Pima County Protocols

for the Multidisciplinary Investigation of Child Abuse

Office of the Pima County Attorney
Barbara LaWall, Pima County Attorney
Tucson, Arizona

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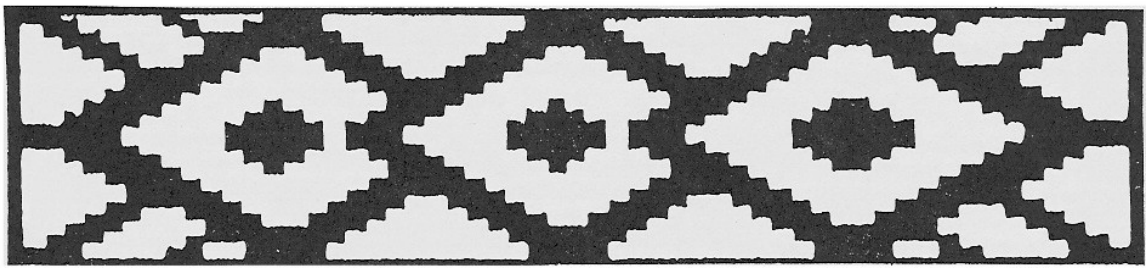

Section I

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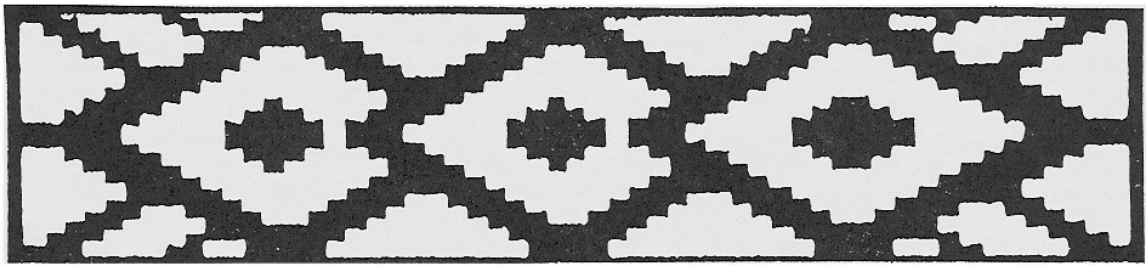


STATEMENT OF PURPOSE

This protocol, developed from a collaborative effort of government and non-governmental agencies that work with child victims and witnesses, is offered as a model for handling child abuse cases in Pima County. It provides guidelines to assist those who investigate and work with child abuse and domestic violence in reducing the secondary trauma that is often associated with such investigations.

The collaborative partners set the following goals for this document:

1. A recognition that children should be treated with dignity and respect.
2. To promote a system that recognizes the standards and contributions of the various disciplines involved.
3. To create workable guidelines for joint investigations of all allegations of extremely serious conduct. (See Appendix B)
4. Provide a consistent and efficient approach to the investigation, prosecution and management of child abuse and neglect cases in Pima County.
5. To limit the number of interviews of the child victim or witness
6. To develop a method of monitoring joint investigations and variances there from.

While protocols are designed as templates with the benefits of predictability and adherence in mind, individual steps within a particular protocol are certainly not intended to be followed by rote with unthinking or irrational rigidity. For example, technological and clinical advances, or circumstances belonging uniquely to the moment at hand, may justifiably operate to modify steps from those described herein and without altering the overall purpose or efficacy of that protocol. Accordingly, it is well-recognized by the authors that best practices within a particular discipline can encompass variations in, or evolution of, a process while still retaining absolute medical or functional integrity of the result.

While it is recognized that each partner/agency has its own mandate to fulfill, the Task Force also acknowledges that no one single agency or discipline can fully address the problem of child abuse. Therefore, each agency must be cognizant of the needs of the victim, as well as sensitive to the needs of other professionals involved. Where any interagency conflict exists, the best interests of the child shall be the overriding concern.

HISTORY

The Pima County Task Force on Child Abuse Prosecution was formed in 1989 to address issues of investigation and prosecution of child abuse. In 1992 the Pima County Attorney=s Office was the recipient of grant funds from the Governor=s Office for Children to establish multi-disciplinary, interagency cooperation for the investigation and management of child abuse cases.

The Pima County Attorney=s Office took the lead in utilizing the Task Force to develop a set of protocols which contained a comprehensive array of policies and procedures representing all applicable disciplines. The Pima County Task Force=s Protocol for the Interagency Investigation of Child Abuse in Pima County came into existence in 1993. Over the succeeding years effective and meaningful partnerships were forged and strengthened among law enforcement agencies, Child Protective Services, medical providers and the County Attorney=s Office which enhanced the overall abilities of each agency to respond to cases of child abuse. Representatives of the partner agencies now meet twice monthly in a Multi-Disciplinary Team (MDT) setting which allow for the review , and continued improvement in the system=s response to the needs of children. These MDTs supplanted the Task Force.

In 1999 the Protocol was revised to reflect the utilization by the partner agencies of the Southern Arizona Children=s Advocacy Center. The Center provides forensic interview and medical services at a single facility. Crisis intervention and counseling referrals for victims and their non-offending family members are offered at the Center as well. Currently law enforcement and CPS respond to the Center to meet the children and family. Case staffings and briefings occur there as well. (See Section III for the Advocacy Center=s policy and procedural information).

Pima County is committed to the use of child and family advocacy centers, and in co-location of relevant agencies in the investigation and prosecution of cases of child maltreatment. Agencies in Pima County have joined in a collaborative effort as the Interagency Council to develop an advocacy center that serves the needs of children and also addresses the needs of adult victims of sexual assault, domestic violence and elder abuse. Phase I of this project is a new Children's Advocacy Center with co-location of a number of partner agencies, including the Pima County Attorney's Office, the Pima County Sheriff's Office, Tucson Police Department, Child Protective Services, the Brewster Center for Domestic Violence Services, Victim Witness, Las Familias Angel Center for Childhood Sexual Abuse Treatment, and the Southern Arizona Children's Advocacy Center. This new $6 million building is financed through Pima County bond funds.

In 2003 representatives of the Pima County Attorney=s Office, law enforcement, Child Protective Services, non-profit organizations, legislators and Governor Napolitano participated in a six month process to address issues relating to child protection and possible reform of the system which responds to crimes against children and associated

issues of child welfare. House Bill 2024 was the result that, among other things, redefined the mission of Child Protective Services and required that law enforcement and Child Protective Services jointly investigate all allegations of Extremely Serious Conduct. (See Appendix B).

In March of 2004, the Pima County Attorney=s Office reconvened the Pima County Task Force on Child Abuse Prosecution in order to revise the existing Protocol. Original members of the Task Force, as well as new members, collaborated on its complete and extensive revision. Two and a half years later, August 2006, the procedures in that protocol were reviewed and updated by the participating agencies to produce the current Protocol. The Pima County Attorney wishes to thank all those who showed their commitment to this effort by attending meetings, drafting portions of the document, providing materials for appendices, and in countless other ways contributed to its completion.

PARTICIPATING AGENCIES

Arizona Department of Juvenile Corrections
Arizona State Attorney General's Office
Brewster Center for Domestic Violence
Catholic Diocese of Tucson
Child Protective Services (CPS)
Children's Success Academy
City of Tucson Prosecutor's Office
Court Appointed Special Advocates (CASA)
Community Partnership of Southern Arizona (CPSA)
Family Builders
Jewish Child and Family Services
Las Familias
Marana Police Department
Marana Unified School District
Oro Valley Police Department
Pima County Adult Probation (APD)
Pima County Attorney's Office (PCAO)
Pima County Attorney's Office -Victim Witness
Pima County Sheriff's Department (PCSD)
Pima County Superintendent of Schools
Sahuarita Police Department
South Tucson Police Department
Southern Arizona Center Against Sexual Assault (SACASA)
Southern Arizona Children's Advocacy Center
Southern Arizona Mental Health Corporation (SAMHC)
Sunnyside Unified School District
Superior Court, Juvenile Division
Tucson Centers for Women & Children
Tucson Police Department (TPD)
Tucson Unified School District (TUSD)
University Medical Center – Social Services
University of Arizona Pediatrics
Wingspan Anti-Violence Project

MULTI-DISCIPLINARY TEAM ROLES AND RESPONSIBILITIES

The role of the Multi-Disciplinary Team (MDT) is to insure compliance with the Pima County Protocols for the Multidisciplinary Investigation of Child Abuse. That l includes monitoring all investigations of extremely serious conduct (as defined in A.R.S. §8-821) to insure that joint investigation are done where applicable. The MDT brings together knowledge, experience and expertise of the team members to maximize the effectiveness of the investigative process while providing support for the professional involved in the cases.

The MDT meets on a regular basis. Those meetings serve as a forum for sharing information, ideas and resources, for joint problem solving, for networking, and for the collaborative development of a specific plan of action to address issues confronting the multidisciplinary investigation of child abuse. MDT Case Reviews are held on a regular basis for team members to:

Monitor child interviews
Monitor, discuss and plan the process of the investigation
Review medical exams
Discuss protection issues
Provide input regarding prosecution and sentencing
Discuss treatment needs of the child and family
Review the family's attitude toward prosecution
Coordinate criminal and civil proceedings
Review Criminal and civil disposition
Promote formal and informal communication among partners
Support professionals involved top prevent burnout.

Cases selected for review by the team are recommended by any member of the team or by the Forensic Interview Supervisor of the Children's Advocacy Center. Cases may include those begun since the prior case review, cases that need follow-up attention, cases that are being prepared for court, or cases that are unusual or particularly complex and from which all MDT members can gain understanding or provide beneficial expert information.

The Forensic Interview Supervisor of the Children's Advocacy identifies the individual cases to be reviewed to the tram embers in advance of each case review meeting. This professional collects all relevant information, leads the case reviews, and verifies any recommended follow-up action with the team. All members of the team are expected to be present for the case review. Case review guidelines are followed and the entire course of the case is reviewed. All participants in the case agree to abide by the Arizona Revises Statute §8-542 by signature on a dated attendance record.

MULTI-DISCIPLINARY TEAM MEMBERS

- **Behavioral Health Providers** are advocates for victims and children, and therefore are concerned about preventing re-victimization and facilitating healing. Behavioral Health professionals may provide child victims and/or their families with crisis intervention, mental health assessments, therapeutic interventions, support, and information and referrals. Additionally, they may detect child abuse allegations (or further abuse information) while providing services to children and families. As mandated reporters, Behavioral Health professionals are obligated by law to immediately report suspected child abuse to law enforcement/CPS.

- **Child Protective Services (CPS)** – Child Protective Services (CPS), a division of the Arizona Department of Economic Security (ADES), is a specialized child welfare program that investigates any act, failure to act, or pattern of behavior on the part of the parent, guardian, or custodian that may result in dependency, abuse or neglect of a child. CPS acts to ensure the ongoing best interests, safety and protection of the child from foreseeable danger, and to stabilize the well being of the child in a permanent home.

  ADES is required, by law, to receive reports of child neglect and/or abuse twenty-four hours a day, seven days a week and to initiate a prompt investigation. CPS actions rarely result in removal of children from the home of the parents. When there are concerns about a child's safety in their home, CPS attempts to engage the child's family in planning for voluntary interventions that minimize intrusion to the family, while ensuring the safety of the child. When children are found to be in imminent harm, or there is no parent/guardian able or willing to provide care for the child, CPS and law enforcement have the authority to remove them from their home. If CPS cannot ensure the safety of the child(ren) in the home within that seventy-two hours (not counting holidays or weekends), then CPS may file a dependency petition. If children become wards of the court then a case plan is developed with the participants to provide services aimed at reunification and/or permanency for the child.

- **Court Appointed Special Advocates (CASA)** are community based trained volunteers instrumental in advocating for abused and neglected children during the dependency process. The volunteer is appointed by Juvenile Court, through a court order, for the duration of the case. Once appointed, the volunteer will interview all interested parties in the case, be a participant in case planning, and gather and provide independent, factual information to aid the court in its decision regarding the child's safety and best interests. The court order entitles the CASA volunteer access to all documents and information per A.R.S. § 8-522. Sometimes case manager's notes and the Dept. of Public Safety criminal records checks will not be made available to the advocate. The information volunteers should receive includes, but is not restricted to, medical, psychological, legal files, police reports, educational records and any other pertinent items in the case file. The child(ren)'s file(s) should be made available at any time for the advocate to review.

- **Domestic Violence Agencies** offer emergency shelter, personal and legal advocacy, child advocacy, domestic violence education, walk-in services, and transitional and permanent housing for victim/survivors of domestic violence. Understanding that

domestic violence is rooted in power and control, domestic violence advocates work to assist victim/survivors in finding independence and safety through empowerment. Domestic violence child advocacy services are designed to assist with safety planning for children, to lessen the effects of domestic violence on children, and to address the learned use of violence by children. Recognizing that in most homes where child abuse occurs domestic violence is also present, domestic violence advocates provide crucial support to the non-offending parent. Advocates understand that victim/survivors are the experts in their own lives and that the best way to provide safety for children is by empowering the non-offending parent to also achieve safety and freedom from violence.

- **Juvenile Court** is a division of the Arizona Superior Court and is given the sole authority to hear adoption, severance (termination of parental-child relationship), delinquency (juvenile criminal), incorrigibility (runaway or out of control), and dependency (civil child abuse or neglect cases). The Juvenile Court adjudicates matters involving the protection of minors (persons under 18) who have been abused or neglected or have no parent or guardian willing or able to care for them. The delinquency section of the Juvenile Court faces issues of child abuse in two manners: 1) as perpetrators of the abuse, juveniles suspected of sexual offending are referred for investigation and supervision; (2) as victims, juveniles at any point in the system may present as suspected victims of child abuse.

- **Las Familias'** mission is to facilitate the healing process of children and adults who have experienced childhood sexual abuse. The agency is licensed by the State of Arizona to provide outpatient mental health services to children and adults. In collaboration with the Southern Arizona Children's Advocacy Center, Las Familias offers Extended Crisis Services. Crisis Counselors provide crisis debriefing and facilitate enrollment in longer term counseling services for children and their caretakers referred from the Advocacy Center. Extended Crisis Services focus on children who do not require out of home placement. Services include work on site at the Advocacy Center, crisis support over the phone or in person, a six-week psycho educational group for caretakers, and expedited intakes into longer-term mental health services.

- **Law Enforcement** responds to incidents of allegations of abuse and violence involving children and families to determine if a crime has been committed, and, if so, to discover the facts and evidence necessary to bring the perpetrators into the Criminal Justice System. Law enforcement's responsibility is to conduct an impartial investigation within the bounds of statutory requirements and case law, while considering the needs of the victim and the responsibilities of other organizations involved in the treatment, support and recovery of the victim and their families (if appropriate).

- **Medical Providers** – Evidence of child abuse may be detected by medical personnel during an examination or disclosures of abuse may be made. As mandated reporters, medical personnel are obligated by law to report suspected child abuse to law enforcement/CPS. Patients may also be presented to trained physicians or nurse practitioners, for child abuse evaluations (which occur when sexual or physical abuse

is alleged). These examinations are done for the purpose of assessing injuries, acquiring possible physical evidence and reassuring the victim about his/her medical condition.

The Southern Arizona Children's Advocacy Center has trained pediatric physicians under contract who may provide medical services to law enforcement and CPS, as well as physicians and other health care providers, concerning suspected child maltreatment cases. These services include medical exams, consultations, review and interpretations of lab tests and other medical findings obtained by forensically trained professionals. Medical personnel will provide witness testimony on findings and diagnosis reached during such evaluations and consultations. The Center's physicians often refer cases to Community Medical Personnel for specialized treatments and assessments.

- **Pima County Attorney's Office (PCAO)** is responsible for the prosecution of all felony offenses involving child physical and sexual abuse, neglect, sexual assault, and domestic violence. The PCAO interacts on a daily basis with Law Enforcement and CPS in the investigation and prosecution of cases in which children are victims or witnesses to felony offenses involving physical and sexual abuse, sexual assault, neglect and domestic violence. The office reviews these cases for charging, confers with victims and their families regarding decisions to charge or not charge. Once these cases are charged cases are prosecuted with a goal of holding offenders as fully accountable for their crimes as is possible while being ever mindful of the needs of the child victim. Deputy Pima County Attorneys participate in MDTs and in the training of Law Enforcement, CPS and other partners who work with and provide services to victims of abuse and neglect.

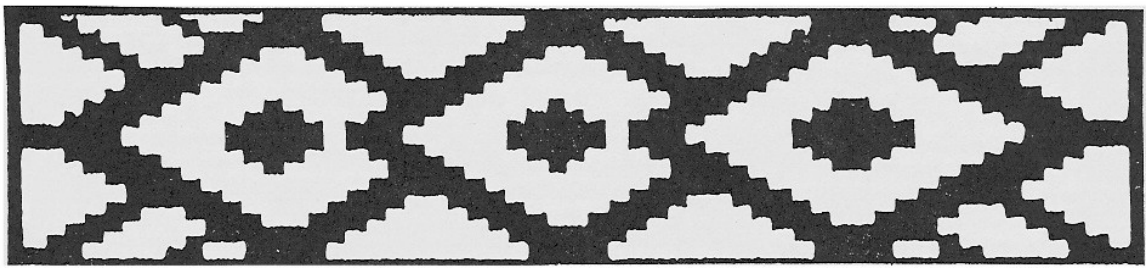
- **Pima County Adult Probation Department** primarily interacts with child abuse victims in three ways: 1) in the preparation of a pre-sentence investigation report for the Court before sentencing; 2) in the supervision of sentenced sex offenders and child abuse/neglect offenders in which any contact with children, and particularly the victim(s), is either prohibited or closely supervised; and, 3) when a probation officer, in the course of supervising a probation case, discovers reasonable grounds that a child has been abused/neglected or exposed to frequent domestic violence between other parties in the household.

- **Southern Arizona Children's Advocacy Center** is a non-profit agency that provides a one-stop, child-friendly environment for: the collection of forensic evidence in suspected child maltreatment cases (including audio and video taped interviews and medical examinations); the coordination of multi-disciplinary investigations; case management, crisis intervention and advocacy services; referrals to victim assistance and support services; and on-call triage of urgent pediatric sex abuse cases and after-hours advocacy (upon law enforcement request). Professionals are on staff who are trained in child development, forensic interviewing and victim advocacy. In addition, the Center coordinates MDT Meetings twice a month. And finally, the agency conducts Mandated Reporter Trainings throughout Southern Arizona, school-based personal safety trainings for children Pre-Kindergarten through Middle School, and coordinates seminars for partner agencies on child abuse related topics.

- **Southern Arizona Mental Health Corporation (SAMHC)** is the community crisis provider for behavioral health services in Pima County. SAMHC provides immediate (2 hour) or urgent (24 hour) behavioral health response to children removed from the home by CPS. In discussion with CPS, the most appropriate site for behavioral health assessment is determined. The assessment can be conducted at the school, foster care placement, relative placement, group home, SAMHC clinic or CPS office. SAMHC evaluates each child in order to best assess what, or if any behavioral health services are clinically indicated.

- **Schools,** public, charter, private, and religious, along with child care centers and other youth-services organizations, are a major source of reports regarding child abuse and neglect. They offer a neutral site for preliminary interviews of children by CPS and/or law enforcement. Schools share both confidential and non-confidential information with CPS and law enforcement as needed to conduct a child welfare investigation. Schools are responsible for updating all personnel regarding their mandated reporter responsibilities and for observing the guidelines offered by these Protocols.

- **Victim Witness** is a prosecutorial-based program of the Pima County Attorney's Office. Victim Advocates assist child victims of physical and sexual abuse and children who have witnessed domestic violence via on-scene crisis intervention and Court advocacy during the course of prosecution. Crisis Advocates provide crisis response to victims and witnesses of violent crimes in Pima County 24 hours a day, 7 days a week. They provide emotional support, answer questions, assess needs, explore options and provide referrals to other community resources. Victims Advocates provide criminal or juvenile justice system information and support to victims and families, advocacy, and social service referrals.

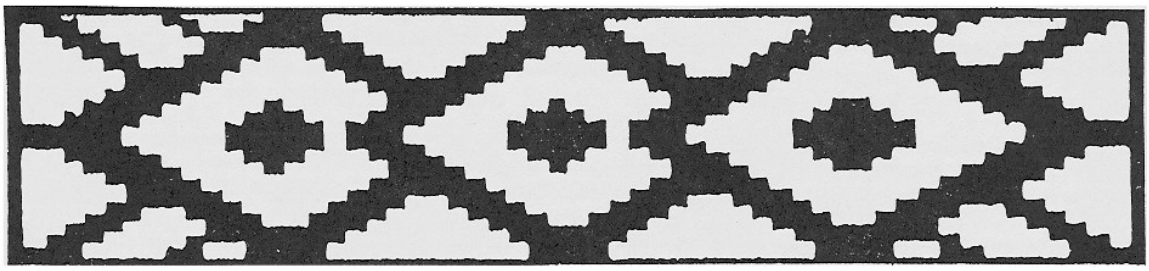


Section II

The Multi Disciplinary Protocols

Contents:

Note: The Protocols are arranged in approximate case flow sequence



CHILD PROTECTIVE SERVICES PROTOCOL

The primary purpose of Child Protective Services (CPS) are to protect children by investigating allegations of abuse and neglect, promoting the well being or the child in a permanent home and coordinate services to strengthen the family and to prevent, intervene in and treat abuse and neglect of children. CPS investigates any act, failure to act, or pattern of behavior on the part of the parent, guardian, or custodian that may result in dependency, abuse or neglect of a child. CPS acts to ensure the ongoing best interests, safety and protection of the child from foreseeable danger, and to stabilize the well being of the child in a permanent home.

The Arizona Department of Economic Security (ADES) is required, by law, to receive reports of child neglect and/or abuse twenty-four (24) hours a day, seven (7) days a week and to initiate prompt investigation. CPS Specialists, working at the CPS Hotline, receive telephone calls at 1-888-767-2445 or TDD 1-800-530-1831 and written reports at P.O. Box 44240, Phoenix, AZ 85064-4240. These specialists screen incoming communications by using "cue questions". Reporting sources do not need to have answers to all cue questions. If the incoming communication meets the definition of a report, then the report is given a priority. The report is sent to the field Supervisor who then assigns the report to a CPS Specialist to complete the investigation.

CPS actions rarely result in removal of children from the home of the parents. When there are concerns about a child's safety in their home, CPS attempts to engage the child's family to the greatest extent possible in planning for voluntary interventions that minimize intrusion to the family, while ensuring the safety of the child. After assessing the strengths and risks present in the family, CPS creates a safety plan and after care plan with the family which may include coordination with community and multidisciplinary team members and referrals to such services as in home family preservation counseling, psychological services, substance abuse treatment services, the Family Builders program, parenting classes, and as a last resort, voluntary placement of the children outside the home.

When children are found to be in imminent harm, or there is no parent/guardian able or willing to provide care for the child, CPS and law enforcement have the authority to remove them from their home for up to seventy two (72) hours excluding weekends or holidays. (CPS may also remove a child for up to twelve (12) hours to obtain a medical/psychological evaluation in order to make a determination if maltreatment has occurred).

If CPS cannot ensure the safety of the child(ren) in the home within that seventy-two (72) hours (not counting holidays or weekends), then the dependency petition is filed with the Pima County Juvenile Court. The Juvenile Court Judge has the final decision on making the child(ren) wards of the court through this process. A case plan is then developed with the participants to provide services aimed at reunification and/or permanency for the child.

District II -- Investigation Protocol

In Pima County investigations of alleged child maltreatment by a parent, guardian or custodian are conducted by seven (7) regular investigative units, soon to increase to nine (9) distributed by zip code. Additionally there is a small unit which investigates foster home and day care home reports, another small unit for the Ajo area and the Night/Weekend Unit for after hours urgent response.

Investigations Involving Sexual Abuse

There is a specialized Sexual Abuse Investigations Unit (SAIU) which is responsible for investigating the majority of CPS reports of alleged child sexual abuse involving in home perpetrators, including all reports of sexual abuse in which no open case exists, all reports of sexual abuse in cases which are open for services in CPS District II ongoing units, and other sexual abuse reports upon special request from the District II Management Team. (Reports of sexual abuse in foster homes and DES Licensed Daycare Homes are investigated by the District II Foster Home Investigator). (In Pima County the CPS units are assigned by zip code).

In situations in which a physical abuse case in the process of being investigated generates a report of sexual abuse or becomes primarily a sexual abuse case, the case will remain with the investigations unit in which it is active. Specialized assistance, if requested, will be provided by staff in the SAIU. In situations in which a case assigned to the SAIU generates a report of physical abuse or becomes primarily physical abuse, the case will remain in the SAIU. In situations in which disagreement occurs the problem will be elevated to the appropriate APM for resolution.

Interviews of child victims and witnesses should take place at the Southern Arizona Children's Advocacy Center and should be coordinated in advance with law enforcement. All interviews relating to alleged sexual abuse should be recorded. If a video recorded interview is not possible, the interview will then be audio recorded. All interviews should be conducted by a trained forensic interviewer. All CPS Specialists in the SAIU are expected to complete the Basic 8 hour Forensic Interviewing and the 40 hour Advanced Forensic Interview Training.

All audio and video recordings in possession of CPS will be kept in a locked storage facility at the SAIU or master control in Phoenix. Recordings are available for review by the assigned caseworker, his/her supervisor, appropriate law enforcement personnel, assigned therapists, and others at the discretion of the SAIU supervisor, subject to confidentiality statutes. When a non-offending parent requests to review a recording, it is the responsibility of the assigned CPS Specialist to notify any assigned detective of the request. Video recordings may be used for internal training purposes by SAIU staff, however, the SAIU supervisor is responsible for determining that the recordings selected do not involve pending criminal cases. Other requests will be honored pursuant to court order or approval from the Attorney General's office. Copies of recorded interviews will not be made for attorneys representing parents or children, however copies may be made for the court when requested. In the event that an order from Juvenile and/or Superior Court is issued that a copy be made, consultation with the Attorney General's Office will take place.

Investigations of all other child maltreatment

All interviews of extremely serious conduct allegations will be recorded whenever possible and should take place at the Southern Arizona Children's Advocacy Center and should be coordinated in advance with law enforcement. If a recorded interview is not possible, the interview will then be audio recorded. All recorded interviews should be conducted by a trained forensic interviewer. All CPS Specialists who conduct investigations are expected to complete the 8 hour Basic Forensic and the 40 hour Forensic Training. This is further addressed in the training section of the protocol.

URGENT RESPONSE

The CPS Child Abuse Hotline is the first line of contact for providing information which could result in a CPS investigation. When law enforcement agencies are needing an urgent response from District II CPS a call may be made to the CPS Investigative Supervisor by the law enforcement Sergeant. A CPS supervisor can send an investigator if the request involves an extremely serious conduct allegation or there is a need for immediate placement of a child. CPS has 2 hours from the call for an urgent response to 24 hours. The CPS Investigative Supervisor and Law Enforcement Sergeant should discuss and agree on the response time on a case by case basis. The CPS Supervisor will ensure that a report is made to the Child Abuse Hotline as well as who makes the report prior to allowing the CPS investigator to take any official role at the scene.

