant after repeated interviews. This may be owing to the trauma of reliving the events, or possibly because of family pressure. The videotape serves as a record of the disclosure.

Some are skeptical about videotaping: there is a concern that the rights of the accused may be compromised in trying to protect the child. For example, the possibility that evidence might be "coached" is one of the concerns raised. The traditional trial process allows for the cross-examination of direct evidence, with the trier of fact assessing the demeanour of the child witness.

Current literature on the difficulties associated with prosecuting child sexual assault cases examines methods employed to reduce the additional trauma suffered by child witnesses because of the demands of the investigatory process and legal proceedings. Children may be required to recount the details of an offence up to nine times before a case reaches court. At trial, some months later, the victim must reveal to a room full of strangers the details of an event that may have resulted in embarrassment, fear or feelings of guilt (Avery, 1983). Child sexual assault cases pose particular difficulties because the victim often knows and trusts the defendant, e.g., a parent, other family member, or family friend (Kelly, 1985), and thus may be reluctant to testify. Some child welfare experts maintain that children involved in the court process find it very stressful (Gibbens and Prince, 1963; De Francis, 1969).

A child witness always requires special consideration, because competence to testify must be demonstrated. In the case of a witness whose age may preclude an understanding of concepts and the gravity of the circumstances, extra effort must be made to extract complete and accurate testimony. Children may not understand the need to repeat a story several times after they have already confided in an adult. They may react by refusing to cooperate in further

interviews, retracting previous statements, or devising a reconstruction of events owing to the influence of others around them (Whitcomb, 1985; MacFarlane, 1985). Reducing the number of interviews may minimize these negative effects.

Legislators and child welfare professionals are attempting to protect children from further trauma by introducing statutes and amending rules of evidence in order to reduce the number of times child victims must recount their stories after initial disclosure. Several American states have adopted the practice of videotaping interviews and testimony of young witnesses. Professionals involved in such a case then have access to a visual account containing details of the child's disclosure, precluding the need to subject the child to additional interviews.

Potential beneficiaries of videotaping include child victims, the criminal justice system, and the child welfare system. A number of uses of videotaped interviews have been documented (Goodman, 1984). However, the practice of videotaping, especially where the tape will be used in court, introduces several legal and ethical concerns.

The Benefits and Concerns of Videotaping

MacFarlane asserts that videotaped interviews result in more credible information because the child's physical reactions and expressions of fear, pain, anger or avoidance are clearly visible and preserved. Tapes may be used to demonstrate the need for special courtroom precautions, or to support the testimony of expert witnesses and the initial interviewer. They provide a more reliable record than written notes, which are influenced by an interviewer's subjective impressions and recall. Yet, some authors maintain that taped, as opposed to live, testimony may bias the courts in favour of the taped witness (Graham, 1986).

Studies conducted by Miller and Fontes (1979) do not support this concern. Their research tested the influence on verdicts and jurors' perceptions of witnesses in both prerecorded trials and cases in which videotaped testimony was inserted into otherwise live trials.¹ They concluded:

- The use of videotape in the courtroom does not significantly affect juror verdicts.

¹ The research focussed primarily on civil court matters.

- Juror perceptions of witness credibility are not affected by the use of videotape in the courtroom.
- The use of videotape in the courtroom to present witness testimony does not significantly affect juror judgments of the veracity of the testimony presented (Miller and Fontes, 1979).

The authors clearly define the limitations of their study, and point to the need for further research in this area.

Sometimes, family members exert pressure on a child to withdraw allegations of abuse in order to avoid disruption and embarrassment (Whitcomb, 1985). A child may also recant in reaction to intimidating experiences in the courtroom (Clark, 1986; Avery, 1983). Viewing of the tape of an early interview by a nonabusive parent can encourage development of a supportive environment and thereby lessen pressures to recant. Also, the tape may be used in court to impeach retracting statements. Although prosecuting attorneys may be reluctant to impeach their own witnesses, if a child's unwillingness to testify results in dismissal of the charges, the strength of an earlier statement may at least demonstrate the need for continued protection of the child (Clark, 1986).

Videotaping is also a means of enhancing the therapeutic relationship. For example, a new case worker or therapist being introduced into an ongoing case can view the tape and dispense with asking the same questions in successive interviews or treatment sessions. Tapes can also be used in individual or family therapy. A tape of the initial disclosure may be especially helpful, because a child's response may be affected by time, contact with others, and subsequent events. If a tape of the initial interview is available, professionals will be afforded both the opportunity to assess progress and a unique tool for specialized therapy.

While videotapes can serve many functions, ". . . major conflict occurs when the State's interest in protecting and promoting the best interests of the child is in conflict with the interest in ensuring the constitutional rights of the accused" (Avery, 1983: 1). Several authors address the issue of videotaping in light of the sixth amendment confrontation clause in the United States Constitution (Avery, 1983; Kelly, 1985; Clark, 1986; Graham, 1986). This trial right of due process provides both the opportunity for cross-examination (the defendant's right to test the recollection of the witness against him or her) and the occasion for the jury to weigh the demeanour of the witness (Avery, 1983).

In Clark's opinion, specific restrictions on the use of videotapes can ensure the protection of the defendant's rights. Some statutes regarding

tapes to be used in court provide the following safeguards: the presence of an attorney for both the state and the defendant at taping; notice to the accused of the intent to use a tape so that appropriate cross-examination can be prepared; cross-examination at the time of deposition to the extent allowed at a trial (Clark, 1986; Kelly, 1985). Thus, both direct and cross-examination are recorded on tape and the videotaped deposition demonstrates the witness's demeanour.

Where the prosecution wishes to introduce into evidence a videotape made before the proceeding begins, some statutes provide that the witness be available for cross-examination and that the tape not be recorded in the presence of an attorney for either side. Clark suggests an additional provision to increase acceptance of the tape: sharing the belief that interviews should be conducted by highly trained professionals (Kelly, 1985), he recommends that the trial court should be required to conduct an inquiry into the professional competence of the interviewer, and that it would be preferable if the person conducting the interview were a competent child therapist as well as an impartial participant in the interview (Clark, 1986: 1238). Upon inclusion of this provision, Clark would agree with Kelly that videotaped evidence is ". . . reliable and trustworthy as well as protective of the defendant's rights" (Kelly, 1985: 1053).

However, Graham challenges the notion that the defendant's rights are protected, and both he and Whitcomb question resultant benefits to the child (Graham, 1986: 65).² These authors argue that trauma to the child will not be reduced if the defendant exercises his right to call the witness for cross-examination. In most cases, tapes can only be used as a substitute for live testimony if the witness is deemed "unavailable" to testify in court. Proof of unavailability may require a battery of medical and psychiatric examinations as stressful as in-court testimony (Whitcomb, 1985). Whitcomb suggests that the environment at a deposition can be at least as traumatic as a trial because often the room is small and the child and defendant are in close proximity. Also, a judge may not be present at the deposition to monitor the behaviour of the defendant and counsel. Whitcomb concludes that videotaping substitutes one formal proceeding for another.

Lautt (1985) reports that, in Canada, victim statements made without the presence of the accused or their counsel, and in the absence of an opportunity to cross-examine, are not admissible because of the Hearsay Rule. She states that

² He also questions whether or not the tapes are genuinely unbiased for, although the Section specifies that the tape must not have been made in the presence of the prosecution, the witness may have been prepared before taping.

this rule of evidence often prevents child sexual abuse cases from reaching court. However, notes made by someone acting under a professional duty, who had knowledge of matters they were recording, may be admitted in exception to this rule if the interviewer is available for cross-examination. Under the same conditions, videotaped interviews may withstand many of the objections currently limiting the use of secondary evidence. Because videotapes would present a complete account of interview proceedings, the judge and jury could use their own judgment as to the credibility of the witness, and the acceptability of the overall interview context.

Effective, innovative techniques are clearly required for enabling the use of children's testimony while protecting the rights of both the child and accused. Although videotaping has been found to reduce the number of interviews to which a child must submit, and to increase prosecution (Chaney, 1986), it is not the sole alternative available. Various approaches have been developed to provide a valid and less traumatic way of obtaining the testimony of child victims of sexual assault. For example, in Israel, children are interviewed by trained experts who then testify in court on behalf of the child (Reifen, 1975). Also, some American states have made provision to broadcast the child's testimony from another room on closed-circuit television. Further experimentation and evaluation will be required to determine the most appropriate method.

In Manitoba, a videotaping pilot project was commenced in March 1986 with a view to assisting children with court testimony in anticipation of Bill C-15, which would admit videotaped evidence in court. The impetus for the project was the desire to reduce the trauma for children involved in the criminal justice and child welfare systems. The project began through a process of trial and revision, the development of guidelines for taping, viewing, protocols, and so forth. The procedure is for the police to videotape their first interview with the child as soon as possible after disclosure. The visual record of the interview is available to other agencies involved in the case, but it is not yet known how the use of tapes in court will be handled. Those involved in the project are optimistic that the use of videotapes will be a means of reducing trauma for children who have been sexually assaulted. This report presents the findings of an evaluation of the Videotaping Pilot Project in Winnipeg and Parklands.³

³ Since the finalization of the evaluation, there has been further development of the videotaping project, as well as Bill C-15 case law.

1.2 Study Issues

According to the terms of reference, the study issues of the evaluation are as follows:

- how the project is perceived by the various participants;
- how the agencies and participants involved in the project influence its implementation;
- how the project is perceived by the community;
- the impact of the project on the legal, criminal justice, and child welfare systems;
- the extent to which interviewers are skilled and trained; and
- the effectiveness of administrative protocols such as tape security, ownership, and consent.

The examination of "outcomes" includes:

- the extent to which tapes are made;
- the extent to which tapes are used;
- the informational quality of the tapes; and
- the effect of taping on the child.

Finally, the evaluation determines the extent to which the objectives of the project have been met.

1.3 Two Caveats

It must be mentioned at the outset that although many videotapes have been made, no experience has been obtained with their use in criminal court. The project began before the implementation of Bill C-15 and so, although videotaping has been in practice since July 1986, Bill C-15, allowing the use of videotaped evidence in court, was not proclaimed until January 1988. Since many of the more recent cases have not yet been disposed of, this evaluation cannot address some basic questions. For example, it is not possible to provide direct evidence on how these tapes are actually used in court, whether they adversely

prejudice the rights of the accused, or whether the evidence provided by the tapes is accepted into evidence by the judiciary.

Also important is the distinctive feature of continual change in a pilot project. This project was in constant flux. New ideas and experience arose constantly and the project coordinator adopted better approaches as circumstances warranted. Interviewing experience was invaluable and basic technique was constantly updated and improved. As a result, this is not a conventional evaluation study. As much as possible, the project was evaluated against its goals, but these were constantly refined to meet the actual situation. This evaluation reports on a project in evolution.

1.4 Outline of the Report

The report is divided into six sections. The second section (following) provides a description of the pilot project, its development, and the role of the project coordinator. Section Three presents the methodology and data sources, while Section Four gives a profile of sexual abuse victims, offenders, and offences, offering a comparison between videotaped and nonvideotaped cases. A flow chart is also provided, which shows the entry of cases into the system and the paths taken as they proceed through the various agencies. Section Five addresses the study issues relating to the administration of the project, use of the videotapes, and their impact. The final section provides a summary of findings, conclusions, and recommendations.

2.0 DESCRIPTION OF THE PILOT PROJECT

2.1 Background of the Pilot Project

In 1985, a feasibility study on videotaping the evidence of child abuse victims was undertaken by the Research and Planning Branch of the Manitoba Department of the Attorney General. The study developed out of two main concerns: the high stress created for child victims of sexual abuse through their contact and repeated interviews with members of the criminal justice system, child welfare workers, and other professionals; and the need to obtain evidence from young victims that would be admissible in criminal court.

Based on the results of this feasibility study, the province and the Department of Justice Canada entered into an agreement to pilot-test the Videotaping Pilot Project in Winnipeg and the Parklands Region of Manitoba. The Parklands Region lies between the Manitoba-Saskatchewan border and Lake Manitoba, and includes the major centres of Dauphin, Swan River and Roblin, as well as the Indian reserves of Pine Creek, Ebb and Flow, Crane River, Valley River and Water Hen. This provided an urban and a rural site for comparison purposes.

The pilot project officially began on March 1, 1986, and a coordinator was hired the same month. The planned time period of the project was 18 months, but in October 1987 the project was extended for an additional 15 months. Actual videotaping started July 11, 1986, in Parklands, and on October 24, 1986, in Winnipeg. Since then, 149 videotapes were made to May 31, 1988.

University of Manitoba Research Ltd. was contracted by the Department of Justice of Canada to conduct a "process" and "outcome" evaluation of the Videotaping Pilot Project in Winnipeg and the Parklands Region of Manitoba. The process evaluation addresses issues pertaining to the development of the project as well as the perception of the project by key informants in the criminal justice / child welfare / health system, and its impact on agencies and participants involved in its implementation. The outcome evaluation examines the extent to which the objectives of the project have been met.

The pilot project originally outlined the following objectives:

Develop protocol and procedures for videotaping investigatory interviews with victims of child sexual abuse.

Develop a library of such videotapes.

Enhance the multidisciplinary team approach by

reducing duplication of time and effort,

assisting in case evaluation,

providing continuity to agencies in handling cases,

maintaining sensitivity despite bureaucratic barriers, and

assisting in court preparation.

Reduce negative systemic effects on the child.

Develop trained personnel and programs appropriate for assisting the child victim, the family, and the offender.

Improve the reliability and validity of young children's testimony with videotapes, with a view to using them in court.

Additional objectives added after September 1987 were:

Monitor the use of videotapes in criminal court.

Provide necessary documentation and resource material, and act as a resource to other jurisdictions in Canada undertaking the videotaping of investigatory interviews with child sexual abuse complainants.

The evaluation of the pilot project began in September 1987 and ended in May 1988. Findings presented here are based on data gathered from police files, videotaping project files, interviews, tape reviews, tape summaries, advisory committee minutes, and administrative materials.

2.2 Structure of the Pilot Project

2.2.1 Administrative Structure

Project activities have been guided by a voluntary advisory committee comprising professionals from the legal, social work, police, child advocacy,

medical, and therapeutic communities. A full-time coordinator has directed the project and has coordinated all activities, from tracking cases to training interviewers. (The activities of the project coordinator are described in subsection 2.2.3.) The advisory committee has actively worked to promote cooperation in a multidisciplinary team approach to handling child sexual abuse cases. Committee members have been committed to providing opportunities for increased awareness and education among those involved and interested in the welfare of children.

At monthly meetings in Winnipeg, the coordinator presents an update of project activities, and committee members decide on policy and procedures. The coordinator typically prepares background papers on issues requiring decisions, seeking the advice of specialists when necessary, and presents recommendations for debate and/or approval. The committee does not follow rules of order (e.g., motions and voting). Rather, decisions are made through discussion and consensus.

The committee's first task was to develop guidelines and protocols for videotaping (See Appendix A for original and revised guidelines and protocols). Over time, the committee has been able to evaluate the success of procedures, view tapes and improve upon them. Initially, the protocol dealt with criteria for taping and procedures for storing and viewing a tape after it was made. Police resisted a set format for interviewing because they wanted to maintain some flexibility. Eventually, it was decided that an interview protocol be adopted and utilized for the province. A standardized format is now being used.

Now, as protocols have been put in place and require only amendment (fine tuning) and committee members are comfortable with one another, they tend to discuss other issues in common that are peripheral to videotaping. Some of these issues require cooperation and/or assistance from other members. Thus, the project has had the effect of facilitating communication among the multidisciplinary team members.

Although most activities are orchestrated by the project coordinator, some subcommittees have been struck since the beginning of the project. One organized an informational workshop with Steve Chaney, District Attorney, Tarrant County, Texas, and Anne Clark, Department of Human Services, Dallas, Texas. Another developed some evaluation tools for the project, and one developed Bill C-15 training for the various disciplines.

Many of the professionals involved in the project have presented workshops, been involved in panels, and spoken at conferences on various issues, including use of videotapes, protocols, and the impact of investigative techniques

on courtroom procedures. The project has received numerous requests for information from other jurisdictions.

2.2.2 Videotaping Equipment and Locations

A single facility was designated for conducting the videotaped interviews in Winnipeg, while in Parklands, portable equipment was employed to provide access to locations throughout the region. In Parklands, interviewing is conducted in various facilities, mainly in RCMP detachment lounges, and occasionally in other facilities such as hospital rooms and schools. An officer from the RCMP Identification Unit operates the camera in the same room.

In Winnipeg, the facility is housed in a large downtown office building, the Woodsworth Building. The room is comfortably furnished and there is an adjoining room where the interview can be viewed through one-way glass. The facility is equipped with a camera, VTR, monitor, and microphone.¹ The project is also equipped with anatomically correct dolls, papers, crayons, and so forth. Almost all the Winnipeg videotapes have been made at the Woodsworth Building, although one tape was made at Children's Home and another at a child and family services agency (Central).

There are physical and institutional differences between the two sites, including geography/distance, taping method, taping location, and personnel. For example, there are more child abuse specialists in the Winnipeg site, whereas in Parklands the individuals are mostly generic workers whose expertise has been developed through experience with victims. One RCMP officer has become so adept at interviewing children that she has been used extensively for interviewing and also for training other officers. However, using one specialist means that there is sometimes a time lag between when a taped interview is desired and when it can actually be done.

The video equipment used in Winnipeg has been provided by the project. The RCMP in Parklands are using their own equipment. Tapes are paid for by the project. In Winnipeg, tapes are stored at the Winnipeg Police Child Abuse Unit of the Winnipeg Police Department. In Parklands, the tapes are kept by the RCMP in Dauphin.

At the start of the project, automatic access to videotapes was allowed to the police, medical and child welfare officials, and the crown attorney. Defence

¹ A transmitter/receiver has since been purchased and installed.

lawyers are also allowed access. In Winnipeg, the tapes are viewed at the Public Safety Building except in limited circumstances. Tapes may be copied so that they can be sent out for viewing by the crown attorney, or professionals at the Child Protection Centre. The original is sealed and retained as a piece of evidence. In Parklands, a copy is usually not made unless charges are laid. All tapes have been held for the evaluation. It was decided that after the end of December 1988, some would be kept for the tape library, while those not suitable, or those for which consent is not obtained, would be destroyed. It was not determined what will be done with the retained tapes after the conclusion of the project.