After-hours, the Hotline will be contacted and they will contact the Night/Weekends Supervisor. A law enforcement sergeant may directly contact the Nights/Weekends Supervisor in addition to the Hotline, to discuss and agree on the response time.

EXTREMELY SERIOUS CONDUCT ALLEGATION

Extremely Serious Conduct pursuant to A.R.S. 8-801-(2) are allegations, which if deemed true would constitute a felony. In relation to the CPS Response System, all Death of a Child allegations, Physical Abuse (high, moderate and low), Neglect (high, moderate and low) with a few exceptions, and all sexual abuse allegations will be jointly investigated with law enforcement. Efforts to coordinate joint investigations should be documented in case reports. Emotional abuse and potential abuse, if substantiated as abuse could be considered for felony prosecution. Therefore follow-up with law enforcement on allegation findings in these cases is essential. More detailed procedures are in the Child Protective Services Information Sharing which follows. This agreement sets forth mutual expectations with regard to conducting joint investigations of child abuse and provides for sharing of information between agencies.

In the process of conducting an investigation, the CPS Specialist will gather information from law enforcement reports, sources of the current report, prior CPS records, medical records, and other collateral contacts as availability allows. During the course of the joint investigation, the following persons will be interviewed: alleged victim if the child's age and intellectual/emotional functioning permit; siblings/other children in the home; school/day care provider; non-abusing spouse/caretaker; alleged abusive caretaker; and if appropriate, neighbors, relatives, and others with knowledge of the abuse, including medical providers.

During the course of the investigation the CPS Specialist will gather and record information from the CPS Specialist's own observations and through interaction with collateral sources and professionals involved with the investigation. They will consult with the CPS Unit Supervisor and/or other agency personnel to determine the need to remove the child from the family based upon the information gathered and the risk of harm to the child. The CPS Specialist will make a determination as to the findings. If the report of abuse/neglect/dependency is proposed to be substantiated or unsubstantiated by CPS standards, CPS will notify the parent/caretaker in writing. All proposed substantiated findings will be sent to the Protective Services Review Team, who will notify the alleged perpetrator of their rights.

INDIAN CHILD WELFARE ACT

The Indian Child Welfare Act of 1978 (P.L. 95-608) requires states to adhere to certain standards and procedures when Indian children are involved in involuntary child custody proceedings in state court. An involuntary proceeding includes the removal of an Indian child from the child's parent, guardian or Indian custodian, or an action for foster care placement of or the termination of parental rights to an Indian child.

The Act defines an Indian child as an unmarried person who is under the age of eighteen and is either a member of an Indian tribe or is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe.

If a child(ren) are taken into temporary custody by law enforcement or CPS during an investigation active efforts must be made to contact the appropriate tribe. District II, Pima County has an ICWA liaison, Ilene Stern who can consult on appropriate steps and timelines associated with notification to the tribe.

Investigations involving Indian children living off the reservation fall under the jurisdiction of CPS and the appropriate law enforcement agency. Investigations of allegations of Indian children residing on the reservation fall under the jurisdiction of the tribal law enforcement agency and tribal social services.

CHILD PROTECTIVE SERVICES INFORMATION SHARING

As Child Protective Services (CPS) is mandated to investigate extremely serious conduct allegations jointly with law enforcement, it is expected that all information necessary to properly conduct an investigation will be shared with law enforcement. This shall include all previous CPS history pertaining to the child or alleged suspect(s).

CPS will provide the collaborating law enforcement agencies, at least quarterly, with current investigative supervisor names and office phone numbers. CPS Investigative Unit supervisors are encouraged to maintain contact with law enforcement sergeants for information gathering as well as for consultation as needed.

1. When CPS receives and assigns a report alleging extremely serious conduct it shall notify the law enforcement agency having jurisdiction within the response timelines (2 hours but no longer that 24 hours based on the urgency of response required).

2. Contact shall be made by telephone and may be with a sergeant in charge of a particular unit, with a detective or by calling 911. The summary report will be faxed or e-mailed to the agency, based on law enforcement preference. Law Enforcement then has one working day to notify CPS whether a case has been assigned.

3. Prior to the investigation of a report of abuse, neglect, or felony domestic violence involving high risk to children, the CPS investigator will contact the appropriate sergeant or detective to discuss how the joint investigation will proceed. Law enforcement must be mindful of response timelines which CPS is mandated to follow. This should be documented in the CPS case reports.

4. When law enforcement does not have sufficient personnel to respond, or a joint interview is otherwise not feasible, CPS may continue to conduct the investigation. This should be documented in the case report. The CPS investigator shall contact the law enforcement agency by telephone within 24 hours of determining the outcome or in case of a status change. A review of the case information must be made with law enforcement prior to CPS concluding an investigation (usually within 21 days of case opening) when joint interviews were not possible.

5. The CPS investigator shall make available to law enforcement, upon request, all notes, reports, photographs, any then existing audio/video recordings, and medical records. This shall include all previous CPS contacts regarding the child, family or perpetrator.

6. When the CPS investigator, in the course of investigating a report not alleging current danger, discovers evidence of an extremely serious conduct allegation, he or she shall contact immediately the appropriate law enforcement supervisor having jurisdiction or call 911.

7. Records from CPS are available to law enforcement agencies upon request for official purposes pursuant to the cross-reporting statute A.R.S. § 8-802. This shall include a summary of all previous CPS reports concerning the child, family or perpetrator, whether substantiated or not. When CPS records are provided to law enforcement the following and, only the following shall be redacted:
    1. Reporting Source
    2. Identifying information of foster parents
    3. Residence or school addresses of victims
    4. Attorney-client privileged material

8. CPS records, including previous reports involving the child, family or perpetrator shall be provided to the appropriate prosecutor's office upon request. This includes any then existing video/audio recordings. When CPS records are provided to a prosecutor' office the following and, only the following shall be redacted:
    1. Reporting Source
    2. Identifying information of foster parents
    3. Residence or school addresses of victims
    4. Attorney-Client privileged material

9. The CPS investigator shall notify law enforcement and the prosecutor's office when a case is being transferred to an on-going unit and provide the name and contact information for the on-going case manager.

10. When child victims or witnesses are provided Court appointed Special Advocates, records from CPS shall be made available to them, upon request, subject to the redactions set forth in sections 7 and 8 above.

11. Investigating personnel from CPS may be called upon to testify in Juvenile Court dependency and criminal proceedings; City, Justice and Superior Court criminal proceedings, and severance proceedings.

    Court rules require that witnesses may be interviewed prior to trial by prosecuting attorneys or Assistant Attorney Generals involved in these cases. It is expected that CPS investigators will cooperate fully with requests for pre-trial interviews and subpoenas for depositions or testimony

    CPS personnel have the right and are encouraged to contact and meet with the assigned Assistant Attorney General prior to these events.

LAW ENFORCEMENT PROTOCOL

The purpose of law enforcement's response to incidents of physical and sexual abuse involving children is to determine if a crime has been committed, and, if so, to discover the facts and evidence necessary to bring the perpetrators into the Criminal Justice System. Law enforcement's responsibility is to conduct an impartial investigation within the bounds of statutory requirements and case law, while considering the needs of the victim and the responsibilities of other organizations involved in the treatment and support and recovery of the victim and their families (if appropriate). To this end, police are encouraged to coordinate their investigations with those of Child Protective Services (CPS) and the prosecuting agency.

This protocol applies to all allegations of felony child abuse against a minor as follows:
(For purposes of this law enforcement protocol, "serious physical injury" refers to incidents that require immediate medical attention)

- Physical abuse with serious physical injury
- Medical neglect when the child requires immediate medical attention
- Child neglect cases where the child must be removed from the environment for their safety
- Child Sexual Abuse allegations
- Domestic violence incidents when the child witnessed an act of serious physical injury or a weapon was involved

Additionally, services available through this protocol are available to investigators dealing with child witnesses to any other violent crime.

SPECIALIZED INVESTIGATIVE UNITS/DESIGNEES

Investigations involving crimes against children are most effective when law enforcement agencies establish specialized units to conduct those investigations. Smaller agencies are encouraged to designate a specialist if the number of investigations does not warrant a unit. Members of these specialized units or designees will:

- Receive intensive training in the investigation of child neglect, physical and sexual abuse
- Complete the 8-hour Basic Forensic Interviewing course (or comparable training) before conducting interviews with children
- Complete the 40-hour Advanced Forensic Interviewing course (or comparable) as soon as possible after observing a variety of child interviews
- Establish and maintain a working relationship with CPS, the Advocacy Center and members of the prosecuting agencies involved in prosecuting child abuse cases

BASIC INVESTIGATION PROCEDURES

A. Initial Response

1. In most cases, an uniformed officer will be the first responder to reports of child abuse. It is the responsibility of this first responding officer to establish the

elements listed below. If possible, the officer should obtain this information from the reporting party, interviewed away from the victim, witnesses, or others who may have information about the report. If the victim must be questioned, the officer should obtain this information using a minimum of questions and without attempting to illicit specific details (See Appendix F, Minimal Facts Interview):

- Determine the need for immediate medical treatment or forensic examination[1]- in either case, the responding officer should contact detectives immediately
- Secure and preserve the crime scene, if applicable
- Obtain the names and identifying information for all parties involved. (CPS information is filed and accessed through the child's mother's name.)
- Establish the elements of the crime (what does the child say happen and is it a crime?).
- Determine jurisdiction:
    1. If within the officer's jurisdiction- proceed with department procedure.
    2. If outside the officer's jurisdiction and the child is in a safe environment- document the report and coordinate with the appropriate jurisdiction
    3. If outside the officer's jurisdiction and the child is not safe- coordinate immediately with the appropriate jurisdiction and CPS before leaving the scene
- Obtain information about the suspect:
    1. Relationship and access to child
    2. Knowledge of report
    3. Willingness to speak to investigators

Questioning of child victims will be limited to **what happened, who did it, where did it happen, when is the last time it happened, who have you told**?

2. Once this information is gathered and it is determined that a crime has been committed, officers should contact the appropriate investigative detail and the designated CPS Hotline.[2] This should be documented in the officer's case report and/or supplement.

3. **CPS hotline shall be notified by the responding officer in all incidents where the suspect lives in the home or has access to the child.** The responding detective may contact the local supervisor of the CPS unit responsible for the CPS investigator. 24-hour contact numbers of these supervisors shall be provided to law enforcement, and updated as needed. Supervisors may contact the Supervisor of Nights/Weekends directly when a more immediate response is necessary.

[1] A forensic examination, including completion of a sexual assault kit should be considered within 72 hours of an incident where semen, saliva, or other biological evidence may be present.
[2] If it is determined no crime has been committed, CPS should still be notified if there is concern for the safety of the child.

4. Upon direction of the case detective, detective supervisor or pursuant to department procedures, officers may then:
   - Interview any adult witnesses, documenting biographical information, business or school addresses, and contact information.
   - **With investigator approval**, interview the suspect if present and aware of the allegations. When deciding the need for an immediate arrest, consider the following:
     Input from the case investigator
     Risk of flight
     Suspect's danger to the community
   - Assess the need for a search warrant and proceed under direction of the case investigator, or a supervisor.
   - Take photographs, make diagrams, etc. to document and preserve the scene.

   The actions taken should be documented in the detectives case report and/ or supplement.

B. General Investigation of Child Abuse

A specially trained investigator as described in "Specialized Investigative Units/Designees" will conduct the follow-up investigation. Any information obtained through the criminal investigation will be shared with the CPS worker as soon as possible.

1. Victim Interviews:
   - Investigators will conduct their investigation, interviews, etc. in a manner that assures the victim is only interviewed once.
   - Child victims under the age of 18 years will be interviewed at the Southern Arizona Children's Advocacy Center by a specially trained investigator or by one of the forensic interviewers employed by the Advocacy Center whenever possible.
   - This interview will be coordinated with the assigned CPS worker, if applicable. This means the CPS worker will be called before the interview is scheduled to attempt to determine a mutually available time. If this is not feasible, the recording of the interview will be shared with CPS as soon as possible. Efforts to conduct a joint investigation with CPS shall be documented in the case report/supplement.

2. Witness/Family Interviews
   - When possible, child witnesses or family members under the age of 18 years will be interviewed at the Advocacy Center by a qualified interviewer.
   - Anyone that the child has disclosed information shall be interviewed, to include the circumstances under which the child disclosed.
   - Obtain biographical information, home and business addresses and other identifiers of all witnesses, victims, suspects, etc.
   - Interviews not jointly conducted will be shared with the CPS worker as soon as possible, when appropriate.

3. Medical Personnel
   - Conduct recorded interviews with all medical personnel with knowledge of the case. Medical personnel will be asked about time frames, mechanisms of injury and symptoms the child would be expected to show given the injury sustained.
   - Specialized medical personnel such as neurosurgeons, pediatric radiologists, etc may also be contacted to provide expert testimony.
4. Forensic Evidence
   - Search Warrants- including anything that corroborates the child's account of abuse. (i.e.: "there was a red and green striped sheet on the bed", etc.)
   - Medical exams and sexual assault kits:
     See Medical protocol for details concerning kits and exams
   - Photographs of injuries, scenes, etc.
5. Investigative Techniques:
   Investigators may consider using established investigative techniques when appropriate, including:
   - Phone confrontations
   - Court order for physical characteristics
   - Polygraph examinations
6. Investigators shall conduct investigative research including, but not limited to:
   - Prior convictions of the suspect
   - Prior police reports involving the suspect, victim, witness(es)
   - Prior unreported allegations involving the suspect, victim, witness(es)
   - Current and prior CPS reports
   - 911 transcripts, if applicable
   - Medical records
7. Suspect interviews
   - Suspects in criminal investigations shall be interviewed by law enforcement personnel
   - CPS personnel may be present during the interview, as long as they do not interfere with the criminal interview
   - CPS personnel may ask questions pertaining to their investigation, after law enforcement has concluded their questioning
   - Suspect interviews will be video recorded or, at a minimum, audio-recorded.

C. Crime Specific Issues

1. **Child Physical Abuse/Neglect:**
   - Photographs shall be taken by a crime scene unit, when possible. Remember some bruising may be more prominent the day after the injury occurs. Photographs of injuries shall include a ruler and color bar.
   - Homicide scenes and other scenes containing physical evidence shall immediately be secured and investigators notified.
   - Interviews of caretakers should focus not only on the current injury, but also on a thorough background of the child's health and upbringing.
   - Obtain all medical records including hospitalizations, doctor or Emergency Room visits
   - Obtain signed authorization to release medical information when possible.

2. **Child Sexual Assault**

- Investigators may include a discussion of "grooming" behavior when interviewing the victim
- Ask the victim about any photographs shown or taken
- A sexual assault kit may be considered if an assault occurred within 72 hours of the report and there is a chance of finding biological evidence.
- A court order or search warrant should be considered for a suspect when there is a chance the victim's DNA may be present on him/her.

3. Domestic Violence

D. Case Presentation

Cases will be presented for issuing per guidelines set forth by the prosecuting agencies.

- If the case is not issued, the prosecuting agency shall notify the victim's representative and CPS.
- If returned for follow up, the requested information shall be obtained as soon as possible.
- The prosecuting agency shall be advised if the investigating agency decides to close the case.

E. Notification Milestones ref: Joint Investigations

Every effort shall be made to assure open and frequent communication between law enforcement and CPS throughout the investigation. At a minimum, the following events shall immediately (within 1 working day) be shared with CPS:

- Assignment of a case involving an "in-home" suspect and a CPS worker is assigned. The purpose of this notification is to coordinate an interview of the victim at the Southern Arizona Children's Advocacy Center/.
- Interviews of family members
- Upon contact with a suspect
- Upon arrest of the suspect
- When closing the case for lack of evidence
- When an issuing appointment is made (CPS worker may want to provide input)
- Outcome of issuing and grand jury

Law Enforcement Felony
Domestic Violence Response Protocol

The protocol for law enforcement's response at felony domestic violence incidents (per A.R.S. § 13-3601) shall set forth guidelines to determine the extent of involvement, if any, of any and all children residing in the incident home and the necessary procedures for investigating those involvements.

If a child at a felony domestic violence incident is found to be the victim of child sexual abuse, child physical abuse and/or child neglect, the existing law enforcement response protocol shall be followed:

I. Initial Report

A. Patrol Officers may establish the elements of the crime(s) of Domestic Violence (per A.R.S. § 13-3601). If the crime(s) rises to the level of felony and,:

1. There is/are child(ren) present in the home at the time of the incident, and/or the involved parties have a significant history of domestic violence of any degree (felony or misdemeanor) the patrol officer shall:
    a. Request the on scene response of an advocate form the PCAO Victim Witness program.
    b. Clearly communicate to the VW advocate the felony domestic violence crime being investigated and the presence of any child and/or the significant history of the involved parties. After arriving on the scene, the advocate will assist the patrol officer with notification to Child Protective Services.
    c. If VW is unable to provide immediate response, the patrol officer shall be notified as such, at which time, the patrol officer shall make immediate notification to Child Protective Services hotline.
2. There are no children present at the time of the incident, but children do reside in the incident home, the patrol officer shall:
    a. Provide an advisory to the appropriate detective unit supervisor upon completion of the call.
    b. Request that a copy of the incident report be forwarded to Child Protective Services.
    c. The responsible detective unit supervisor shall ensure a telephonic notification is made to Child Protective Services as soon as possible after notification of the incident, not to exceed 72 hours.

B. Significant History is defined as three or more prior incidents of domestic violence crimes as defined by A.R.S. § 13-3601.

II. Joint Investigation

A. Once a felony domestic violence crime has been established and the necessity to interview a child presents itself, an attempt shall be made to have the child(ren)

interviewed by a forensically-trained interviewer from the law enforcement agency, Child Protective Services and/or Southern Arizona Child Advocacy Center.

B. Prior to the child being interviewed, the detective shall make notification to Child Protective Services regarding the impending interview. A determination will be made by the detective AND the Child Protective Services investigator as to:

1. Which agency shall be responsible for interviewing the child(ren) and the necessity, if circumstances warrant, for representatives from both agencies at the interview.
2. Where the interview shall take place: If at all possible, the interview should be conducted at Southern Arizona Child Advocacy Center.
3. When the interview shall take place.

These efforts shall be documented in the case report/supplement.

C. All attempts shall be made to have a forensic interview of involved child(ren).

D. If the interview must be conducted by a law enforcement officer who has not been forensically trained, only information regarding the incident being investigated may be obtained unless the child(ren) provides unsolicited information regarding other acts or incidents. If other crimes reveal themselves, the law enforcement officer shall follow the appropriate protocol for investigating those acts.

MEDICAL PROTOCOL

The medical evaluations of child abuse cases can be complex, and involve physical, emotional, and psychosocial issues, as well as custody and legal ramifications. Suspected abuse is uncovered through the presenting symptoms, by a child's disclosure, or by suspicions of a child's caregiver, or another reporter. Medical providers are faced with the dual task of ensuring the health and safety of the patient while remaining objective and thorough in assisting with their obligation to report their findings for the investigation and management of these cases by Child Protective Services and Law Enforcement. A calm, non-confrontational approach to informing family members of this duty, without judgment or speculation is essential. (See Appendix A, A.R.S. § 13-3620)

The Southern Arizona Children's Advocacy Center provides physicians who have the education, training and experience to perform forensic examinations of children and provide expert testimony in judicial procedures. The Children's Advocacy Center is designed to reassure the patient and family, and coordinate with a multi-disciplinary team approach. Referrals for medical examinations come from CPS, law enforcement, and from community physicians for second opinions or follow-up. (See Appendix D)

The Children's Advocacy Center provides 24 hour triage, scheduling, advocacy and information. Alleged physical abuse, physical neglect, or sexual abuse can be assessed, and the appropriate timing of the exam maximized to obtain forensic evidence with the goal of minimizing re-traumatization to the child. As a rule, the physicians will not accept a case until there is Law Enforcement and/or CPS involvement. Concerning the issue of Emergency Treatment and Labor Act (EMTALA) the transfer of a suspected child abuse victim from and Emergency Department to the Children's Advocacy Center can be done after the medical screening exam (MSE) has been completed. Unless there is concern for significant pain, bleeding or discharge, the genital and anal exam can be deferred to the Children's Advocacy Center physician, if CPS and/or Law Enforcement is ready to transport. If the referring physician requests direct contact with the Children's Advocacy Center physician, the Advocates will facilitate this communication.

Medical records from initial evaluations must be released to Law Enforcement and/or CPS per ARS § 13-36200, upon their written request and signature on a medical release. The release of medical records does not require the parent/guardian's permission; and should be expeditious, as these records will be needed in the investigations.

The Medical Evaluation

Children examined at the Children's Advocacy Center receive a comprehensive physical exam to assess and document growth, sexual maturity, signs of injury, neglect, and sexual abuse, as well as self-injurious behaviors. Although the majority of "after 72 hours" sex abuse exams are normal, this does not preclude the possibility the abuse occurred. The most important part of the evaluation is the history given by the child. Occasionally, some professional will question

the need for a medical exam if the child gives a history of the abusive activities, and in non-verbal or pre-verbal children, an examination might reveal physical findings not suspected.

Sexual Abuse

A. The Forensic Interview and Videotaping

In most cases a forensic interview is done prior to the medical examination. Information obtained from this process is shared with the physician by either the interviewer or one of the investigators (CPS or Law Enforcement), and that person is present at the time of the exam. The child should not be re-interviewed by the physician. However, any information offered during the exam should be documented in exact quotes.

B. The Medical Evaluation

1. **Urgent Forensic Medical Exams** (usually within 12 hours at the Advocacy Center or another facility with trained personnel)
    a. **Genital/Rectal Pain, Bleeding or Discharge**
    Children experiencing these symptoms need to be seen as soon as possible to identify the cause, and determine if injury is present or symptoms of sexually-transmitted or non sexually transmitted infection is present.
    b. **Recent Anal, Vaginal or Oral Penetration**
    Pre-pubertal children need to be examined within 24 hours to collect forensic evidence, as their body swabs deteriorate quickly. Sperm may be recovered up to 72 hours for older children.
    c. **Anogenital Injuries**
    Evidence of healing trauma may be more difficult to detect after 4-14 days, and the magnification and lighting of the culposcope may be needed to define these changes.
    d. **Sexually Transmitted Diseases**
        i. Gonorrhea, Syphilis, Chlamydia, trichomonas, genital herpes and venereal warts are infections that require a medial examination.
        ii. HIV positive children who acquired this disease in an unknown manner require evaluation, and if the child is older than 12 mos., it should not be assumed it was acquired through a positive mother.
        iii. Gardnerella (Bacterial Vaginitis)or Monilia (yeast) Infections do not need to be seen for forensic exams.
    e. Pregnancy
    If a child less than 15 years of age is pregnant, or possibly pregnant, an evaluation is needed. If there is a possibility of alleged molestation or if there is a question as to whether sexual contact was "consensual" vs. "non-consensual" in an adolescent 15 or older see Appendix A regarding mandatory reporting. If termination is planned, Law Enforcement should be notified so that fetal tissue can be obtained for paternity testing when appropriate. The County Attorney should be consulted in any questionable cases.
    f. Family or Child in Crisis

In the setting of a disclosure, even when the child has no physical symptoms or forensic evidence is unlikely, an urgent exam should be obtained to give reassurance to the child and family if they are having severe emotional conflict.

2. Non-Urgent Forensic Medical Exam (scheduled during the regular medical exam hours)

a. On-going chronic sexual abuse – Those cases with disclosure indicating more remote (weeks & months) activity.

b. Extreme Sexualized Behavior – Exam needed if child gives a history of molestation, or a therapist after working with a child for a while feels that sexual abuse has most likely occurred.

c. Custody Disputes - Allegations of potential abuse are handled in the same manner as non-custodial cases. If a verbal child does not disclose sexual abuse during his/her forensic interview, and there's no other indication of sexual victimization, no medical evaluation shall be necessary. If a medical exam has been conducted, repetitive exams will be avoided unless additional history is very suggestive of medical necessity. The physician may have to involve other medical or psychosocial personnel in the event of a parent requesting frequent exams which cause anxiety and emotional conflict for children.

d. Non verbal, pre-verbal, or special needs children (without symptoms) – One medical evaluation should ideally be conducted when an allegation of sexual abuse is made. However, some children may be referred to the Advocacy Center for second opinions after a community caregiver has done the initial exam.

Procedures for Forensic Sexual Abuse Evaluation

These aspects of the exam are pertinent to all cases, regardless of the time interval from the incident.

1.) Complete medical history (including immunizations) obtained by information provided at the time of the exam (by guardian, CPS, Child or family).
2.) Child is offered a choice of having the exam with or without a supportive person (of his/her choosing). If this person is disruptive or inappropriate, the adult shall be asked to leave.
3.) After the completed physical exam, the genital and anal areas are examined with good lighting, and whenever possible with the colposcope for magnifications, and in some case, photographs.
4.) Any signs of trauma, recent or remote will be documented on body diagrams, and photos, whenever possible (with documentation and reference standards).
5.) Appropriate lab testing for pregnancy, sexually and non-sexually transmitted diseases will be obtained.
6.) A forensic medical report will be completed and used for documentation, and recommendations addendums will be provided if any follow-up exams or test results return with positive findings.

<u>Acute Assault Exams</u>

Utilization of the sexual assault kit, in appropriate settings includes the following:

1. Paper bagging of individualized items of clothing.
2. Collecting specimens from body orifices via swabs.
3. Collecting other debris (trace evidence) which may be present.
4. Collecting specimens via swabs of the areas that may have perpetrator body fluids (bite marks, semen dried on skin) using the Wood's lamp.
5. Proper drying (by air) at room air temperature, and handling all materials with gloves
6. Maintaining the chain of custody.

Above collection is optimal when done prior to bathing, changing clothes, or urination/defecation. Pregnancy and STD prophylaxis need to be considered and offered where appropriate. See Appendix Q for triage protocols for Emergency Sexual Abuse Exams.

Procedures for Physical Abuse & Neglect Evaluations

Physical abuse ranges from minor injury to death. The most serious injuries, and the most frequent deaths are in children "too young to get away" and too young to tell," or those who have special needs or behavior problems.

Urgent examination is necessary for obvious, visible injuries, but the potential of hidden internal and skeletal injuries must also be excluded when physical abuse is suspected. These exams require facilities that are able to do diagnostic procedures and consult specialty staff (skeletal surveys, CTS, MRIs, ophthalmologists for retinal injuries, etc.).

Injuries sustained by children that are non-accidental are suspected when there is inconsistent or absent history. When there are multiple injuries in different stages of healing, locations not commonly injured (abdomen, genitals, etc.), or delay in obtaining medical care. Changing doctors frequently, and using different urgent care treatment centers to avoid detection of the frequency of a child's visits is also suspicious.

Non-emergency medical evaluations should be scheduled at the Children's Advocacy Center after a child has had a forensic interview, if possible. Medical exams are needed in most physical abuse incidents wherein legal proceedings are anticipated. It will be necessary to collect physical evidence related to the child's condition or injuries. This includes all the injuries, and not just the most obvious or serious ones.

Reference standards (measuring tapes, gray scale, color wheels) and multiple angle shots are necessary to photographing bruises and injuries that will be documented in the forensic medical record.

The physician may need to review all past medical records, tests and pertinent information in order to give an opinion in establishing a physical abuse or neglect case. Referral to specialists for diagnostic procedures (i.e., skin biopsy) may also b included in these cases. In some cases, appropriate lab studies may be necessary to exclude bleeding disorders or inherited medical diseases.

Communication and Information Sharing with the Southern Arizona Children's Advocacy Center

All medical records released to CPS and/or Law Enforcement should be made available to the physician at the Children's Advocacy Center, and all pertinent past medical history (including immunizations) should be obtained if a family member doesn't accompany the child. Information regarding the disclosure (who, what, when, where, and how) needs to be available to

the physician at the time of the exam. Children with positive test results for sexually transmitted diseases need to have the written report accompany the child. CPS or the child's guardian is required to sign a request for the HIV testing.

Following the exam, the physician summarizes the findings, recommendations, and any follow-up needed. In joint investigations, it is expected that this information will be shared between the investigators in a timely manner. The child's guardian is given whatever information is necessary for the health and welfare of the patient, and encouraged to contact the Children's Advocacy Center if any new symptoms develop. Results of positive labs are shared with the patient, guardian, CPS, and Law Enforcement, as well as suggestions for medical follow-up if necessary. The guardian is given information on the health and welfare of the patient, as well as information on any needed medical follow-up and/or further testing.

A complete medical report and psychosocial report are distributed to CPS and Law Enforcement. Records, including lab reports, may be forwarded to community physicians but require a parental or custodial (CPS) signed release. Medical personnel will take precautions to maintain patient confidentiality, and will contact patient/family members with CPS involvement if further information is needed. It is expected that unusual situations or difficult issues may arise which require a team staffing to facilitate the overall management of a case.

Behavioral Health Protocol

Behavioral Health Service Providers, including behavioral health professionals, behavioral health technicians and behavioral health paraprofessionals, should be advocates for victims and children. As such, they may provide primary therapeutic intervention, support to families, information, and be a source of referral for child abuse allegations because of their contact with children and their families. A primary concern of the behavioral health providers is to prevent re-victimization of the child. It may be the provider who hears the initial disclosure, either directly from the victim or indirectly from a third person. Since reporting of child abuse is mandatory for behavioral health service providers, it is incumbent upon the provider to be familiar with current theory and research on child physical and sexual abuse.

The Arizona mandatory reporting Law, A.R.S. § 13-3620 (see Appendix A), requires that behavioral health and social service professionals, providers and other persons having responsibility for the care or treatment of children whose observation or examination of any child discloses reasonable grounds to believe that a child has been abused or neglected, are mandated to report the matter immediately. "Reasonable Grounds" for reporting means if there are any facts from which one could reasonably conclude that a child has been abused, the person knowing those facts is required to immediately report those facts to the appropriate authorities. When in doubt, make the report.

The statute also states that anyone who reports a case of suspected child abuse is immune from liability in any civil or criminal proceeding resulting from the report unless the reporter has been charged with or is suspected of committing the abuse, or is acting with malice. Behavioral health service providers are responsible for maintaining current awareness of any statutory changes that may occur in the reporting law.

Every behavioral health service agency needs to establish a procedure for following the mandatory reporting law. Every behavioral health service provider should be familiar with the specific reporting requirements as defined by the professional standards of his/her governing board. This Protocol provides guidelines as to how behavioral health provider or other person responsible for the care or treatment of children can best fulfill their legal and professional mandates, while working in conjunction with the agencies responsible for the investigation of child abuse cases.

I. Agency Responsibilities

A. Behavioral health agencies should provide support and assistance to the person who received the initial disclosure through the child abuse reporting process. Please note that in all cases the person receiving the information will be solely responsible for all steps of reporting described herein, and in Section IV of this document, REPORTING AND TRAINING RESPONSIBILTIES, Mandatory Reporting Guidelines.

B. Behavioral health service agencies should authorize yearly training on child abuse for their entire staff.

C. Behavioral health service agencies should adopt a standardized child abuse reporting form to be utilized for the mandatory written report (See Appendix O for exemplar). Agencies may adopt the sample provided or may create a form that provides the necessary information.

II. Receiving the Initial Disclosure

When it appears that a child is disclosing information about possible abuse, the person receiving such information should listen and ask no leading question. If the child does not spontaneously provide the information, only the following questions should be asked:

What happened?
Who did it?
Where did it happen?

No further questioning by the person receiving the information should be done at this time (See Appendix F, Minimal Facts Interview). If the child has spontaneously answered any of the three questions, do not ask that question again. Record verbatim statements in written form. Video/audio recording is not required. If you make an electronic record, your record is likely to be subpoenaed.

Once the Initial disclosure has been made, further questioning or interviewing of the child should be done only by the forensic interview. Further questioning may create additional trauma for the child. There is a child advocacy center available where victim interview that meet the requirements of both criminal and CPS investigations are conducted by specially trained interviewers. (See Section III of this document). These interviews are video and/or audio recorded and become forensic evidence. This reduces the need for repeated interviews of the child victim.

Inappropriate response to disclosure is one of the greatest trauma potentiators. Do not make promises to the child that cannot be guaranteed. For example, do not tell the child: "This does not have to be reported to the authorities"; "you won't have to testify"; "no one will go to jail"; etc.

III. Reporting Child Abuse

When a behavioral health provider or other person required to report has reasonable grounds to believe that a minor has been the victim of abuse, he/she should:

A. Notify an Agency Supervisor, if applicable and immediately available**,** of the disclosure. Never delay making a report pending discussion with or approval of a Supervisor or other Agency resource**.** If there are questions as to whether information received constitutes abuse and should be reported, or whether the report should be made to CPS and/or law enforcement in the jurisdiction where the suspected abuse took place, contact the CPS Hotline at 1-888-SOS-CHILD (or 1-888-767-2445) and they may provide advice. The person receiving the information is solely responsible for reporting to CPS or the appropriate law enforcement agency.

B. Report the suspected abuse immediately to the CPS Hotline and/or the law enforcement agency in the jurisdiction where the offense took place immediately.

C. Document the report information on a state/and or agency approved reporting form. Per A.R.S. § 13-3620 (See Appendix A), a copy of the reporting form should be mailed to CPS within 72 hours of making the initial report. The forms should be mailed to CPS at: Child Protective Services, P.O. Box 44240, Phoenix, AZ 85064-4240. The behavioral health service provider and/or Agency should maintain the original copy of the written report, which should be kept in the client's file, in accordance with the requirements for preservation of a minor's records as provided by Arizona regulations.

D. If the non-offending parent or caretaker is aware of the disclosure, determine if he/she is appropriately supportive. If so, consideration should be given to encouraging the non-offending parent or caretaker to immediately make the report to law enforcement and CPS while in the presence of the therapist.

1. The behavioral health service provider or other person required to report should insure that he/she is identified in any report made.
2. If a behavioral health service provider or other person required to report believes the victim or other children in the home continue to be at risk, he/she should make a second report to CPS.
3. If the non- offending parent is unwilling or unable, the behavioral health provider or other person required to report again had the sole responsibility of making the reports to the appropriate law enforcement agency and to CPS.

IV. Behavioral Health Service Provider's Responsibilities

The behavioral health service provider's primary goal is to facilitate healing in the child who has been victimized. This may include working with family members to negotiate changes in the child's environment, assisting the family in aligning with the victim to provide emotional support and protection, and assisting the family in aligning with the victim to provide emotional support and protection, and assisting in minimizing secondary trauma during the legal process.

A. In this role, the behavioral health service provider should delay primary trauma intervention until after the forensic interview and investigation has been completed by the appropriate agency. In the interim, supportive therapy should be provided. Examples of supportive therapy include:
1. Encouraging the child's parent or caretaker not to allow contact between the victim and alleged offender.
2. Taking appropriate steps to ensure the safety of other children in the home.
3. Stabilizing the victim's environment by supporting removal of the alleged offender.

B. Behavioral health service providers, who prefer not to work with child abuse victims, or lack expertise in this area, may also contact the Pima County Attorney's Victim Witness Division to seek referrals to behavioral health professionals who specialize in working with child abuse victims.

C. Behavioral health service providers should inform the victim and caretakers about the legal process. If a behavioral health service provider is unfamiliar with the legal process he/she can refer the family to the Victim Witness.

D. During treatment, if the child discloses further information regarding the abuse, the behavioral health service provider should document direct quotes and promptly report this information to the law enforcement and/or CPS.

E. In accordance with A.R. S. § 13-3620 (See Appendix A), mandated reporters, including behavioral health service provider, may be requested to release records to CPS and/or law enforcement. Offender treatment records may also be obtained pursuant to A.R.S. § 13-3620 in any civil, criminal, or administrative proceeding or investigation conducted by CPS or law enforcement in which a child's neglect, dependency, abuse or abandonment is an issue. Thus, written records should be complete, concise, clear and factual. A behavioral health service provider who has any questions regarding the release, or requested release, of records should contact the Special Victim's Unit of the Pima County Attorney's office. Any records taken or obtained by the County Attorney, CPS, or Law Enforcement are subject to the rules of disclosure.

F. Behavioral health service providers should not disclose facts regarding the allegations to the offender, victim, non-offending parent, caretakers or family members prior to the forensic investigation. Explain to the non-offending parent, caretaker or other family members that the facts of the alleged abuse should not be discussed until after the investigative interview is completed by Police/CPS. Behavioral health service providers should educate the parent/caretaker that the child may need to talk. Parent/caretakers should listen, be supportive of the child, and seek support from the treatment provider during this time. After the investigation is completed, the non-offending parent/caretaker may be fully informed about the details of the allegations.

G. Behavioral health service providers involved in the treatment of various parties (i.e., victim, offender, non-offending parents and siblings) should collaborate with each other to support effective treatment.

H. Behavioral health service providers should maintain appropriate boundaries in their work with the child and family members.

1. The victim should have a separate behavioral health service provider from the alleged offender.
2. The "no contact" rules between offender and victim should be followed consistently. Premature confrontation between a victim and the alleged offender should not occur.
3. The victim's behavioral health service provider should not have direct contact with the alleged offender. Communication should be between the victim's and the alleged offender's respective behavioral health service providers.
4. The victim's behavioral health service provider should familiarize her/himself with the Adult and Juvenile Probation Department's special conditions of probation for sex offenders.

I. Behavioral health service providers should provide support to the child victim through the legal process, as appropriate. In cases where prosecution occurs, a Victim Advocate may be assigned. The role of the Victim Advocate includes providing information about the criminal justice system and victim's rights; notification of court dates; visiting a

courtroom with the victim; and being a support person during interviews, depositions, and/or court sessions. The behavioral health service provider should provide emotional support to the victim during this process in conjunction with the preparation done by the Victim Advocate.

J. The behavioral health service provider or other person required to report should be prepared to be called as a witness, although this will not always be necessary. This may be done by interview, deposition and/or appearance in court. These persons should be aware that there may be legal limitations regarding the content and scope of their testimony, and should contact the assigned County Attorney concerning any questions regarding requests for interviews, depositions or court appearances.

Behavioral Health Information Sharing

Disclosures may be made to law enforcement, DES and other authorities during the course of an investigation as required or permitted by law.

> **Note:** Internal reference is made to use of a form for reporting that contains the information generally requested. See Appendix O for a sample Behavioral Health Agency Report form. Care should be taken to not imply or encourage the reporter to seek or obtain information from the child and in doing so, exceed the limitations of Section II above, or to undertake an investigatory role. (See Section IV, above and PROTOCOLS, SECTION IV, Reporting And Training Responsibilities, Mandatory Reporting Guidelines, pp 87-91, infra.)

Southern Arizona Mental Health Corporation (SAMHC) Protocol

SAMHC's Roles and Responsibilities

A. Preface

In 2003, Governor Napolitano mandated that all children taken into CPS custody be ensured, at a minimum, an urgent response from the behavioral health system, and in some cases, immediate response.

Arizona Department of Health Services (ADHS) defines urgent response as "a rapid and prompt response to a person who may be in need of medically necessary covered behavioral health services. An urgent response should be initiated in a punctual manner, within a timeframe indicated by the person's clinical needs, but no later than twenty-four hours from the initial identification of need. Urgent responses must be initiated upon notification by DES/CPS that a child has been, or will be, removed from their{sic} home."

ADHS defines immediate response as "an expedited and instant response to a person who may be in need of medically necessary covered behavioral health services. An immediate response should be initiated without delay, within a timeframe indicated by the person's clinical needs, but no later than two hours from the initial identification of need."

Governor Napolitano's mandate recognized that removal of a child from his or her home is a situation in which assessment and/or provision of behavioral health services are medically necessary.

The Regional Behavioral Health Authorities throughout the state were charged with carrying out the Governor's mandate. In Pima County, The Community Partnership of Southern Arizona (CPSA) asked SAMHC, the community crisis provider, to ensure behavioral health assessment to all children removed from their homes. SAMHC's urgent or immediate response to these situations began 8/15/03.

B. SAMHC Process for Urgent or Immediate Behavioral Health Response

Upon placement of a child removed from the home CPS will:

- Fax completed Family Dispatch Form (listing all children removed and children left in the home) to SAMHC at 618-8624 (7 days/wk) within 24 hours of removal. The fax transmission includes Consent to Treat and Release of Information forms for each child.
- If the CPS case worker is concerned that a child is a current danger to self or others, the case worker calls SAMHC at 490-4056 (M-F 8:00-4:00) or if after hours/weekends at 622-6000, to request response within two hours.
- For all children aged five to eighteen (5 to 18), call SAMHC to report any changes (placement, child returned home, etc.) prior to the Preliminary Protective Hearing (PPH).

Upon receipt of the referral SAMHC will:

- Initiate a SAMHC response for children aged 5 to 18 who are not enrolled in a network.
- For children enrolled in a network, SAMHC will forward a copy of the family dispatch, Consent to Treat, and Release of Information forms to the assigned network for urgent response.

- For children birth to age five (0 to 5), SAMHC will forward a copy of the family dispatch, Consent to Treat, and Release of Information forms to The Blake Foundation for urgent response.

For un-enrolled children SAMHC will:

- Dispatch a master's level clinician with additional training in assessing children/adolescents within the agreed upon timeframe to the identified location to assess the child/children and provide immediate crisis stabilization to the child/children and caregiver(s). In the case of multiple siblings placed together, each child will be assessed individually.
- Consult with the CPS worker to determine when and how to contact, engage, and involve the child's biological family in the assessment process.
- Complete a written assessment for each child immediately following the evaluation.
- Within 24 hours, send by courier to the assigned CPS caseworker a copy of the assessment. The CPS caseworker can request a faxed copy of the assessment if needed in less than 24 hours.
- Initiate enrollment into the CPSA system.
- Provide on-going contact, support, and assessment during the initial seven to fourteen days; collaborate with the CPS caseworker, the caregiver, and the Court to effectively identify and initiate needed supports and services for the immediate and ongoing needs of the child/children.
- Provide the CPS case worker with a report in the agreed upon format for the (PPH) by 9:00 am the day prior to the PPH. Following the PPH, SAMHC will work collaboratively with the CPS case worker, the child/children, and the caregiver to provide an effective transition to the ongoing CPS case worker and assigned network.
- Attend and participate in the Pre-Hearing Conference, giving a verbal report on findings and recommendations for the child and explaining that the date of the PPH will signify the date that the network will begin to provide services to the child.

LAS FAMILIAS INTERVENTION SERVICES-
Program Procedures

A Joint Project of Las Familias Angel Center for Childhood Sexual Abuse Treatment & Southern Arizona Children's Advocacy Center

Initial Project Period: July 2003 – June 2004
Current Project Period: July 2006-June 2007

Summary:

Las Familias Angel Center for Childhood Sexual Abuse Treatment (Las Familias) received a federal Victim of Crime Act grant awarded by the Arizona Department of Public Safety (DPS) to offer Extended Crisis Intervention Services for victims of childhood physical, sexual and/or emotional abuse. Extended crisis services are available for referred child victims of child abuse (birth to 18 years of age) and their non-offending family members, who complete forensic evidence collection services at the Southern Arizona Children's Advocacy Center. The primary service components for this program are:

- Crisis Counseling (in-person & via telephone)
- Behavioral Health Referral and Intakes
- A Six-Week, Psycho-Educational Group for Caretakers.

This program is intended to:

- Fill a critical gap in the Advocacy Center's service continuum
- Expedite the initiation of longer-term mental health & support services
- Maximize the number of victims and/or families which enroll in and remain in therapeutic services
- Minimize the gap between referral for ongoing mental health services and the initiation of these services.
- Minimize the number of cases which "fall through the cracks"
- Facilitate the healing and recovery process

The grant funds awarded for this program enable the hiring of a full-time Crisis Counselor. Bilingual Spanish services will be available as needed. The Crisis Counselor will initiate services within one-to-three days of referral that, ideally, will occur immediately following the child victim's disclosure during the Forensic Interview process.

Service Time, Location, and Duration:

Crisis Intervention and Behavioral Health Referral and Intake services will be available Monday through Friday, 8:00 am – 5:00 pm. These services will be provided at the Southern Arizona Child Advocacy Center (2530 E. Broadway, Ste. C, Tucson, AZ), via telephone or, in special circumstances, at the client's home, in a safe environment (such as the client's church), or at Las Familias (3618 E. Pima St., Tucson, AZ). Emergency after hour services may be available as needed. Duration of service will vary greatly depending on the needs of the clients, whether services are delivered over the phone and/or in person and whether or not a mental health assessment is conducted. Behavioral Health Intakes can last 1.5-3 hours per family depending upon the number of individuals being assessed.

The program's psycho-educational support group will be conducted one night per week, for approximately 1.5-2.0 hours at Las Familias. This on-going program, which is anticipated to average

between 10 - 14 adults, is comprised of six sessions but caretakers may enter at anytime. The program will be repeated throughout the year.

Target Population & Projected Outcomes:

This program is designed for any suspected child victims of physical nd sexual abuse and their non-offending family members who undergo forensic evidence collection services at the Southern Arizona Children's Advocacy Center. *Appropriateness for program referral will be determined on a case-by-case basis. However, the focus will be primarily on children who remain in their own home or with their caretaker.* If the Crisis Counselors caseload becomes excessive, the application of additional referral criteria will be discussed. All services are provided free of charge to clients.

During Fiscal Year 2006-2007, it is projected that up to 400 child victims of child abuse and their caretakers will be served. 1,500 hours of in-person and telephone assistance will be provided. 90% of referred clients will receive extended crisis intervention services within 1-3 days of referral. 50% of clients will report a reduction of traumatic feelings at the conclusion of services; and 75% of clients will report that they are satisfied with extended crisis intervention support.

Administration, Communication, & Follow-up:

The project will be administered under Las Familias auspices and the agency's Division Director will be the primary Program Administrator. All program procedures, forms, and related documents will be jointly developed and agreed-upon, by Las Familias, the Southern Arizona Children's Advocacy Center and its primary partner agencies—the Tucson Police Department (TPD), the Pima County Sheriff's Department (PCSD), the Pima County Attorney's Office (PCAO), and Child Protective Services (CPS). Communication in this regard will occur via meetings and e-mail correspondence.

Program Staff (1 Crisis Counselor—1.0 FTE) will be hired by Las Familias and supervised by the agency's Division Director. The Advocacy Center's Executive Director and Advocacy staff will participate in the hiring process, and will provide comprehensive on-site training for Program Staff. The Center's partnering agencies will, likewise, provide on-site and field training. And finally, prior to service initiation, Multi-Disciplinary Team members will be invited to a dedicated training conducted by Las Familias and the Advocacy Center regarding Extended Crisis Intervention Services program content, procedures, and referral protocol.

Advocates from the Southern Arizona Children's Advocacy Center, under the supervision of the agency's Clinical Program Director, will be responsible for all case referrals including ensuring team member consensus, client authorizations, and the completion and transmittal of related documentation to Las Familias. Las Familias' Program Staff, in turn, will not initiate services with a family unless referral documents have been received from the Advocacy Center. Program Staff will be responsible for subsequent behavioral health referrals to provider network agencies and other assisted support service enrollments initiated during service delivery.

Program Staff and Multi-Disciplinary Team members will exchange contact information (work telephone, pager numbers, and fax numbers) for communication purposes. Program Staff will call investigative team members (e.g. the respective CPS investigator and/or Law Enforcement detective assigned to the case) in the event new information, or concerns, regarding the case is discovered during the course of service delivery. Likewise, if investigative team members have new information or concerns, which may impact Program Staff and/or the delivery of services, they are to contact Crisis Counselors directly via telephone.

Las Familias and the Advocacy Center program-related staff will consult weekly at the program's inception, and at least monthly thereafter, to make necessary adjustments to program procedures and/or

services and referral criteria. Program Staff and/or Las Familias management will also participate in monthly Multi-Disciplinary Team Meetings (MDT's) and monthly Case Reviews to network, further communication, and provide information concerning cases being staffed.

In an effort to maximize communication, build trust, ensure program viability, and assure quality service delivery, *all investigative team members and Program Staff are strongly encouraged to discuss problems, concerns and/or case issues directly amongst themselves (either in person or via telephone).* If something remains of concern or is unresolved, supervisors of any participating agency are encouraged to contact Las Familias and the Advocacy Center's management concerning the issue or discuss the situation at regularly scheduled MDTs or dedicated multi-disciplinary program meetings (scheduled as needed/requested).

Staff Hiring & Training:

Las Familias will be responsible for finalizing job descriptions, placing job announcements, screening resumes, finalizing interview questions, developing an interview rating scale, and following-up on references. The Advocacy Center may assist Las Familias in the hiring process by reviewing job descriptions, forwarding position announcements, reviewing interview questions, and participating in interviews.

Qualified applicants will undergo a tiered-interview process. Structured first interviews will be held at Las Familias with an interview panel comprised of Las Familias management (the Division Director and Program Supervisor). Second Interviews will be conducted in a less formal setting with Clinical Staff from both agencies. Selected Program Staff will be Las Familias employees, and will be directly supervised by the Las Familias' Division Director.

Upon hiring, Program Staff will undergo multi-disciplinary training with Las Familias and the Advocacy Center as well as partnering agencies. Program Staff will undergo, at a minimum, one week of intensive on-site training at the Advocacy Center to familiarize themselves with Forensic Interviewing, the joint investigative process, intakes and case documentation, and the Center's advocacy, crisis intervention and referral services with non-offending caretakers.

Upon completion of the Advocacy Center training, Program Staff will spend time with the partnering agencies (i.e. CPS, PCSD and/or TPD, and PCAO) shadowing investigators, learning investigative procedures, response time lines, and case processing as well as the impact of testimony and forensic evidence in prosecutions. Additionally, Program Staff will travel to Child Help, Phoenix to meet with the therapist who developed the psycho-educational curriculum this program is modeling and participate in a group session.

Prior to the initiation of direct services, Las Familias and the Advocacy Center will conduct training for Multi-Disciplinary Team investigators concerning the purpose, content and referral process for the Extended Crisis Intervention Services Program.

Program Referral & Scheduling:

Referral to the Extended Crisis Intervention Services Program is contingent upon the following:

- Suspected child victims of child and/or sexual abuse (birth through 18 years of age) and/or their non-offending family members must have received services at the Advocacy Center.
- Child victims must, at a minimum, have completed their forensic interviews.

The service providers comprising the Multi-Disciplinary Team assigned to the case (i.e. CPS and/or the Advocacy Center), must authorize the referral and identify which service components may be initiated with which family members. Referral appropriateness will be determined on a case-by-case basis.

The caretaker must authorize that their information can be shared with Las Familias and that the agency can contact them.

The Center's Advocates will be responsible for the case referral process (including unauthorized referrals, pending referrals, authorized referrals) and transmittal of referral documentation to Las Familias. This referral package will include:

- A Completed Extended Crisis Intervention Services Referral Form (includes MDT Service Provide authorization information and family authorization)
- The Advocacy Center's Primary Intake Form
- The Advocacy Center's Client Demographics & Follow-Up Form (less pages related to follow-ups)

Crisis Counselors will not initiate services with a family until all referral documents have been received from the Advocacy Center. If a family contacts Las Familias seeking Crisis Intervention Services and their documentation has not yet been received, Program Staff will either redirect the family to the Southern Arizona Children's Advocacy Center for further clarification/action, or contact the Advocacy Center to determine the family's referral status.

Ideally, upon conclusion of the Forensic Interview process, the Center's Advocates will prepare the referral packet and contact Las Familias staff. If this is not possible, then upon receipt of the referral packet, Program Staff will initiate contact directly with the family to arrange an appointment.

Crisis Intervention Services:

The Crisis Intervention Services component of this program will, ideally, be provided immediately and at minimum one-to-three days following program referral. These services will include:

- Review of the Advocacy Center's *Handbook for Caregivers* (e.g. "What is Sexual Abuse," "The Grooming Process", "How to Act Toward Your Child", "The Legal System", "Facts About an Investigation", etc.).
- Further information and referrals
- Safety planning
- Education concerning self-care and dealing with trauma
- Assistance and advocacy related to initiating support services
- "Normalizing" the feelings and experiences of victims and caregivers relative to the disclosure and abuse
- Other assistance as needed (to be determined on a case-by-case basis)

Program Staff will immediately call investigative team members in the event new information or concerns regarding the case/family arise during the course of service delivery. Case notes or other program forms completed during this service component, will not be shared with investigative team members but will remain in secured, confidential files at Las Familias.

Behavioral Health Intake:

To increase Las Familias' intake capacity and expedite the initiation of behavioral health services for child victims and/or family members, the Crisis Counselor will evaluate the family's eligibility for services. Depending on eligibility for various funding sources and availability of space, Las Familias with either admit the case for long term services or refer appropriate cases to the three children behavioral health networks—La Frontera, Pantano or Providence.

Psycho-Educational Support Group:

Program Staff will conduct a weekly, psycho-educational support group for referred caretakers who are either awaiting longer-term services, in the process of deciding whether to pursue additional support services (either for the victim, themselves, or another family member), or feel that the

information/support generated from the group is sufficient at present. This support group is forensically-sound and will follow a structured six-week curriculum that was developed by Tammy Ohm, MS, LPC, is currently being implemented at Child Help in Phoenix under DPS funding ("PEAKS"- Parent Empowerment and Kids Support). *Note: As this material is copyrighted, the author's name and affiliation will necessarily be referenced throughout any materials generated for this service component.*

The goal of the PEAKS program "is to empower parents and caregivers of children who have survived sexual abuse through education and peer support." The PEAKS program reviews:

- The Investigation and Legal Process (utilizing a multi-disciplinary panel of speakers)
- The Grief Cycle
- What the Parent/Caregiver is experiencing
- What the Child is Experiencing
- Behavior and Feeling Identification
- Symptoms in Traumatized Children
- Post Traumatic Stress Disorder
- Resiliency and Recovery
- Effects of Abuse on Child Development
- Abuse Reactive Behaviors
- Empowering Your Child
- Methods of Discipline
- Safety Planning
- Family Healing

This curriculum includes handouts and caretakers complete weekly evaluation forms. Additionally, parents are handed Group Rules. The rules detail (among other things) that this is not a therapy group but rather for information exchange and peer support. Families with open cases/investigations are advised not to get into specific detail about the case or situation so as not to compromise the investigation.