2.2.3 Project Coordinator

A project coordinator was hired on March 3, 1986; she reports to the Assistant Deputy Minister of Criminal Justice in the Manitoba Department of the Attorney General. An office is provided by the department, along with access to all necessary facilities and equipment. She had a voluntary assistant for a short period of time, but there are no additional resources. Her duties and responsibilities have included the following:

- developing protocol and procedure for criminal justice / child protection systems for videotaping and use of videotapes;
- researching key areas of policy and methodology of conducting videotaped interviews with child sexual abuse victims in the criminal justice system;
- coordinating and facilitating the multidisciplinary advisory committee;
- writing discussion papers and coordinating discussion with the advisory committee with the goal of developing protocol and policy;
- coordinating ongoing videotaping and use of the tapes, identifying problem areas, developing solutions and implementing changes when necessary;
- recommending all policy and policy change for the project to the advisory committee, senior officials of the Manitoba Department of the Attorney General, and Department of Justice Canada officials;
- maintaining contact with disciplines directly involved in videotaping, setting up meetings, information sessions, and corresponding as necessary, maintaining cooperation with and between disciplines involved in the project;

- designing and maintaining a computer tracking system of videotaped children;
- developing long-range training plans and implementing training for police officers and child protection personnel in Winnipeg and Parklands - scheduled to continue this practice in other Manitoba jurisdictions;
- writing progress reports, background papers, discussion papers, briefing papers, statistical reports;
- preparing budget and financial reports;
- developing educational, training and resource materials for publication;
- furnishing materials to other provinces, making videotapes available for educational purposes, meeting with persons seeking or sharing information, thus acting as a consultant on videotaping for other areas of the province and country;
- researching and keeping abreast of latest developments in videotaping and other areas concerning child witnesses;
- maintaining regular contact with the police and crown attorney as she monitors project progress; reviewing files, viewing tapes to develop training, and providing feedback to officers; tending to equipment that is not working, picking up tapes and forms;
- developing a handbook on videotaping that can be used in jurisdictions across Canada and which contains the videotaping project protocols, outlining eight key areas to emphasize for a successful program: criteria for taping, timing of taping, location of taping, equipment, interviewers, the interview, people present during the interview, security and access to tapes, as well as the additional considerations and needs necessitated by legislation;
- producing a training tape;
- monitoring videotapes being made, videotapes used in hearings and in criminal court (in 1988);
- with the advent of Bill C-15, keeping the children's courtroom in order, CCTV, screens, etc.;

- developing administrative forms as needed, the most recent of which is to enable the police to log what occurs on the tape (e.g., counter number at time of disclosure, truth/lie testing, identification of perpetrator, demonstration with dolls).

The foregoing description of the activities of the project coordinator forms an essential part of the administrative structure. It is important to note that this evaluation is not concerned with a review of the coordinator's performance.

3.0 METHODOLOGY

3.1 Overview

The evaluation issues and questions have been viewed in the context of the development and implementation of the pilot project and its effectiveness in relation to its stated objectives. Because of the project's developmental nature the evaluation has had to adopt a flexible approach. Thus, some questions could not be completely defined before conducting the research, and additional questions were addressed as the study unfolded.

Both qualitative and quantitative methods were used to provide a valid and reliable set of evaluation data. The quantitative data provide a foundation for causal attribution of both the intended and unintended effects of the project. However, quantitative methods often do not reveal key facets of a program. In particular, the views of individuals involved in the project are critical and serve as a source of direction for the evaluation as well as for recommendations. Such qualitative input is essential for an evaluation of a pilot project.

3.2 Data Sources

Many techniques may be used to gather data for program design and implementation. This evaluation depended heavily on the files maintained by the project coordinator and existing arrangements among the criminal, social, medical and legal services that deal with sexual abuse of children.

Evaluation conclusions are based on:

- data gathered from police files;
- videotaping project (VP) files;
- videotaping project tracking data;
- interviews;
- tape reviews;
- tape summaries;

- advisory committee minutes; and
- administrative materials.

The evaluation used a broad spectrum of data. The data collection instruments are enumerated in Table 1, with detailed explanation following.

Table 1 Data Collection Instruments

UMR 1	Police/Crown Attorney/Court File Review Instrument (Appendix D)
UMR 2	Tape Summary (Appendix H)
UMR 3	Tape Review (Appendix I)
UMR 4	Generic Interview Schedule for Professionals (Appendix F)
UMR 5	Interview Schedule for Interviewers (Appendix F)
UMR 6	Protocol for Videotaped Children (Appendix G)
VP01	Videotaping Project Police Data Sheet (Appendix B)
VP02	Videotaping Project Evaluation Sheet (Appendix C)
VP04	Children Not Videotaped (Appendix J)

Note: VP instruments were developed by the advisory committee; UMR instruments were developed for the evaluation.

Police Files

The VP01 data collection instrument from the project was used to identify children who had been videotaped (see Appendix B). This recording form was circulated to police by the project coordinator, requesting information on each case of sexual abuse. Detailed file reviews were conducted at the Winnipeg Police Child Abuse Unit and RCMP detachments for the Parklands Region, of all videotaped children from the start of the project through to the end of May 1988, as well as all other reported cases of child sexual abuse for the same period. After all information was gathered from police files, the administrative (VP01 and VP02) forms at the videotaping project office were reviewed.

Additional cases were collected that were within the evaluation period, but were not current in the police child abuse log at the end of May. An additional month was allowed to complete the task, but as of June 30, 24 of the files were

still out for investigation or crown attorney opinion and were unavailable for the evaluation. The resulting sample consisted of 693 cases.

The data collection instrument (UMR 1) was designed to test for social/legal differences between cases in which the child was videotaped and those in which no videotape was made, as well as charges laid and processing of cases (see Appendix D).

Project Files

Data from project files were recorded on the same data collection instrument used for the police files review. After recording information at the Child Abuse Unit, the field staff accessed additional information from project files (VP01 and VP02) held in the office of the project coordinator. The VP02 data collection instrument was sent to any personnel or agency involved in a videotaped case (see Appendix C).

A short form (VP04) was implemented to provide a simple and expedient way for police to report back to the project on why children were not videotaped, but there was a very low response rate.

Comments about the pros and cons of videotaping were recorded from all professionals who completed project forms. Those who did not complete the VP02 forms were interviewed by telephone where possible to complete the gathering of information.

Project Tracking

Although the data collection instrument was also designed to provide information on court processing, there were insufficient court data for the evaluation. Furthermore, no tapes had been used in court. Consequently, the tracking data provided by the project coordinator (see Appendix E) were utilized, rather than the crown attorney and court files.

Interviews

Interviews were conducted with members of the advisory committee and the project coordinator throughout the life of the evaluation. A snowball¹

¹ A snowball procedure is common where there is no master list of potential respondents. Each interview concludes with a request that the respondent indicate other potential key informants. Once additional individuals are cited by several respondents, the snowball procedure can cease, on the basis that most key individuals have been identified.

technique was used to identify other respondents until sufficient numbers began to arise in the administrative forms. Generic interview schedules (UMR4, UMR5) were drawn up and then each was adjusted for specific occupational roles (Appendix F).

There were 47 interviews with the videotape interviewers and users. Twenty-one of these were with interviewers (12 rural RCMP and nine Winnipeg police). Each of them had conducted at least one videotaped interview with a suspected child sexual abuse victim. Twenty-six professionals were interviewed who had viewed at least one of the videotapes. This "user" sample includes 14 social workers (12 child care and two victim assistance workers), nine defence lawyers and three crown attorneys.

Interviews were conducted with five children who had been videotaped. Needless to say, great care had to be taken, and parental or guardian involvement was constant throughout this process. An attempt was made to conduct interviews with victims who were not videotaped; however, despite best efforts, it was not possible to arrange any interviews. Professionals who were contacted were unable to access children who had not been videotaped, nor were they able to provide the evaluation with youths who had refused to be videotaped.

The interview protocol (UMR 6) was brief and did not address the abuse, but rather the perceptions of the children regarding the videotaping process (see Appendix G).

Tape Summaries

A tape summary (UMR 2) was prepared to provide data on the actual videotaping process, including decisions to tape, concerns about taping, props used during taping, disclosures by the child, discrepancies in the child's story, role of observers, emotional state of the child before and during taping, and individuals' comments (see Appendix H). These forms were left at the videotaping location in Winnipeg and forwarded to Dauphin RCMP to be filled out at the conclusion of the interview by the primary interviewer.

Tape summaries include 61 videotapes made in Winnipeg between January and May of 1988, and 11 cases taped in the Parklands Region between February and May of 1988. All of the Winnipeg tapes were made at the Woodsworth Building, while six of the Parklands tapes were made in Amaranth, three in St. Rose, and two in Dauphin.

Tape Reviews

A data collection instrument was designed to record information about the actual videotapes (UMR 3). The instrument was based on the interviews with persons who had viewed a tape (see Appendix I). "Users" were able to provide information about both the positive and negative elements of tapes they had seen. Two researchers reviewed a random selection of tapes from the beginning of the project to the end of May, so that improvements in interviewing and actual creation of the tapes over time could be assessed. In Winnipeg, every tenth tape was chosen; in Parklands, every eighth tape was chosen. A total of 18 tapes were analyzed.

3.3 Analysis

To analyze the quantitative data, a "match key" variable was created for all 123 videotaped cases from the values of the following variables:

type of sexual contact (intercourse, fondling, etc.);

offender-victim relationship;

victim's age (grouped 0-3, 4-6, 7-9, 10-12, 13-17).

The entire sample was sorted on the basis of this key, and then split into two parts: videotaped and nonvideotaped cases. For the nonvideotaped sample, a random number was attached to each case, and the sample re-sorted by this number within the value of the "key". This was done to allow for a random selection of cases having identical "key" values. For every case in the videotaped sample, a matched case from the nonvideotaped sample was selected. The first step of this process was to find exact matches based on all three "key" variables, where possible. Whenever more than one match could be made, the first unused matching case having the lowest random number value was selected. If any unmatched cases remained in the videotaped sample, the process was repeated, with only two "key" variables to be matched (any two). Again, the random number was used to select when more than one choice existed. Finally, remaining unmatched cases (videotaped) were matched with nonvideotaped cases on the basis of any single matching "key" component.

When possible, type of sexual contact or victim-offender relationship was matched before re-sorting by age. Most cases were matched on all three attributes. The matching details of the sample are as follows: entire "key" matches on all three components were obtained in 82 of the 123 cases in the

videotaped sample, 27 cases were matched on two components, and 13 cases were matched on one component.

Bivariate tests were run on the data to look at differences in the two matched samples. The same tests were run using the 123 videotaped cases and the remaining 570 cases that were not videotaped. The results of the two methods were compared, and it was found that there was almost no difference between the matched group and the tests done with the larger sample of cases.

It was therefore decided to use the latter method so that all cases could be included. The following analysis includes 693 cases, of which 123 were videotaped and 570 were not. Selected variables were split between Winnipeg and Parklands.

There are not sufficient court data to inform the evaluation because only a small number of videotaped cases have gone to court. Furthermore, no tapes have been used in court. Cases that have gone beyond the police level can provide only minimal descriptive data at this point.

Of the 149 videotapes made, only 20 cases had been disposed of by the end of May 1988. Police data, however, provided information on the developmental process of the project, as well as descriptive and comparative information on the sociodemographic characteristics of complainants, accused, offences, processing and, to the extent that is possible, the "paths" taken by videotaped and nonvideotaped cases from entry into the system to disposition (or their present state). "Paths" refers to the various agencies and officials that children encounter as they move through the system.

Finally, interview data were synthesized to produce a broad range of evaluation conclusions.

4.0 PROFILE OF CHILDREN, OFFENDERS, AND OFFENCES

4.1 Entry to the System

In Winnipeg, child sexual abuse cases are dealt with through a multidisciplinary approach that involves a process of consultation between the police, the hospital (Child Protection Centre) and child and family services. The agencies involved have protocols defining their respective responsibilities and their relationship to each other.

The Winnipeg Police Department has a Child Abuse Unit, which deals mainly with intrafamilial cases of sexual abuse. The unit has a coordinator and six police officers (three teams) who handle most complaints from children under 18 years of age. Youth Division is handling an increasing caseload because the Child Abuse Unit has become overburdened. Intrafamilial cases typically involve a child and family service agency.

There are six regional child and family service agencies; they are required to investigate all reports of child sexual abuse, to report validated cases to the police, and to work closely with the hospital, the criminal justice system and other social service agencies. The two agencies with the highest caseloads of child abuse each have a child abuse coordinator. Currently, all child and family services agencies must follow the Manitoba Regulations on Child Abuse, Bill 72 (amendments to The Child and Family Services Act) and the Manitoba Guidelines on Identifying and Reporting Child Abuse.

The Child Protection Centre at the Children's Hospital in Winnipeg is one of the primary resources in Manitoba for recognizing and dealing with child sexual abuse cases, as well as providing evidence in court on behalf of the children. The unit is staffed with physicians, nurses, social workers and a psychologist. This hospital-based program is provincially funded, and focusses on diagnosis, treatment and prevention of child abuse in Manitoba. The hospital's protocol includes a referral to police and/or child and family services if there is any indication or suspicion of abuse.

4.2 Description of Videotaped and Nonvideotaped Cases

A total of 149 children were taped to the end of May 1988: 107 were in Winnipeg and 42 were in Parklands. Excluding the 24 that were not available and one case of physical abuse, the taped sample consisted of 123 videotaped children.

Of these, 87 were from Winnipeg, 31 were from Parklands, and five cases involved both sites (Table 2).

Table 2 Breakdown of All Videotaped and Nonvideotaped Cases to May 31, 1988, in Winnipeg and Parklands

	Winnipeg	Parklands	Both	Total
Videotaped	87	31	5	123
Nonvideotaped	507	63		570
TOTAL				693

Figure 1 shows the total number of child sexual abuse cases reported to police in Winnipeg, and the number of those cases in which a videotape was made. Initially in Winnipeg there appears to be no correlation between the number of videotapes made and the total number of child sexual abuse cases. However, after October 1987 the number of videotapes made rises and falls with the number of cases reported. Figure 2 demonstrates this trend -- the percentage of the cases that are taped levels off after October 1987 to about 30 percent of the total cases.

Figures 3 and 4 provide similar information for Parklands. In the first five months all Parklands cases were videotaped, but this slowly dropped off to a low of 15 percent in April-June 1987. Since then the percentage of cases videotaped has remained between 30 and 40 percent of those reported. While this appears to indicate a correlation between the total number of sexual abuse cases reported and the number of videotapes made, these data should be used with caution because of the small number of cases both reported and videotaped in Parklands. The small number of reported cases means that there is high variability in the time series data on the proportion of cases that are taped.

Figure 1 Date Reported to Police (Videotaped Cases and Total Number of Cases - Winnipeg)

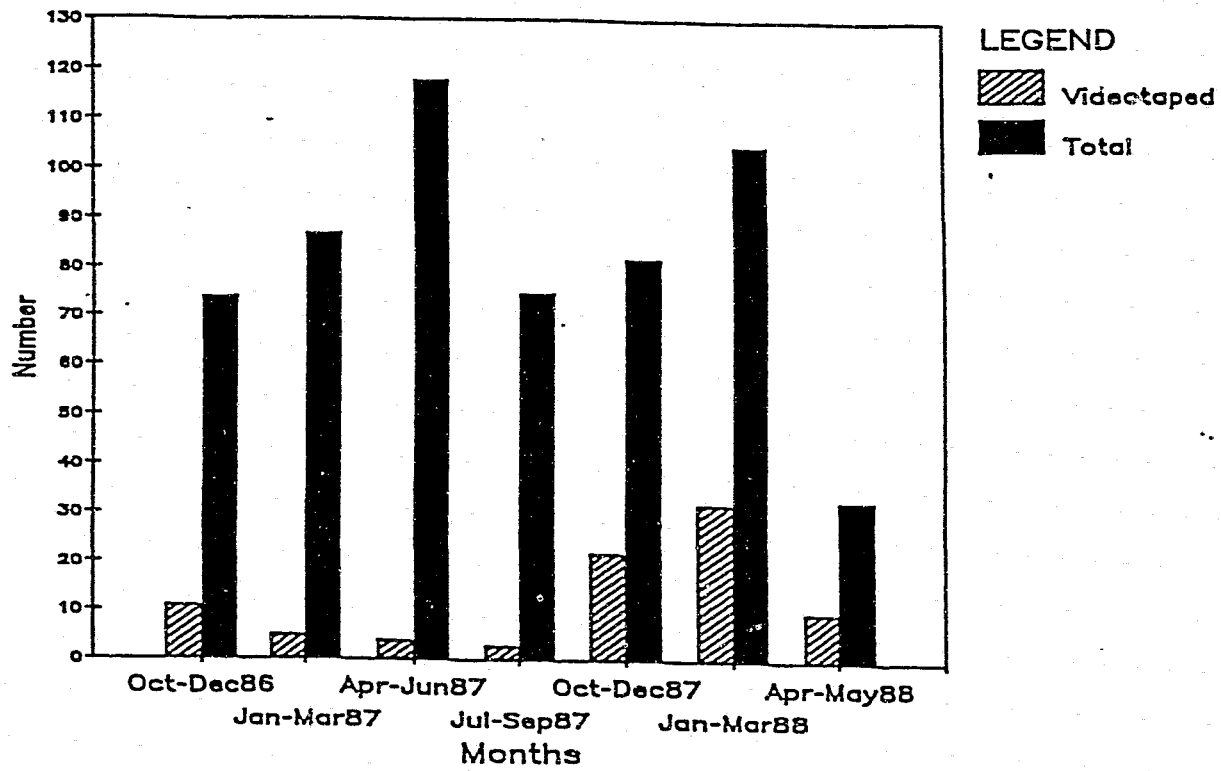


Figure 2 Date Reported to Police (Percentage of Total Cases Videotaped - Winnipeg)