PIMA COUNTY ATTORNEY PROTOCOL

Since the early 1980's the Pima County Attorney's Office has had a specialized prosecution unit devoted to providing thorough and compassionate services to the victims and non-offending family members in child sexual and physical abuse cases. This Special Victims' Unit currently handles all cases involving:

- Felony crimes of domestic violence.
- Child physical abuse
- Animal Cruelty
- Sexual offenses against children and adults; including Sexual Abuse, Sexual Assault, Molestation of a Child, Sexual Conduct with a Minor, Furnishing Harmful Items to Minors, Luring a Minor for Sexual Exploitation and Commercial and Non-commercial Sexual Exploitation.
- Failure to Register as a Sex Offender
- Involuntary Commitment of Sexually Violent Persons.

The Pima County Attorney's Misdemeanor Unit currently handles misdemeanor offenses involving domestic violence, animal cruelty, and indecent exposure. Under some circumstances, a felony prosecutor may "waive" some Class Six felony offenses of animal cruelty, child abuse and domestic violence to a lower court (Pima County Justice Court and municipal courts) for treatment as a misdemeanor.

The Pima County Attorney's Office participates in the multi-disciplinary team composed of law enforcement, Child Protective Services, Domestic Violence Service Providers, medical providers and the Southern Arizona Children's Advocacy Center both in the investigation and in the prosecution of the aforementioned cases.

Members of the Special Victims' Unit are available to consult and coordinate with the other members of the team investigations of the foregoing crimes. The primary responsibility for such investigations, however, rests with Law Enforcement, and, when appropriate Child Protective Services. When an investigation is complete and law enforcement believes it has probable cause to believe a crime has been committed and a perpetrator has been identified, the Special Victims' Unit will be requested to review the case for the "issuing" of charges.

I. ISSUING

One of the attorneys in the unit functions as the full-time "issuer". It is his/her responsibility to review all cases submitted by law enforcement to determine what, if any, charges will be filed in a case. The issuing attorney will make such a determination based upon a prosecutor's ethical obligation to hold offenders accountable for all of his/her conduct where there is sufficient evidence to prove the case to a jury beyond a reasonable doubt.

The Issuing Attorney is available by telephone to consult with, and provide assistance to, law enforcement and Child Protective Services workers regarding investigations. The Issuing

Attorney also meets with law enforcement units on a regularly scheduled basis to review on-going investigations.

The Issuing Attorney is also available to the Adult Probation Department Child Abuse and Domestic Violence Units to immediately staff cases involving offenders who are currently on probation in order to take timely action to protect other members of the household.

In all other circumstances, appointments are made by law enforcement with the issuing attorney to review those cases in which offenders may or may not have been arrested.

In cases involving misdemeanors, except Aggravated Domestic Violence, perpetrators are generally cited in the field or arrested.

A. **Cases Issued**.

The issuing attorney will determine the appropriate charges and prepare a summary of the case sufficient for presentation to the Grand Jury, including all clearly exculpatory information.

1. **Indictment or Complaint**

Most cases will be presented to the Grand Jury where the evidence will be provided by the detective or investigator to a group of citizens randomly chose according to statute. The victim is not generally required to testify at these proceedings, however, the Grand Jury has the ability to request the testimony of any witness.

In some felony cases, a preliminary hearing is held, rather than presenting the case to the Grand Jury. At these proceedings witnesses in addition to the detective or investigator are called to testify before a judge and the victim could be among those witnesses subpoenaed.

If probable cause is found that a crime has been committed, and the person named in the proposed indictment is the person who committed it, the Grand Jury will return a true bill and an indictment and the court process will begin. If Grand Jury does not so find, the case will be no-billed and the process is over.

If probable cause is found by the judge after a preliminary hearing the defendant will be "bound over" for trial and the court process will begin.

2. **Case Assignment**

Either the Supervisor of the Unit or the issuing attorney will assign each new case to an individual prosecutor who remains responsible for that case until disposition.

B. **Cases Declined.**

If there is insufficient evidence to establish the likelihood of a conviction at trial, the case will not be issued. The Supervisor of the Unit is available for consultation.

Notification is provided to the victim and/or the victim's lawful representative by the County Attorney's Office that the case will not be issued. Victims have the right to confer with the issuing attorney regarding the decision not to issue a case. It is expected that the Issuing Attorney and the Supervisor of the Unit will be available to discuss with the victims and/or their representatives, in a sensitive and compassionate manner, the reasons their case was unable to be issued.

II. PROSECUTION

Once assigned, members of the Special Victims Unit, usually the trial attorney, will make contact with the victim as soon as possible to discuss the court process and obtain input concerning possible dispositions of the case.

A. County Attorney Personnel

The trial attorney assigned to each case is assisted by a paralegal, secretary, victim-witness advocate and, perhaps, an investigator.

1. The paralegal assists the attorney in preparing pre-trial discovery and motions, handling some pre-trial interviews and maintaining contact with witnesses and the victim and/or the victim's lawful representative.
2, The secretary also maintains contact with victims and victim representatives as well as witnesses. He or she has the responsibility of scheduling pre-trial interviews and monitoring the issuance of subpoenas.
3. Victim-Witness advocates act as a liaison between the victim and/or the victim's legal representative both with the prosecutor and the Court. A Victim-Witness advocate may be present at pre-trial interviews, court hearings and can assist in coordinating restitution, counseling or other services needed by the victim or his/her family.
4. A County Attorney investigator can assist in the preparation of cases by locating witnesses, handling evidence, videotaping preliminary hearings or depositions. They also assist in serving subpoenas and providing a variety of technical services.

B. Other Agency Personnel

Law enforcement; Child Protective Services; Victim Service Providers and Medical Providers obviously play a very important role in the prosecution of cases.

1. **Law enforcement** agencies have a continuing role to play even after the case has been charged. Detectives, Uniform Officers or other investigators may be needed to assist with additional investigation, particularly if follow-up is requested at issuing. All information developed during the course of the investigation, including interview transcripts, case reports, photographs and physical evidence must be shared with the County Attorney's Office.

   All law enforcement personnel involved in an investigation are potential witnesses and are, therefore, subject to subpoena for trial and pre-trial hearings. Such witnesses may also be required to participate in a pre-trial interview with the defendant's attorney.

2. **Child Protective Services** may have been involved in the joint investigation of a case and/or may have custody of a victim or witness. Accordingly, CPS

personnel may be witnesses subject to subpoena for trial and pre-trial hearings. They too, then, are expected to participate in a pre-trial interview with the defendant's attorney.

3. **Domestic Violence Service Providers** may be subject to confidentiality provisions which prohibit them from sharing certain information regarding the status or whereabouts of victims of domestic violence. In order to assist in the successful prosecution of batterers the prosecutor may seek assistance from such providers. It is hoped that, within their confidentiality guidelines, Domestic Violence Service Providers will provide what information they can to assist the prosecutor to protect the victim, other members of the household, particularly children and animals, by holding batterers accountable for their crimes.

4. **Medical Providers** are called upon in a variety of settings to assist in the prosecution of offenses handled by the Special Victims' Unit.
   A. In cases of child sexual crimes, a forensic physical examination may be necessary to ascertain the presence of injuries, old or new, test for sexually transmitted diseases or pregnancy, and/or collect evidence. These examinations are conducted in accordance with the guidelines contained in the medical protocol. Records of these examinations are provided to law enforcement, Child Protective Services and the County Attorney's Office when necessary for an investigation or prosecution.
      1. In cases of physical child abuse, emergency responders such as paramedics, emergency room personnel, consulting or treating physicians may have observed injuries, old or new, consistent with non-accidental trauma. Records of any assessments, examinations, consultations and/or treatment are necessary for investigation and prosecution of these cases and shall be provided pursuant to A.R.S. § 13-3620 (see Appendix A).
      2. In cases of domestic violence, if any medical response or treatment has been provided, the records should be made available to law enforcement and prosecution upon the execution by the victim or his/her lawful representative of a medical records release.
      3. In each of the foregoing instances, medical providers or other personnel may be required to testify at the trial of the suspect and will receive a subpoena for his/her appearance. It will also be necessary for those individuals to participate in the pre-trial interview with the suspect's attorney.

III. CASE DISPOSITION - CHANGE OF PLEA OR TRIAL

A. Whether a defendant is offered a plea agreement to a lesser charge(s) or not depends on a variety of factors. These include, but are not limited to, wishes of the victim/victim representative; severity and/or the repetitive nature of the criminal conduct; defendant's prior criminal history; number of victims; age of the victims; and change in circumstances which may adversely impact the ability to prove certain elements of the charged offenses beyond a reasonable doubt.

1. Plea agreements can be advantageous in many cases as they provide some finality for victims via a conviction without the necessity of testifying in a jury trial.

B. All plea agreements must be approved in advance by the Supervisor of the Special Victims' Unit.
   1. Plea offers will generally include restitution if applicable; probation supervision of at least the term specified by statute for the class felony to which the defendant is pleading; in cases involving multiple counts of sexual crimes or serious physical child abuse cases probation supervision for the lifetime of the defendant; no custody, ownership or control of animals; forfeiture of computers; compliance with Child Protective Services requests/orders; submission of DNA samples; and special conditions for sex offenders.
   2. Victims/Victim Representatives should be consulted as soon as the case is received by the trial attorney to seek input into any plea offers.
      a. At any time during the pendency of a case should the victim/victim representative disagree with proposed disposition of a case, she/he will be offered the opportunity to meet with the trial attorney, and the Unit Supervisor.
      b. Additionally, the victim/victim representative shall advised of his/her right to obtain a lawyer to assist him/her in exercising his/her rights pursuant to A.R.S. 13-4423, to express any objections to the proposed disposition, and his/her right to obtain counsel to assist in exercising that right, pursuant to Rule 39 of the Arizona Rules of Criminal Procedure.
   3. Law enforcement should be notified immediately when a case is set for a change of plea. In the interests of conserving resources, it is important to advise law enforcement of a change of plea so further work on the case, in the form of transcription preparation and laboratory analysis for example, can be halted.

C. Some cases are designated by the Supervisor and/or the trial attorney as "trial only" cases in which plea offers will not be extended to defendants.
   1. If victims/victim representatives disagree with this proposed disposition, they are to be accorded the same opportunities as set forth above on Section B (2) (a & b).

D. In rare situations a case may be dismissed due the occurrence of circumstances making it impossible to prove the case beyond a reasonable doubt. Recantations of witnesses do not automatically constitute such circumstances.
   1. Domestic violence cases will not dismissed merely because the victim/survivor may desire said outcome or because he/she has recanted the allegations. Domestic violence batterers frequently intimidate or have intimidated their victims to such a degree that non-cooperation and recantation are to be expected. Prosecution will persist, however, in order to protect the victim and others in the household from future violence; to protect the community and enhance accountability for batterers.

IV. TRIAL DISPOSITION

A. Trial Preparation is the responsibility of the trial attorney with the assistance of a

paralegal and legal secretary.

1. The trial attorney and legal assistant should meet, or telephonically consult with, each witness sufficiently in advance of trial in order to satisfy disclosure obligations and prepare the witness, within ethical guidelines, for a defense interview and trial testimony.
2. The trial attorney should be present for all defense interviews of significant witnesses, including victims, if applicable, lead detectives and experts. The legal assistant is responsible for being present at all others. In some circumstances, investigators may be present.

B. Victim Preparation is the responsibility of the Trial Attorney with assistance from the legal assistant and a Victim-Witness advocate.

1. The trial attorney, legal assistant and victim advocate should meet with the victim in order to acquaint her/him with the trial process and develop rapport with the victim.
1. Meetings with the victim should take place wherever the victim feels the most safe and comfortable, i.e.: office of the advocate; advocacy center family room; the victim's home.
3. The victim and all children who are expected to testify should be provided the opportunity to visit a courtroom in order to mitigate the intimidating nature of those surroundings. Courtroom protocols and procedures should be explained and children should be permitted to ask questions about what the trial might be like. Though it is acceptable to allow a child to sit in the witness chair, this should not be used to "practice or rehearse" their testimony. Children may be shown the microphone and advised that witnesses should speak clearly and tell the truth to the questions asked.
4. Where lawful victim representatives have indicated their unwillingness to allow child victims or witnesses to have contact with the trial attorney, the trial attorney should seek the appointment of an independent guardian ad litem or victim representative.
5. The trial attorney should discuss with the victim the possible outcomes of a trial.
6. Though the victim has the right under the Arizona Constitution and Court Rule to refuse a pre-trial interview with the defendant/defendant's attorney, the victim or victim representative may elect to do so. The trial attorney shall make necessary arrangements for any reasonable conditions requested by the victim including the presence of a Victim-Witness advocate or the presence of another support person.
7. Witnesses should be accorded professional courtesy by advising them sufficiently in advance of trial of the day and approximate time of their testimony. All reasonable efforts should be made to accommodate the "real life" demands of witnesses in scheduling their testimony.
8. With regard to young children, it is best to schedule their testimony early in the day rather than later. Courts and the County Attorney's Office should be mindful of school schedules as well.

VI. JURY VERDICTS

A. The Jury has four options with regard to charges in a trial case:

1. Not Guilty - the jury found, unanimously, that the State did proved the case

beyond a reasonable doubt. The defendant is thus acquitted; charges are dismissed and the defendant is free of further prosecution on those charges.

2. Guilty - the jury found, unanimously, that the defendant committed all the charges he/she faced. The defendant will be scheduled for a sentencing hearing.
3. Guilty of some of the charges but acquitted on others. These are also unanimous verdicts. The defendant will still be sentenced but only on those charges for which he was convicted. The remaining charges will be dismissed.
4. The Jury was unable to unanimously agree on the defendant's guilt of some or all the charges. This is called a "hung jury." The Court will declare that a mistrial has occurred and a new trial will be scheduled.
    a. These cases may be resolved by another trial, a change of plea, or a dismissal.
    b. The foregoing decision will only be made after consultation with the victim/victim's representative.

VII. SENTENCING

A. Following a finding of guilt, either by way of plea agreement or conviction at trial, the trial attorney and victim-witness advocate should discuss with the victim/victim representative the procedures for sentencing of the defendant.

B. Sentencings generally occur 30 to 60 days following the conviction. During this time the Adult Probation Department conducts an investigation and prepares a Pre-Sentence Report to submit to the Court to assist it in making a sentencing determination.

1. The County Attorney's file is provided to the Probation Department for its use in preparing this report and the trial attorney is available to consult with the pre-sentence report writer on any aspect of the case.
2. The pre-sentence report writer will contact the victim/victim representative to discuss how the crime has affected him/her and others in the family. The victim/victim representative may advise the pre-sentence of what sentence he/she believes is appropriate for the defendant to receive.
3. The victim/victim representative has the right to write a letter to the Court; to be present at the sentencing hearing and to address the court, in person, at that time.
    a. The trial attorney, secretary, legal assistant and Victim-Witness Advocate should notify, at the earliest opportunity, the victim/victim representative of any change in date or time of the sentencing hearing.
    b. Sentencing hearings may be continued to allow the scheduling of mitigation or aggravation hearings and/or to allow for the completion of psycho-sexual or other mental health evaluations.
4. Sentencing options may include probation, intensive probation, jail or prison or any combination thereof.
    a. None of the crimes which are handled by the Special Victims Unit may be sent to the Adult Diversion Program. There is no Diversion Program available for felony domestic violence offenders.

VIII. POST-CONVICTION PROCEEDINGS

A. Appeals are taken by defendants after every conviction by trial. This is a review Proceeding by higher courts. Appeals of jury verdicts are handled by the Office Of the Arizona Attorney General. Victim/Victim Representatives will be kept apprised of the status of appellate cases by victim-witness advocates from that agency.

B. Defendants may also file Petitions for Post-Conviction Relief with the trial court. These proceedings are handled by the Office of the Pima County Attorney and its representatives are responsible for providing notices concerning these proceedings to victims/victim representatives.

Schools' Roles and Responsibilities

I. Preface

Reports of child maltreatment are frequently made by educators, child care workers, and other youth workers due to their extensive contact with children on a daily basis. They are often the first people to whom children disclose abuse or who suspect abuse because they recognize resultant behavioral changes or see physical evidence. School personnel and others who care for children are required by law to report all cases of suspected child abuse. This extends to private as well as public schools and includes child care centers, youth organizations, camps, and after-school programs.

The Arizona mandatory reporting law, A.R.S. § 13-3620 (See Appendix A), requires that school personnel, or any person who has responsibility for the care or treatment of a minor, who reasonably believes that a minor has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect **shall immediately report or cause a report to be made** of this information.

This means that if there are any facts from which one could **reasonably** conclude that a child has been the victim of one of the above listed offenses, the person knowing those facts is required to report those facts to the appropriate authorities. This **immediate** report is to be made regardless of who the alleged perpetrator is. Your duty is to report, not to investigate. If school personnel fail to report known or suspected child abuse or neglect, then they have committed a crime that is punishable under ARS § 13-3620. Failure to report sexual offenses is a Class 6 felony.

In addition to the mandate in § 13-3620, A.R.S. § 15-514(A) states that any certified person or governing board member who reasonably suspects or receives a reasonable allegation that a person certified by the State Board of Education has engaged in conduct involving minors that would be subject to the reporting requirement of section § 13-3620 shall report or cause reports to be made to the Department of Education in writing as soon as is reasonably practicable but no later than three (3) business days after the person first suspects or receives an allegation of the conduct.

Both statutes (A.R.S. § 13-3620 and § 15-514) grant immunity from civil damages to those making reports, provided the report was made in good faith. A.R.S. § 13-3620 also grants immunity from any criminal proceeding to those making reports, unless the reporter has been charged with or is suspected of committing the abuse, or is acting with malice.

II. Interaction with child prior to report

- School personnel generally will receive information about possible abuse in one of three ways: the child will self report, physical injury or unusual behavior will be observed, or a third party will disclose the abuse.

- In order to (1) minimize the number of times the child victim is interviewed; (2) minimize disclosure trauma; and (3) insure that the appropriate and most qualified professionals conduct the investigation, **school personnel should not pre-interview children or call in school behavioral/mental health practitioners to try to determine if the report is credible or if a report should be made.**
- **If the child has not spontaneously provided** the following information about the abuse, only these exact questions may be asked as needed to provide basic information needed by CPS and/or law enforcement for triage and prioritization: What happened?; Who did it?; Where were you when it happened? (Note: this is ONLY for the purpose of establishing jurisdiction and NOT to get information about the physical setting in which the abuse or neglect took place. See Appendix F, Minimal Facts Interview).
- Gathering detailed information not only re-traumatizes the child but also compromises any criminal investigation that may be conducted.
- Limit questions to the above three if observations of injury and/or unusual behavior are made and the child has **not** disclosed the occurrence of abuse
- It is **not the job of school personnel to establish beyond a doubt** that abuse has caused the observed injury or behaviors.
- It is **completely inappropriate for school personnel to gather additional details** in order to respond to anticipated questions by the CPS Hotline worker. The Hotline worker's questions are for the purpose of gathering information that MAY be known to the person making the call, but is not EXPECTED to be known.
- Effort should be made to remember the child's exact words during the disclosure and write them down afterward since these quotes will later be documented on the reporting form.
- In the case of third party reports (someone tells school personnel that a child has been maltreated), the school personnel should make a report based on the information provided and should not call in the child for an interview.
- School personnel shall **maintain confidentiality** of all information regarding the abuse report, except when such information is requested by CPS, law enforcement, or the County Attorney.
- School personnel should never promise to keep abuse information a secret, or make remarks like "No one is going to go to jail," or use other distracting or dishonest information to reassure a child.
- **Never** delay a report pending approval of a supervisor, behavioral/mental health staff, or health staff person. **Never** delay a report pending a discussion with a school resource officer (law enforcement) who is not immediately available.

III. Making Phone Reports:

- Abuse reports should be telephoned to the CPS Hotline 1-888-SOS-CHILD (or 1-888-767-2445). **and** to 911 *(issue pending as of 4/29/04)*

- If unsure if the information constitutes abuse or is reportable, contact the CPS Hotline and CPS will evaluate the information and determine if a report should be made.

- **Do NOT contact or provide information to the parent(s) and/or the alleged perpetrator**. Refer all inquiries to police or CPS. It is the duty of Police and CPS, not

school personnel, to notify parents of the investigation. Premature and/or inappropriate notifications can hinder investigations and potentially create precarious situations.

IV. After the telephone report has been made

1. **School office personnel** should be trained to maintain utmost confidentiality about investigators reporting to the school. Names and purpose for visit should not be spoken aloud in the presence of other visitors, students, or school staff by investigators or by school personnel.
2. Assist police and Child Protective Services upon their arrival by sharing information **and providing a private place** on campus for the agencies to meet with the child and/or with the reporting source.
3. Contact the appropriate school personnel who need to know in order to protect the child. **It is strongly recommended that Principals be advised** when child abuse reports are made because investigating agencies often respond first to the main office. The Principal is also frequently the first to receive calls from parents and would need to know how and where to direct their inquiries. However, the principal should never insist on prior screening of abuse reports, as this interferes with school personnel's lawful compliance with the reporting mandate.
4. If a parent or guardian calls or comes to the school in an effort to locate a child being interviewed, sheltered or removed from school grounds, the Coordinator (or Principal) should refer the parent or guardian to CPS and the law enforcement agency for information. Parent or guardian should NOT be given information about the allegation or about the alleged abuser.
5. School personnel should continue to provide reassurance to the child as needed throughout the investigation but questions about the abuse should not be asked. Any information spontaneously disclosed should be noted and provided to the investigating authorities.

V. Responsibilities of CPS and Law Enforcement

1. CPS and/or Law Enforcement Officers will conduct the investigation. The CPS Specialist and/or Law Enforcement Officer will provide proper identification and should confer with the reporting party.
2. The CPS Specialist and/or the Law Enforcement Officer may, at their discretion:
    a. Enter the school grounds and investigate cases of suspected abuse without unnecessary disruption of normal school activities.
    b. Interview the child victim, and all other children residing in the home, on school grounds <u>outside of the presence of school personnel</u>. School personnel may only be present during the interview at the request of the CPS Specialist and/or Law Enforcement Officer. A child's request for inclusion of school personnel will be considered.
    c. Conduct interviews of the child <u>without permission from or notice to the parent(s) and/or guardian(s)</u>.
    d. Remove the child from the school (take temporary custody) if necessary to further the investigation and leave a Notice of Removal (CPS) or a Temporary Custody Notice (law enforcement) at the school to document the removal.
    e. Obtain school records by lawful means.

3. The CPS supervisor whose name and telephone number are given to the caller by the Hotline worker shall be available for reasonable follow-up communication with the school. It is understood that the school can not be given confidential information, but should be provided with information that could help them support and assist the child in the aftermath of the report.

VI. The Written Report(s)

Per A.R.S. § 13-3620, mail a copy of the written reporting form to CPS within 72 hours of making the initial report. The report should be mailed to: CPS, P.O. Box 44240, Phoenix, AZ, 85064-4240. Copies of the report can, and should, also be made available to the CPS Specialist and/or Police Officer responding to the school.

Per A.R.S. § 15-514, mail a written report to the Arizona Department of Education if the alleged perpetrator is a certified teacher or administrator. This report should be sent within three business days to: Arizona Department of Education, Investigative Unit, 1535 W. Jefferson, Phoenix, AZ 85007.

VII. Sharing Information

1. Schools will assist Child Protective Services and law enforcement representatives upon their arrival by providing a private place on campus for the agencies to meet with the child and/or with the reporting source.
2. School health personnel will provide information about any visible injury or physical complaints from the child.
3. It is recommended that Principals be advised when child abuse reports are made because investigating agencies often respond first to the main office. The Principal is also frequently the first to receive calls from parents and would need to know how and where to direct their inquiries.
4. If a parent or guardian calls or comes to school in an effort to locate a child being interviewed, sheltered, or removed from school grounds, the Principal or designee should refer the parent or guardian to CPS and the law enforcement agency for information.
5. The school should maintain the confidentiality of the case. The school may contact CPS to obtain the legally authorized information about the case and will keep other school personnel informed on a "need to know" basis in order to better assist the child.
6. School districts should communicate to all sites procedures for keeping records of reports, including filing and passing along copies of the written reports.
7. CPS and law enforcement will communicate clearly with schools, preferably with the Principal or designee, about a decision to shelter a child and shall provide and explain the written notice of removal (CPS) or of temporary custody (law enforcement). CPS or law enforcement will notify the parent or guardian if a child is taken into temporary custody.
8. The school **will not** notify the parent when a child is interviewed at school and/or taken into protective custody. If school personnel believe they may be in danger from the parent or guardian upon their finding out about the temporary custody, they should call law enforcement (911) for assistance.

VIII. Internet Resources for Schools on Identifying and Reporting Child Abuse

- **Full text of A.R.S. § 13-3620 http://www.azleg.state.az.us/ars/13/03620.htm**

- **Arizona Department of Education Reporting Guidelines at: http://ade.state.az.us/pio/Press-Releases/Attachments/ReportingProcedures.pdf**

- **Child Protective Services: http://www.de.state.az.us/dcyf/cps/**

- **Arizona's Child Abuse Information Center: http://www.ahsc.arizona.edu/acainfo/index2.htm**

- **Current Attorney General Opinion re: interviews of children on school campus: http://www.ag.state.az.us/opinions/2004/I04-003.pdf**

- **Current Attorney General Opinion re: reporting responsibilities of teachers and school volunteers under A.R.S. § 13-3620: http://www.azag.gov/opinions/2005/I05-007.pdf**

Pima County Attorney's Office - Victim Witness Child Abuse Response Protocol

The Pima County Attorney=s Office Victim Witness Program is prosecutorial based. Victim Advocates assist child victims of physical and sexual abuse and children who have witnessed domestic violence in two ways: 1) On scene crisis intervention; 2) Court advocacy during the course of prosecution.

The primary role of the Crisis Victim Advocate is to provide crisis response to victims and witnesses of violent crimes in the Tucson/Pima County area 24-hours a day, seven days a week. Crisis Advocates respond to provide emotional support, answer questions, assess needs, explore options and provide referrals to other community resources.

Victim Witness Crisis Advocates are called by local law enforcement by radio or by pager to respond to victims of child abuse or to domestic violence scenes where children are present. Crisis Advocates provide victims the following:

- Work with children on scene using developmentally appropriate interventions that assist the children with processing the stress and trauma of the incident;
- Focus on safety planning with both adults and children in domestic violence related calls;
- Provide community resource referrals to the parent or lawful representative of child abuse victims such as:
    - Shelters
    - Counseling
    - Victim Compensation
    - Community Food Bank
    - Public Health Nurses
    - Jail and court information
    - Legal assistance
    - Financial and emergency assistance
    - Order of Protection information

The primary role of the Victim Advocate is to provide information and assistance to the victim and the victim=s family. After a defendant has been charged or arraigned on a felony offense, a Victim Advocate is assigned the case. Advocates provide criminal or juvenile justice system information and support, advocacy, and social service referrals to assist the victim=s emotional recovery from the crime. Advocates provide the following services to victims of offenses prosecuted by the Pima County Attorney=s Office:

1) Criminal or Juvenile Justice System Information:

Advocates provide the victim=s lawful representative the following:

- An explanation of victims= rights, and if the victim and/or their lawful representative wishes to exercise their rights, the Advocate will assist them in doing so;

- A more detailed explanation of the various court proceedings, what those proceedings mean, what could possibly happen during the proceedings, as well as advising the victim an/or the victim=s lawful representative of their options as criminal justice events occur.

2) **Supportive Services:**

Victim Advocates provide the following supportive services when appropriate, during the course of prosecution:

- Initiate contact with the victim shortly after being assigned to the case to establish rapport with the victim and his/her family, and to assess the need for referrals;
- Act as an emotional support for the victim an/or the victim=s lawful representative during his/her participation in prosecution by attending court proceedings with him/her and explaining those proceedings;
- Accompany the victim or the victim=s lawful representative to a defense interview, if he/she has agreed to or must submit to an interview to provide emotional support. This includes providing them information on interview protocol.
- Provide short-term crisis intervention for the victim and/or lawful representative throughout the prosecution of the case.
- Assisting in obtaining per diem assistance for victims and/or lawful representative, if requested and if they qualify for lunch money, clothing and shelter related to testifying;
- Addressing any safety concerns that the victims and/or lawful representatives may have throughout the criminal justice process. Facilitating security for the victim in court and providing appropriate referrals and safety planning for the victim and the family of the victim.
- Providing a comfortable waiting area for the victims to use during court proceedings away from and out of sight of the defendant and defense witnesses;
- Upon request, provide the victim and/or the victim=s lawful representative with a courtroom preview prior to trial. This may be done with or without the Deputy County Attorney, depending on the circumstances.

3) **Advocacy:**

The Victim Advocate advocates on the victim=s behalf by:

- Acting as liaison between the Deputy County Attorney prosecuting the case, and the victim and/or the victim=s lawful representative by facilitating communication between the two.
- Informing the prosecutor of the victim=s and/or the lawful representatives opinion regarding prosecution, and the victim=s expectations concerning the final disposition of the case;
- Helping the victim and/or the victim=s lawful representative exercise their rights, including facilitating the victims wish to make an oral statement to the court regarding pleas, conditions of release, continuances and sentencing;
- Acting as a liaison between the victim and/or the victim=s lawful representative and

his/her school, employer, landlords, or others to minimize hardships arising from the crime or the victim=s participation in prosecution.

4) **Social Service Assistance:**
The Victim Advocate provides social services assistance by:

- Providing referrals for counseling, housing, financial assistance, food assistance, or other social services needs;
- Providing referrals to the Pima County Attorney=s Victim Compensation Program for assistance with compensable expenses.

5) **Special Services for Child Victims and Witnesses:**

- Insuring that all communication with the child is in developmentally appropriate language;
- Providing information and support to the victim=s non-offending parent(s) to facilitate their healing and ability to assist the child with his/her healing.

Pima County Judicial Protocol for Juvenile and Superior Court

The experience of testifying in court for a child may be very frightening. In light of the emotions and fear raised by the experience it may be necessary in some cases to adjust the courtroom for the needs of the children. The Rules of Evidence give the court broad discretion to meet children's needs and to promote the search for truth. It is important for judges to take a proactive role when it comes to children in the courtroom as justice in many cases depends on a common sense approach and sensitivity to the needs of child witnesses.

The following outline provides some guidelines to assist judges in accommodating children as witnesses in a criminal justice system that is set up for adults. Many of these suggestions will depend on the individual circumstances of the particular case or child witness(es). The courts and the prosecution should always be aware of the dangers in creating errors when special procedures are used which may affect the defendant's rights.

Judicial Training

Judges in Juvenile Court receive specialized training. It is recommended that judges receive training on developmental issues relating to child witnesses, child hearsay exceptions, closed circuit television and video recorded testimony, propensity testimony, DNA and other medical or scientific evidence, the use of expert witnesses, and other acts committed by the defendant.

Language Abilities

Judges assist the child to understand the questions being asked in court by requiring attorneys on both sides to use age appropriate language and to avoid complex/compound sentences. For example, when administering the oath to a young child, all that should be required is a promise to tell the truth or to tell "what really happened." Since in any criminal trial every person is competent to be a witness, there should be no need for a separate competency hearing (see A.R.S. § 13-4061). If a judge decides to conduct one anyway, unless the court is particularly adept at using age appropriate language, the prosecutor should be allowed to conduct the questioning. Arizona law prohibits psychological examinations to determine credibility.

Attorney Conduct

The court should set ground rules for attorney conduct with child witnesses. Attorneys should be instructed to:

- Use normal conversational tones;
- Avoid lengthy objections (objections should be handled away from the child).
- Possibly remain in a neutral location while questioning the child. (This is e specially important if a defendant represents himself).
- Consider privacy regarding addresses and phone numbers.

Reducing Courtroom Trauma

A child-friendly courtroom might include the following considerations:

1. Allow a support person to be nearby/next to the child;
2. Allow the child to hold a blanket, a stuffed animal, a doll, or other small comforting object;

3. In some cases provide small tables and chairs for testimony rather than the witness stand;
4. Provide a pillow or booster chair for the child in the witness chair;
5. Consider removal of robes and coming off the bench;
6. Work with the bailiff to provide water, Kleenex, and to adjust the microphone;
7. Be aware of younger children's reduced attention spans and the need for breaks. Provide opportunities for the child to use the restroom;
8. Consider whether the child's testimony should be in the early morning or after school, take the child's schedule or daily routine into consideration when scheduling the child's testimony;
9. Consider the necessity of clearing the courtroom of spectators other than the press (proper findings are a must);
10. Use child friendly props; use of anatomically detailed dolls should only occur in rare instances;
11. Be aware of signs of distress in the child;
12. Let the child know it's okay to tell the judge if he/she doesn't understand a question.
13. Provide for the separation of child victim/witnesses and his/her family from the defendant and non-supportive family, etc.

Priority Case Scheduling

It is important that the prosecutor establish good communication with the child. Therefore, do not assume that prosecutors can be interchanged. Judges should provide for flexibility to take the child's testimony out of order if this best suits the child.

Victim's Rights

Upon request, the victims or victim representatives are to be heard at release hearings, changes of plea, and sentencings. When a release determination is made, a "No Contact Order" should be issued to limit contact with victim(s) and others deemed necessary. Conditions of release terms should be explicit as to phone, personal, or written contact and even as to not being in the victim's neighborhood. Release conditions may be monitored by the pretrial supervision agency.

The goal of every court should be for all the children to be treated with dignity and respect when they testify. Adherence to these guidelines will work towards meeting that goal.

Juvenile Court

The Juvenile Court, a separate division of the Arizona Superior Court, is given the sole authority to hear adoption, severance (termination of parental-child relationship), delinquency (juvenile criminal), incorrigibility (runaway or out of control), and dependency (civil child abuse or neglect) cases. For the purposes of this protocol, only two areas of the Juvenile Court will be discussed – dependency and delinquency – as they affect the child abuse victim (For definitions of dependency and delinquency see A.R.S. § 8-201). The following guidelines are suggested in order to reduce system-induced trauma and minimize the number of times the child victim is interviewed.

JUVENILE COURT DEPENDENCY

A. The Court Process

The Juvenile Court adjudicates matters involving the protection of minors who have been abused or neglected or have no parent or guardian willing or able to care for them. When a child is

taken into protective custody a petition must be filed within 72 hours, excluding weekends and holidays, or the child must be returned home. The law requires that when a child is removed from home the court must hold a conference and a preliminary protective hearing within five (5) to seven (7) days from the date of removal. The intent is to accelerate services to the child and the family. At the hearing, the parents or guardians enter an admission or denial to the allegations in the petition.

If the dependency is not admitted at the preliminary protective heating, a series of hearings may then be held. During each hearing, the parents or guardians are provided an opportunity to admit or deny the allegations made. A finding of dependency may be a result of an agreement of the parties or a contested trial. The court, with input from the parents, the child's attorney, and CPS determines appropriate dependency orders. CPS prepares a report to the court presenting the facts and making recommendations. The court may follow the recommendations or may modify them, or the parties may challenge them at a subsequent hearing.

It is CPS' mission, first, to protect children from abuse and neglect and, second, to help the family safely care for the child. When reunification is not possible, CPS develops a plan of permanence for the child's care through guardianship, severance of parental rights and adoption, or long term foster care.

B. Child Victim's Testimony

Attorneys appear on behalf of parents, children, and CPS. Child victims are rarely called to testify in dependency matters. However, the child victim's testimony may be required in delinquency proceedings.

C. Appointment of Attorneys and Guardians Ad Litem

The court automatically appoints an attorney for all children in dependency cases. The court may also appoint a Guardian Ad Litem (GAL) to represent the best interests of the child. A GAL need not be an attorney as there is no attorney-client privilege within that relationship. Representation of clients in Dependency and Severance cases involves an expertise not usually acquired in the general practice of law. Attorneys are expected to establish and maintain a level of expertise and training that enable them to competently represent their child clients. Seeking additional training/advice from an experienced attorney/mentor is highly recommended. Sensitivity, understanding, patience and knowledge of the criminal justice system as also needed to handle these specialized cases.

D. Responsibilities of the Attorney/Guardian Ad Litem

It is recommended that the court order appointing the attorney/guardian ad litem completely state the authority and responsibilities to be carried out by those attorneys. Should a guardian ad litem be appointed to a case in which criminal prosecution is also occurring, the Juvenile Court should state the expectations regarding the guardian ad litem's involvement in the criminal matter.

JUVENILE COURT DELINQUENCY

The delinquency section of the Juvenile Court faces issues of child abuse in two manners. First, as perpetrators of the abuse, juveniles suspected of sexual offending are referred for investigation and supervision. And, second, as victims, juveniles at any point in the system may present as suspected victims of child abuse.

Juveniles referred for sexual offending:
When juveniles referred as possible sexual offenders the following court process is used. When the police apprehend a juvenile suspect for a sexual offense, the police officer completes a "Juvenile Referral/Complaint" (henceforth to be referred to as the complaint), listing the charges and describing the offense. The police officer makes the judgment to either release the juvenile to his parents and mailed the Complaint to the Juvenile Court or bring the child and the Complaint to the Juvenile Detention facility. Such judgment is made by the Police Officer based on several criteria, including the perceived level of risk for re-offense.

If the juvenile is not brought to detention, the Complaint will be submitted to the Juvenile Court. The County Attorney has 45 days to review the charges and grade the Complaint. First, the county Attorney will decide if the juvenile is to be prosecuted in the Juvenile Court. If the child is fourteen (14) years or older, the charges for certain offenses per A.R.S. § 13-501 can be directly filed in Adult Criminal Court. The County Attorney may also request transfer of charges to Adult Criminal Court on non-A.R.S. § 13-501 cases. Second, if the decision is to file a petition in the Juvenile Court, a hearing will be set for formal court action. Third, if the decision is made to file in the adult system, all paperwork will b completed by the Juvenile Crimes Division and forwarded to the Pima County Attorney's Office, Adult Division. And last, the original County Attorney reviewing the Complaint may also decide there is not enough evidence to grade the charges and will return the Complaint to the police for an additional thirty (30) days of further investigation. If sufficient evidence cannot be gathered, there will be no formal charges. If there is substantial evidence, the County Attorney will grade it to be filed either Juvenile or Adult Court.

If the juvenile is brought to detention, the Screening Officer on duty will, based on law and circumstances, either detain or release the juvenile to is parents/legal guardian. If the juvenile is not detained, the process cited in #2 above will proceed. If the juvenile is detained, the Complaint will be directed to the County Attorney for grading within 24 hours. If the Complaint is filed in the adult system, the juvenile will be transported from detention to the Pima County Jail.

After the petition has been filed, the first hearing set is the Trial Review Hearing (Initial Appearance/Arraignment). This will take place within 24 hours on in-custody matters and within 30 days of the filing petition on out of custody matters.

If the juvenile denies the charges at the Trial Review Hearing, an Adjudication Hearing (Trial) will be set. This will occur within 45 days if the juvenile is detailed or within 60 days if the juvenile is not detained. If he juvenile admits to the charges, a Disposition Hearing (Sentencing) is set. This will occur within 30 days if the juvenile is detained or within 45 days if the juvenile is not detained. If at the Adjudication Hearing, the juvenile is adjudicated delinquent (found Guilty), the Disposition Hearing will be set 30-45 days after the Adjudication Hearing. At this time, a psychosexual evaluation may be ordered by the Court.

At the Disposition hearing, the juvenile may be placed on probation and allowed to return to living in the community with treatment on an out patient basis; or he may be placed on probation while receiving treatment in a residential facility. Probation may be standard or intensive and may include up to one year in a Juvenile Detention Facility, per count and/or cause. Another

possibility is that he may be sent to the Department of Juvenile Corrections for incarceration in a correctional facility. A last possibility is an "exceptional disposition", where no incarceration or probation is assigned. However, this is extremely rare in sexual offense cases. If the juvenile is placed on probation, the case will be managed and followed by a Juvenile Probation Officer.

The Court Process as to the Child Victim's Testimony

If the accused juvenile denies the charges, the alleged child victim will be required to testify in the presence of the accused at the Adjudication Hearing. A Victim Advocate is assigned to familiarize the child with the court setting as well as the legal and court proceedings. The Victim Advocate will accompany the child to all interviews and court proceedings.

The Juvenile Probation Officer assigned to a sexual offense case pre-adjudication is knowledgeable about these issues. This Juvenile Probation Officer will be investigating the needs of the accused in order to make a recommendation to the Court at the time of the Disposition Hearing. The Juvenile Probation Officer will also contact the parents of the child victim for input on the recommendations. The Juvenile Probation Officer will also answer questions and/or make recommendations for counseling for the child victim.

The child victim should NOT be interviewed by any court personnel regarding the details of the alleged offense. The family of the child victim should not be made to feel that their input on sanctions for the accused will be the determining factor in the decision that is made.

Appointment of Attorneys for Child Victims

In matters where the child victim's interests may not be protected, as in intra-familial child molest, the court may appoint an attorney/guardian ad litem (GAL) to represent the interests of the child victim. If the Court orders the appointment of an attorney/guardian ad litem, it is recommended that the court order completely state the authority and responsibilities to be carried out by the attorney. The attorney can advise the court or provide input to the Probation Officer as to the child victim's feelings regarding sanctions, if need be. The Victim Advocate may also fill this role if a trusting relationship between the Advocate and child has been developed.

Supervision of Juvenile Sex Offenders

The statues require that the term of probation for a juvenile is 12 months, which can be continued until the age of 18, if modified by court order. Best practice is held to be protecting the community through treatment of the juvenile offender. Treatment is seldom short-term. Most juvenile sexual offenders will return before the court to have their probation extended for the sole purpose of treatment completion. The court ordered treatment will be terminated when probation ends. The court may impose specialized terms of probation, which may include peer relationship restrictions, contact with the victim, adult supervision, employment restrictions, etc.

There are statutes allowing that juveniles may be ordered to register as a sex offender until age 25. Community Notification is not applicable to those adjudicated in the juvenile system. However, other statutes demand that schools be notified when a student is adjudicated of certain felonies, sexual misconduct being one of them. Also per the statutes, juveniles must submit to a DNA sample and, upon victim request, must submit to an HIV test. In the latter, a specific representative must be named to receive the test results.

Probation supervision is conducted by Probation Officers who have had extensive training on the specific issues related to juvenile sex offenders. The probation Officer functions as an integral member of the treatment team, keeping the court aware of progress.

The standard frequency of Probation Officer contact is increased with the supervision of this population. In addition to a Probation Officer, juvenile sexual offenders on intensive probation are also monitored by a Surveillance Officer who makes random and variable contacts through the day, night, weekends, at home, school, work, and anywhere the juvenile has been given parental permission to spend time.

The goal of the Probation Department is for a juvenile sexual offender to successfully complete treatment and be released from probation prior to turning 18. Members of the juvenile offender's family are strongly encouraged to participate in treatment. When there is no completion of treatment prior to age 18, the juvenile court looses jurisdiction and the young person is released from probation with no further supervision or court orders.

Juveniles as Suspected Child Abuse Victims

The Juvenile Probation Department is committed to supporting and following the Multidisciplinary Protocol for the Investigation of Child Abuse guidelines for reporting suspected child abuse. Most suspected abuse is noticed when a child is brought into the detention facility by the police and undergoes the strip search by one of the childcare staff. Any signs of trauma are to be immediately reported to the clinic nurse. The staff shall:

1. Ask only the following questions:
   - What happened?
   - Who did it?
   - Where were you when it happened?
   - See Appendix F, Minimal Facts Interview for further guidance
2. Ask the clinic nurse to provide a cursory evaluation of the child's injury in order to determine if transportation to the Emergency Room and/or if a medical examination is warranted.
3. Phone in a report f the suspected abuse to Law Enforcement and to CPS. If the police officer who brought the child is still present, notifying that officer will suffice regarding the report to Law Enforcement.
4. Provide a written report documenting the physical signs and the child's answers to the three questions above to CPS and provide copies to the police officer.
5. Fax or mail a copy of the incident report to CPS.
6. Forward a copy of the Incident Report to the assigned Probation Officer.

If abuse is suspected in a juvenile who is not detained, the staff person must follow the same procedure as outlined above regarding reporting of the incident to Police and CPS. The incident report should be retained in the child's information file.

We extend our thanks to the Maricopa County Interagency
Council for providing the original template for the Judicial Protocol.

ADULT PROBATION PROTOCOL

The Adult Probation Department primarily interacts with child abuse victims in three ways: 1) in the preparation of a presentence investigation report for the Court before sentencing; 2) in the supervision of sentenced sex offenders and child abuse/neglect offenders in which any contact with children, and particularly the victim(s), is either prohibited or closely supervised; and, 3) when a probation officer, in the course of supervising a probation case, discovers reasonable grounds that a child has been abused/neglected or exposed to frequent domestic violence between other parties in the household.

I. Presentence Investigation

A. Statement of Offense

After a plea of guilty or a jury finding of guilt, a presentence investigation of an offender is conducted by the Adult Probation Department's Assessment Center. The offense is summarized from police reports and transcripts. The summary includes victim and offender demographics, the method by which the defendant coerced or manipulated the victim, and a complete description of the assault, including duration and use of weapons. The offender's interpretation of the offense, including his/her level of accountability or denial and remorse, are presented in the report.

A victim impact statement which, discusses the economic, physical and psychological impact the offense has had on the victim and the victim's immediate family, and their view of the offender, is sought. Early in the presentence investigation, the Assessment Center probation officer sends a letter to the victim or guardian/parents, requesting a written statement. Additionally, the probation officer attempts to conduct a personal interview with the victim or parent/guardian. If Child Protection Services (CPS) is still involved with the case, a collateral statement from the case manager is sought.

B. Defendant History

The remainder of the presentence report contains information about the defendant, including his/her social history, prior criminal history, substance abuse or mental health problems, and financial status. The defendant is interviewed regarding any abuse in his or her family of origin. The probation officer seeks information about the defendant's participation in treatment. A psychological evaluation also may be requested prior to sentencing. Criminal records checks, police reports of prior arrests, and employment verifications are gathered and included in the report.

C. Terms of Probation

If the case is one of in-home abuse/neglect, or abuse by a close family member, the custodial parent should be informed of the Probation Department's guidelines for family contacts, visitation rules, and reunification. The spouse or partner should be aware that if the offender is allowed to return home at all, it will be only after certain specific treatment objectives have been met. In the case of sexual abuse, the sex offender special conditions should be implemented at sentencing. This allows for increased offender accountability and victim/community safety. In the case of child abuse/neglect cases, if a CPS case management plan is available, it should be incorporated into probation

conditions and the supervision plan of the offender. If appropriate, special domestic violence conditions are ordered.

II. Field Supervision

A. Specialized Caseloads

Sexual offense probationers are assigned to specialized sex offender caseloads, unless there are exceptional circumstances. Field probation officers in these caseloads have been trained to understand the intricate dynamics of sexual deviance, grooming and manipulation tactics, the offender's offense cycle, risk factors for re-offense, victimization issues, and treatment strategies and objectives.

Specialized sex offender caseloads are available for both standard probation and intensive probation supervision (IPS) levels. The specialized teams, each consisting of a probation officer and a surveillance officer, conduct rigorous fieldwork, including evenings and weekends, with enhanced contact standards, to verify the offender is not having contact with children and is complying with other special conditions. Officers continually assess offender risk levels and adjust their supervision tactics to mitigate risk to victims or the community.

Child abuse/neglect cases that are sentenced to standard probation are assigned to specialized domestic violence/child abuse caseloads. Field probation officers in these caseloads have been specially trained to understand the dynamics of domestic violence and child abuse, victimization issues, risk factors for re-offense, and treatment and supervision strategies for this highly manipulative population. Field contact standards are enhanced on these caseloads, with the support of at least one surveillance officer in the unit. When warranted, child abuse/neglect cases may be placed on non-specialized IPS caseloads for closer monitoring.

B. Offender Treatment

Sex offenders are required to take a disclosure polygraph, which covers their sexual history and reveals additional paraphilias they will need to address in treatment to learn to control their deviant behavior. Contracted sex offender treatment providers use a cognitive-behavioral group base, which mitigates offenders' secrecy and manipulation. Probation and surveillance officers work as a team with therapists and attend monthly staffings to discuss offenders' progress and/or risk and to increase offender accountability.

Offenders are not allowed contact with any children until certain treatment goals have been met and a polygraph is passed. This is the same whether the referring offense was incest or an out-of-home assault. Contact with a victimized family member should proceed only after a detailed clarification process, supervised by both the offender's therapist and victim's therapist.

In the case of child abuse/neglect or domestic violence cases where there is ongoing CPS involvement, probation officers work closely with CPS case managers, to share information about offender progress and/or issues of concern. Officers attend Juvenile Court dependency hearings and Foster Care Review Board staffings when appropriate. The offender's participation in treatment, whether domestic violence counseling,

substance abuse treatment, or parenting classes, is closely monitored. The officer maintains regular contact with all counselors involved with the offender. Compliance with other aspects of the CPS plan is also verified.

Offenders, whether sex offense, child abuse or domestic violence cases, are placed in treatment within 30 days from sentencing or release from custody, unless special circumstances dictate otherwise. Unexcused absences from treatment are not tolerated, are viewed as increasing risk to victims, and may be the basis for probation revocation proceedings.

C. Monitoring

Sex Offender caseload officers closely monitor the offender's environment, employment, use of free time, counseling attendance, use of substances and access to children. Offenders must adhere to schedules approved by their probation supervision team. Detailed information is obtained about the offender's family members and other children with whom he/she may come into contact. Adult chaperones must be fully informed about the offender's criminal offense.

Maintenance polygraphs take place throughout the period of probation to ensure offender compliance and that an offender's behavior is not deteriorating. Probation officers routinely verify the probationer's behavior through collateral contacts with family members, employers, therapists, and other sources. Whenever an offender's behavior presents increased risk to children, supervision and treatment are enhanced in an attempt to improve the offender's compliance. If those efforts are unsuccessful, the offender is arrested for probation violation and brought before the Court.

Child abuse/neglect offenders, similarly, are closely supervised to ensure the safety of children and other members in the household. Particular attention is given to substance abuse relapses, increased stressors in the offender's life, and domestic violence risk between the adults in the household. Probation and surveillance officers document their observations of the behavior of the children in the household, general condition of the residence, and condition of any family pets. When necessary, contact is made with school or daycare officials to check the safety of the victim. Again, if an offender's behavior or violations of probation indicate increased risk to the victim or other household members and enhanced supervision/treatment efforts have failed, the offender is arrested and brought before the Court.

III. Mandatory Reporting of Suspected Abuse

The Arizona mandatory reporting law, ARS 13-3620, applies to Probation Department employees. If an employee believes that a child has been neglected or abused, he/she is required to report the incident to CPS and local law enforcement immediately.

A. Child's Self-Disclosure or Observations of Injury/Neglect

Probation officers should be observant of bruising, injury, markings, or unusual behavior, which may be the result of abuse or neglect. If it appears a child may be disclosing information about possible abuse, or a probation officer has observed evidence indicating possible abuse, efforts should be made to provide a quiet, safe place to facilitate conversation. The officer should ask the child *no more than* the following: What

happened? Who did it? Where were you when it happened? (See Appendix F, Minimal Facts Interview).

The probation officer should remember the child's exact words during the disclosure and document them in an incident report. Probation officers should not make any promises to the child, such as, "this does not have to be reported to the authorities", which cannot be guaranteed.

B. Third Party Report of Abuse

If a third party informs probation employees that a child may be the victim of abuse or neglect, the third party should be directed to report the information to both CPS and to the local law enforcement agency where the alleged abuse occurred. Probation Department employees are also required to make the report.

C. Reporting Procedures

The employee, after observing or hearing about the suspected abuse as outlined above, shall immediately call both the CPS Hotline and the local law enforcement agency where the suspected abuse occurred. If the employee is not reporting a specific incident of abuse/neglect, but rather, increased risk of abuse to the children because of significant parental domestic violence or substance abuse, the employee will make the report to CPS. The incident will be documented in an incident report form and mailed to the attention of the CPS Hotline, P.O. 44240, Phoenix, AZ 85064, within 72 hours of the verbal report.

The employee shall not provide information about the suspected abuse to the parents or alleged perpetrators, but instead refer them to CPS or the law enforcement agency involved.

If the information was from a third party, document it. Do not interview the child, but remain observant. If any injury is observed, the three questions listed in section A may be asked. The probation employee shall make a follow up report to CPS and the appropriate law enforcement agency, after the third party has been directed to report the suspected abuse.

IV. Information Sharing

Probation officers shall provide CPS, law enforcement, the County Attorney or Attorney General any relevant information, in the course of a child abuse investigation. Probation officers consider CPS case managers to be part of the probationer's supervision team. As such and as a risk management strategy, the probation officer may share a broad range of information with team members on a need-to-know basis. In addition, probation officers may share a copy of the public record portion of the relevant presentence report, if CPS requests it. The sharing of otherwise confidential *documents* may occur with the consent of the probationer or by order of the court having jurisdiction. When appropriate, CPS case managers may accompany probation officers on probationer home visits.

INDIAN CHILD WELFARE ACT

The Indian Child Welfare Act ((25 U.S.C. 1901 et seq.), which was adopted by Congress in 1978, applies to child custody proceedings in state courts involving "Indian" children--children of Native American ancestry. The Act requires states and local jurisdictions to adhere to certain standards and procedures when Native American children are involved in involuntary child custody proceedings. An involuntary proceeding includes the removal of a Native American child from the child's parent, guardian, or an action for foster care placement of, or the termination of, parental rights for a Native American child.

Investigations involving Native American children living off the reservation in Pima County fall under the jurisdiction of the appropriate law enforcement agency, Child Protective Services and the Pima County Attorney's Office. Investigations of allegations of Native American children residing on the reservation fall under the jurisdiction of the tribal law enforcement agency and tribal social services.

To apply the provisions of the Indian Child Welfare Act to a particular child custody proceeding, the court must first determine that the child is an Indian. Much litigation has ensued over this distinction. The Act defines "Indian child" as an unmarried person who is under the age of eighteen and is either a member of a federally recognized Indian tribe, or is eligible for membership in such a tribe and the biological child of a member (25 U.S.C. 1903(4)). Parties to a state court proceeding must defer to Indian tribes on questions of membership.