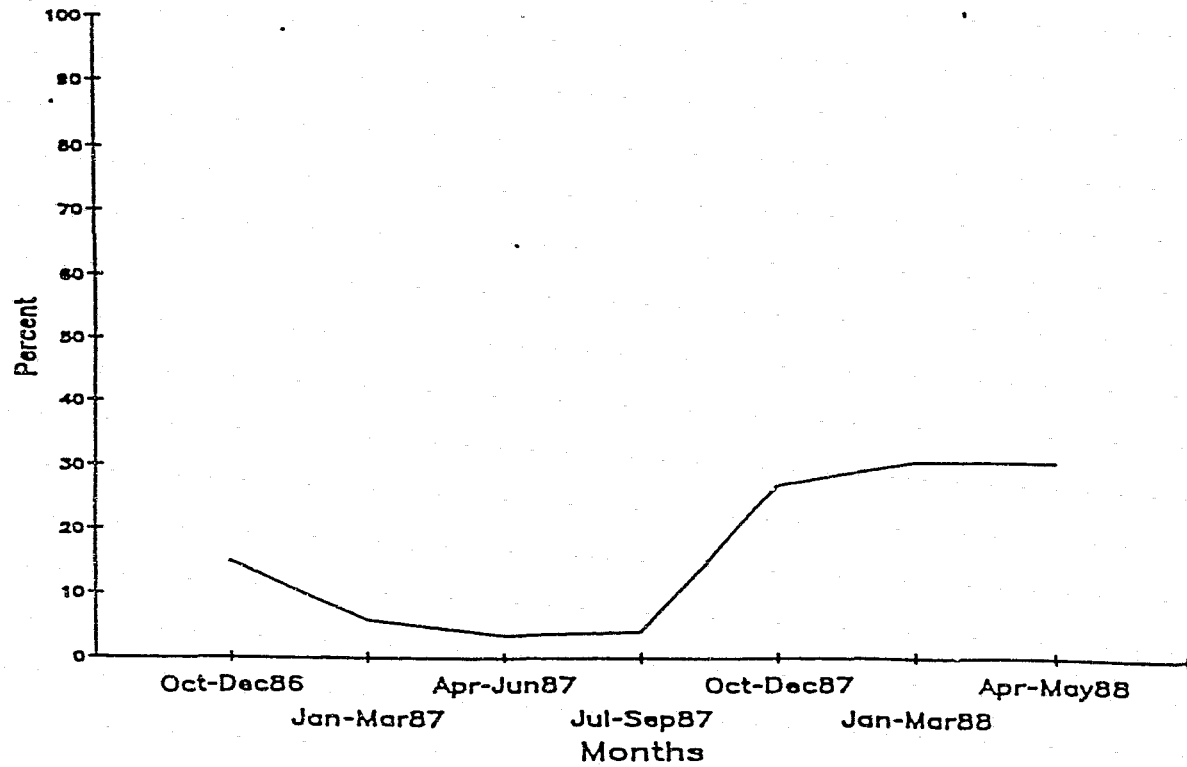


Figure 3 Date Reported to Police (Videotaped Cases and Total Number of Cases - Parklands)

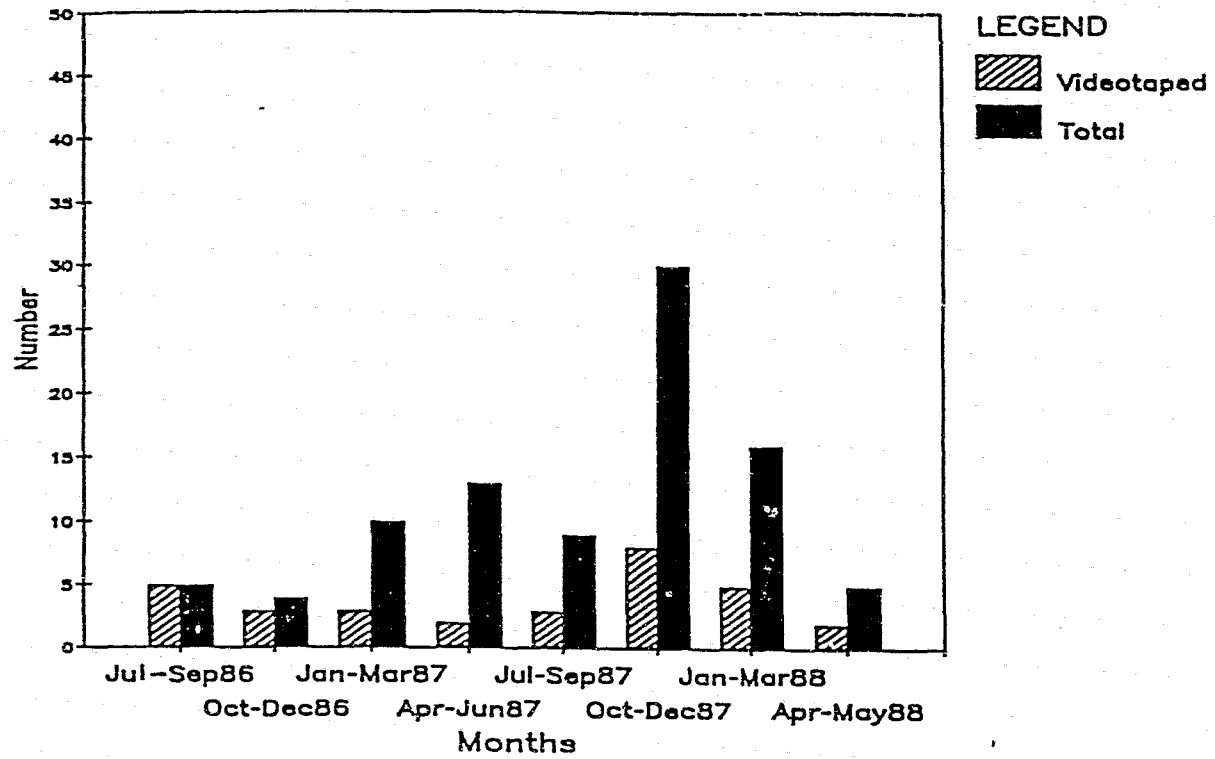
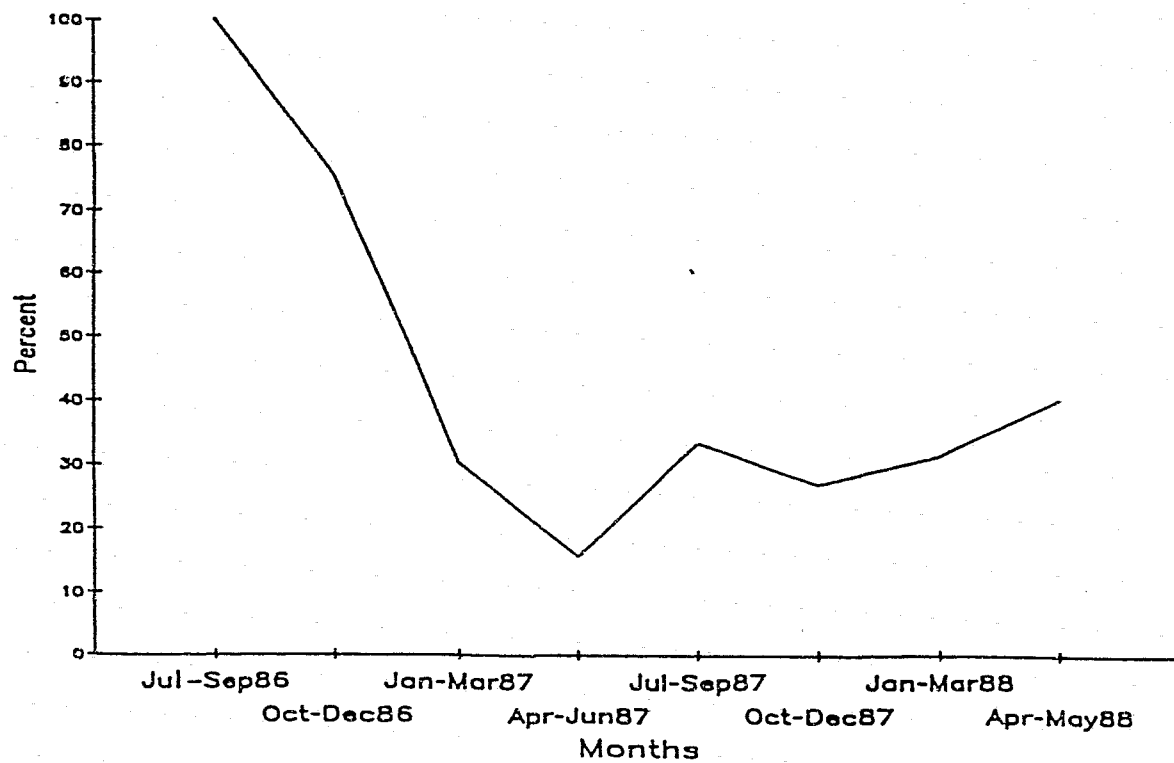


Figure 4 Date Reported to Police (Percentage of Total Cases Videotaped - Parklands)



Profiles of victims, offenders and offences are presented in the following three subsections. It was found that younger victims (11 and under) were most likely to be videotaped, and taping was done more frequently when family members were involved. Offenders in Parklands were younger than they were in Winnipeg. In the videotaped cases, there was a larger percentage of attempted genital/anal intercourse in the Parklands Region than in Winnipeg. However, there was a larger percentage of a combination of sexual offences excluding intercourse in Winnipeg than in Parklands. A videotape was made more often when the child's first disclosure was made to social workers and teachers, and there was a lower percentage of videotaped cases when reporting was delayed at least one year. Cases were more likely to be videotaped when the social worker made the report to the police.

Because of the small number of cases that have proceeded to court, no conclusion can be reached as to the differences between videotaped and nonvideotaped cases, or between the two sites.

4.3 Victim Profile

Gender

The majority of victims in both the videotaped cases (82.1 percent) and nonvideotaped cases (81.6 percent) were female (Table 3).

Table 3 Gender of Victim by Videotape Made

	% No N= 123	% Yes N= 570
Male	17.9	18.4
Female	82.1	81.6

Age

The age of the victim at the time of report ranged from one year to 28 years. The majority of victims who were videotaped were under the age of 11 (67.5 percent), while percentages in the nonvideotaped sample were quite evenly distributed between under 11 (47.9 percent) and ages 11 to 17 (48.4 percent).

The videotaped cases did not include victims over the age of 17, and only 3.7 percent of the nonvideotaped cases fell into this category (Table 4).

Table 4 Age of Victim by Videotape Made

Age	% Yes N=123	% No N=568
1-10 Years	67.5	47.9
11-17 Years	32.5	48.4
18 Years +	-	3.7

The videotaped children in Parklands were somewhat younger than those in Winnipeg (Table 5).

Table 5¹ Age of Victim by Videotape Made by Location

Age	% Winnipeg N=87	% Parklands N=31
1-10 Years	65.5	80.6
11-17 Years	34.5	19.4

Offender-Victim Relationship

The majority of victims were related to the offenders (65.6 percent of those videotaped and 54.5 percent of those not videotaped). The modal category for the videotaped cases was father (28.6 percent) and for nonvideotaped cases, other relative (29.6 percent). There were more victims who were acquaintances of the offender in the nonvideotaped sample (14.3 percent vs. 3.3 percent) and there were more family friends who were identified as the offender in the videotaped sample (16.8 percent vs. 9.4 percent; Table 6).

¹ Cases do not total 123 because the five cases that pertain to both sites have been excluded from the table.

Table 6 Offender-Victim Relationship by Videotape Made

	% Yes N= 119	% No N= 554
Father	28.6	14.3
Other Relative	25.2	29.6
Step/CL/Adoptive Parent	10.1	10.1
Mother	1.7	.5
TOTAL RELATIVE	(65.6)	(54.5)
Family Friend	16.8	9.4
Acquaintance	3.3	14.3
Other Nonrelative	8.4	9.7
Stranger	5.0	5.2
Neighbour	.8	6.5
TOTAL NONRELATIVE	(34.3)	(45.1)

As seen in Table 6A, there were no significant differences in relationship between offenders and victims by location. Only the category "acquaintance" shows a noticeable difference (13.7 percent) between Winnipeg and Parklands.

Table 6A Offender-Victim Relationship by Location

	% Winnipeg N=577	% Parklands N=86
Father	16.8	14.0
Other Relative	28.6	30.2
Step/CL/Adoptive Parent	11.1	5.8
Mother	.9	--
Family Friend	10.2	14.0
Acquaintance	10.7	24.4
Other Nonrelative	9.7	5.8
Stranger	6.3	1.2
Neighbour	5.7	4.7

Summary

Younger victims (11 and under) were most likely to be videotaped, and taping was done more frequently when family members were involved.

4.4 Offender Profile

Gender

The vast majority of offenders in the videotaped cases (95 percent) and nonvideotaped cases (96 percent) were male (Table 7).

Table 7 Gender of Offender by Videotape Made

	% Yes N=120	% No N=556
Male	95.0	96.0
Female	5.0	4.0

Age

The age of offender at time of report ranged from six to 87 years in the nonvideotaped cases and from 12 to 74 years in the videotaped cases (Table 8). The modal category in both samples was 30-39 years (28.6 percent videotaped and 25.2 percent nonvideotaped). There was a notable difference between the Winnipeg and Parklands regions in the videotaped sample. A larger percentage of the Parklands offenders were younger -- 44.4 percent were under the age of 16, while only 9.3 percent of the Winnipeg offenders fell into that age group (Table 9).

Table 8 Age of Offender at Time Videotape Made

Age	% Yes N=98	% No N=467
	Under 18 Years	21.4
18 to 24 Years	6.1	13.3
25 to 29 Years	10.2	8.5
30 to 39 Years	28.6	25.2
40 to 49 Years	18.3	13.8
50 Years +	15.2	17.5

Table 9 Age of Offender at Time Videotape Made by Location

Age	% Winnipeg N=75	% Parklands N=18
	1 to 15 Years	9.3
16 to 29 Years	26.7	5.6
30 to 39 Years	30.7	16.7
40 to 49 Years	20.0	16.7
50 Years +	13.3	16.7

Marital Status

The offenders in both samples were more likely to be single (38.3 percent in the videotaped cases, 47 percent in the nonvideotaped cases) than married (32.1 percent in the videotaped cases and 29.1 percent in the nonvideotaped cases; Table 10).

Table 10 Marital Status of Offender by Videotape Made

	<u>%</u> Yes N=81	<u>%</u> No N=419
Married	32.1	29.1
Single	38.3	47.0
Divorced	13.6	8.4
Separated	11.1	5.3
Common-Law	4.9	9.5
Other	-	.7
<u>Chi-Square</u>	<u>D.F.</u>	<u>Significance</u>
9.33626	5	0.0964

Summary

Offenders in Parklands were younger. Otherwise there appear to be no differences between offenders in Winnipeg and Parklands, or between cases that were videotaped and those that were not.

4.5 Profile of Offences

Type of Sexual Contact

The most common type of sexual contact in both samples (Table 11) was touching/grabbing and fondling (32.7 percent of videotaped cases and 39.7 percent of nonvideotaped cases) followed by a combination of sexual offences excluding intercourse (38.9 percent videotaped and 36.2 percent nonvideotaped). In the videotaped sample, there was a larger percentage of attempted genital/anal

intercourse in the Parklands Region (25.9 percent) than in Winnipeg (2.5 percent; Table 12). However, there was a larger percentage of a combination of sexual offences excluding intercourse in Winnipeg (46.9 percent) than in Parklands (18.5 percent).

Table 11 Type of Sexual Contact by Videotape Made

	% Yes N=113	% No N=539
Genital/Anal Intercourse	20.4	23.0
Attempted Intercourse	8.0	1.1
Touch/Grab/Fondle	32.7	39.7
Other	38.9	36.2

Table 12 Type of Sexual Contact by Location

	VIDEOTAPED CASES	
	% Winnipeg N=81	% Parklands N=27
Genital/Anal Intercourse	20.9	22.2
Attempted Intercourse	2.5	25.9
Touch/Grab/Fondle	29.6	33.3
Other	46.9	18.5

Disclosure

The first disclosure of assault (Table 13) was most often made to the victim's mother or surrogate mother (36.2 percent of those videotaped and 36.6 percent of those not videotaped) followed by a social worker or counsellor (27.6 percent videotaped and 15.9 percent nonvideotaped) and teacher or school counsellor (21 percent videotaped and 10.8 percent nonvideotaped). Overall, the first disclosure was more likely to be made to a nonrelative than to someone related to the victim (59.2 percent videotaped, 52 percent nonvideotaped).

Table 13 To Whom Victim First Disclosed Assault by Videotape Made

	% Yes N=105	% No N=508
Mother/Surrogate	36.2	36.6
Sibling	2.9	3.1
Other Relative	1.9	4.5
Father/Surrogate	-	3.5
TOTAL RELATIVE	(41.0)	(47.7)
Social Worker	27.6	15.9
Teacher/School	21.0	10.8
Friend	4.8	8.7
Other Nonrelative	2.9	3.7
Doctor/Medical	1.9	3.5
Police	1.0	9.4
TOTAL NONRELATIVE	(59.2)	(52.0)

Police were rarely contacted immediately after the assault (Table 14). In only 15.7 percent of the videotaped cases and 16.1 percent of the nonvideotaped cases were police contacted within 24 hours of the assault (or last assault if continual). However, police were called within the same month of the assault in the majority of videotaped cases (63.7 percent) and nonvideotaped cases (51.9 percent). Not surprisingly, a higher percentage of nonvideotaped cases (22.8 percent) than videotaped cases (12.8 percent) were those for which reporting was delayed at least one year.

Table 14 How Long After Assault Police Report Was Made, by Videotape Made

	% Yes N=102	% No N=496
Immediately	15.7	16.1
25-48 Hours	4.9	5.6
49 Hours-7 Days	14.7	13.7
8 Days-1 Month	28.4	16.5
1-6 Months	20.6	19.2
7-12 Months	2.9	6.0
1-2 Years	2.0	3.8
Over 2 Years	10.8	19.0

There were also rural/urban differences within the videotaped sample. Police were contacted immediately after the assault or assaults in a larger percentage of the Parklands cases (38.9 percent) than those in Winnipeg (11.3 percent). Police were called within the same month of the assault in 88.9 percent of the Parklands cases and 61.4 percent of the Winnipeg cases (Table 15).

Table 15 Police Report Made by Location

	VIDEOTAPED CASES	
	% Winnipeg N=80	% Parklands N=18
Immediately	11.3	38.9
25-48 Hours	2.5	16.7
49 Hours-7 Days	13.8	22.2
8 Days-1 Month	33.8	11.1
1-6 Months	23.8	5.5
7-12 Months	1.3	5.5
1-2 Years	1.3	-
Over 2 Years	12.5	-

In both types of cases, the offences were most often reported by a social worker. However, more than half of the nonvideotaped cases (55.8 percent), compared with just over one third of the videotaped cases (37.8 percent) were reported by someone other than a social worker (e.g., mother, school, hospital).