If a Native American child is taken into temporary custody by Law Enforcement or Child Protective Services during an investigation then active efforts must be made to contact the appropriate tribe. There are two reservations within, or overlapping, the boundaries of Pima County, the Pasqua Yaqui and the Tohono O'odham. Contact information for the tribal offices and the Law Enforcement departments follows:

Pascua Yaqui Tribe
Attorney General Department
4725 W. Calle Tetakusim Bldg. B
Tucson, AZ 85757
Phone (520) 883-5106
FAX (520) 883-5084

Pascua Yaqui
Police Department
7474 S. Camino De Oeste
Tucson, AZ 85746
Phone (520) 879-5600
FAX (520) 879-5606

Tohono O'Odham Nation
P.O. Box 837
Sells, Arizona 85634
Phone (520) 383-2028
FAX (520) 383-3379

Tohono O'Odham
Police Department
P. O. Box 189
Sells, Arizona 85634
Phone (520) 383-3275

Section III

SOUTHERN ARIZONA

Children's Advocacy CENTER

Protocol

Updated from
March 2004

SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER PROTOCOL

Agency Contact Information:

Southern Arizona Children's Advocacy Center
2530 E. Broadway, Suite. C
Tucson, AZ 85716
Telephone: (520) 319-5511 Facsimile: (520) 319-6611
Emergency/Triage Phone: (520) 991-4771

Standard Hours of Operation:

Monday – Friday 8:00 am-5:00 pm
Note: Facility is accessible to investigative partners
24 hours per day/7 days per week

Agency Mission:

To protect and support children through a coordinated response to child maltreatment that include s intervention, assessment and prevention.

Agency Description:

The Southern Arizona Children's Advocacy Center works cooperatively with Law Enforcement, Child Protective Services, University Physicians, and the Pima County Attorney's Office in the investigation of suspected child maltreatment cases.

The Children's Advocacy Center provides a one-stop, child-friendly environment for: the collection of forensic evidence in suspected child maltreatment cases, including recorded audio and video interviews and medical examinations. The Center provides the coordination of multidisciplinary investigations; crisis intervention and advocacy services; referrals to victim assistance and support services; and on-call triage of urgent pediatric sex abuse cases and after-hours advocacy (upon law enforcement request). Professionals are on staff who are trained in child development, forensic interviewing and victim advocacy.

In addition, the Children's Advocacy Center conducts mandated reporter trainings throughout Southern Arizona, personal safety trainings for school aged children, and coordinates seminars for partner agencies on child abuse-related topics.

Organizational Background:

In May of 1995, professionals representing all community agencies and governmental units involved in child maltreatment cases met to explore ways to improve the criminal justice system's response to these victims. Participants identified the following problems: 1) excessive interviews of child victims; 2) inadequate development of physical evidence; 3) incomplete investigations; 4) lack of communication and coordination among agencies charged with responding to child abuse reports; and 5) inadequate immediate and long-term services for

children and their non-offending family members. This body determined that the most effective way of addressing the above was through the establishment of a Children's Advocacy Center.

As a result, the Southern Arizona Children's Advocacy Center was established in 1996 under an agreement signed by representatives of the Pima County Sheriff's Department, the Pima County Attorney's Office, the Tucson Police Department, the Oro Valley Police Department, the Marana Police Department and Child Protective Services. The agency is based on the belief that child abuse is a community problem and that no single agency, individual or discipline has the necessary knowledge, skills or resources to provide the wide range of assistance needed. The Advocacy Center was specifically designed to refocus attention on the child victim and provide support for the non-offending family members.

The Center is a non-profit agency that is administered by a Board of Directors that represents a cross-section of the community and primary partner agencies. The agency is a full-member of the National Children's Alliance, and staff adhere to the established Standards of Practice for Children's Advocacy Centers.

Target Population:

The Advocacy Center provides services to suspected child victims of maltreatment, ages newborn to 18 years of age and their non-offending family members. Allegations may include sexual and physical abuse, neglect, witnesses to domestic violence and criminal activity. Special arrangements will also be made for disabled adults and children suspected of having perpetrated may receive services as victims.

INTAKE PROCESS

Scheduling:

For forensic evidence collection services, clients must be referred by Law Enforcement, Child Protective Services, the Pima County Attorney's Office, the Attorney General's Office, or Juvenile Probation. Advocacy, information and referrals, and crisis intervention services may be provided to the general public and victims referred by other agencies. Investigators making client referrals must call the Center in advance to schedule services. Decisions regarding the appropriateness of referrals are made on a case-by-case basis by the Center.

Investigators must provide the following information at the time of intake for services:

- Name, gender and DOB of child
- Custodian's name and phone number
- Person accompanying the child and that person's relationship to the child
- Special circumstances, i.e., bi-lingual, special needs
- Suspect's name, age and relationship to the child
- Name of referral source
- Names of investigator(s)
- Reason why case is not being jointly investigated if case requires joint investigation (e.g. case declined by supervisor, case assignment pending, etc.)

Case Coordination:

The referring source is responsible for contacting their investigative counterpart if a joint investigation is required (per county protocol). The name of the counterpart's assigned investigator shall be provided at the time of intake. If the appropriate supervisor or sergeant will not assign a case, or indicates that a personnel crisis precludes an immediate assignment, such information shall be given to the Center. To facilitate the joint interview/investigation process,

Center staff will postpone scheduling interviews unless all appropriate agencies have been notified.

Referring sources are also responsible for notifying the custodian of the child concerning the scheduled interview and examination as appropriate. Under no circumstances will the Children's Advocacy Center notify the child's family of the investigation.

Perpetrators are not allowed on the premises unless they are under the age of 12, special advance arrangements have been made, and the Center's Forensic Interview Supervisor has granted prior approval.

If an investigator is unable to attend the interview, s/he is responsible for finding a replacement. If this is not possible, the Children's Advocacy Center will be notified immediately and the interview rescheduled. The investigator is responsible for notifying all other team members concerning the rescheduled appointment.

If, during the intake or interview process, it is discovered that the jurisdiction is different than originally understood, the lead investigator is responsible for contacting the appropriate investigative agencies.

FORENSIC INTERVIEW PROCESS

Interview Rooms:

The Southern Arizona Children's Advocacy Center operates two fully equipped interview rooms that create an environment in which children feel comfortable and are not easily distracted. These rooms are equipped with microphones, video cameras, small tables and chairs and drawing/writing materials.

Observation Room:

Investigative team members monitor the forensic interviews via monitors in adjacent observation rooms. Transmitters and earpieces are available to permit limited direct contact between the investigators in the observation rooms and the forensic interviewers during the course of the interviews.

24-Hour Access:

The Center is accessible 24hours per day/7 days per week to Law Enforcement and Child Protective Services. The lead investigator using the facility after-hours must sign in on the log sheet, be responsible for the operation of the equipment, turn off all lights and equipment upon departure, and activate/deactivate the alarm system.

Forensic Interviewers:

The Southern Arizona Children's Advocacy Center has professional staff trained in child development and forensic interviewing on staff, including one interviewer who speaks Spanish. The Center's Forensic Interviewers are required to attend basic and advanced forensic interview training, and complete a supervised/mentored training period. Investigators may request that one of the Center's Forensic Interviewers conduct an interview, or investigators who meet the requirements of their respective county's child forensic interviewing training, may conduct their own interviews.

Observers:

All interviews conducted at the Advocacy Center shall be monitored. Only those directly involved in the investigation (i.e. Law Enforcement, Child Protective Services, County Attorney or Attorney General) may observe the interview. If the Center's Forensic Interviewer conducts

an interview then an assigned investigator from Child Protective Services or Law Enforcement must be present to observe.

It is the policy of the Children's Advocacy Center that parents and guardians are not allowed to accompany the child into the interview room. In unusual and extreme circumstances, a decision to allow a parent or guardian to be present in the interview room will be based on the absolute discretion of the investigative team.

Under no circumstances will defense attorneys, suspects, or other alleged victims be allowed to view the interview. In deciding who can observe the interview, it is essential to note that every person who views the interview becomes a witness and could be called to trial for the prosecution and/or defense. Those allowed in the observation room, with the consent of the team, include:

- Guardian Ad Litem
- Physicians
- Interpreters*,
- Supervisors/consultants/peer reviewers*,

**These individuals must sign a confidentiality statement regarding the observed case.*

Pre-Staffing:

Prior to the interview, the multidisciplinary team (including the Law Enforcement investigator, the Child Protective Services investigator, the Forensic Interviewer, the Advocate, and the Forensic Physician as appropriate) will staff the case to convey relevant among the team. This information includes, but is not exclusive:

- Circumstances of the disclosure
- A history of the allegation and prior allegations
- Academic behavior and performance
- Family constellation
- Mental health issues and medications
- Family alcohol, drug and domestic violence history
- Marital history of parents
- Child's terminology for genitalia
- Existing physical evidence

The Forensic Interviewer may obtain any additional information from the family member/guardian.

Interview Format:

The forensic interview is designed to find the truth, establish the presence or absence of a crime, and the corpus of the crime. All interviews at the Center are conducted using a Semi-Structured Cognitive Interview Approach, regardless of who is conducting the interview.

Interview Duration:

Ninety (90) minutes shall be allotted for each forensic interview including pre- and post-interview staffing. Pre-school and disabled children are generally not interviewed for more than 20 minutes with taking a break; school-aged children are generally not interviewed for more than 50 minutes with taking a break.

In most cases the child victim shall be interviewed only once.

Use of Props:

Props such as anatomically correct drawings, teddy bears or dolls may be used for clarification purposes following a disclosure. Only interviewers who have completed training regarding the appropriate use of props will use props.

Child Victims who Disclose Perpetration:
Children who are both alleged victims and suspected perpetrators may receive services if special arrangements are made in advance. Under no circumstances are other cases to be scheduled for services when the suspected perpetrator is in the Center.

Stopping an Interview:
If an observer from the multi-disciplinary team perceives that a child is being traumatized, the interview will be stopped immediately.

Post-Interview Staffing:
Immediately following the interview, all multidisciplinary team members will meet to discuss the course of the investigation, and the coordination of follow-up services. If the nature of the disclosure warrants, a forensic medical exam and evaluation shall be scheduled at this time. *See Medical Protocol for guidelines.*

Evidence:
Interviews are recorded on both on video and audio. Investigators receive their respective copies at the conclusion of the interview. All audio and video recordings, drawings, notes and intake forms document interviews; all documentation is liable to be subpoenaed.

MEDICAL EXAMINATION PROCESS*

**Refer to the "Medical Protocol" in this document for details concerning process, requirements, and emergency triage procedures.*

Medical Examination Suite:
The Children's Advocacy Center operates an on-site, child-friendly medical examination suite, that is staffed by a trained Physician three half-days per week.

Medical Examinations:
The purpose of medical evaluations are to ensure the health and safety of the child; reassure the patient and caretaker; identify other medical conditions; evidence collection of child abuse, endangerment or neglect; diagnose sexually transmitted diseases; and screen for pregnancy.

ADVOCACY, CRISIS INTERVENTION, & INFORMATION AND REFERRALS

Advocate's Role:
Advocacy personnel conduct intakes and schedule interviews and medical examinations. During the child's forensic interview process, Advocates may meet with non-offending family members to obtain information required by law or funding sources, and to initiate crisis intervention and information and referral services.

Advocates help coordinate medical evaluations; conduct psychosocial interviews with caretakers and investigators, and generate reports; provide relevant information to the physician, prepare children for the exams; and coordinate specimen collection and lab services.

Snacks/Bears:

Advocacy Center staff offer snacks and teddy bears to children after all the services are completed. Under no circumstances is a Forensic Interviewer to offer the child or family members refreshments at any time.

Crisis Intervention and Access to Mental Health Services:

The Advocates shall coordinate mental health resources for all child victims and their non offending family members as appropriate to each family's needs.

Crisis intervention services are offered to victims and families at their initial visit to the Children's Advocacy Center. A Crisis Counselor is employed by Las Familias Angel Center for Childhood Sexual Abuse Treatment and is available on site at the Children's Advocacy Center to provide these services. Crisis intervention services ensure immediate mental health assistance during the initial steps of the investigative process, expedite the initiation of longer-term mental health and support services, and facilitate the healing and recovery proves. These services are available Monday through Friday, 8:00 a.m.-5:00p.m. on site at the Children's Advocacy Center, at Las Familias (3618 East Pima Street, Tucson) , by telephone, or in the client's home. The Crisis counselor will go to the ovation of he victim, at the request of and with Child Protective Services.

Refer to "Crisis Intervention Services: Program Procedures" for details concerning the joint efforts of Las Familias Angel Center for Childhood Sexual Abuse Treatment and the Southern Arizona Children's Advocacy Center.

The Children's Advocacy Center shall provide follow-up case management with child victims and their non-offending family members to ensure that the child's and the family's treatment needs are being met. Advocates shall maintain a list of mental health treatment resources in the community, as a referral link. The Advocates will update this list at least once each year.

CONFLICT RESOLUTION

In the spirit of multi-disciplinary teamwork, investigative team members shall remain open to feedback from all team member involved with each case. To this end, it is recommended that team members be open to discussion and request constructive feedback—ideally during the course of the interview and medical exam process. This will minimize trauma to the child by eliminating the need for additional interviews or exams.

However, it is understood that, from time to time, there may be disagreements among team members concerning case disposition or team member conduct, that cannot be resolved in the normal course of case staffings. In that event, concerns and case details should be shared with the concerned staff person's immediate supervisor who will, in turn, contact the supervisor of the unit in question.

SPECIAL CIRCUMSTANCES

Priority One Cases:

The Advocacy Center will accommodate the needs of priority one cases to the extent possible.

Special Needs:
The referring source will report any known disabilities or special needs of the child at the time of intake. Accommodations will be made to meet the child's needs.

Interpreters:
If interpreters (foreign language or other) are required and are not available at the Center the referring source is responsible for providing an appropriate interpreter. The Forensic Interviewer is responsible for training the interpreter to the specific needs of the child and the case.

Medications:
While scheduling a forensic interview, it is important to determine if the child is taking any medicines. Interviews will be scheduled to accommodate the child's routine and medication schedule.

RECORDS AND INFORMATION SHARING

All information collected for purposes of a criminal investigation is eligible for discovery under court order. Records maintained by the Children's Advocacy Center include intake, psychosocial and case management files. These are maintained by the Center until the child is 18 years of age plus an additional seven years for the statute of limitations. Video recordings made at the Center are the property of the Pima County Attorney's Office.

Documents with will be shared with investigative partners includes all case files (intakes, case management notes, lab results, and medical records) pertaining to their case.

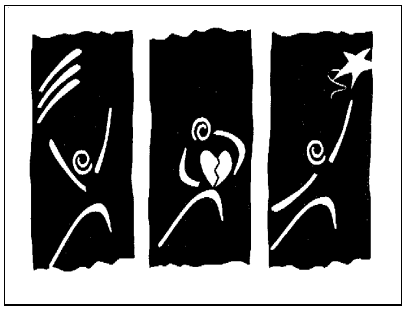
Information shared with community partners, with written permission of the custodial parent or guardian, include medical record and lab results. This information is available to the child's primary care physician.

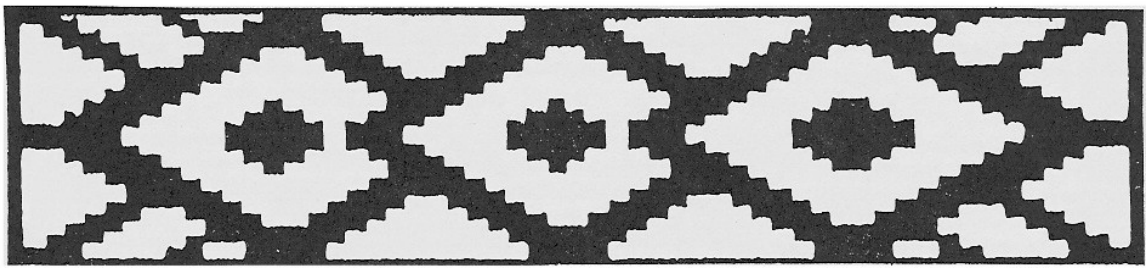
CASE REVIEW

Case reviews are held on a regular basis for team members to discuss important, sensitive and value-laden issues, and to gain better understanding of specifics that may affect a particular case.

Any member of the team my recommend cases for review. Cases may include those begun since the prior case review, cases that need follow-up attention, cases that are being prepared for court, or case that are unusual or particularly complex and from which all MDT members can gain understanding or provide beneficial expert information.

All members of the team are expected to be present for the case review. Case review guidelines are followed and the entire course of the case is reviewed. All participants in the case agree to abide by Arizona Revised Statue § 8-542 by signature on a dated attendance record.

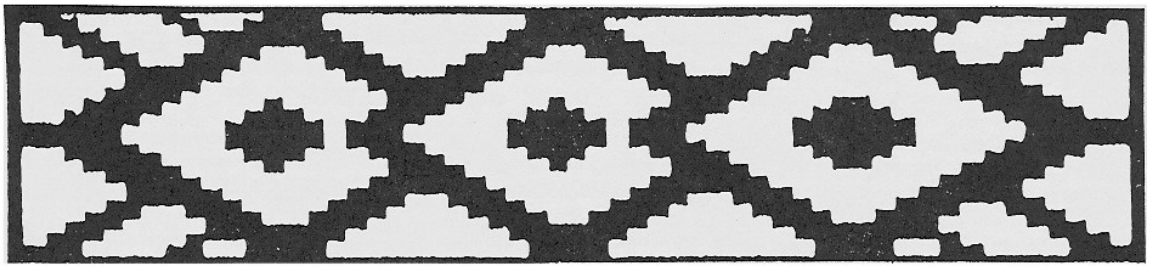




Section IV

Reporting and Training Responsibilities

Contents:



Mandatory Reporting Guidelines

I. Duty to Report

The Arizona mandatory reporting law, A.R.S. § 13-3620 (See Appendix A), requires that domestic violence service providers, school personnel, or any person who has responsibility for the care or treatment of a minor, who reasonably believes that a minor has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect shall immediately report or cause a report to be made of this information.

This means that if there are any facts from which one could reasonably conclude that a child has been the victim of one of the above listed offenses, the person knowing those facts is required to report those facts to the appropriate authorities. This immediate report is to be made regardless of who the alleged perpetrator is. Your duty is to report, not to investigate. If a mandated reporter fails to report known or suspected child abuse or neglect, then they have committed a crime that is punishable under A.R.S. § 13-3620. Failure to report sexual offenses is a Class 6 felony.

In addition to the mandate in § 13-3620, A.R.S. § 15-514(A) states that any certified person or governing board member who reasonably suspects or receives a reasonable allegation that a person certified by the State Board of Education has engaged in conduct involving minors that would be subject to the reporting requirement of section § 13-3620 shall report or cause reports to be made to the Department of Education in writing as soon as is reasonably practicable but no later than three (3) business days after the person first suspects or receives an allegation of the conduct.

Both statutes (A.R.S. § 13-3620 and § 15-514) grant immunity from civil damages to those making reports, provided the report was made in good faith. A.R.S. § 13-3620 also grants immunity from any criminal proceeding to those making reports, unless the reporter has been charged with or is suspected of committing the abuse, or is acting with malice.

II. Interaction with child prior to report

In order to (1) minimize the number of times the child victim is interviewed; (2) minimize disclosure trauma; and (3) insure that the appropriate and most qualified professionals conduct the investigation, children should not be pre-interviewed by anyone trying to determine if the report is credible.

If the child has not spontaneously provided the following information about the abuse, only these exact questions should be asked in order to provide basic information needed by CPS and/or law enforcement for triage and prioritization:

1) What happened?
2) Who did it?

3) Where were you when it happened? (This is ONLY for the purpose of establishing jurisdiction and NOT to get information about the physical setting in which the abuse or neglect took place. See Appendix F, Minimal Facts Interview).

- Gathering detailed information not only re-traumatizes the child but also compromises any criminal investigation that may be conducted.
- Limit questions to the above three if observations of injury and/or unusual behavior are made and the child has **not** disclosed the occurrence of abuse.
- It is **not the job of the reporter or anyone other than the proper authorities to establish beyond a doubt** that abuse has caused the observed injury or behaviors.
- It is **completely inappropriate for school personnel to gather additional details** in order to respond to anticipated questions by the CPS Hotline worker. The Hotline worker's questions are for the purpose of gathering information that MAY be known to the person making the call, but is not EXPECTED to be known.
- Effort should be made to remember the child's exact words during the disclosure and write them down afterward since these quotes will later be documented on the reporting form.
- In the case of third party reports (someone tells you that a child has been abused or neglected), you should make a report based on the information provided and should not call in the child for an interview.
- Individuals reporting child abuse or neglect shall **maintain confidentiality** of all information regarding the abuse report, except when such information is requested by CPS, law enforcement, or the County Attorney.
- No one should ever promise to keep abuse information a secret, or make remarks like "No one is going to go to jail," or use other distracting or dishonest information to reassure a child.
- **Never** delay a report pending approval of a supervisor, or other staff. **Never** delay a report pending a discussion with a school resource officer (law enforcement) who is not immediately available.

Making Phone Reports:

It is strongly recommended that abuse and neglect reports be telephoned to the CPS Hotline 1-888-SOS-CHILD (or 1-888-767-2445). **and** to 911.
If unsure if the information constitutes abuse or is reportable, contact the CPS Hotline and CPS will evaluate the information and determine if a report should be made.
Do NOT contact or provide information to the parent(s) and/or the alleged perpetrator. Refer all inquiries to police or CPS. It is the duty of CPA and Police, **NOT** the person reporting, to notify parents of the investigation. Premature and/or inappropriate notifications can hinder investigations and potentially create precarious situations.

III. After the telephone report has been made

Assist police and Child Protective Services upon their arrival by sharing information **and providing a private place** for the agencies to meet with the child and/or with you.
If a parent or guardian calls or comes to you in an effort to locate a child being interviewed, sheltered or removed from your premises, the parent or guardian should be referred to CPS and

the law enforcement agency for information. Parents or guardians should NOT be given information about the allegation or about the alleged abuser.
You should continue to provide reassurance to the child as needed throughout the investigation but questions about the abuse should not be asked. Any information spontaneously disclosed should be noted and provided to the investigating authorities.

IV. Responsibilities of CPS and Law Enforcement

CPS and/or Law Enforcement Officers will conduct the investigation. The CPS Specialist and/or Law Enforcement Officer will provide proper identification and should confer with the reporting party.

The CPS Specialist and/or the Law Enforcement Officer may, at their discretion:

- Enter the premises and investigate cases of suspected abuse without unnecessary disruption of normal school activities.
- Interview the child victim, and all other children residing in the home, outside of your presence and that of other staff. Staff may only be present during the interview at the request of the CPS Specialist and/or Law Enforcement Officer. A child's request for inclusion of staff will be considered.
- Conduct interviews of the child without permission from or notice to the parent(s) and/or guardian(s).
- Remove the child from the premises (take temporary custody) if necessary to further the investigation and leave a Notice of Removal (CPS) or a Temporary Custody Notice (law enforcement) at the school to document the removal.
- Obtain your records by lawful means.

The CPS supervisor whose name and telephone number are given to the caller by the Hotline worker shall be available for reasonable follow-up communication with the school. It is understood that the school can not be given confidential information, but should be provided with information that could help them support and assist the child in the aftermath of the report.

V. The Written Report(s)

Per A.R.S. § 13-3620, mail a copy of the written reporting form to CPS within 72 hours of making the initial report. The report should be mailed to: CPS, P.O. Box 44240, Phoenix, AZ, 85064-4240. Copies of the report can, and should, also be made available to the CPS Specialist and/or Police Officer responding to the school.

Per A.R.S. § 15-514, mail a written report to the Arizona Department of Education if the alleged perpetrator is a certified teacher or administrator. This report should be sent within three business days to: Arizona Department of Education, Investigative Unit, 1535 W. Jefferson, Phoenix, AZ 85007.

VI. Mandated Reporter Training Guidelines

Training in mandated reporting of child abuse and neglect provided to schools, child care providers, medical and behavioral health providers, youth services organizations, camps, and any other organization having care and control of children will include the following elements. It is

strongly recommended that school personnel be updated annually regarding reporting laws and procedures. This is critical when laws have changed. The mandatory reporter trainer should:

1. Orient audience to ARS § 13-3620 (last updated September, 2003), and its principal elements:
    - who must report,
    - meanings of "reasonable belief" and "immediately,"
    - to whom report should be made: Recommend reporting both to 911 and CPS Hotline,
    - penalties for failure to report.
    - second and third hand reports must be called in without investigating.
2. Explain that serious cases will be jointly investigated by CPS and Law Enforcement, except out-of-home cases will be handled by law enforcement only.
3. Explain that this is to (1) minimize the number of times a child is required to re-experience a traumatic circumstances and perhaps "shut down," and (2) to optimize the chances that a possible prosecution will be successful.
4. Emphasize that the **reporter** must avoid interviewing, suggesting, or leading the child to avoid tainting a possible criminal investigation.
5. Instruct audience that the person who suspects abuse be the reporter rather than pass report along to a colleague or supervisor.
6. Advise that supervisors back off of any requirement that reports be screened or referred.
7. Provide definitions and examples of neglect and abuse categories.
8. Advise against multiple interviews, passing child from one staff member to another.
9. Explain use of and limitations to Who, What and Where questions.
10. Explain CPS Hotline procedures, including format for interaction with Hotline worker, issues of confidentiality and/or anonymity
    - Strongly encourage that report **not** be made anonymously so that first responders can interview reporter rather than add to burden on child. .
    - Clarify that caller is not expected to have all the answers to the Hotline questions.
    - Remind reporters that Hotline questions should not serve as a guide for information to be gathered in subsequent cases.
    - Reference to CPS prioritization, assignment system and response procedures as needed.
11. Note Attorney General's opinion that CPS and law enforcement may interview alleged child victim without parents or school personnel present.
12. Explain reasons and cite Attorney General's opinion for school or child service organization not notifying parents of impending report and/or investigation.
13. Provide information as needed by client organization regarding foster care, dependency, and ongoing communication with CPS, DES, Juvenile Court, or other designated organizations.
14. Respond to case examples and "what if" questions: refer questions to knowledgeable source if answers are unknown to presenter(s).

ANNUAL REPORT TO THE GOVERNOR

Pima County=s Multi-Disciplinary Team shall be primarily responsible for providing the Annual Report to the Governor, the Speaker of the House of Representatives and the President of the Senate within 45 days of the conclusion of the fiscal year.

Accordingly, Child Protective Services and each law enforcement agency shall provide to the MDT, no later than July 15th, the following information:

1. The number of extremely serious conduct allegations received during the previous fiscal year; how many were jointly investigated. Where joint investigations did not occur, the reasons or barriers should be included.
2. The number of extremely serious conduct allegations referred for prosecution.

The Office of the Pima County Attorney shall provide to the MDT, no later than July 15th, the number of cases reviewed, the number charged, and the disposition results.

The Southern Arizona Children=s Advocacy Center shall provide to the MDT, no later than July 15th, the number and category of cases which were handled by the Center.

Upon receipt of the foregoing, the MDT shall compile the information in a way which captures, not only the numbers of cases handled by the various agencies, but the frequency of successful joint investigations. The report shall also include how often joint investigations failed and the reasons therefore. Finally, the report shall make recommendations as the policies, procedures, protocol changes or resource enhancements that can be beneficial in maximizing joint investigations.

PROCEDURES FOR DISPUTE RESOLUTION

In the spirit of multi-disciplinary teamwork, team members must maintain an openness for feedback from each team member involved with each case. To this end, it is recommended that team members be open to discussion and request constructive feedback. It is understood that, from time to time, there may be disagreements among team members that cannot be resolved in the normal course of case discussion. In the event this occurs, the procedures below should be followed:

Concerns Regarding Case Disposition

Team members who have concerns about other agency disposition of cases will be directed to the supervisor of the specific agency with which there is disagreement as soon as possible after the disposition decision is made.

Concerns Regarding Team Member Conduct

Team members who have concerns will be directed to the supervisor of the specific individual, (i.e., Child Protective Services, County Attorney, law enforcement, medical or the Southern Arizona Children's Advocacy Center's director) at the earliest time possible.

All disputes shall be resolved with the best interests of the children the paramount concern,.

TRAINING SECTION

In furtherance of the goals of an inter-agency, multi-disciplinary approach to the investigation and prosecution of allegations of extremely serious conduct involving children regular and consistent training needs to be available to multi-disciplinary team members and their personnel as well as members of the community.

I. FORENSIC INTERVIEW TRAINING

Agencies with personnel involved in conducting forensic interviews of children should have completed the 8 hour Basic Forensic Interview course prior to conducting such interviews. It is expected that said personnel will also have completed the 40 hour Advanced Forensic Interviewing Training Course as soon as is practicable.

II. PROTOCOL TRAINING

A. In order to enhance protocol compliance it is necessary that participating agencies be trained on these protocols. Topics would include but not be limited to:

Mandated Reporting
Joint Investigations
Sharing Information

B. Cross-Training amongst Multi-Disciplinary Partners is encouraged as it fosters understanding and establishes relationships which are critical to joint investigations and the communications therein. Topics would include, but are not limited to:
Recognizing Signs of Physical Child Abuse

Domestic Violence
Role of Animal Cruelty in Child Physical/Sexual Abuse and Domestic Violence
Medical/Physical Findings in Child Sexual Abuse
Victimology
Crimes of Sexual Exploitation

III. MANDATED REPORTING TRAINING

To the extent possible, mandated reporting training should be conducted by a Multi-Disciplinary Team. In order to maximize such training, particularly in the school and medical community, as well as in the community at large, some training may occur without the presence of all the MDT partners.

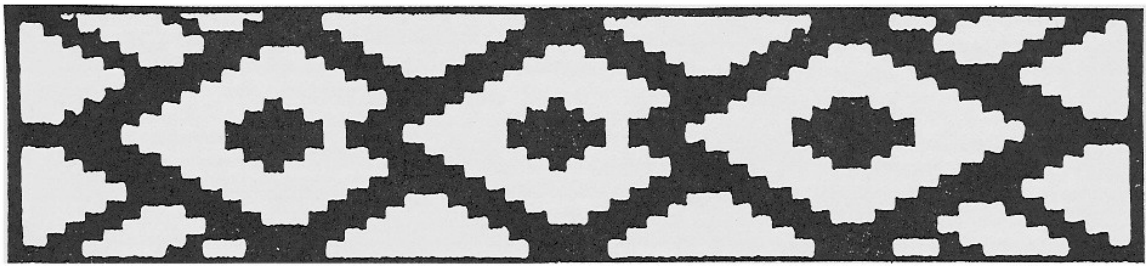
To ensure that trainings are consistent, regardless of the trainers, the Multi-Disciplinary Team members have developed a standardized guidelines for use by the MDT members

well as the community. The Mandated Reporter Guidelines are incorporated into the Schools Protocol as a separate narrative in this section and are included in A.R.S. § 13-3620, (See Appendix A).

IV. COMMITMENT OF THE MULTI-DISCIPLINARY TEAM

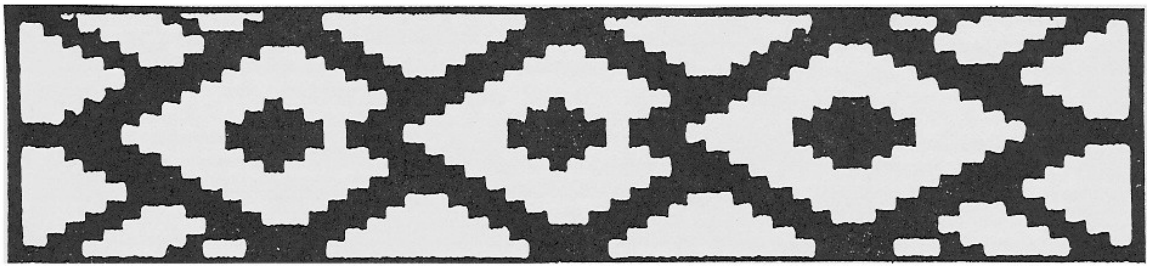
Agencies who are partners to this protocol agree to lend trained staff as presenters and developers of curriculum in order to provide for the trainings indicated above. Similarly, partner agencies agree to make the attendance of such trainings mandatory for their personnel.

Trainings should occur frequently enough to ensure that all layers within each agency have been trained on these protocols annually. Additional training should occur often enough to keep up with new policies, procedures and statutory changes.



Section V

Appendices



Appendices

Appendix A

ARIZONA REVISED STATUTES § 13-3620
Mandated Reporting Requirements for Suspected Child Abuse Cases

§ 13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section § 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, Christian science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian Science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian Science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian Science practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "person" means:

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.

2. Any peace officer, member of the clergy, priest or Christian Science practitioner.

3. The parent, stepparent or guardian of the minor.

4. School personnel or domestic violence victim advocate who develop the reasonable belief in the course of their employment.

5. Any other person who has responsibility for the care or treatment of the minor.

B. A report is not required under this section for conduct prescribed by sections § 13-1404 and § 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual.

C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, stepparent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the state department of corrections or the department of juvenile corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

D. Reports shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two hours. The reports shall contain:

1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.

2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.

3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.

E. A health care professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in section § 13-3401 shall immediately report this information, or cause a report to be made, to child protective services in the department of economic security. For the purposes of this subsection, "newborn infant" means a newborn infant who is under thirty days of age.

F. Any person other than one required to report or cause reports to be made under subsection A of this section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.

G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer or child protective services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

H. When telephone or in-person reports are received by a peace officer, the officer shall immediately notify child protective services in the department of economic security and make the information available to them. Notwithstanding any other statute, when child protective

services receives these reports by telephone or in person, it shall immediately notify a peace officer in the appropriate jurisdiction.

I. Any person who is required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.

J. A person who furnishes a report, information or records required or authorized under this section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.

K. Except for the attorney client privilege or the privilege under subsection L of this section, no privilege applies to any:

1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.

2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.

3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or child protective services in the department of economic security.

L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a Christian Science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this subsection discharges a member of the clergy, a Christian Science practitioner or a priest from the duty to report pursuant to subsection A of this section.

M. If psychiatric records are requested pursuant to subsection G of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:

1. Personal information about individuals other than the patient.

2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.

N. If any portion of a psychiatric record is excised pursuant to subsection M of this section, a court, upon application of a peace officer or child protective services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse,

child abuse, physical injury or neglect be made available to the peace officer or child protective services worker investigating the abuse, child abuse, physical injury or neglect.

O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

P. For the purposes of this section:

1. "Abuse" has the same meaning prescribed in section § 8-201.

2. "Child abuse" means child abuse pursuant to section § 13-3623.

3. "Neglect" has the same meaning prescribed in section § 8-201.

4. "Reportable offense" means any of the following:

(a) Any offense listed in chapters 14 and 35.1 of this title or section § 13-3506.01.

(b) Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to section § 13-3019.

(c) Child prostitution pursuant to section § 13-3212.

(d) Incest pursuant to section § 13-3608.

APPENDIX B
ARIZONA REVISED STATUTES § 8-817
Initial screening and safety assessment And investigation protocols; investigations

A. The department shall develop initial screening and safety assessment protocols in consultation with the attorney general and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates and mandatory reporters. Any initial screening and safety assessment tools shall be based on sound methodology and shall ensure valid and reliable responses. The department shall establish written policies and procedures to implement the use of the initial screening and safety assessment protocols.

B. In each county, the county attorney, the sheriff, the chief law enforcement officer for each municipality in the county and the department shall develop and implement protocols for cooperation in investigations of allegations involving extremely serious conduct. The protocols shall include:

1. The process for notification of receipt of extremely serious conduct allegations.

2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations.

3. The standards for interdisciplinary investigations involving native American children in compliance with the Indian child welfare act.

4. Procedures for sharing information.

5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status.

6. The training required for the involved child protective service workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.

7. The process to ensure review of and compliance with the investigation protocols and the reporting of activity under the protocols.

8. Procedures for an annual report to be transmitted within forty-five days after the end of each fiscal year to the governor, the speaker of the house of representatives and the president of the senate.

9. Procedures for dispute resolution.

C. The department, the appropriate county attorney and the appropriate law enforcement agency shall cooperate in the investigation of every extremely serious conduct allegation in accordance with the investigation protocols established pursuant to this section.

APPENDIX C

Records Request Form

The __(Name of Police Agency)__ requests that the medical records of

_____, d.o.b. _____ be given to

_____. The requested Records include the following:

Admitting notes
Program Notes
Nursing Notes
Discharge Summary
Social Work Notes
Lab Reports
Doctor's Orders
Consultation notes and reports
X-ray, CT and MRI reports

This request is made pursuant to an official investigation involving the minor's possible neglect or abuse and Arizona Revised Statute § 13-3620 (G):

G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer or child protective services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

Failure to provide these records may subject the person and/or institution responsible to criminal prosecution under A.R.S. § 13-3620 (O):

O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

_____
Officer

_____
Date

APPENDIX D
FORENSIC MEDICAL EXAMINATIONS

PEDIATRICS Vol. 116 No. 2 August 2005, pp. 506-512 (doi:10.1542/peds.2005-1336)
CLINICAL REPORT

The Evaluation of Sexual Abuse in Children

Nancy Kellogg, MD and the Committee on Child Abuse and Neglect

ABSTRACT
This clinical report serves to update the statement titled "Guidelines for the Evaluation of Sexual Abuse of Children," which was first published in 1991 and revised in 1999. The medical assessment of suspected sexual abuse is outlined with respect to obtaining a history, physical examination, and appropriate laboratory data. The role of the physician may include determining the need to report sexual abuse; assessment of the physical, emotional, and behavioral consequences of sexual abuse; and coordination with other professionals to provide comprehensive treatment and follow-up of victims.

INTRODUCTION
Few areas of pediatrics have expanded so rapidly in clinical importance in recent years as that of sexual abuse of children. What Kempe called a "hidden pediatric problem"[1] in 1977 is certainly less hidden at present. In 2002, more than 88000 children were confirmed victims of sexual abuse in the United States.[2] Studies have suggested that each year approximately 1% of children experience some form of sexual abuse, resulting in the sexual victimization of 12% to 25% of girls and 8% to 10% of boys by 18 years of age.[3] Children may be sexually abused by family members or nonfamily members and are more frequently abused by males. Boys are reportedly victimized less often than girls but may not be as likely to disclose the abuse. Adolescents are perpetrators in at least 20% of reported cases; women may be perpetrators, but only a small minority of sexual abuse allegations involve women.

Concurrent with the expansion of knowledge, education about child abuse became a mandated component of US pediatric residencies in 1997.[4] Pediatricians will almost certainly encounter sexually abused children in their practices and may be asked by parents and other professionals for consultation. Knowledge of normal and abnormal sexual behaviors, physical signs of sexual abuse, appropriate diagnostic tests for sexually transmitted infections, and medical conditions confused with sexual abuse is useful in the evaluation of such children. All child health professionals should routinely identify those at high risk for or with a history of abuse. Because the evaluation of suspected victims of child sexual abuse often involves careful questioning, evidence-collection procedures, or specialized examination techniques and equipment,[5] many pediatricians do not feel prepared to conduct such comprehensive medical assessments. In such circumstances, pediatricians may refer children to other physicians or health care professionals with expertise in the evaluation and treatment of sexually abused children. Because the scope of practice of some nonphysician examiners is limited to assessment, documentation, and collection of forensic evidence,[6] close coordination with a knowledgeable physician or pediatric nurse practitioner is necessary to provide complete assessment and treatment of physical, behavioral, and emotional consequences of abuse. In other circumstances, the community pediatrician may be asked to evaluate a child for sexual abuse to determine if a report and further investigation are warranted. In some circumstances, pediatricians may conduct comprehensive assessments of suspected victims of child sexual abuse when no other resources are available in their community.

Because pediatricians have trusted relationships with patients and families, they may provide essential support and guidance from the time that abuse is detected and subsequently as the child and family recover from the physical and emotional consequences of abuse. Because of this trusted relationship, the pediatrician may also gain information from the child or family that is valuable to the investigation, evaluation, and treatment of the victim. However, a close relationship between the pediatrician and the family may pose potential tension, prompting the pediatrician to refer the child to a specialist to avoid

conflict with the family. Furthermore, although pediatricians must care for sexually abused children in their practice, many report inadequate training in the recognition of red flags for sexual abuse and a lack of a consistent approach to evaluating suspected abuse.[7] Consultation with a pediatric specialist who has extensive training and professional experience in the comprehensive assessment of victims of sexual abuse may be necessary. These guidelines are intended for use by all health professionals caring for children. Additional guidelines are published by the American Academy of Pediatrics (AAP) for the evaluation of sexual assault of the adolescent.[8]

DEFINITION

Sexual abuse occurs when a child is engaged in sexual activities that he or she cannot comprehend, for which he or she is developmentally unprepared and cannot give consent, and/or that violate the law or social taboos of society.[1] The sexual activities may include all forms of oral-genital, genital, or anal contact by or to the child or abuse that does not involve contact, such as exhibitionism, voyeurism, or using the child in the production of pornography.[1] As many as 19% of adolescents who are regular Internet users have been solicited by strangers for sex through the Internet; built-in filters and monitoring are less effective than parent-child communication in preventing online predation.[9] Sexual abuse includes a spectrum of activities ranging from rape to physically less intrusive sexual abuse.

Sexual abuse can be differentiated from "sexual play" by determining whether there is a developmental asymmetry among the participants and by assessing the coercive nature of the behavior.[10] Thus, when young children at the same developmental stage are looking at or touching each other's genitalia because of mutual interest, without coercion or intrusion of the body, this is considered normal (ie, nonabusive) behavior. However, a 6-year-old who tries to coerce a 3-year-old to engage in anal intercourse is displaying abnormal behavior, and appropriate referrals should be made to assess the origin of such behavior and to establish appropriate safety parameters for all children involved. Among nonabused children 2 to 12 years of age, fewer than 1.5% exhibit the following behaviors: putting the mouth on genitals, asking to engage in sex acts, imitating intercourse, inserting objects into the vagina or anus, and touching animal genitals.[11] Children or adolescents who exhibit inappropriate or excessive sexual behavior may be reacting to their own victimization or may live in environments with stressors, boundary problems, or family sexuality or nudity.[12] Some sexually abused children will display a great number of sexual behaviors and a greater intensity of these behaviors.[12] However, there is a significant proportion of sexually abused children who do not display increased sexual behavior. Research has shown that there are 2 responses to sexual abuse: one that reflects inhibition and the other that reflects excitation, and it is in the latter group that more sexual behavior is observed.[13]

PRESENTATION

Sexually abused children are seen by pediatricians in a variety of circumstances such as: (1) the child or adolescent is taken to the pediatrician because he or she has made a statement of abuse or abuse has been witnessed; (2) the child is brought to the pediatrician by social service or law enforcement professionals for a nonacute medical evaluation for possible sexual abuse as part of an investigation; (3) the child is brought to an emergency department after a suspected episode of acute sexual abuse for a medical evaluation, evidence collection, and crisis management; (4) the child is brought to the pediatrician or emergency department because a caregiver or other individual suspects abuse because of behavioral or physical symptoms; or (5) the child is brought to the pediatrician for a routine physical examination, and during the course of the examination, behavioral or physical signs of sexual abuse are detected.

The diagnosis of sexual abuse and the protection of the child from additional harm depend in part on the pediatrician's willingness to consider abuse as a possibility. Sexually abused children who have not disclosed abuse may present to medical settings with a variety of symptoms and signs. Because children who are sexually abused are generally coerced into secrecy, the clinician may need a high level of suspicion and may need to carefully and appropriately question the child to detect sexual abuse in these situations. The presenting symptoms may be so general or nonspecific (eg, sleep disturbances, abdominal pain, enuresis, encopresis, or phobias) that caution must be exercised when the pediatrician considers

sexual abuse, because the symptoms may indicate physical or emotional abuse or other stressors unrelated to sexual abuse. More specific signs and symptoms of sexual abuse are discussed under "Diagnostic Considerations." Most cases of child sexual abuse are first detected when a child discloses that he or she has been abused. Children presenting with nonspecific symptoms and signs should be questioned carefully and in a nonleading manner about any stressors, including abuse, in their life. Pediatricians who suspect that sexual abuse has occurred are urged to inform the parents of their concerns in a calm, nonaccusatory manner. The individual accompanying the child may have no knowledge of or involvement in the sexual abuse of the child. A complete history, including behavioral symptoms and associated signs of sexual abuse, should be sought. The primary responsibility of the pediatrician is the protection of the child; if there is concern that the parent with the child is abusive or nonsupportive, the pediatrician may delay in informing the parent(s) while a report is made and an expedited investigation by law enforcement and/or child protective services agencies can be conducted. Whenever there is a lack of support or belief in the child, this information should be provided promptly to child protective services.

TAKING A HISTORY/INTERVIEWING THE CHILD

The pediatrician should try to obtain an appropriate history in all cases before performing a medical examination. Although investigative interviews should be conducted by social services and/or law enforcement agencies, this does not preclude physicians asking relevant questions to obtain a detailed pediatric history and a review of systems. Medical history, past incidents of abuse or suspicious injuries, and menstrual history should be documented. When children are brought for evaluation by protective personnel, little or no history may be available other than that provided by the child. The medical history should include information helpful in determining what tests should be done and when, how to interpret medical findings when present, and what medical and mental health services should be provided to the child and family.

The courts have allowed physicians to testify regarding specific details of a child's statements obtained in the course of taking a medical history to provide diagnosis and treatment, although exceptions may preclude such testimony in some cases.[14] Occasionally, children spontaneously describe their abuse and indicate who abused them. When asking young children about abuse, line drawings,[15] dolls,[16] or other aids[17] are generally used only by professionals trained in interviewing young children. The American Academy of Child and Adolescent Psychiatry and American Professional Society on the Abuse of Children have published guidelines for interviewing sexually abused children.[18,19] It is desirable for those conducting the interview to avoid leading and suggestive questions or showing strong emotions such as shock or disbelief and to maintain a "tell-me-more" or "and-then-what-happened" approach. When possible, the parent should not be present during the interview so that influences and distractions are kept to a minimum. Written notes in the medical record or audiotape or videotape should be used to document the questions asked and the child's responses as well as their demeanor and emotional responses to questioning. When audio or video recording is used, protocols should be coordinated with the district attorney's office in accordance with state guidelines. Most expert interviewers do not interview children younger than 3 years.

PHYSICAL EXAMINATION

The physical examination of sexually abused children should not result in additional physical or emotional trauma. The examination should be explained to the child before it is performed. It is advisable to have a supportive adult not suspected of involvement in the abuse[20] present during the examination unless the child prefers not to have such a person present. Children may be anxious about giving a history, being examined, or having procedures performed. Time must be allotted to relieve the child's anxiety.

When the alleged sexual abuse has occurred within 72 hours or there is an acute injury, the examination should be performed immediately. In this situation, forensic evidence collection may be appropriate and may include body swabs, hair and saliva sampling, collection of clothing or linens, and blood samples. Body swabs collected in prepubertal children more than 24 hours after a sexual assault are unlikely to

yield forensic evidence, and nearly two thirds of the forensic evidence may be recovered from clothing and linens.[21] When more than 72 hours have passed and no acute injuries are present, an emergency examination usually is not necessary. As long as the child is in a safe and protective environment, an evaluation can be scheduled at the earliest convenient time for the child, physician, and investigative team. The child should have a thorough pediatric examination performed by a health care provider with appropriate training and experience who is licensed to make medical diagnoses and recommend treatment. This examination should include a careful assessment for signs of physical abuse, neglect, and self-injurious behaviors. Injuries, including bruises incurred on the arms or legs during self-defense, should be documented in victims of acute sexual assault. Sexual maturity should also be assessed. In the rare instance in which the child is unable to cooperate and the examination must be performed because of the likelihood of trauma, infection, and/or the need to collect forensic samples, an examination under sedation with careful monitoring should be considered. Signs of trauma should preferably be documented by photographs; if such equipment is unavailable, detailed diagrams can be used to illustrate the findings. Specific attention should be given to the areas involved in sexual activity: the mouth, breasts, genitals, perineal region, buttocks, and anus. In female children, the examination should include inspection of the medial aspects of the thighs, labia majora and minora, clitoris, urethra, periurethral tissue, hymen, hymenal opening, fossa navicularis, posterior fourchette, perineum, and perianal tissues. The thighs, penis, scrotum, perineum, and perianal tissues in males should be assessed for bruises, scars, bite marks, and discharge. Any abnormalities should be noted and interpreted appropriately with regard to the specificity of the finding to trauma (eg, nonspecific, suggestive, or indicative of trauma). If the interpretation of an abnormal finding is problematic, consultation with an expert physician is advisable.

Various examination techniques and positions for visualizing genital and anal structures in children and adolescents have been described.[5] Such techniques are often necessary to determine the reliability of an examination finding; for example, different techniques may be used to ensure that an apparent defect or cleft in the posterior hymen is not a normal hymenal fold or congenital variation. In addition, instruments that magnify and illuminate the genital and rectal areas should be used.[22,23] Speculum or digital examinations should not be performed on the prepubertal child unless under anesthesia (eg, for suspected foreign body), and digital examinations of the rectum are not necessary. Because many factors can influence the size of the hymenal orifice, measurements of the orifice alone are not helpful in assessing the likelihood of abuse.[24]

LABORATORY DATA

Depending on the history of abuse, the examiner may decide to conduct tests for sexually transmitted diseases (STDs). Approximately 5% of sexually abused children acquire an STD from their victimization.[25] The following factors should be considered in deciding which STDs to test for, when to test, and which anatomic sites to test: age of the child, type(s) of sexual contact, time lapse from last sexual contact, signs or symptoms suggestive of an STD, family member or sibling with an STD, abuser with risk factors for an STD, request/concerns of child or family, prevalence of STDs in the community, presence of other examination findings, and patient/parent request for testing.[25] Although universal screening of postpubertal patients is recommended,[25] more selective criteria are often used for testing prepubertal patients. For example, the yield of positive gonococcal cultures is low in asymptomatic prepubertal children, especially when the history indicates fondling only.[26] Vaginal, rather than cervical, samples are adequate for STD testing in prepubertal children. Considering the prolonged incubation period for human papillomavirus infections, a follow-up examination several weeks or months after the initial examination may be indicated; in addition, the family and patient should be informed about the potential for delayed presentation of lesions. Testing before any prophylactic treatment is preferable to prophylaxis without testing; the identification of an STD in a child may have legal significance as well as implications for treatment, especially if there are other sexual contacts of the child or perpetrator. The implications of various STDs that may be diagnosed in children are summarized in Table 1; guidelines are also provided by the Centers for Disease Control and Prevention[27] and the AAP.[25,28] The most specific and sensitive tests should be used when evaluating children for STDs. Cultures are considered the "gold standard" for diagnosing Chlamydia trachomatis (cell culture) and Neisseria gonorrhoeae (bacterial

culture). New tests, such as nucleic acid–amplification tests, may be more sensitive in detecting vaginal C trachomatis, but data regarding use in prepubertal children are limited. Because the prevalence of

TABLE 1. - Implications of Commonly Encountered STDs for the Diagnosis and Reporting of Sexual Abuse of Infants and Prepubertal Children

STD Confirmed	Sexual Abuse	Suggested Action
Gonorrhea[1]	Diagnostic[2]	Report[3]
Syphilis[1]	Diagnostic	Report
HIV infection[4]	Diagnostic	Report
C trachomatis infection*	Diagnostic[2]	Report
T vaginalis infection	Highly suspicious	Report
C acuminata infection[1] (anogenital warts)	Suspicious	Report
Herpes simplex (genital location)	Suspicious	Report[5]
Bacterial vaginosis	Inconclusive	Medical follow-up

[1] If not perinatally acquired and rare nonsexual vertical transmission is excluded.
[2] Although the culture technique is the "gold standard," current studies are investigating the use of nucleic acid–amplification tests as an alternative diagnostic method in children.
[3] To the agency mandated in the community to receive reports of suspected sexual abuse.
[4] If not acquired perinatally or by transfusion.
[5] Unless there is a clear history of autoinoculation.

STDs in children is low, the positive predictive value of these tests is lower than that of adults, so confirmatory testing with an alternative test may be important, especially if such results will be presented in legal settings. When child sexual abuse is suspected and STD testing is indicated, vaginal/urethral samples and/or rectal swabs for isolation of C trachomatis and N gonorrhoeae are recommended. In addition, vaginal swabs for isolation of Trichomonas vaginalis may be obtained. Testing for other STDs, including human immunodeficiency virus (HIV), hepatitis B, hepatitis C, and syphilis, is based on the presence of symptoms and signs, patient/family wishes, detection of another STD, and physician discretion. Venereal warts, caused by human papillomavirus infection, are clinically diagnosed without testing. Any genital or anal lesions suspicious for herpes should be confirmed with a culture, distinguishing between herpes simplex virus types 1 and 2. Guidelines for treatment are published by the Centers for Disease Control and Prevention.[27]

If a child has reached menarche, pregnancy testing should be considered. A negative pregnancy status should be confirmed before administering any medication, including emergency contraception ("morning after" pills). Guidelines for emergency contraception have been published29,30; the AAP is in the process of developing its own guidelines.

DIAGNOSTIC CONSIDERATIONS

The diagnosis of child sexual abuse often can be made on the basis of a child's history. Sexual abuse is rarely diagnosed on the basis of only physical examination or laboratory findings. Physical findings are often absent even when the perpetrator admits to penetration of the child's genitalia.[31–33] Many types of abuse leave no physical evidence, and mucosal injuries often heal rapidly and completely.[34–38] In a recent study of pregnant adolescents, only 2 of 36 had evidence of penetration.[39] Occasionally, a child presents with clear evidence of anogenital trauma without an adequate history. Abused children may deny abuse. Findings that are concerning include: (1) abrasions or bruising of the genitalia; (2) an acute or healed tear

in the posterior aspect of the hymen that extends to or nearly to the base of the hymen; (3) a markedly decreased amount of hymenal tissue or absent hymenal tissue in the posterior aspect; (4) injury to or scarring of the posterior fourchette, fossa navicularis, or hymen; and (5) anal bruising or lacerations.[31–36] The interpretation of physical findings continues to evolve as evidence-based research becomes available.[40] The physician, the multidisciplinary team evaluating the child, and the courts must establish a level of certainty about whether a child has been sexually abused. Table 2 provides suggested guidelines for making the decision to report sexual abuse of children based on currently available information. For example, the presence of semen, sperm, or acid phosphatase; a positive culture for N gonorrhoeae or C trachomatis; or a positive serologic test for syphilis or HIV infection make the diagnosis of sexual abuse a near medical certainty, even in the absence of a positive history, if perinatal transmission has been excluded for the STDs. The differential diagnosis of genital trauma also includes accidental injury and physical abuse. This differentiation may be difficult and may require a careful history and multidisciplinary approach. Because many normal anatomic variations, congenital malformations and infections, or other medical conditions may be confused with abuse, familiarity with these other causes is important.[41,42]

Physicians should be aware that child sexual abuse often occurs in the context of other family problems, including physical abuse, emotional maltreatment, substance abuse, and family violence. If these problems are suspected, referral for a more comprehensive evaluation is imperative and may involve other professionals with expertise needed for evaluation and treatment. In difficult cases, pediatricians may find consultation with a regional child abuse specialist or assessment center helpful.