Table 16 Who Reported Offence to Police by Videotape Made

	% Yes N= 122	% No N= 548
Social Worker	62.3	44.2
Mother/Surrogate	10.7	16.8
Other	10.7	27.7
School	9.8	3.1
Hospital	6.6	8.2

Physical Force and Injury

In the majority of cases in both samples, no information was available on the nature of force and/or intimidation used by the offender. Of those cases where information was available (videotaped N=28, nonvideotaped N=172) the modal category, physical abuse, was cited in 58.6 percent of the videotaped cases and 59.3 percent of the nonvideotaped cases (Table 17). These percentages are very misleading because of the small number of cases for which information was available.

Table 17 Nature of Force or Intimidation Used by Videotape Made

	% Yes N= 28	% No N= 172
Physical	58.6	59.3
Verbal	30.9	22.7
Physical & Verbal	10.4	17.9

Information on the use of a weapon by the offender was available for an even smaller number of cases (videotaped N=5, nonvideotaped N=35) and was cited in all of the videotaped cases and seven of the nonvideotaped cases (Table 18).

Table 18 Use of Weapon by Videotape Made

	% Yes N=5	% No N=35
Yes	100.0	20.0
No	-	80.0

Injuries were present in slightly more than half of the victims (55.6 percent) in the videotaped sample and 48.9 percent of victims in the nonvideotaped sample (Table 19). However, almost half of the videotaped cases and more than half of the nonvideotaped cases were missing for this variable.

Table 19 Documented Injuries Suffered by Victim by Videotape Made

	% Yes N=72	% No N=225
Yes	55.6	48.9
No	44.4	51.1

Circumstances of Abuse

Data were collected as to whether the victim was instructed not to tell anyone about the assault and whether the victim was enticed into performing sexual acts with promises of drugs, money or alcohol. Unfortunately, very little information was available for any of these variables and generalizations cannot be made.

Data were also collected on the presence of drugs or alcohol in the victim and/or offender during the assault. Again, conclusions cannot be drawn from the limited information available.

Summary

In the videotaped sample, there was a larger percentage of attempted genital/anal intercourse in the Parklands Region than in Winnipeg. However, there was a larger percentage of a combination of sexual offences excluding intercourse in Winnipeg than in Parklands.

A videotape was made more often when the child's first disclosure was made to social workers and teachers, and there was a lower percentage of videotaped cases when reporting was delayed at least one year. Cases were more likely to be videotaped when the social worker made the report to the police.

4.6 Police Processing

Police regarded most of the complaints received as "founded" (80.2 percent videotaped, 81.9 percent nonvideotaped; Table 20). In the videotaped sample, Winnipeg had a much larger percentage of "founded" cases (87.4 percent) than did the Parklands Region (55.2 percent). Table 21 is significant at the .006 level. Police laid charges in 53.5 percent of the videotaped cases and 59 percent of the nonvideotaped cases (Table 22). Not surprisingly, considering the differences in founded and unfounded cases between Winnipeg and Parklands, police laid more charges in Winnipeg (59.5 percent) than in Parklands (24 percent, Table 23).

Table 20 Police Classification of Complaint by Videotape Made

	% Yes N=121	% No N=565
Founded	80.2	81.9
Unfounded	19.8	18.1

Table 21 Police Classification of Complaint by Location

VIDEOTAPED CASES		
	% Winnipeg N=87	% Parklands N=29
Founded	87.4	55.2
Unfounded	12.6	44.8

Table 22 Charges Laid by Videotape Made

	% Yes N=114	% No N=549
Charges Laid	53.5	59.0
No Charges Laid	46.5	41.0

Table 23 Charges Laid by Location

	% Winnipeg N=84	% Parklands N=25
Charges Laid	59.5	24.0
No Charges Laid	40.5	76.0

The majority of charges laid were sexual assault (144 counts or 56 percent of videotaped cases, 494 counts or 54.8 percent of nonvideotaped cases; Table 24).

Table 24 Initial Charges Laid by Police

	Videotaped N=60		Nonvideotaped N=324	
	#	Counts %	#	Counts %
Sexual Assault	144	56.0	494	54.8
Sexual Assault-Threats/Bodily Harm	1	0.4	9	1.0
Buggery	8	3.1	24	2.7
Gross Indecency	41	16.0	130	14.4
Sexual Intercourse with a Female under 14 Years	9	3.5	50	5.5
Sexual Intercourse with a Female between 14-16	2	0.8	2	0.2
Incest	14	5.4	19	2.1
Sexual Interference	17	6.6	26	2.9
Invitation to Sexual Touching	3	1.2	3	0.3
Sexual Exploitation	2	0.8	6	0.7
Indecent Assault	2	0.8	43	4.8
Other	14	5.4	95	10.5
TOTAL	257	100.0	901	100.0

Summary

In the videotaped sample, Winnipeg had a much larger percentage of "founded" cases than did Parklands and police laid more charges in Winnipeg than in Parklands. There appear to be no differences between the videotaped and nonvideotaped cases in the percentage that were classified as founded or for which charges were laid.

4.7 Crown and Court Proceedings

In the cases of the 149 children who were taped to the end of May 1988, 142 offenders were involved. Of these 142, 30 had cases that were pending processing, and 60 had no charges laid (Figure 5). Of 52 accused² who had charges laid, only 20 had been disposed of at the end of May 1988. As Figure 6 shows, nine of the 20 accused pleaded guilty, six went to trial, and five had their charges stayed.

There are far fewer charges in Parklands than in Winnipeg (26.8 percent compared with 40.6 percent). However, this information must be viewed with caution because of the small sample sizes. See tables 25, 26 and 27 for a detailed breakdown.

² The N of 52 refers to individuals accused and not cases. Some cases involve multiple victims.

Figure 5 Processing of Videotaping Cases

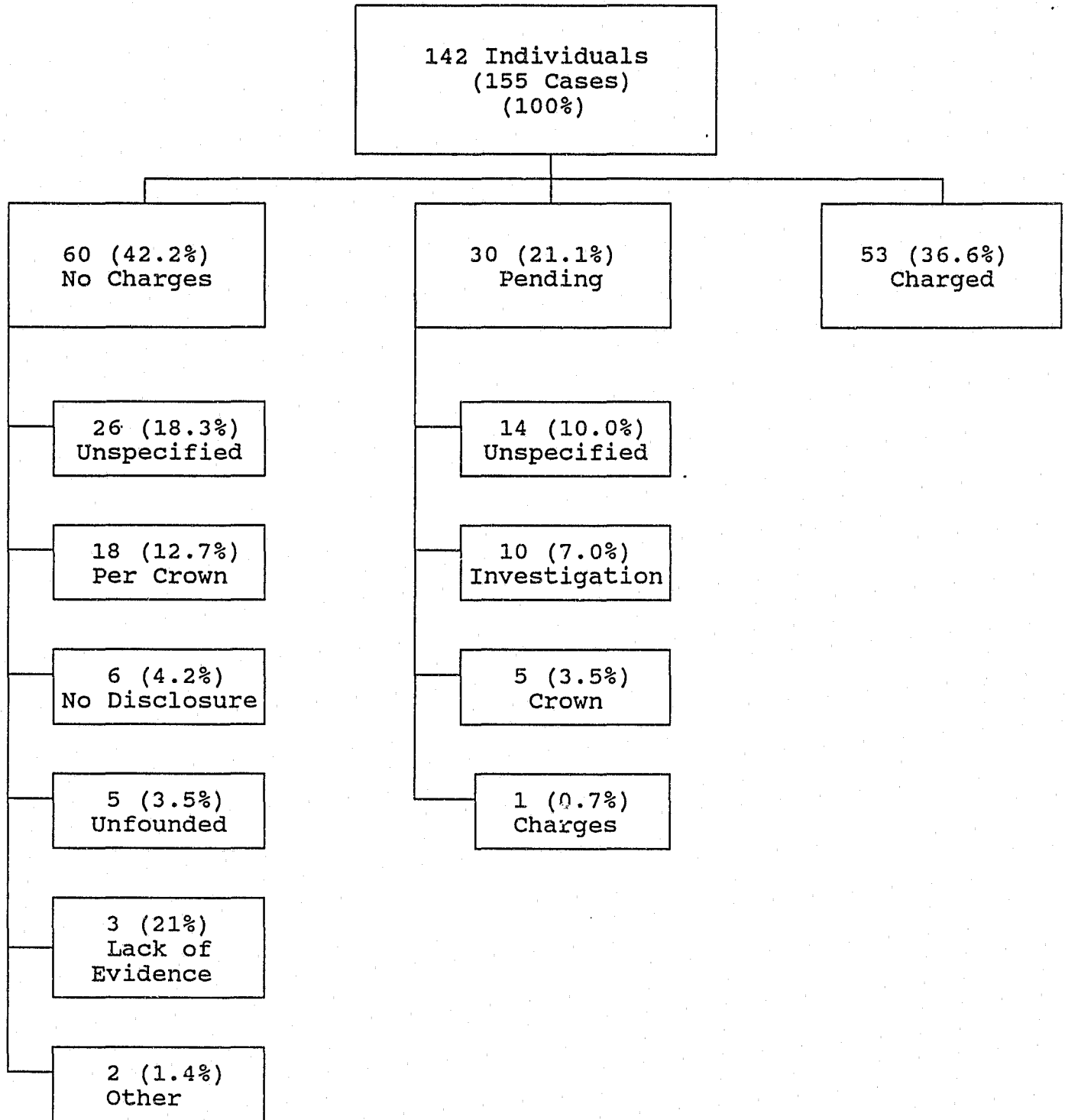


Figure 6 Videotaping Cases: Individuals Charged

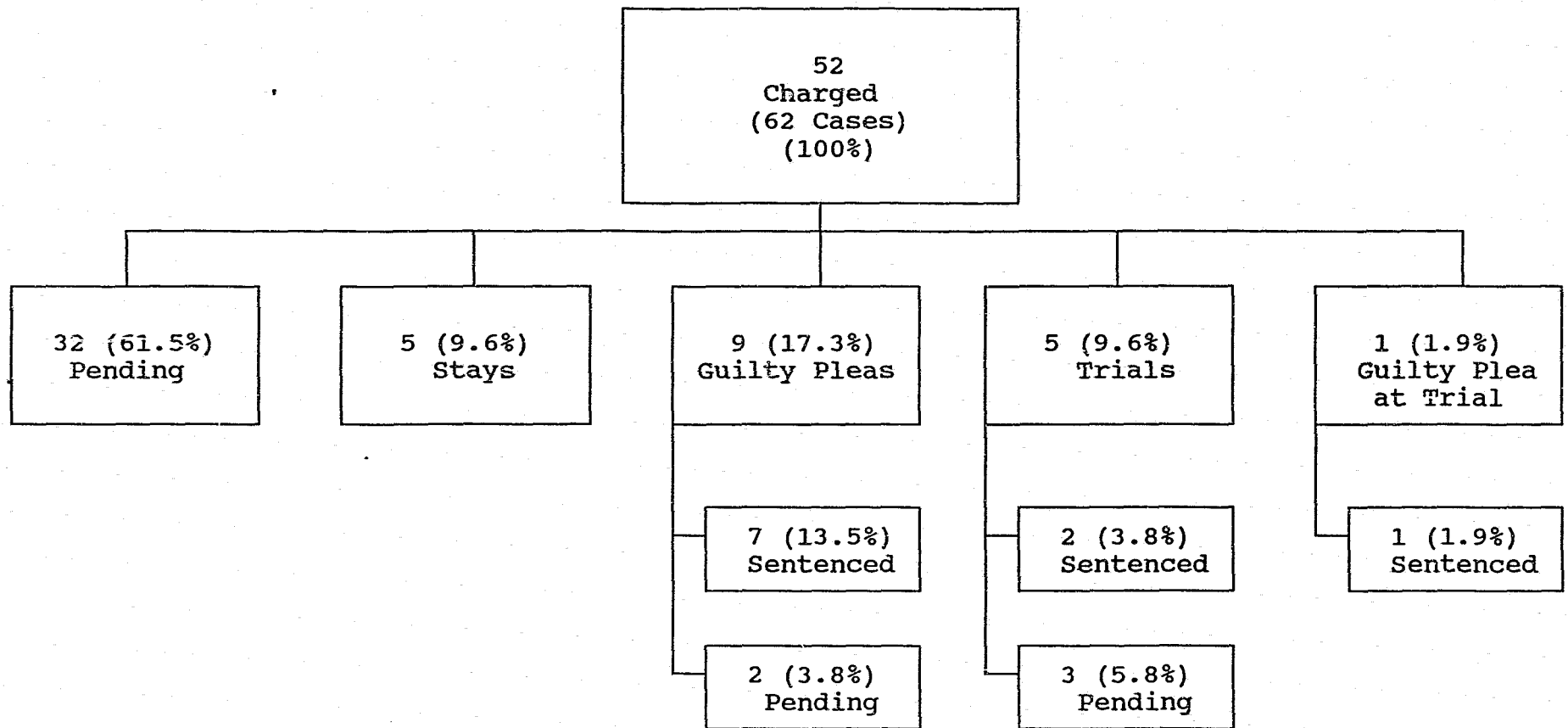


Table 25 Stage of Processing Accused

	Winnipeg		Parklands		Total	
	N	%	N	%	N	%
Charged	41	40.6	11	26.8	52	36.6
No Charges	41	40.6	19	46.3	60	42.2
Pending	19	18.8	11	26.8	30	21.1
TOTAL	101	100.0	41	99.9	142	99.9

Table 26 Individuals Not Charged or Pending

	Winnipeg	Parklands
No Charges		
Unspecified	14	12
Per Crown	13	5
No Disclosure	6	0
Unfounded	4	1
Lack of Evidence	2	1
Other	2	0
TOTAL	41	19
Pending		
Unspecified	8	6
Investigation	7	3
Crown	3	2
Charges	1	0
TOTAL	19	11

Table 27 Individuals Charged

	Winnipeg	Parklands
Pending	30	2
Stayed	4	1
Pleaded Guilty Trial	5 2	4 3
Pleaded Guilty at Trial		1
TOTAL	41	11

Table 28 provides a description of the 20 individuals whose cases have proceeded to the court level.

Summary

Because of the small number of cases that have proceeded to court, no conclusion can be reached as to the differences between videotaped and nonvideotaped cases, or between the two sites.

Table 28 Details of Processing

Relationship	No. of Victims	Age of Victims	Charge	Proceedings	Sentence
Mother's half brother	2	9, 11	Sexual assault x5 Gross indecency x4 Forcible confinement x2	Youth Court	1 year probation & conditions
Family Friend	2	8, 10	Sexual assault x4	Plead guilty (Youth Court)	Counselling No contact
Babysitter	1	7	Sexual assault Gross indecency	Plead guilty Stayed	6 months probation
Friend of Mother	1	8	Sexual assault causing bodily harm Sex w/f < 14	Trial pending Stayed	
Mother C.L.	1	n/a	Sexual assault x2 Gross indecency Sex w/f > 14 Additional charges	Stayed	
Father	1	16	Sexual assault x4 Incest x3	Trial	Pending
Father	2	13, 16	Sexual assault x3 Gross indecency x2	Plead guilty	3 months consec. 2 months consec. 14 days consec. gun confiscated 1 year supervision
Father	2	8, 14	Sexual assault x4	Trial	6 months prison
Father	1	10	Incest/gross indecency Sexual assault	Stayed Plead guilty	8 months prison 3 yrs supervision probation/no contact
Friend of Father	1	10	Sexual assault x2	Stayed	
Acquaintance	1	10	Sex w/f < 14	Stayed	
Brother	1	7	Sexual assault	Plead guilty (YCRT)	Pending
Stepfather	1	13	Sexual assault	Plead guilty	2 months prison 1 yr. probation

Table 28 Details of Processing (con't)

Relationship	No. of Victims	Age of Victims	Charge	Proceedings	Sentence
Mother's boyfriend	1	10	Gross indecency x2 Sexual assault Buggery	Plead guilty at trial Acquitted	3 yrs consec.
Father	1	13	Sexual assault x2	Plead guilty Stay 1 charge	1 yr suspended sentence with supervision
Father's friend	1	9	Sexual assault Sexual interference	Plead guilty	Pending
C/L Father	1	10	Sexual assault x2 Corrupting child	Plead guilty	9 months consec. 2 yrs supervised probation with conditions
Father	1	n/a	Sexual assault	Trial	Pending
Babysitter	2	2, 4	Sexual assault x2	Stayed (YCRT)	
Stepfather	1	14	Sexual assault Sex w/f < 14 Buggery Gross Indecency	Stayed	

Note: Four offenders were youths; one case was stayed in Youth Court; three cases pleaded guilty in Youth Court

4.8 Tracking of Cases

Figures 7 and 8 demonstrate the flow of videotaped and nonvideotaped cases through the criminal justice and child care agencies from intake into the system.

Figure 7 Videotaped

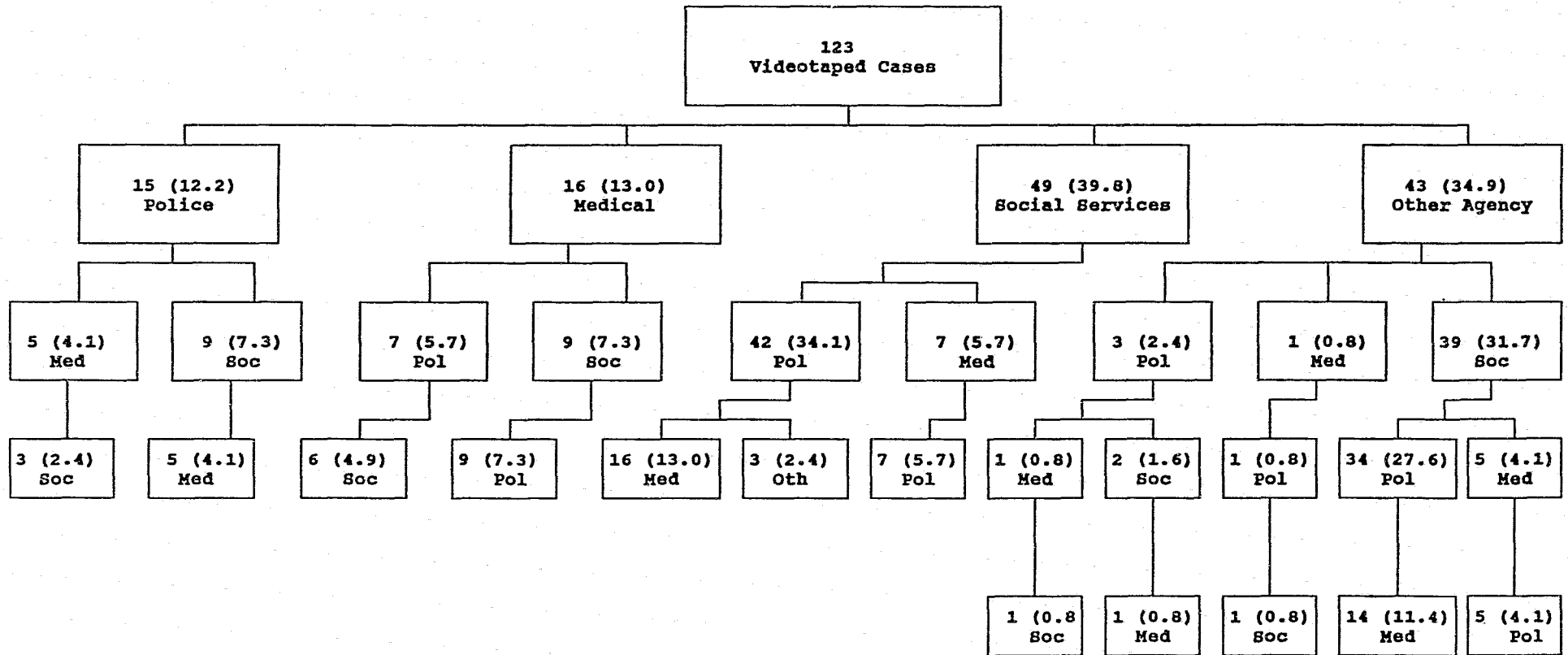


Figure 8 Nonvideotaped

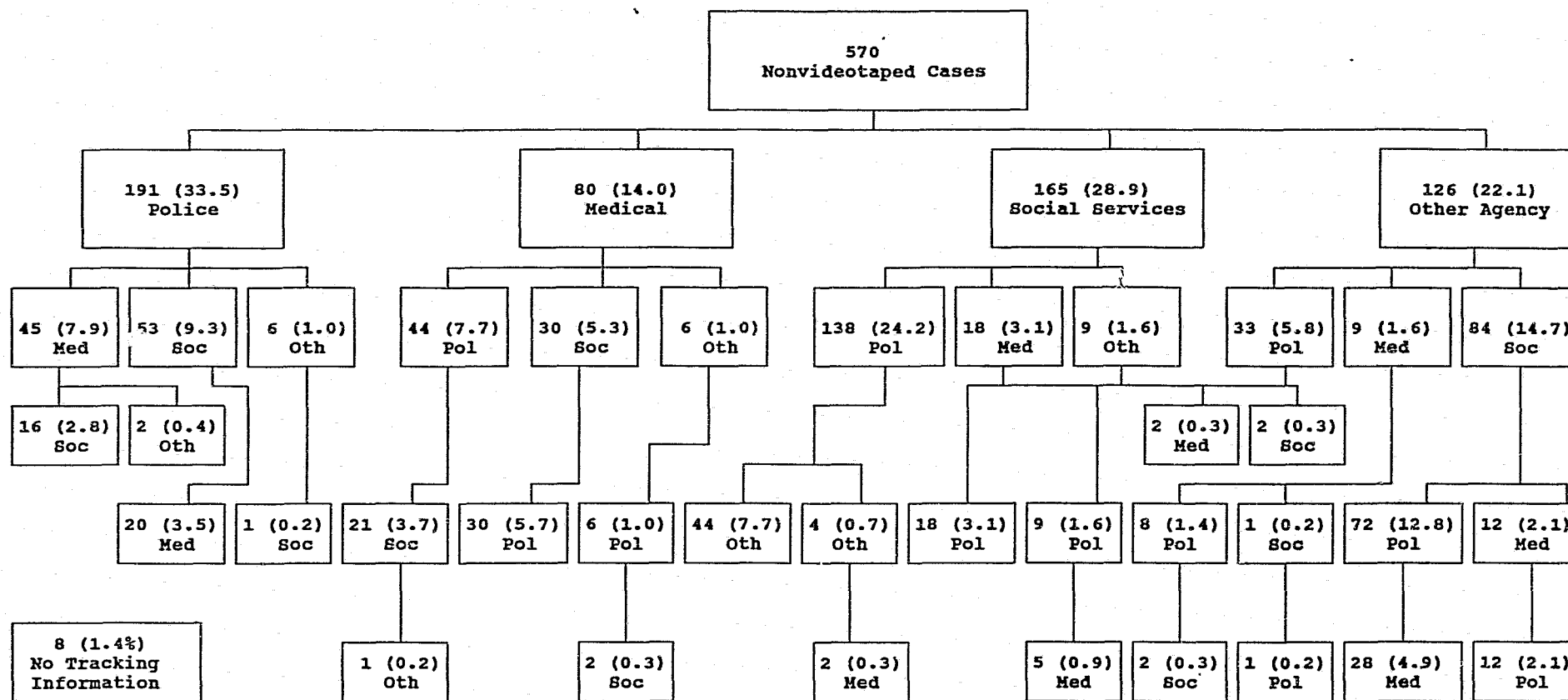


Figure 7 shows the paths of 123 videotaped cases, most of which entered the system through social services, followed by "other agency",³ which in almost all cases refers to the school. A considerably smaller percentage entered through medical services and the police.

Figure 8 shows the paths⁴ of 579 nonvideotaped cases, most of which entered the system through the police, followed by social services, "other", and medical.

Children were more likely to be videotaped when entering the system through social services; conversely, when police were the first agency contacted, there was less likelihood of a videotape being made. However, a number of cases (87 of the nonvideotaped and one videotaped) were terminated (or lost) at the police level, which was not the situation when cases entered at social services, medical, or school. This is probably because third-party reports likely will be made directly to the police and are usually not reported to social services. Police decide which cases are videotaped, and there appears to be a selection based on the cases that move through social services to police. This may be because these are predominantly intrafamilial, which are the cases that are most often taped.

³ Where "other" is found farther down on the figure, it refers to a therapist/psychologist/psychiatrist.

⁴ "Path" means the order in which sexual abuse cases proceed through various agencies as they are being investigated and processed through the system.

5.0 IMPACT OF VIDEOTAPING

This section addresses the study issues relating to the administration of the project, use of the videotapes, and their impact. The review of the impact of videotaping was accomplished by interviewing those people involved in the process. This included nine Winnipeg police officers, 12 RCMP officers in Parklands, and 26 professionals (14 social workers, nine defence lawyers, and three crown attorneys). Other data sources from the study were also integrated where they are relevant in addressing the questions.

Each issue and question developed in the evaluation framework is addressed. Questions that could not be addressed include:

- At what point in the legal process are guilty pleas occurring?
- Is there evidence of a change from previous practice?
- Is the videotaping project influencing the rate of convictions?
- Has videotaping influenced reporting of child sexual abuse among the native population on reserves?
- Does videotaping discourage the child from recanting?
- If the videotape is made some months (or years) after the abuse has taken place, does this have an effect on the quality of information?

5.1 Administrative Issues

5.1.1 Equipment Requirements

Is the equipment adequate?

All of the police interviewers thought that the quality of the videotaping equipment was adequate for their purposes. The rural RCMP use equipment from Dauphin. Only five of the RCMP officers reported that additional equipment would improve the interviews. Three mentioned that a second microphone was needed to improve the sound quality of the tapes, while two suggested that a screen or two-way mirror should be set up so that the child cannot see the camera. The Winnipeg police are using equipment purchased by the videotaping project. Seven of the officers said that a remote microphone or

earpiece for communication between the camera operator and the interviewer would be very useful.¹ Another respondent felt that the current microphone was too large and that a smaller, more condensed one was needed.

Is equipment accessible?

Both the RCMP and the Winnipeg police reported the equipment to be accessible. Only one respondent (Winnipeg police) said that he had some difficulty in gaining access to the equipment. On two occasions early in the study, the equipment was stored in a new area and he was not told. This has not been a recurring problem.

Are there differences in equipment needs between the two sites?

Winnipeg's videotaping equipment was purchased by the project; the Parklands RCMP already owned taping equipment. Because of the distances involved in the Parklands Region, mobility is necessary. Therefore, the equipment is portable and available to any detachment throughout the region. In Winnipeg the equipment is essentially stationary (although in a few cases it has been moved to another location for tapings).

Conclusion

With few exceptions, the equipment is reported to be accessible and adequate in both sites.

5.1.2 Personnel

Are there enough personnel?

The Winnipeg police were originally severely understaffed and were unable to respond (often for weeks) to the large number of child abuse reports. However, while this was true when the Child Abuse Unit was dealing with most of the cases, now the Youth Division of the city police has also been assigned to child abuse cases: an additional 35 officers.

Sufficient numbers of RCMP officers are available in Parklands to deal with the current videotaping cases. Although one officer, who has become known as a specialist, does most of the videotaped interviews, personnel shortage has not

¹ This equipment was later purchased (July 1988) and was to be installed.

been perceived as a handicap to videotaping. However, training of all Parklands RCMP officers is required.

5.1.3 Suitability of Videotaping Location

Are facilities adequate?

Almost all the RCMP interviews are conducted in "interview" or "coffee" rooms within the detachments. The exceptions were two interviews conducted in schools, one in a hospital and one in a government building.

Only four of the 12 RCMP officers in Parklands said that their facilities were not suitable for taping. They mentioned factors such as the size of the rooms (too big), atmosphere ("cold") and distractions (the camera, coke machines, toys, other people).

The Winnipeg police interviews are conducted at the Woodsworth Building. Two of the nine officers also did an interview at the Children's Home offices and an interview at a child and family services office. The officers were generally happy with the space at the Woodsworth Building. However, six officers mentioned distractions such as broken blinds, repairmen and the size of the building (e.g., the fact that it is on the ninth floor and children want to look out the window and watch the cars). Also, one officer thought the size of the building was intimidating to most children.

Are facilities accessible?

The biggest problem with the Woodsworth Building was inaccessibility. Eight officers said that they had to reschedule or cancel videotaping because the rooms were already booked. However, only three of these officers felt that this problem seriously inconvenienced them. In these three cases the officers had to proceed without taping the interview.

A decision was made to look for space closer to the Public Safety Building, but this idea was dropped because it was decided by police that the one-way mirror at the present facility was more valuable than the convenience of a closer venue.

Do the facilities differentially influence the project between the two sites?

Since the majority of officers in both sites were pleased with the videotaping facilities and equipment, it does not appear from the interviews that

these factors influence the project differentially between the two sites. None of the RCMP felt that it was a problem either to reach the Dauphin Identification Unit or to find someone else to do the interview.

Conclusion

The facilities, while not ideal, are adequate for the purposes of videotaping. Staffing problems in Winnipeg have been resolved.

5.1.4 Tape Ownership/Access

The 26 "users" were asked questions regarding access, control and ownership of the tapes. In Winnipeg, the Police Department holds the tapes and is responsible for their use. The current protocol states that the child and family services worker involved in the case may have access to the tape, while other professionals involved in the case may have access at the discretion of the coordinator of the Child Abuse Unit. In Parklands, authority for viewing a tape can be obtained from the child and family social worker involved in the case or the investigating officer.

Who should have access to the tapes?

Twenty-three of the 24 respondents who answered the question on access said that the tapes should be available to all professionals involved in the case. The one respondent who disagreed was a crown attorney who felt that the tapes should not be viewed by the defence. Two respondents said the restrictions should apply to viewing of tapes by the offenders. One said that the offender should not view the tape alone² and that there should be some purpose attached to such viewing. Another felt that offenders should only be allowed to view the tapes for therapeutic reasons.³ This respondent also felt that child and family services should be notified whenever an offender viewed a tape because "say we had just allowed supervised visits, we could be setting the child up."

The respondents were not concerned about the tapes being used for educational or training purposes. Indeed, some of the respondents had personally viewed tapes for those purposes. However, three respondents said that there

² The project coordinator has said that offenders see tapes only when accompanied by police, although it is anticipated that in future, offenders will see tapes with their lawyers.

³ Social workers have said they used tapes for therapy and in some cases offenders were included in the treatment.

should be additional guidelines for these uses. One suggested special permission, while another felt that there should be selected tapes for this purpose where the child's face is shadowed in order to protect his or her privacy.

Who should control the use of tapes?

Of the 19 replies to this question, 13 stated that the decision should be made jointly by several professionals involved in the case, such as the crown attorney, police and case worker. The others felt it should be the decision of one professional, such as the case worker, crown attorney, or judge.

Since there was little concern about the viewing of tapes by all involved in the case, the question of control became more a question of responsibility. Who should be responsible for ensuring that the tapes are available? Who should be responsible for the cataloguing, labelling, storage? As with any evidence gathered, this is the responsibility of the police.

Should victims be consulted about who sees the tapes?

The majority of the respondents (N=18) felt that victims or their guardians should be consulted in some way about who sees their tapes. Nine respondents felt that the victim or guardian should be told before the tape is made that people will have access to the tape. Four respondents said that the tapes should be treated in the same manner as a written statement: "There is a point where the state takes over and it becomes a state matter." In other words, the tape is the property of the state. Three respondents were concerned that telling the child about potential viewers might seriously affect what the child will disclose on tape: "If you tell kids that their father might see it, it might ruin everything."

Does current protocol protect the rights of victims?

Nine of the social workers and one crown attorney expressed concern with respect to protecting the rights of the victim. In most cases, these respondents were not aware of the details of current protocol, and they posed several questions: "I don't know if there's a clear policy around confidentiality. What happens to the tapes later? What kind of protection is there for the kids? How long will the tapes be kept? Who else on the police force can use them?"

The rights of the victim are a serious concern of the professionals dealing with the cases. The protocol attempts to protect the rights of the child (see Appendix A). The protocol states that consent of the child or the child's guardian

is to be obtained before videotaping⁴; access to the tape is to be limited; tapes must be stored in a secure place by police; tapes are to be viewed in a secure place or in the presence of an officer⁵; and the tapes are to be destroyed at the end of the project.⁶

Conclusion

The current protocol deals adequately with the issues of access, control and ownership. The tapes should be available to all professionals with a legitimate interest in the case. They also may be used selectively for counselling and education. It is important for victims (and guardians) to be informed of such use and their anonymity preserved.

5.2 User Issues

Twenty-six users of tapes (i.e., professionals who viewed the tapes) were interviewed. Of the 26, only two were users from Parklands.

5.2.1 Accessibility/Mobility of Tapes

Does access/mobility of tapes differ between the two sites?

In Winnipeg, tapes are generally viewed at the Public Safety Building. In Parklands, because of the distances involved, tapes are sent to various communities, but they must be viewed either in the presence of an RCMP officer or in a detachment. This mobility of tapes in Parklands is necessary.

Are tapes sufficiently accessible for use by other agencies?

None of the users interviewed had any problem in gaining access to tapes. It was suggested that it is much easier for professionals in Dauphin to see tapes because the caseload is lighter and distances are close.

⁴ Informal, verbal consent only is required.

⁵ However, a copy may be sent to the crown attorney or a professional at the Child Protection Centre for viewing.

⁶ Subsequent to May 1988, the advisory committee decided to retain the tapes.

What is the procedure for viewing a tape?

In Winnipeg, where tapes are held at the Public Safety Building, the procedure for viewing a tape is very simple. The users said they phone the Child Abuse Unit and a room and machine are scheduled for them. The tape is set up and the viewer is left to watch it. Some professionals reported a problem with the time involved in travelling to the Public Safety Building to view a tape. Rural tapes travel to the viewer/user. Now, Winnipeg also sends tapes (but only to crown attorneys and to professionals at the Child Protection Centre).

The police also began putting stickers on police forms to inform the crown attorney and defence that a tape was made. Over time, the use of the tapes has dramatically increased. In Winnipeg, at the beginning of the project, almost no one was viewing the tapes; now they are being viewed daily.

In Parklands, viewing must be booked through the investigating officer, who must be there while the tape is being watched. Social workers in Parklands are being encouraged to look at tapes, and the crown attorney routinely views them.

Conclusion

The tapes appear to be sufficiently accessible, and the policy of copying tapes for the crown attorney and Child Protection Centre has contributed to their greater use.

5.2.2 Length of Tapes

How long does it take to view a tape?

The length of tapes has varied from 12 minutes to three hours. Four of the 26 users complained about the length of the tapes. In one case, the respondent watched a lengthy tape where there was no disclosure. In another, the respondent said: "I could have spent 15 minutes with the child rather than an hour watching the tape." In a third case, the respondent complained that the interviewer went through the interview and got a disclosure, but then went through the interview a second time in order to write down a statement.

Does the length of a videotape influence the extent of its use?

In the last case mentioned, the length of the video may have influenced the extent of its use: "I know that everyone did their own separate interviews anyway. Maybe no one wanted to watch the three-hour tape."

With earlier tapes there was a concern about the length. However, now that the interview protocol is being followed, the length of tapes has decreased to an average of 35 minutes. Winnipeg police have generally stopped writing statements on tape, and in Parklands, statements were never written while being videotaped.

Police have begun to mark the counter numbers to indicate the progress of the interview and the points at which pertinent information is disclosed by the child. In Winnipeg there is a form for this purpose provided to the officer operating the camera. Both the Winnipeg police and the RCMP now record this information in police files.

Conclusion

The protocols are being used to reduce the length of tapes, and the police, through practice, are becoming more skilful in their interviewing. The reduced time involved in viewing tapes has led to their increased use.

5.2.3 Criteria for Taping

Who makes the decision to tape?

Data from tape summaries indicate that in most cases the investigating officer decides whether the child should be taped. In approximately one-fourth of the Winnipeg summaries (n=61) the decision to tape was made jointly by the officer and the social worker. In only a single case was the decision to tape made solely by the social worker. In Parklands, there were only 11 summaries, and the investigating officer independently made the decision to tape in seven of the cases.

What factors determine a decision to tape?

Although it is policy to tape all child sexual abuse cases, police do use certain criteria in deciding whether to tape. As shown in Section 4, out of 693 cases, only 149 were taped (21.5 percent). Respondents said that they would not tape very young children who did not have the maturity or ability to provide a

coherent interview. However, as indicated in Table 4, 67.5 percent of children who were videotaped were less than 11 years of age, compared with 47.9 percent who were not videotaped. This seems to suggest that younger children are more amenable to being videotaped than older children. There were some very young complainants (ages two, four and five) in the sample of videotapes that were reviewed.

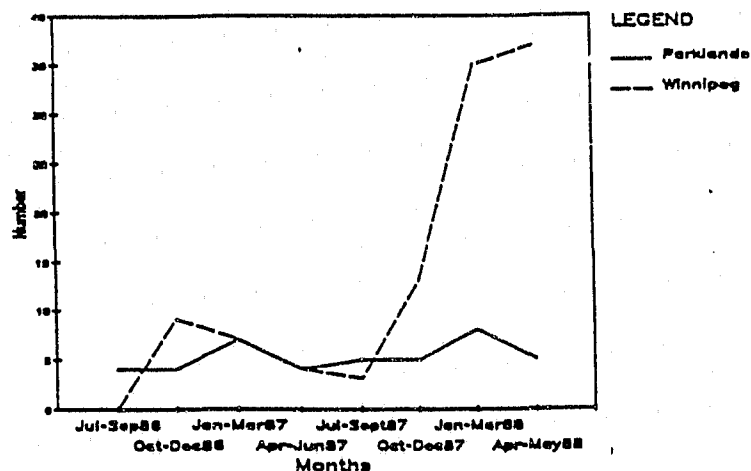
Younger children (12 years of age and under) were given priority in taping. This is done for a number of reasons. Younger children appear to be more willing to be taped and it makes the whole process less traumatic. The need to recount details in later interviews is reduced for younger children; thus, the trauma of subsequent interviews is lessened.

New criteria for deciding which children to tape were added to the protocol and adopted in January 1988 by Winnipeg police and in March 1988 by the RCMP. The protocol was revised again later in 1988, and now the policy is that the youngest children (six years of age and under and children developmentally delayed) are to be given priority, followed by children 12 or under.

Most important, though, in the decision to videotape was the cooperation of the police departments. Although the project lagged in Winnipeg for several months, a new coordinator in the Child Abuse Unit perceived videotaping as part of the investigation and thus encouraged officers to use the tapes. With support from the new inspector of the Youth Division and compliance from the officer, videotaping became more routine.

Another important factor was the impending Bill C-15 legislation. Officers began to develop skills (training of Child Abuse Unit officers took place in January), increase their confidence, and see the benefits, resulting in a desire to tape. At the same time, Youth Division officers requested training. As a result, mutual trust and respect has developed between the project and the officers (see Figure 9 for number of videotapes made over time).

Figure 9 Number of Videotapes by Month and Location



Under what conditions are tapes not being made?

Respondents said they do not tape children who have not given a previous disclosure. As well, they indicated that they do not tape in emergency situations where there is no time to wait for a room or equipment. Respondents said that they need to obtain (informal) consent to tape from the parent/guardian or victim. Getting permission from older adolescents was thought to be a problem by a small number of police. However, only three said that they had been refused by a child they wanted to tape. Only one respondent had a case where the parents refused permission and in that case, the child and family services worker took the child in. An RCMP officer indicated that often, Indian parents do not want their children taken off the reserves to be videotaped. There was also a suggestion that there may be a need for an interpreter, because there was one case in Parklands where the child did not speak English.

Winnipeg police sometimes do not tape because they cannot get the room at the Woodsworth Building. Five Winnipeg police officers said that a permanent location for videotaping, where police have exclusive access, is necessary to maximize the number of tapes made. However, when other options were investigated, it was decided that the present facility, because of the one-way glass for viewing, would be retained.

What changes could be implemented to maximize the number of tapes being made without imposing undue stress on police resources and police investigation?

As videotaping has become more routine -- that is, as it became part of the investigation process -- the number of tapings in Winnipeg has increased. Earlier in the project, all officers complained about not having enough staff to deal with all the cases and there was an extensive backlog.

The police were simply getting better at the job of videotaping. A review of the tapes across time demonstrated that experience and the use of protocol improved the quality of the interview and reduced the time required to do an interview.

For which age group is videotaping most appropriate?

Younger children (12 and under) were given priority in videotaping.⁷ This is mainly because older children are more likely to be allowed to give sworn testimony in court. Younger children are often more restless, and the videotaped interview can be recorded while the child is moving around or sitting on the floor, whereas the courtroom is not conducive to conducting an interview in this manner. There was also the argument that the visual presentation of the child is important and this cannot be captured in a written statement.

Does the age of the victim appear to influence the willingness to be taped?

Some officers believed that older children (teenaged) were less likely to want to be taped. However, in only three cases were the police turned down by the child when asked to be videotaped.

Do criteria for taping differ between the rural and urban sites?

In both sites the major criteria for videotaping are that the child has disclosed sexual abuse and that the child is of a certain age or developmental level. Both prioritize children six years of age and younger, or older children with developmental disabilities that place them in that age group, followed by children six to 13 years and finally, children over 14.

⁷ A priority system was adopted in February 1988.

Do rural/urban differences affect the number of tapes being made?

During the study period, fewer cases were reported in the Parklands Region than in Winnipeg. But, as well, proportionately fewer cases were videotaped. In Winnipeg, taping became a routine aspect of the investigation because of its acceptance by the police. This did not happen in Parklands, since the proportion of tapes decreased from the first few months of the project. Therefore, it is not the rural/urban differences, but the differential acceptance of videotaping by the police departments in Winnipeg and Parklands that affects the number of tapes made.

Conclusion

Videotaping is being prioritized for younger children. In all cases, a prior disclosure/complaint is needed. Tapes are not made when parents or guardians refuse, unless a child and family services agency intervenes. In Winnipeg, taping became a routine aspect of the investigation, but not in Parklands. This reflects the difference in acceptance by the two police departments, not a rural/urban difference.

5.2.4 Method of Videotaping

Who is present for the videotaping?

Of the 72 tape summaries, only one was conducted by someone (a social worker in Winnipeg) other than a police officer. In most interviews, the child and the primary interviewer were the only ones present during the taping, although sometimes a social worker, camera operator or parent was also present. There were 12 co-interviewers listed and almost all of them were police officers. No one was a co-interviewer more than twice, and this occurred in 26 cases.

In Winnipeg, the person operating the camera is rarely visible, whereas in Parklands the officer from the Identification Unit is almost always present. This is because of the unavailability of a one-way mirror in the rural locations.

The child's social worker may be present on camera for the videotaping. Often, a social worker or the child's mother is present behind the one-way mirror. The presence of mothers bothered five of the users as they felt that it affected the child's disclosure and they worried about the implications for cases involving custody battles.

Most of the observers (not involved in the interviews) were social workers. There was one social worker present in 37 cases, two present in seven cases, and three present in four cases. Other observers included police (one present in 15 cases, and two present in three cases); parents or parental surrogates (one present in 28 cases and two present in seven cases); and therapists (in two cases). Before the videotaping project, written statements typically were taken by police without the presence of social workers.

What happens if a child fails to respond to the interviewer while the videotaping is in progress, (i.e., interaction between interviewer/observer/child)?

Most of the interviewers felt they could only continue to persevere if the child failed to respond to their questions: "I would branch off on general conversation and then try to come back from a different angle. Finally I figured I wasn't getting any place and we were out of tape so I quit." One officer remembered a case where an adolescent girl was not responding; he solved the problem by asking his female partner to continue the interview.

What is the average length of time it takes to make a videotape?

All the officers stressed that videotaping required much more time than conducting untaped interviews. As one respondent stated: "First you book the room; two, make arrangements with the family; three, set up the equipment; four, conduct the interview; five, take the child home;⁸ six, view the video and make notes; seven, highlight the disclosure for the crown attorney; eight, notify the coordinator and do the questionnaire;⁹ and nine, make a copy of the tape." Part of this perceived problem may be the fact that until videotaping becomes routine it appears to be more time-consuming because it is outside "normal" procedure.

Are there differences between conducting videotaped and nontaped interviews?

The officers were asked if there were any notable differences between conducting videotaped and nontaped interviews. Ten officers said that in videotaped interviews they had to be concerned about what the camera sees. That included making sure the child stayed within camera range, lighting, and

⁸ In some cases the social worker picks up and returns the child to their home. In fact, the tape summaries that were filled out by the primary interviewers indicated that the vast majority of them met the child at the location of the interview.

⁹ Since termination of data collection for the evaluation, the police no longer fill out the forms. In Winnipeg, the police only have the log book, which is kept with the equipment, in which to record the session; in Parklands, the Identification Unit person fills out a taping notice to send to the office.

capturing the use of props on camera. In many ways respondents were positive about the camera, saying that it captured body language and gave the visual dimension of drawings and dolls that the written statements could not give. On the other hand, four RCMP officers said that they did not like taped interviews because "it's just a personal fear that somebody's going to look at it and criticize it. I have my own way of doing things and sometimes I'm successful and sometimes I'm not. I don't mind constructive criticism but I really don't like to be ripped apart."

Are there differences between Winnipeg and Parklands in the methods used to make tapes?

Tape summaries indicated more props were used in Parklands than in Winnipeg. However, the children interviewed were generally older in Winnipeg. In both sites, anatomically correct dolls were the props most commonly used.

Conclusion

There is a concern with respect to the greater demands that videotaping makes on the police. Many respondents indicate that it was more time-consuming. The police also appear sensitive about the potential use of tapes for evaluating their performance as opposed to collecting information. The fact that tapes are being used and are becoming routine is a factor favouring their continuation. Most important is the judicial acceptance of tapes in trials and a demonstration of their effectiveness as evidence. This should overcome the current concerns of the police.

5.2.5 Acceptance of the Project by the Community

What are the factors influencing the acceptance of videotaping?

This issue cannot be adequately addressed because of limited public knowledge of the project. Although no sexual abuse was reported in any native community after the project was initiated, it is only conjecture to attribute cause and effect to videotaping. Regarding community acceptance, in one case an extended network of relatives objected to videotaping. It was suggested that there were cultural objections to taking pictures, and this turned out to be a rumour. They take pictures of each other, but it was reported by a social worker that they used the cultural rationale to "bury" the incest in the community. Therefore, what appeared to be a community rejection of the videotaping project was actually the rejection by an extended family network of outside intrusion.

Essentially, there has been very little public interest in videotaping. The calls received by the project coordinator have been mainly from professionals: teachers, professors, media. Public interest is undoubtedly a study issue that would be appropriate at a later time. This was made evident by a mother whose child was videotaped and who allowed the tape to be used by the project coordinator as part of a demonstration at a recent conference. According to one police officer, the woman said the videotaped interview was conducted with extreme sensitivity and referred to it as the only experience throughout the traumatic series of events stemming from the disclosure that could be described as positive.

Another mother who was present during an interview with her child said she thought videotaping children's evidence was going to make the investigations of these cases much easier on the child.

Conclusion

Currently there is not a great deal of public knowledge or interest in videotaping. There is scope for more publicity to inform children of its role.

5.3 Outcome Issues

Effects on the Child

5.3.1 Interview Demands on the Child

Does videotaping influence the number of interviews to which a child must submit?

Tape summaries indicate that the majority of interviewers in both sites did not interview the child before the actual taped interview. None of the Parklands interviewers had received a previous disclosure from the child before taping, while four of the Winnipeg interviewers had. In three of the Parklands cases and 20 of the Winnipeg cases, the child had previously disclosed to one of the other people in the room at the taping. In nine of the Parklands cases and 26 of the Winnipeg cases, the child had previously disclosed to someone accompanying her or him to the videotaping.

The interviewers who filled out the tape summaries were asked to comment on the emotional state of the child over three periods of time: when

they were picked up for the interview; before the actual taping; and during the taping.

Since only 18.2 percent of the Parklands children and 31.1 percent of the Winnipeg children were picked up by the respondents for the interview, it is difficult to draw any conclusions from this time period. All of the Parklands respondents and 73.7 percent of the Winnipeg respondents judged the children to be either calm/sedate, good/fine or even-tempered. None of the children was thought to be visibly upset when they were picked up.

Similarly, only one child in the Winnipeg sample, and none of the Parklands children, was categorized as upset before the actual taping. In the Parklands sample, 27.3 percent of the children were categorized as good/fine, while the rest were either shy, nervous or apprehensive. In the Winnipeg sample, 52.4 percent were listed as calm/sedate, good/fine, relaxed or confident; 47.3 percent were thought to be shy, nervous or apprehensive.

Finally, during the taping, 63.7 percent of the Parklands children were thought to be good/fine, progressively relaxed, or progressively improved during the taping. Only one child responded negatively and was labelled "mentally hurt". In Winnipeg, 50.1 percent of the children were calm/sedate, good/fine or confident, while three (five percent) were listed as visibly upset.

Does videotaping influence the number of subsequent interviews?

The following data must be interpreted with caution because there are a considerable number of cases with missing information. Data from police and administrative files of the videotaped cases (n=96) indicated that social workers interviewed 84.4 percent of the videotaped children subsequent to the initial disclosure and prior to the videotape. For nonvideotaped cases, 41.2 percent of the children were interviewed by social workers during this period (Table 29).

Table 29 Number of Interviews of Child Abuse Victims (Prior to Videotaping or Interview by Police)

Number of Interviews	----- Videotaped -----			-----Nonvideotaped-----		
	% Social Worker (n=96)	% Medical (n=47)	% Other (n=47)	% Social Worker (n=262)	% Medical (n=201)	% Other (n=208)
None	15.6	51.1	38.3	58.8	80.6	70.2
1	33.3	38.3	23.4	37.0	16.9	24.5
2	15.6	8.5	10.6	2.7	1.5	3.8
3	9.4	2.1	2.1	1.5	0.5	0.0
4 Or More	26.1	0.0	25.6	0.0	0.5	1.4

This appears to support the idea that children are more likely to be videotaped when entering the system through social services and thus see a social worker prior to being interviewed by police. As well, social services are more likely to be involved in cases in which a relative is the perpetrator, since their mandate deals with intrafamilial abuse. Similarly, the Child Abuse Unit, which was making all the tapes until February 1988, deals almost exclusively with intrafamilial cases. Of the accused in the videotaped cases, 65.6 percent were relatives, while in the nonvideotaped cases, 54.5 percent were relatives.

Data from files (from 47 of the videotaped cases and 201 of the nonvideotaped cases) indicated that 48.9 percent of the videotaped children were interviewed at least once by medical personnel subsequent to the initial disclosure and prior to videotaping. In nonvideotaped cases, just under 20 percent of the children were interviewed by medical personnel (Table 29).

Data from files (from 47 of the videotaped cases and 208 of the nonvideotaped cases) indicated that interviews were conducted by other individuals (mainly referring to school teachers and counsellors) in 61.7 percent of the videotaped cases and in 29.8 percent of the nonvideotaped cases (Table 29).

There is also a rural/urban difference here (Table 30). More of the Parklands victims (38.5 percent) than the Winnipeg victims (7.5 percent) did not have an interview subsequent to videotaping. The most obvious reason is that rural victims do not have the social/professional support systems that victims in Winnipeg have. It is possible that social workers, medical personnel or other

interested parties simply have less contact with children because of the distances involved in the Parklands area.

Table 30 Not Interviewed Subsequent to the Videotape by Region

	Not Interviewed %
Winnipeg	7.5
Parklands	38.5

Data from files and records (police, VP01, VP02) and follow-up calls to professionals also indicated that after the first interview with the police (or after the videotape was made), some interviews about the abuse were conducted with the victim. However, the data are not complete and are limited to what was gathered from professionals who returned forms and those who, during follow-up phone calls, were able to access the information from their files.

Of 33 videotaped cases and 164 nonvideotaped cases, 88 percent of the videotaped children and 82.3 percent of the nonvideotaped children were interviewed again by police after the initial interview or videotaping (Table 31). There is little difference between the videotaped and nonvideotaped cases, suggesting that subsequent interviews by the police are as likely in both situations.

Table 31 Subsequent Interviews by Police (After Videotaping or Initial Interview by Police)

Number of Interviews	% Videotaped (N=33)	% Nonvideotaped (N=164)
None	12.1	17.7
1	66.7	63.4
2	18.2	15.2
3	3.0	1.8
4 or more	0.0	1.8

Table 32 shows the interviews with other professionals after the initial police interview. The data available are very limited and this table should be regarded with caution. It actually appears that videotaping causes an increase in the number of interviews. However, the data from police files do not offer complete information about the number of interviews a child has with social workers, and only for videotaped cases was this information recorded by the project.

The multidisciplinary approach of the videotaping project would appear to make it inevitable that a number of professionals would interview the child. However, if the videotapes are used properly, these interviews would require the child to recount fewer of the details and should be shorter in length. This was generally indicated to be the case by respondents that were interviewed.

Table 32 Number of Interviews of Child Abuse Victims (After Videotaping or Initial Interview by Police)

Number of Interviews	----- Videotaped -----			-----Nonvideotaped-----		
	% Social Worker (n=78)	% Medical (n=25)	% Other (n=21)	% Social Worker (n=49)	% Medical (n=76)	% Other (n=48)
0	32.1	36.0	47.6	55.1	31.6	58.3
1	34.6	52.0	19.0	36.7	68.4	39.6
2	11.5	4.0	9.5	6.1	0.0	2.1
3	5.1	0.0	14.3	2.0	0.0	0.0
4 or more	16.7	8.0	9.5	0.0	0.0	0.0

Often, the crown attorney does not interview the child until just before the preliminary hearing or trial, so although 100 percent of the children for which there were data had no contact with the crown attorney, these data are premature. The situation is similar for the Child Abuse Witness Program worker, who usually does not see the child until a preliminary hearing is set.

The users were asked whether videotaping influenced the number of interviews for the child. Their answers varied according to their occupations. For example, child and family services sexual abuse coordinators said that in most cases they would consult the intake worker and would find it unnecessary to either

view the videotape or talk to the child. Coordinators said that they would view the tapes in "grey" cases where there was uncertainty or disagreement. In these cases the videotape would be sufficient and therefore would eliminate the need to see the child.

Intake and case workers, on the other hand, always need to talk to the child and taping does not cut down on the number of interviews. In fact, five case workers and coordinators said it was often a good thing for the child to repeat the story because the story often comes out gradually, with the child disclosing less in the first interview than in later ones. Videotaping may reduce the number of interviews in cases that are transferred from one worker or agency to another, but that is not always the case, as some workers said they do not review the file or look at the tapes because they say that it reflects the previous worker's bias or personality. They say it is important to start fresh.

Regarding the legal profession, the crown attorneys said that they needed to hear the full story from the child if they were taking the case to court. However, in cases where they were providing an opinion -- assessing whether charges should be laid -- they would use the video rather than talk to the child. For defence lawyers the question is irrelevant, because they never talk to the child before the trial.

Winnipeg police said that they try not to talk to the child before the videotaped interview, but this practice is very inconsistent in both the urban and rural areas.

Only two social workers felt that videotaping might shorten the length of subsequent interviews. They reasoned that if they knew the story they could focus on details. One crown attorney agreed, saying that ideally "I would like to have the child watch the tape with me and then zero in on some things she wasn't clear about."

Are there qualitative differences in the interview experiences of children because of differences between the project sites?

The police interviewers were asked if children reacted to the videotaping location and if the taping imposed any additional trauma on the child. Almost half of the officers (N=10) felt that children did react to the videotaping location. This response was evenly divided among RCMP and Winnipeg police. These officers felt that the children reacted to distractions within the interviewing rooms and sometimes to the police themselves: "They're wondering what kind of trouble they're in. We're people in authority." "If the child is terrified of the police,

maybe they won't talk at all or maybe they'll think 'this is the police, I'd better spill my guts'."

The majority of the officers (N=14) felt that videotaping was not traumatic for the child, saying that "children are used to TV and cameras;" "the court experience is much more traumatic than a videotaped interview;" and taping "reduces the number of interviews for them." An additional five officers felt that it depended entirely on the child. Age was a factor: "The older ones . . . they don't even want to say the words let alone have it taped." Disposition was also a factor: "Some kids it wouldn't bother at all, some it would bother a lot. For others it would be a big kick." There were no rural/urban differences to these responses. Therefore, according to the individual perceptions of the police interviewers, there are no qualitative differences in the interview experiences of children between the project sites.

Are there differences in the interview experiences of children if they are videotaped, rather than if written accounts are taken?

Interviews were conducted with five children who were videotaped. The children all said they thought videotaping was a good idea so that they would not have to repeat the story so many times. One said it was so that "people will believe you." Although these explanations had likely come from parents, police, or social workers, the children seemed confident that there was something positive done to help them. In fact, in one case the tape was successfully used in a custody hearing and the children did not have to go to court. One child said the most difficult interview was the one she had with a (male) prosecutor. Another said the police officer was "too big". The children were shown the dolls, the camera, and the room with the one-way glass prior to the interview. Four of the children said they were embarrassed or self-conscious in front of the camera until they got used to it. Then they forgot about it. None of them felt that the videotaped interview was difficult, and three of them who saw the tape afterward said they liked it.

Conclusion

The full benefit of videotaping in terms of reducing stress on the child has yet to be manifested. However, although the number of interviews does not appear to be significantly reduced by videotaping, the length of subsequent interviews appears to be lessened. Some respondents indicated that the same level of detail may not be required, thus relieving some of the stress on the child.

5.3.2 Interviewer Skills

Are interviews being conducted in accordance with a set of guidelines?

Appendix A supplies the latest protocols used by the police and RCMP for videotaped interviews. This protocol appears to be satisfactory. Indeed, one of the tapes reviewed showed an officer doing his first videotaped interview using the protocol as a guide. While he lacked the confidence that comes with experience, the interview went very well, mainly because the officer closely followed the protocol.

What training is required to become an interviewer?

The following training on interviewing has been provided by the project for police:

- one-day session for RCMP in Dauphin, 1986;
- formal training session offered to Winnipeg police in the Child Abuse Unit in January 1988, and in February 1988 to the Youth Division;¹⁰
- training in June 1988 for RCMP (Winnipeg G.I.A., Gimli, Beausejour, Carman, and Steinbach subdivisions); and
- training for Brandon City police in August 1988.

Both the RCMP and the Winnipeg police had an average of just over 11 years of police experience. Winnipeg police experience as members of the Child Abuse Unit ranged from one month to four years. The fact that officers are always being moved out of the unit once they become experienced is a problem. However, the training provided in the unit stays with the officers and they return to uniformed duty with these additional skills. The rotation is also believed to prevent "burnout".

¹⁰ From 1988, a presentation of videotaping has been incorporated into the Youth Division orientation on child abuse, which is conducted twice yearly.

Are there differences in the skill levels of personnel conducting interviews in Winnipeg and those in Parklands?

The RCMP officers had very little training in dealing with child sexual abuse victims. Seven of them either attended or viewed the tape of training held in Dauphin and one attended training in Winnipeg, while four of them relied only on the child abuse section of their investigator's course. However, it is necessary to note that most of the RCMP respondents (N=11) conducted only one or two taped interviews. Videotaped interviews in rural areas are often handled by the officer in the General Investigations Section. One member interviewed from this team had done approximately 20 interviews. She was largely self taught, was a speaker at the Dauphin training and is one of the trainers in the regular training conducted. The Winnipeg police who were interviewed had slightly more specialized training. On entering the Child Abuse Unit, they receive a one-day orientation. Five of them had been to seminars in Winnipeg. However, these officers also stressed that most of what they knew about child sexual abuse and videotaped interviews was learned on the job.

What skills are required to conduct interviews?

Police interviewers were asked what skills were required to conduct successful interviews with child victims. They mentioned such factors as patience, speaking at a child's level, empathy, flexibility, intuition, and feeling comfortable with sexual issues. They also stressed the importance of general communication and interview skills: the ability to phrase questions, to "think on your feet" and know what is needed for evidence and conviction.

How can interview skills affect the experience of the child?

The majority of the police (N=19) felt that the skill level of the interviewer affected the child's interview experience: "If the interviewer is good the experience will be positive or neutral rather than negative for the child." Furthermore, 17 of the police felt that the skill level of the interviewer affected the chances of a child disclosing on tape. Four others said that the skill level potentially affected disclosure, but was not the only factor. Disclosure also depends on the child.

How can interview skills affect the use of tapes?

The users were asked to evaluate the skills of the police interviewers. Ten of the 26 users said that skills of the interviewer affected the utility of the tape in a positive way. These respondents included five of the social workers, all three crown attorneys, and two lawyers. The complaints of the remaining nine social

workers included a number of factors: the child took control of the interview, it was difficult to comprehend the sequence of events, the interviewer lacked rapport with the child, props were not used, the process was too formal, there was no warm-up for the child, and use of a male interviewer was inappropriate. The seven lawyers who felt that the interviewing skills had a negative influence on the tape argued that the questions were leading, interviewers were over-zealous, and cross-examination occurred.

Some Winnipeg police have expressed a desire to have social workers interview children because it would be a way of speeding up the investigative process. Properly trained interviewers could obtain the information needed by police. The police would lay charges on the basis of the statement by watching the tape without having to leave the station or interview the child. This would relieve the backlog of cases¹¹ and possibly prevent children from retracting their disclosure because of time delays in responding.

Are there mechanisms to alter interviewer skills in the face of revised practice?

The approach has purposely been one of trial and error. As the project proceeded, such problems as the length of the tapes, leading questions, and labelling tapes as to whether disclosure was achieved, were discovered and addressed. The protocol developed was in response to the problems raised.

Conclusion

The protocol supplied the police with a framework upon which to base the interview. Confidence in conducting the interview comes with experience. However, training is still essential to provide the background necessary to effectively use the protocol. Winnipeg police received training to videotape children's statements, while Parklands RCMP did not.¹²

¹¹ The backlog has since been remedied by the addition of Youth Division in handling sexual abuse cases.

¹² Training was conducted in January 1989.

5.3.3 Quality of Taped Interviews

Does current protocol ensure that interviews are conducted in an objective manner?

An interview format was designed and adopted by police in 1988 to produce admissible evidence as set out in Bill C-15 (see Appendix A). The interview format provided the interviewers with step-by-step instructions. They are instructed to "use open-ended, nonleading questions when possible", and several example approaches are provided to ensure that the child is not being led. In cases where leading questions must be used (the format even provides a definition of a leading question), the interviewer is instructed to provide the child with choices.

What are the informational requirements of various potential users?

The fact that the videotapes are now being used by all professionals -- social workers, health professionals, prosecuting and defence lawyers -- is a good indication that the informational requirements are being fulfilled.

Do current interview protocols ensure the maximum use of tapes?

If followed, the current format ensures that the videotaped information is usable.

Are there differences in the (production) quality of interviews between the two project sites?

Users were questioned as to the quality of the tapes, i.e., sound and photography. Sixteen of the respondents said that the overall sound quality on the last tape viewed was either very good or good. Six said that the tape was fair while four said the sound was poor. Of the last four, two said the poor sound quality was caused by outside repair work (at the Winnipeg location) and was not the fault of the police. Sixteen respondents said that the overall photography on the last tape viewed was either very good or good. Five said that the photography was fair while three said it was poor. Regarding the tapes that were reviewed, there were no consistent problems in production quality in either site.

Conclusion

In general, the quality of the tapes was good. The interview format used to collect the relevant information fulfilled its purpose in the investigation. Of course, the ultimate test would have been judicial acceptance, which was not tested.

5.3.4 Content of Videotapes

Do different professionals seek differing information from tapes?

Only nine of the 26 users said that information necessary to them was not provided on the tape. Two of the crown attorneys mentioned that the child's ability to understand the oath (or the difference between the truth and a lie) is missing from the old tapes and that the tapes are sometimes vague about dates.¹³ The lawyers (N=4) were concerned about the lack of introductory comments on some of the tapes. In addition, one lawyer said, "He didn't follow leads like I would. For example, the girl said that 'we were laying on the bed necking.' I would then ask about consent. But the cop only asked: 'What happened next?'" Two social workers felt that the interviewers either asked the wrong questions or did not ask enough questions. Another social services worker said that although information was missing, this was due to the age of the child rather than interviewer negligence.

Tape summaries indicated that a disclosure was given by the child in the majority of interviews in both sites. In the Parklands sample, ten (90.9 percent) of the children disclosed, while one child did not disclose. In Winnipeg, 53 (88.3 percent) of children disclosed, while seven (11.7 percent) did not. The child was able to identify the accused in all of the Parklands cases and in 94.9 percent of the Winnipeg cases. The child was tested for competence in the majority of interviews in both sites, and the percentages were similar (74.6 percent in Winnipeg and 70 percent in Parklands).

Tape summaries also indicated that a higher percentage of children in Parklands contradicted previous statements made in their interviews (36.4 percent) than in Winnipeg (11.5 percent). All of the Parklands children were questioned about the contradictions, while 66.7 percent of the Winnipeg children were questioned. Discrepancies remained in the statements of three of the Parklands children and four of the Winnipeg children by the end of the tape.

¹³ The interview format that is now being used addresses this problem.

A total of 57 professionals (information for 111 cases) viewed the videotapes. The breakdown is as follows: in 30 cases, one professional viewed the tape; in nine cases, two viewed the tape; in one case, three professionals viewed the tape; in another, six viewed the tape (Table 33). Figure 10 shows a drastic increase early in 1988 in the number of tapes viewed over time.

Table 33 Tapes Viewed by Professionals (n=57)

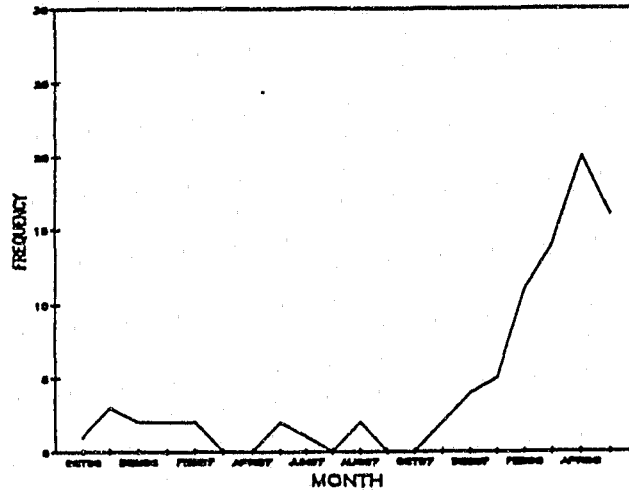
No. of Professionals Viewing a Tape	Case
1	30
2	9
3	1
6	1

The professions represented are shown in Table 34.

Table 34 Professionals Who Viewed Videotapes (n=57)

Profession	Case
Social Worker	37
Crown Attorney	9
Medical	5
Therapist\Counsellor	4
Police	2

Figure 10 Number of Tapes Viewed Across Time



Conclusion

The tapes were viewed by a range of professionals, most commonly social workers. In general, the professionals agreed that the information on tapes was useful. Following the protocol ensured that all investigative data would be collected. It also meant that specific data pertinent to other professionals may be missing. Thus a dilemma exists. The general use of the tapes for purposes other than trial is attractive, as long as the evidentiary value of the tape is not impaired.

5.3.5 The Use of Tapes

How do the tapes help professionals?

The professionals were asked to assess the tapes using certain criteria. Their responses are seen in Table 35.

Table 35 Professionals' Assessment of Tapes (n=57)

Tapes Enhanced	Number	Percent
Understanding of child	38	66.7
Assessment of child	34	59.6
Investigation of allegation	30	52.6
Assessment of family	18	31.6
Treatment of child	16	28.1
Ability to make decision as to laying charges	15	26.3
Ability in examining child/witness	14	24.6
Ability to prepare child for court	14	24.6
Treatment of family	14	24.6

Two thirds of the professionals thought that the tapes enhanced their understanding of the child. Almost as many (59.6 percent) thought the tapes enhanced their assessment of the child. However, only one fourth thought the tapes enhanced their ability to examine the child or to prepare the child for court.

What are the impediments to use of the tapes?

On the tape summaries, interviewers were asked to note whether they would recommend showing the tape to the defence or other professionals. Of the Parklands respondents, 81.8 percent would favour showing the tape to the defence, while 90 percent felt that other professionals would benefit from seeing the tape. Of the Winnipeg respondents, 86.9 percent favoured showing the tape to the defence, while 84.5 percent recommended showing the tape to other professionals.

Crown attorneys who were interviewed thought the tapes were useful in assessing the credibility of a witness and refreshing the child's memory in

preparation for court. Two of the crown attorneys found the tapes useful for plea bargaining, while the third disagreed.

As seen in Figure 10, there was a drastic increase in use of tapes, and as indicated in the log kept with the videotaping equipment, this was particularly true of defence lawyers. Although there was information for only one defence lawyer viewing a videotape in the police and project administrative data, the names of nine defence lawyers were recorded in the log as being "users" of tapes. The defence lawyers who were interviewed reported that the tapes are useful for getting the particulars of a case and determining the truthfulness and credibility of the witness. However, this does not mean they agree with the practice of videotaping. Lawyers argued that the tapes should be treated like a written statement and should not be admissible in court. They expressed concerns about the making of videotapes: "It's not sufficient to rely on the police. What happens before the taping? Are they coached?" They felt that it would be unfair to use the tapes in lieu of testimony because it denied the right of cross-examination.¹⁴ Tapes used with the child's direct testimony were also thought to be unacceptable because it meant a "repetition of the child's story drummed into the heads of the jury."

Child care and victim assistance workers reported that the tapes were useful for court preparation, showing to parents who are having trouble believing the child, aiding therapy, reducing interviews for the child, and reassigned cases. These workers expressed concerns about confidentiality for the child and defence use of the videotape in court.

The following is a summary of benefits of videotaping that were recorded by police and other professionals on VP01 and VP02 forms:

Benefits for the child:

- It reduces the need for the victim to go over details again with others. Professionals involved can view the tape and, while it may not preclude an interview with the child, it does mean the victim does not have to go over the same details again.
- It helps a (supportive) family understand the experience of the child.
- It confirms to the child that she or he is being taken seriously, and enhances self-confidence.

¹⁴ They will not be used in lieu of testimony and the witness is still subject to cross-examination.

- It enables children who are not "verbal" to demonstrate with anatomical dolls.
- Because the child does not have to recount the event(s) in court, it
 - prevents young victims from having to describe the abuse while facing the accused;
 - helps young victims feel more at ease in a more comfortable setting;
 - saves young victims from increased trauma caused by personal attendance to testify in Family Court.

Benefits for the family:

- Videotaping is a therapeutic tool for working with both child and parents.
- It is an aid in convincing families of a child's allegations.

For police and other professionals, there are two general areas of benefit: procedural and educational.

Procedural benefits:

- Videotaping provides opportunity to review statements.
- Much clearer information aids in assessment and investigation.
- It enables the organizations and the family to determine the nature and extent of the abuse and thereby adopt a plan of action.
- A tape can be viewed by professionals in different locations, who can then consult on the case over the phone.
- It provides opportunity to review disclosure.
- It provides verification of the child's version of incidents.
- It may assist in a related investigation.
- A change of story is easily documented.
- It can aid in a referral to a psychologist.

- It enhances the ability to make a decision about laying charges.
- It provides a record of the child's subjective experience or reactions to the abuse that cannot be recorded in a written statement alone.
- It enables comparison and consolidation of written notes.
- It provides a permanent and accurate record of the interview.
- It is an aid in preparation for court.

Educational benefits:

- Videotaping provides better understanding of the family dynamics.
- It demonstrates how an interview should or should not be handled.
- It has future benefits for other agencies viewing the tape.
- It educates the health workers, social workers and teachers involved.
- It exposes the worker to a first-hand account of the abuse and thus deepens his or her understanding of the child and family.

Benefits for the offender:

- Videotaping can help convince offenders they need counselling.
- It can make an offender more aware of the victim-impact issue.

The following is a summary of problems with videotaping indicated by police and professionals on VP01 and VP02 forms:

Problems for the child:

- The child may be intimidated by the presence of a camera operator in the same room.
- Depending on the child, videotaping may not help the child's credibility.
- If equipment is not set up in advance, the waiting period can make the child anxious and nervous.

- A videotape is not always helpful or revealing when dealing with a retarded or autistic child.

Problem for the family:

- Parents can be traumatized by explicit details in the videotape.

Problems making the videotape and with facilities:

- Some interviewing officers are nervous and this is conveyed to the victim.
- Equipment setup can fascinate (or intimidate) young victims and distract them from relating their story.
- It is sometimes difficult to have a child speak loudly enough to be heard clearly.
- It is sometimes difficult to have a child sit still. This can cause sound difficulties; for example, when the child kicks the table holding the microphone.
- Availability of the interview room is sometimes a problem. Times have been changed and there have been communication problems regarding booking time. In some instances, the child had to wait for hours. No doubt because of this, the taping was not particularly successful in terms of information obtained from the child.
- Tracking down and setting up the video equipment is time-consuming; as well, taping takes too long.
- There have been problems with the quality of the tape.
- Sometimes there is insufficient notice of the date and time of the videotaping session.
- The location is not suitable; there are too many distractions (e.g., outside construction). Younger victims would do better in a more child-oriented setting.
- The tape is not accessible.

Recommendations coming from the same professionals include:

Facilities:

- There should be a change in location: parking is poor, and it is intimidating for the children to walk past the people working in the office.

Procedure:

- Professionals in attendance should have more communication among themselves before the videotaping session, in order to better establish a procedure.
- All the professionals involved in a case should be present at one session.
- It is beneficial to videotape as soon as possible after the first disclosure.
- A female interviewer is sometimes preferable.
- It would be helpful for the children if they met the interviewers ahead of time.
- Whenever possible, someone who knows the victim quite well should be present, so that the child's behaviour, expressions and responses can be correctly interpreted.
- Interviewers should be experienced.
- Videotaping should be scheduled to accommodate the child's schedule (e.g., do not schedule evening taping for a very young child).
- Video facilities should be available in rural areas.

In terms of increasing the use of videotaping, the rate of production of tapes affects their viewing, and vice versa. When tapes were not being used, police said, "Why bother making them; no one looks at them." Once taping began in earnest, many people who were skeptical became convinced of their value and thus taped (or utilized tapes) more often. Also, with increased taping comes increased comfort level with the procedure, thus making it more attractive to tape.

5.3.6 Review of Tapes

Eighteen tapes were reviewed to determine whether there were differences over time in interviewing techniques and type of information obtained. In light of

the interview procedure now being standardized, the review of tapes will demonstrate to what extent the process changed from the beginning of the project to the end of May 1988. Although some of the tapes were made before the current interview format was designed, it has been used as a prototype and the tapes have been assessed by the extent to which they follow this model. The review, however, is not meant to be definitive about whether the format was used, but whether there was a change.

In Winnipeg, every tenth tape was reviewed, and in Parklands every eighth tape was reviewed. There were several months when no tapes were made at all. As demonstrated in Figure 5, videotaping began very slowly in Winnipeg and then increased dramatically, while in Parklands it remained fairly constant. Of the 18 tapes, 13 were from Winnipeg (two tapes were made of one child), and five were from Parklands.

The ages of children in Winnipeg ranged from 2 to 17, with the average age being 8. The youngest children were two 2-year-olds, a 4-year-old, and a 5-year-old. The three eldest children were 13, 14 and 17 years of age. In Parklands, two of the children were 8, and the other three were 10, 12 and 16.

The interviews in Winnipeg were conducted by members of the Child Abuse Unit in all cases except two, which were done by members of the Youth Division. Of the five done in Parklands, four were conducted by the child abuse "specialist" and one was conducted by another RCMP officer.

According to the interview format, the camera operator is supposed to show the time of the interview by focussing on the wall clock at the beginning and end of the interview. The victim's name and the date of the interview are also to be shown. The interviewer is told to identify himself or herself and to introduce the child and any other persons in the room. The camera operator is to pan the room as introductions are being made. The interview should be arranged so that it is not interrupted by the child leaving the room, or someone else entering.

In the tapes reviewed, the child was stationary throughout the interview in all but three Winnipeg tapes and all but one Parklands tape. In the Parklands tape, the interviewer sometimes moved down to sit on the floor with the child. The Winnipeg interviewers asked the child to sit down, and in one case the child left the room once to get a crayon and the interviewer followed her out. On another tape, the interviewer was seen to leave the child alone on two occasions.

The interview format suggests that the child should be interviewed alone, if possible. In the tapes reviewed, besides the interviewer and the child there was generally an observer, either in the interview room or in an adjoining room

behind one-way glass. Although, on average, there was one observer, in some cases there were two or more. These included other police officers, social workers, and family.

The actual interview format appears below, and the assessment of tapes follows each directive:

1. Identify each person.

Introductions were made in the last three Parklands tapes, and the eleventh and twelfth Winnipeg tapes followed the interview format closely, beginning with a proper introduction.

2. Establish date, time, and place of the interview.

Date, time and place of interviews were indicated on all Parklands tapes that were reviewed. Date of interview was indicated on the first, fifth, tenth, eleventh, and thirteenth Winnipeg tapes. The twelfth mentioned it was just before Mother's Day.

The average time of the interviews in Parklands was 54 minutes, and they ranged from 25 to 90 minutes. In Winnipeg, the time was missing in four of the interviews. The third, fourth and sixth tapes showed the time at the beginning, but not at the end. The eighth tape showed no time at all. Those interviews in which times were shown ranged from 35 minutes to one hour, with an average time of 48 minutes.

3. Establish child's development level.

The interviewer attempted to establish the developmental level of the child in all but the second Winnipeg tape. This was generally done by asking their age or year of birth, address, grade, etc.; making general conversation; asking about toys; asking the child to identify furniture, body parts; questions about school; asking the child to count or to recite alphabet.

In the Parklands tapes, the interviewer attempted to establish the developmental level in all but the first tape. However, this complainant was a teenager. The level of development for the other children was obtained by asking the child to identify numbers on playing cards; questions regarding age, grade, school; questions about family, friends, activities; to give names and ages of family; to identify parts of the body.

4. Establish child's understanding and ability to differentiate between the truth and a lie.

In all the Parklands tapes and the first five Winnipeg tapes, the interviewer did not attempt to establish the child's ability to differentiate between truth and lies. This was done in the remaining Winnipeg tapes.

In Parklands, on all tapes, the interviewer asked the child if the abuse happened to anyone else. In Winnipeg, this was asked in most interviews, but not all. There was no pattern over time, as this question was not asked on the first, ninth, twelfth, and thirteenth tapes.

5. Elicit child's words for body parts and discussion of sexual activities.

In approximately one-half of the tapes reviewed, props were used to assist in obtaining the disclosure (six in Winnipeg and three in Parklands). These included paper and markers (drawing stick people), animal puppets, books, colouring book and crayons, anatomically correct dolls, and other dolls.

A demonstration of intercourse, cunnilingus and fellatio on dolls was shown by the child on the second Parklands tape reviewed. However, the child was very young and contradicted herself many times.

6. Use open-ended, nonleading questions when possible.

In all but the first tape from Parklands and all but the second tape from Winnipeg, questions were asked in a logical sequence. In the fifth and last tapes reviewed in Winnipeg, the interviewer cross-examined the child (edited the testimony of the child). For example, when the child said, "Sure I'm sure", the interviewer said, "Oh, come on." Another interviewer corrected the suspect's name. In the second and third tapes from Parklands, this type of editing occurred, and leading questions were asked in an effort to get a disclosure from the child.

7. Give child choices for answers when leading question must be used.

Leading questions were used in all Parklands tapes but the last one reviewed, and in approximately every second tape reviewed in Winnipeg. In all the Parklands tapes and the last three in which this occurred in Winnipeg, choices were given. Hence, there appears to be a change over time in this regard in the Winnipeg tapes. Examples of choices given are: Did you touch his penis with your hand, elbow, foot, etc.; Did he put his penis inside or outside?

8. Attempt to establish time and place of incidents.

The time of the incident was clearly established by the child in two of the Parklands tapes, and one of those was for physical abuse only. Place was established in all cases, but again, one complainant referred to physical abuse only.

The time of the incident was clearly established by the child in seven of the Winnipeg tapes, but there was no particular pattern over time. The place of the incident, details of the abuse, and identity of the accused were clearly established in all but the last Winnipeg tape.

9. Attempt to establish identity of alleged perpetrator and details of incidents.

The identity of the accused was established in all the Parklands tapes, but details of the abuse were not established in one case (and one for physical abuse). In the Winnipeg tapes, details of the abuse and identity of the accused were clearly established in all but the last tape.

In all cases the interviewer attempted to establish identity and details. In all cases but one, there was a disclosure on the tape. The one case in which there was no disclosure of sexual abuse was in Parklands: the child disclosed physical and mental abuse.

The child contradicted himself or herself during the interview on the first, fifth, eleventh and last tapes reviewed from Winnipeg, and in the second and third from Parklands. The thirteenth tape was a problem only because the child was so young. It was established that abuse took place, but details and identities were unknown and there were contradictions in the child's story.

General Comments

In Winnipeg, both interviewers took notes during the taping of the first (and earliest) tape reviewed. In the third to tenth interviews, the interviewer wrote some details at the beginning, then listened during the taping and finally had the child repeat the story to be written. The child was asked to read the statement over and sign it.

The third Parklands interview had long stretches of silence while the child was colouring. This caused the interview to be too drawn out. However, the child named five other girls with whom the suspect had simulated, attempted or had intercourse. The final Parklands tape followed the interview format closely.

In none of the Winnipeg tapes did the interviewer have any physical contact with the child. Only in the first and last Parklands tapes was there no physical contact. The interviewer in the other three did have contact with the child, and in one tape they got down on the floor to colour.

The interviewer tried to make eye contact with the child in all the Parklands tapes and all but two of the Winnipeg tapes (the interviewer could not be seen most of the time in the fifth tape, and not at all in the eighth tape).

The interviewer appeared friendly in all tapes (except the one in which the interviewer was not seen), but the second, ninth and eleventh interviews were less comfortable and relaxed. The first tape of the five in Parklands was conducted in a very formal, unrelated manner. The following four (which were conducted by the "specialist") were friendly, comfortable, and relaxed.

In Winnipeg, the male interviewers were dressed in suits and the female interviewers were dressed in trousers and sweaters. In Parklands, the male officer was dressed in his uniform and the female officer was dressed either in a skirt and blouse, or jeans and a shirt or sweater.

Seven of the Winnipeg children did not seem to be upset during the interview. Those who were could be described as follows: very shy (embarrassed), very uncomfortable, frequently silent, continually answering "Don't know", voice a little shaky, crying each time details were asked for. Three of the five Parklands children seemed upset during the interview. All three cried periodically, but were able to talk.

Technical Quality

The sound and the video quality were good in all the Winnipeg tapes but one (the ninth one reviewed), in which the child mumbled and the faces were dark. The faces were also dark in the fourth tape. The first Parklands tape had some static, and the fifth had quite a few sound problems. There appeared to be no technical problems in the others.

There was obvious improvement over time in the way the interviewer's face appeared on the Winnipeg tapes. From the second to the fifth tape, as well as the ninth, there was inconsistency in the extent to which the interviewer's face was visible. The last interview was somewhat of a problem because the child moved around. Both the interviewer's and the child's face was visible most of the time. The child's face was not clear in the fourth and ninth Winnipeg tapes. In Parklands, the interviewer's face was clearly visible, but only the sides of the

children's faces were seen. This difference was likely caused by the differing equipment setups between the two sites.

The interviewer was consistently audible on all tapes, but the child was not always heard on the second, fifth, sixth, ninth and thirteenth Winnipeg tapes. In Parklands, the children on the first three tapes spoke very softly and were difficult to understand. The fourth and fifth were clear. However, on the last of these, the problems were not technical. Rather, the child was difficult to understand. There were technical problems or interference during the interview on the third, sixth and ninth Winnipeg tapes. On one, the picture went quite dark for a few minutes, the colour disappeared, and it went out of focus a couple of times. On another, the tape was noisy.

Summary

As the interviews progressed over time, some changes were noted. Introductions were made in the later tapes, but not the earlier ones. Dates, times and places of interviews were included in most of the later Winnipeg tapes, while in the Parklands tapes, this information was provided consistently. An attempt to establish the child's ability improved in the later Winnipeg tapes, although this was not done in the Parklands tapes. Choices were given for leading questions in all Parklands tapes and in the last three Winnipeg tapes. It appeared that experience and adherence to the interview format contributed to the quality of videotapes over time.

6.0 SUMMARY OF FINDINGS AND CONCLUSIONS, AND RECOMMENDATIONS

6.1 Summary of Findings and Conclusions

Actual videotaping started July 11, 1986, in Parklands, and October 24, 1986, in Winnipeg. Subsequently, 149 videotapes were made to May 31, 1988.

In Winnipeg, once taping began to be regarded as part of the investigative process, people who were initially skeptical became convinced of its value and thus taped (and utilized tapes) more frequently. Also, with increased taping came increased "comfort level" with the procedure, thus making it more attractive to tape.

Since the majority of police officers in both sites were pleased with the videotaping facilities and equipment, it does not appear from the evaluation interviews that these factors influence the project differentially between the two sites. With respect to staffing, none of the RCMP in Parklands felt that it was a problem either reaching the Dauphin Identification Unit or finding someone else to do the interview. However, all the Winnipeg police respondents complained of understaffing and heavy caseloads.

In most cases, the investigating officer made the decision to tape, although sometimes the decision was made in cooperation with the child's social worker. Police have said that the criteria for making this decision included such factors as age, cooperation from the child and supportive family, and so forth. In all cases, a prior disclosure or complaint is needed. Tapes are not made when parents or guardians refuse, unless a child and family services agency intervenes when it has legal guardianship.

The Winnipeg police initially complained that it took too long to make a tape. This no longer appears to be a factor in deciding whether to tape, nor does the personality (shy/not shy) of the child appear to bear on the decision to tape. Police in Winnipeg are now more inclined to tape unless the child refuses. Younger victims (11 and under) are most likely to be videotaped.

The evaluation found that taping was done more frequently when the accused were family members. Videotapes were made more often when the first disclosure was made to social workers and teachers. There was a lower percentage of videotaped cases when reporting was delayed by a year. A case was

more likely to be videotaped when the social worker made the report to the police. However, such cases are primarily intrafamilial, all of which were investigated by the Child Abuse Unit.

The most important factor in the decision to videotape, however, was the cooperation received from the police departments. The evaluation found that a commitment by police to tape, and by other professionals to use the tapes, is essential to the success of the project. Although the project lagged in Winnipeg for several months, a new coordinator in the Child Abuse Unit perceived videotaping as part of the investigation and thus encouraged officers to use the tapes. With support from the new inspector of the Youth Division and compliance from the officers, videotaping has become routine and has resulted in a substantial increase in tapes made.

In Parklands, for the first five months of the project, all cases were videotaped, but taping gradually decreased to 15 percent between April and June 1987. Subsequently, the percentage of videotaped cases remained between 30 to 40 percent of those reported. Although it has been argued that there were fewer reports of child sexual abuse in Parklands, that does not explain why 100 percent of the cases were taped initially, with the proportion of videotapes later declining drastically. It is possible that the coordinator had more frequent contact with Parklands at the beginning, when they were setting up the project and at which time they were making more tapes. As noted earlier, there appears to have been a relationship between the coordinator's involvement, ongoing support and reinforcement, and the willingness of the RCMP to tape.

Agreement on the value of videotaping among the participants (agencies) in the project increased over time. There was a need for a large degree of patience and much public relations work by the project coordinator. During the evaluation, the views of participants changed: there was far more positive feedback at the conclusion than there was at the start. Furthermore, videotaping has enhanced the degree of cooperation among diverse professionals, particularly in Winnipeg.

Generally, it was reported that the decision regarding use of tapes should be made jointly by the crown attorney, police and case worker, and that victims or their guardians should be consulted in some way about who sees the tapes.

The tapes were reported to be useful for training social workers and police to increase their sensitivity and skill when interviewing child sexual abuse victims. An unintended but positive effect of watching the videotaping was the skill acquired by police in the handling of children, which is then transferred to other areas of police work. The police did not receive such training in Police College.

The project demonstrated the value of tapes as tools for social workers, for therapy (tapes have been used in offender therapy), for case meetings, and for improving the interdisciplinary process through the criminal justice system. The videotaping process strengthened the relationship between the police and social workers, particularly in Winnipeg.

Because many of the professionals involved with the project have presented workshops and the like, the knowledge of videotaping will be expanded throughout the community.

Data are unclear and opinions vary regarding the extent to which the number of interviews has been reduced. However, according to professionals who were interviewed in the evaluation, the need to recount details of the abuse has been lessened. Professionals are utilizing the tapes more often and are recognizing additional benefits as time passes.

The videotapes have improved over time as protocols have been developed, revised and improved. Reviews of tapes have demonstrated that "specialists" both in Parklands and Winnipeg conduct an interview that is superior in the quality of information provided, as well as in sensitivity toward the child. Formal training was held for Winnipeg police early in 1988, but not for Parklands RCMP until January 1989.

Now that the interview format is being followed, the length of tapes has decreased to an average of 35 minutes. Some of the earlier tapes were very lengthy, which discouraged their use. The reduced time involved in viewing tapes has led to their increased use. Police officers have generally stopped writing statements while taping is done. Police have also begun to mark the counter numbers to indicate the progress of the interview and the points at which pertinent information is disclosed by the child. This assists greatly in the viewing of tapes.

Most professionals who used them said that the videotapes helped them understand and assess the child, as well as investigate the allegation of abuse. Many benefits have been attributed to videotaping, and it is clear that professionals have become more inclined to see the positive aspects of the project. Problems that were pointed out centred mostly on implementation issues rather than on the tapes themselves.

Videotapes have merit as a reference point. They provide a good record of the statement, and respondents generally reported that they are more compelling than a written report. Videotaping is reported to be especially effective when used to supplement a written statement.

Videotaping has also been advantageous in providing effective consultation. That is, it helps professionals to become focussed and helps in their assessment to plan or limit further interviews. It is reported as being useful for family counselling, and potentially for preparing children for court.

An unintended disadvantage may be that a videotape provides finite disclosure: the first recorded incident tends to be the last. In other settings there may be continuous disclosure, and on videotape the story may be incomplete. However, children can be re-interviewed if this is suspected. A related problem is that poor tapes may be entered into the record and may compromise legal proceedings.

It is impossible to assess the role of videotaping in court cases, because no videotapes had been introduced as evidence at the time of the evaluation. Concern has been expressed that the termination of the project will compromise the practice of videotaping before its value in court has been established. The Winnipeg police do not own the equipment, nor do they have an appropriate facility or the resources to coordinate activities; therefore, termination of the project will curtail taping. If the benefits of videotaping are to be fully evaluated, the project must continue with a full-time coordinator. Three tasks remain for the project: to monitor the use of videotapes in court; to develop the mechanisms to make videotaping routine; and to provide additional and ongoing training to maximize the use and role of videotaping in the criminal justice system.

6.2 Recommendations

The key recommendations of the evaluation:

- The project should continue with a full-time coordinator for another year, so that the admissibility of videotapes in court can be assessed, and so that the mechanisms for videotaping to continue will be in place.
- Training should be provided for police on an ongoing basis, to ensure that videotaped interviews will be appropriate for use in court.
- Training should be provided throughout the system on the effective use of videotaped evidence, to ensure that professionals (prosecutors, social workers, doctors) are knowledgeable about the use of videotapes and their potential to ease trauma for children.
- Training should be provided for judges, to increase their level of awareness and to encourage the acceptance of videotapes in court.

- Express efforts should be made to encourage routinization of videotaping in Parklands.

Operational recommendations provided by respondents:

- Consideration should be given to establishing a location that does not require the children to be exposed to office personnel or others in the building on the way to be videotaped.
- Videotaping should be planned to accommodate children's schedules.

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