TABLE 2. - Guidelines for Making the Decision to Report Sexual Abuse of Children

Data Available				Response	
History	Behavioral Symptoms	Physical Examination	Diagnostic Tests	Level of Concern About Sexual Abuse	Report Decision
Clear statement	Present or absent	Normal or abnormal	Positive or negative	High	Report
None or vague	Present or absent	Normal or nonspecific	Positive test for *C trachomatis*, gonorrhea, *T vaginalis*, HIV, syphilis, or herpes[1]	High	Report
None or vague	Present or absent	Concerning or diagnostic findings	Negative or positive	High[2]	Report
Vague, or history by parent only	Present or absent	Normal or nonspecific	Negative	Indeterminate	Refer when possible
None	Present	Normal or nonspecific	Negative	Intermediate	Possible report,[3] refer, or follow

[1] If nonsexual transmission is unlikely or excluded.
[2] Confirmed with various examination techniques and/or peer review with expert consultant.
[3] If behaviors are rare/unusual in normal children.

After the examination, the physician should provide appropriate feedback, follow-up care, and reassurance to the child and family.

TREATMENT

All children who have been sexually abused should be evaluated by a pediatrician and a mental health professional to assess the need for treatment and to assess the level of family support. Unfortunately, mental health treatment services for sexually abused children are not universally available. The need for therapy varies from victim to victim regardless of abuse chronicity or characteristics. An assessment should include specific questions concerning suicidal or self-injurious thoughts and behaviors. Poor prognostic signs include more intrusive forms of abuse, more violent assaults, longer periods of sexual molestation, and closer relationship of the perpetrator to the victim. The parents of the victim may also need treatment and support to cope with the emotional trauma of their child's abuse; parents who are survivors of child abuse should be identified to ensure appropriate therapy and to optimize their ability to assist their own child in the healing process. Treatment may include follow-up examinations to assess healing of injuries and additional assessment for STDs, such as Condylomata acuminata infection or herpes, that may not be detected in the acute time frame of the initial examination. The pediatrician may also provide follow-up care to ensure that the child and supportive family members are recovering emotionally from the abuse.

LEGAL ISSUES

The medical evaluation is first and foremost just that: an examination by a medical professional with the primary aim of diagnosing and determining treatment for a patient's complaint. When the complaint involves the possible commission of a crime, however, the physician must recognize legal concerns. The legal issues confronting pediatricians in evaluating sexually abused children include mandatory reporting of suspected abuse with penalties for failure to report; involvement in the civil, juvenile, or family court systems; involvement in divorce or custody proceedings; and involvement in criminal prosecution of defendants in criminal court. In addition, there are medical liability risks for pediatricians who fail to diagnose abuse or who misdiagnose other conditions as abuse. All pediatricians in the United States are required under the laws of each state to report suspected as well as known cases of child abuse. In many states, the suspicion of child sexual abuse as a possible diagnosis requires a report to both the appropriate law enforcement and child protective services agencies. Among adolescents, sexual activity and sexual abuse are not synonymous, and it should not be assumed that all adolescents who are sexually active are, by definition, being abused. Many adolescents have consensual, age-appropriate sexual experiences, and it is critical that adolescents who are sexually active receive appropriate confidential health care and counseling. Federal and state laws should support providing confidential health care and should affirm the authority of physicians and other health care professionals to exercise appropriate clinical judgment in reporting cases of sexual activity.[43] All physicians need to know their state law requirements and where and when to file a written report; an update on child abuse reporting statutes can be accessed at http://nccanch.acf.hhs.gov/general/legal/statutes/manda.cfm. These guidelines do not suggest that a pediatrician who evaluates a child with an isolated behavioral finding (nightmares, enuresis, phobias, etc) or an isolated physical finding (erythema or an abrasion of the labia or traumatic separation of labial adhesions) is obligated to report these cases as suspicious. If additional historical, physical, or laboratory findings suggestive of sexual abuse are present, the physician may have an increased level of suspicion and should report the case. In both criminal and civil proceedings, physicians must testify to their findings "to a reasonable degree of medical certainty."[44] Pediatricians are encouraged to discuss cases with their local or regional child abuse consultants and their local child protective services agency. In this way, families may be spared unnecessary investigations, agencies are less likely to be overburdened, and physicians may be protected from potential prosecution for failure to report. Statutes in each state immunize reporters from civil or criminal liability as long as the report was not made either without basis or with deliberate bad intentions.[45] On the other hand, although no known physicians have been prosecuted successfully for failure to report, there have been successful malpractice actions against physicians who failed to diagnose or report child abuse appropriately.[45]

Because of the likelihood of legal action, detailed records, drawings, and/or photographs should be maintained soon after the evaluation and kept in a secure location. Protected health information for a minor who is believed to be the victim of abuse may be disclosed to social services or protective agencies; the Health Insurance Portability and Accountability Act (HIPAA; Pub L No. 104–191 [1996]) does not preempt state laws that provide for reporting or investigating child abuse. Physicians required to testify in court are better prepared and may feel more comfortable if their records are complete and accurate. Physicians may testify in civil cases concerning temporary or permanent custody of the child by a parent or the state or in criminal cases in which a suspected abuser's guilt or innocence is determined. In general, the ability to protect a child may often depend on the quality and detail of the physician's records.[37]

A number of cases of alleged sexual abuse involve parents who are in the process of separation or divorce and who allege that their child is being sexually abused by the other parent during custodial visits. Although these cases are generally more difficult and time consuming for the pediatrician, the child protective services system, and law enforcement agencies, they should not be dismissed simply because a custody dispute exists. Whenever a careful and comprehensive assessment of the child's physical and behavioral symptoms yields a suspicion of abuse or the child discloses abuse to the physician, a report to protective services should be made. If symptoms or statements are primarily reported by the parent but not supported during an assessment of the child, the physician may wish to refer the family to a mental health or sexual abuse expert. A juvenile court proceeding may ensue to determine if the child needs protection. The American Bar Association indicates that most divorces do not involve custody disputes, and relatively few custody disputes involve allegations of sexual abuse.[44]

CONCLUSIONS

The evaluation of sexually abused children is increasingly a part of general pediatric practice. Pediatricians are part of a multidisciplinary approach to prevent, investigate, and treat the problem and need to be competent in the basic skills of history taking, physical examination, selection of laboratory tests, and differential diagnosis. An expanding clinical consultation network is available to assist the primary care physician with the assessment of child abuse cases.[46]

FOOTNOTES

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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APPENDIX E
EXTENDED CRISIS INTERVENTION SERVICES
MULTI-DISCIPLINARY TEAM AUTHORIZATION FORM

CAC#: _____ ***Victim Name:*** _____ ***Date:*** _____

Under a collaborative project between Las Familias and the Southern Arizona Children's Advocacy Center, Extended Crisis Intervention Services are now available to child victims of sexual abuse, and their non-offending family members, following the completion of forensic evidence collection services at the Advocacy Center. This program consists of a) one-on-one crisis counseling (ideally 1-3 days following service delivery at the Center); b) mental health intakes; and c) weekly psycho-educational group sessions for caretakers which are forensically sound.

- The multi-disciplinary team assigned to this case ***agrees that the below services can be initiated with the following family members***:

SERVICE COMPONENT (check authorized services and specify family members):

_____ **Crisis Counseling (in-person/telephone)**

Victim/Family Members: _____

_____

_____ **Mental Health Intake (in-person/telephone)**

Victim/Family Members: _____

_____

_____ **Weekly Psycho-Educational Group for Caretakers**

Family Members: _____

_____

- The multi-disciplinary team assigned to this case ***agrees not to refer the victim and/or any family members to the Extended Crisis Intervention Program*** for the following reason(s): _____

_____

MULTI-DISIPLINARY TEAM MEMBERS (Name & Agency):

Name:_____ Agency: _____

Name:_____ Agency: _____

Name:_____ Agency: _____

Name:_____ Agency: _____

APPENDIX F
Minimal Facts Interview

The team recognizes that some victims will need to be questioned immediate in the field in order to assess the risk of imminent danger and comply with CPS mandates. To avoid multiple interviews of child victims by investigators, the Southern Arizona Children's Advocacy Center developed this guideline. The responding investigator, taking the initial report of suspected child abuse should use the *Minimal Facts Interview* to conduct the first interview of the child. This interview will be followed by a formal, in depth forensic interview done in the child friendly atmosphere of the Advocacy Center.

It is understood that all investigations differ in some respect and the approach to the *Minimal Facts Interview* must be flexible and permit the responding officer or investigator to use his/her common sense in the following policy. For example, if the child volunteers detailed information, that information should be written down or otherwise recorded, and the report should reflect the circumstances under which the child made the disclosure. If the child is not volunteering information, questioning and particularly leading questions, should be avoided and "Minimal Facts" should be developed from other sources whenever possible.

Minimal Facts Shall Include (as developmentally appropriate):

1. What happened?
2. Where did the alleged abuse happen? (Get jurisdiction, check for multiple jurisdictions, not specific place, i.e. Mom's bedroom)
3. When did it happen? (If more than once, last and first times)
4. Who is/are the alleged perpetrators and relationship to child?
5. Who have you told?
6. Is immediate medical attention necessary? (If sex abuse has taken place in the past 72 hours or if there is extensive injury, a forensic medical exam is necessary).
7. DO NOT ask WHY the abuse happened as it infers to the child that they are to blame.

The first concern of any investigation must be the safety of the child. If, in the judgment of the officer or investigator, expansion of the minimal facts interview is necessary, the policy of avoiding in-depth interviews must give way to the investigator's on-the-scene judgment. If an arrest or apprehension of the perpetrator can be affected by expanding the minimal facts interview, policy should give way to the judgment of the investigator. Every effort should be made to avoid interviews in the late evening or early morning hours. (The Advocacy Center staff is available and on-call 24 hours, 7 days a week). If the Minimal Fact Interview is conducted, the Child Protective Services and Law Enforcement investigators together will determine the need for any additional interviewing of the child and under what circumstances.

The non-offending parent or caretaker should be advised that an in depth, forensic interview will take place at the Advocacy Center. See the following caretaker brochure.

Should I get counseling for my child?

Yes. Children may be uncomfortable discussing the abuse with their parents because of shame or guilt. Children dislike seeing their parents upset or angry. Therefore, they may try to protect their parents by not telling them about the abuse. Children may interpret a parent's negative emotions with the situation as negative feelings toward the child. Reassure your child that you are not upset with them, rather that you are upset with the situation. For the above reasons, it is important to give your child the opportunity to talk with a professional. Children have different needs that must be addressed from the incident to recovery. Should negative emotions and reactions to the abuse remain untreated, or if the child cannot properly express discomfort, a child will only experience greater suffering and trauma. Mental health therapists can apply their special training, knowledge, and experience to help ensure that your child recovers as quickly as possible. Family counseling is also a valuable tool in the road to recovery. **Allowing your child to talk to a professional child therapist is a positive step toward healing.** The CAC Advocate will supply you with a list of local mental health professionals in your community. On-site crisis counseling is available. Ask your investigator when counseling may start.

YOUR APPOINTMENT

INTERVIEW DATE: _____

INTERVIEW TIME: _____

MEDICAL DATE: _____

MEDICAL TIME: _____

NOTES, QUESTIONS, COMMENTS

DIRECTIONS to 2530 E. Broadway Blvd., Ste.C. (across the street from Roses and More)

From the east	From the west
Take I-10 West. Exit	Take I-10 East. Exit
Ajo Way toward Kino	Congress St. Stay
PKWY, merge S. Stadium	straight onto N. Freeway
Loop. Turn right to	Turn Left on West
S. Kino PKWY. Turn right	Congress. Turn slight
on E. Broadway. Turn	Right onto Broadway.
Left on Stratford. Park	Turn right on Stratford
on left side of Stratford	Park on left side of Stratford

WHAT DO I TELL MY CHILD ABOUT THE CHILDREN'S ADVOCACY CENTER?

"Reducing Trauma to Children"

A PARENT'S GUIDE TO CHILD ABUSE INVESTIGATION

(520) 319-5511

What happens at the Children's Advocacy Center (CAC)?

The CAC is a child-friendly interview center located in Tucson, Arizona. Children of all ages come to the CAC to speak with specially

trained interviewers about allegations of child abuse. The CAC process involves a team of professionals from multiple agencies such as law enforcement, social services, county attorney, etc. When you and your child arrive, you will wait in the family room. The family room has a TV/VCR, books, and toys. A separate interview room is designed to make your child feel comfortable. The interview room has a video camera, the investigators will view the interview from a separate room.

What do I tell my child about the CAC interview?

You might tell your child, "You and I are going to go to the Children's Advocacy Center. It is a special place where kids go to talk. The person you will be talking to talks to lots of kids about what happens to them. They need to know everything that you remember so that we can make sure you are safe and okay. It is important that you tell the truth and only talk about what really happened. It is okay for you to talk to them. **YOU ARE NOT IN ANY TROUBLE.**"

Who will my child talk to?

Your child will talk to a Forensic Interviewer. The Interviewer has special training and experience in talking with children about difficult subjects. The Interviewer's goal is to make your child as comfortable as possible while gathering the necessary information for an investigation. Questions are asked in a non-threatening and non-leading manner. The Interviewer moves at a pace that is comfortable with your child and never forces a child to talk to them.

Can I watch the interview?

No, only those people who are directly involved in the investigation are allowed to observe the interview. This is done to reduce the possible stress that can be placed on a child and to provide a neutral setting for the child and the investigation. Please bring a support person to wait with you during this time. If you bring more than one child, they will stay with you at all times during the interview. Before and after the interview, you will have an opportunity to discuss any questions or concerns with the investigative team members. If you need support from CAC staff during the interview, that can be arranged.

Will my child need a medical exam?

The investigative team members will decide if your child needs a medical exam. If one is needed, the CAC Child Advocate will set an appointment. The Advocate will attend this exam with you and your child. You might tell your child, "We are going to see a doctor who takes care of kids. You will not get any shots. The doctor is not going to hurt you. She just needs to make sure that your body is okay." When the examination is over, the doctor will be able to tell you in general terms what she learned.

Can I talk to my child about what happened?

No, not unless your child brings up the subject and wants to talk about it. In that case, listen to your child without commenting or questioning. Be sure to reassure your child that he/she will be alright. If your child tells you something that alarms or upsets you, contact the investigator.

What happens after the interview?

You will be able to talk to a member of the investigative team. They will tell you in general terms what they learned from the interview. You will have to opportunity to ask questions and voice your concerns. When the team is finished with their investigation, they will send the reports to the County Attorney's office. The County Attorney will decide whether or not to prosecute, not the child or

parent. Your child may have to go to court to testify. If this happens, a Victim Witness Advocate will meet with your child to prepare them.

APPENDIX G

RULE 39 OF CRIMINAL CODE, VICTIMS' RIGHTS

RULES OF CRIMINAL PROCEDURE, IX. POWERS OF COURT
RULE 39. VICTIMS' RIGHTS

A. Definitions.

Victim. As used in this rule, a "victim" is defined as a person against whom a criminal offense as defined by 13-4401(6) has allegedly been committed, or the spouse, parent, lawful representative, or child of someone killed or incapacitated by the alleged criminal offense, except where the spouse, parent, lawful representative, or child is also the accused. With regard to the rights to be notified and to be heard pursuant to this rule, a person ceases to be a victim upon the acquittal of the defendant or upon the dismissal of the charges against the defendant as a final disposition. If a victim is in custody for an offense, the victim's right to be heard pursuant to this rule is satisfied through affording the victim the opportunity to submit a written statement, where legally permissible and in the discretion of the court. A victim not in custody may exercise his or her right to be heard pursuant to this rule by appearing personally, or where legally permissible and in the discretion of the court, by submitting a written statement, or an audio or video recording. The victims' rights of any corporation, partnership, association, or other similar legal entity shall be limited as provided by statute.

Criminal Proceeding. As used in this rule, a "criminal proceeding" is defined as a trial, hearing, (including hearing before trial), oral argument, or other matter scheduled and held before a trial court at which the defendant has the right to be present, or any post-conviction proceeding.

B. Victims' Rights. These rules shall be construed to preserve and protect a victim's rights to justice and due process. Notwithstanding the provisions of any other rule in these Rules of Criminal Procedure, a victim shall have and be entitled to assert each of the following rights:

- The right to be treated with fairness, respect and dignity, and to be free from intimidation, harassment, or abuse, throughout the criminal justice process.

- The right to be provided with written notice regarding those rights available to the victim under this rule and under any other provision of law.

- Upon request, the right to be given reasonable notice of the date, time and place of any criminal proceeding.

- The right to be present at all criminal proceedings.

- The right to be notified of any escape of the defendant.

- Upon request, the right to be informed of any release or proposed release of the defendant, whether that release be before expiration of the sentence or by expiration of the sentence, and whether it be permanent or temporary in nature.

- Upon request, the right to confer with the prosecution, prior to trial when applicable, in connection with any decision involving the preconviction release of the defendant, a plea bargain, a decision not to proceed with a criminal prosecution, dismissal of charges, plea or sentence negotiation, a pretrial diversion program, or other disposition prior to trial; the rights to be heard at any such proceeding and at sentencing.

- The right to be accompanied at any interview, deposition, or judicial proceeding by a parent or other relative, except persons whose testimony is required in the case. If the court finds, under this sub§ 8 or sub§ 9 below, that a party's claim that a person is a prospective witness is not made in good faith, it may impose any sanction it finds just, including holding counsel in contempt.

- The right to name an appropriate support person, including a victim's caseworker, to accompany the victim at any interview, deposition, or court proceeding, except where such support person's testimony is required in the case.

- The right to require the prosecutor to withhold, during discovery and other proceedings, the home address and telephone number of the victim, the address and telephone number of the victim's place of employment, and the name of the victim's employer, providing, however, that for good cause shown by the defendant, the court may order that such information be disclosed to defense counsel and may impose such further restrictions as are appropriate, including a provision that the information shall not be disclosed by counsel to any person other than counsel's staff and designated investigator and shall not be conveyed to the defendant.

- The right to refuse an interview, deposition, or other discovery request by the defendant, the defendant's attorney, or other person acting on behalf of the defendant. After charges are filed, defense initiated requests to interview the victim shall be communicated to the victim through the prosecutor. The victim's response to such requests shall also be communicated through the prosecutor. If there is any comment or evidence at trial regarding the victim's refusal to be interviewed, the court shall instruct the jury that the victim has the right to refuse an interview under the Arizona Constitution. For purposes of a pretrial interview, a peace officer shall not be considered a victim if the act that would have made him or her a victim occurs while the peace officer is acting in the scope of his or her official duties.

- At any interview or deposition to be conducted by defense counsel, the right to condition the interview or deposition on any of the following:
    i. Specification of a reasonable date, time, duration, and location of the interview or deposition, including a requirement that the interview or deposition be held at the victim's home, at the prosecutor's office, or in an appropriate location in the courthouse.
    ii. The right to terminate the interview or deposition if it is not conducted in a dignified and professional matter.

- The right to a copy of any pre-sentence report provided the defendant except those parts excised by the court or made confidential by the law.

- The right to be informed of the disposition of the case.

- The right to a speedy trial or disposition and prompt and final conclusion of the case after conviction and sentence.

- The right to be informed of a victim's right to restitution upon conviction of the defendant, of the items of loss included there under, and of the procedures for invoking the right.

C. Assistance and Representation.

- The victim shall also have the right to the assistance of the prosecutor in the assertion of the rights enumerated in this rule or otherwise provided for by law. The prosecutor shall have the responsibility to inform the victim, as defined by these rules, of the rights provided by these rules and by law, and to provide the victim with notices and information which the victim is entitled by these rules and by law to receive from the prosecutor.

- The prosecutor shall have standing in any judicial proceeding, upon the victim's request, to assert any of the rights to which the victim is entitled by this rule or by any other provision of law.

- In any event of any conflict of interest between the state or any other prosecutorial entity and the wishes of the victim, the prosecutor shall have the responsibility to direct the victim to the appropriate legal referral, legal assistance, or legal aid agency.

- In asserting any of the rights enumerated in this rule or provided for in any other provision of the law, the victim shall also have the right to engage and be represented by personal counsel of his or her choice.

d. Victims Duty to Implement Rights. Any victim desiring to claim the notification rights and privileges provided by this rule must provide his or her full name, address and telephone number to the entity prosecuting the case and to any other entity from which notice is requested by the victim. If the victim is a corporation, partnership, association or other legal entity and has requested notice of the hearings to which it is entitled by law, that legal entity shall promptly designate a representative by giving notice thereof, including such representative's address and telephone number, to the prosecutor and to any other entity from which notice is requested by the victim. Upon receipt of such notice, the prosecutor shall notify the defendant and the court thereof. Thereafter, only such a designated representative shall be entitled to assert a claim to victims' rights on behalf of that legal entity. Any change in designation must be provided in writing to the prosecutor and to any other entity from which notice is requested by the victim.

e. Waiver. The rights and privileges enumerated in this rule may be waived by any victim. Failure to keep the address and telephone number current or to designate such representative of a legal entity shall be considered as a waiver of notification rights under this rule.

f. Court Enforcement of Victim Notice Requirements. At the commencement of any proceeding which takes place more than seven days after the filing of charges by the prosecutor and at which the victim has a right to be heard, the court shall inquire of the prosecutor or otherwise ascertain whether the victim has requested notice and been notified of the proceeding. If the victim has not been notified as requested, the court should not proceed unless public policy, the specific provisions of a statute, or the interests of due process otherwise require. In the absence of such considerations the court shall have discretion to reconsider any ruling made at a proceeding of which the victim did not receive notice as requested.

g. Appointment of Victim's Representative. Upon request, the court shall appoint a representative for a minor victim or a representative for an incapacitated victim, as provided by ARS § 13-4403. Notice of appointment of such representative shall be given by the court to the parties.

APPENDIX H

ARIZONA ATTORNEY GENERAL OPINION ON SCHOOL DISTRICT COOPERATION WITH CHILD PROTECTIVE SERVICES

Office of the Attorney General of the State of Arizona, Re: 188-062 (R87-182) 1988 Ariz. AG LEXIS 60; 1988 Op. Attn. Gen. Ariz. 84, June 9, 1988

OPINION:
You have asked whether school districts may impose certain requirements and limitations on interviews of school children conducted on school grounds by Child Protective Services ("CPS") workers carrying out their statutory duty to investigate reports that a child is dependent or abused. You have asked specifically if a school district may require that parents be given notice and provided an opportunity to be present at the interview or require that school personnel be present during the interview; and whether the school may refuse to allow the interview after parental request that the school not permit it. We conclude not only that schools may not interfere with, limit or prohibit such interviews on school grounds, but also that schools must affirmatively cooperate with CPS workers conducting statutorily mandated investigations to determine whether a child is dependent or abused.

CPS has a statutory duty to investigate reports that a child is dependent or abused. A.R.S. '8-224 (B) provides that "[a] child protective services specialist of the state department of [*2] economic security shall have the responsibility for the complete investigation of all complaints of alleged dependence." A.R.S. '8-546.01 (C) (3) (b) requires protective services workers who have received information or reports, appropriately screened, regarding a child who may be dependent, abused, abandoned or otherwise in need of protective services to immediately "[m]ake a prompt and thorough investigation of the nature, extent and cause of any condition which would tend to support or refute the allegation that the child should be adjudicated dependent...."

In every such investigation, CPS evaluates the conditions created by the parents, guardian or custodian and determines if further protective action is necessary. A.R.S. '8-546.01 (C) (5). In order to do this a CPS worker must have the power to interview children without notice to the parents. This power is granted to CPS by A.R.S. '8-546.01 (C) (2) where either of the following circumstances exist:

(a) The child initiates contact with the worker.
(b) The child interviewed is the subject of or living with the child who is the subject of an abuse or abandonment investigation pursuant to paragraph 3, subdivision (b) [*3] of this subsection.

In some cases CPS cannot adequately investigate and determine whether custody of a child is necessary without obtaining information from the child, preferably in a neutral and non-threatening environment such as a school. If the school does not cooperate, CPS may have to take the child into custody and from the school setting in order to carry out its duty to promptly and thoroughly investigate. **[n1]** Requiring CPS to take the child into temporary custody before an interview may be conducted would unnecessarily complicate and delay the investigation.**[n2]**

n1. If the circumstances require it, a CPS worker may take a child into protective custody under the authority granted in A.R.S. ' 8-223 (B) (2), which reads:

A child may be taken into temporary custody:
2. By a peace officer or a child protective services specialist of the state department of economic security if temporary custody is clearly necessary to protect the child because the child is either:
(a) Suffering or will imminently suffer abuse.
(b) Suffering serious physical or emotional damage which can only be diagnosed by a medical doctor or psychologist.

n2. The legislature recognized that taking a child into temporary custody is a serious intrusion into the zone of protected family privacy, even if "clearly necessary to protect the child, "A.R.S. ' 8-223 (B)(2). A.R.S. ' 8-233 (C), therefore, sets out certain due process protections:

AIf a child is taken into temporary custody as provided in ... subsection B, paragraph 2 of this section, the ... child protective services specialist...taking the child into custody shall provide written notice within six hours to the parent, guardian or custodian of the child, unless [a shorter longer period for notice is appropriate under the particular circumstances.]@

Subparagraph (D) requires that the written notice provide the parent, guardian or custodian with complete information concerning the date and time custody was taken, the agency responsible for the child, the reasons for temporary custody, how long the child may be held without a dependency petition being filed, and also contains a brief explanation of the parents' rights to a timely hearing and counsel, if a dependency petition is filed and the child declared a temporary ward of the court. [*4]

We have issued two opinions concerning the authority of school districts to restrict the activities of CPS workers or police acting pursuant to child welfare statutes. Ariz. Atty. Gen. Op. 75-219 concluded that CPS workers have the power to interview children who are the subjects of reports of child abuse or neglect without the consent of the parents. The opinion also stated that there is no provision in Arizona law which prohibits CPS workers from conducting such interviews upon school property.

"School boards have only the authority granted by statute, and such authority must be exercised in a manner permitted by statute." Campbell v. Harris, 131 Ariz. 109, 112, 538 P. 2d 1355, 1358 (App.1981). Rules prescribed and enforced by school boards for the governance of the schools must be consistent with law. A.R.S. '15-341 (A) (1). By statute, school district boards and the schools they oversee have a duty to render all assistance and cooperation within their jurisdictional power to further CPS investigations of complaints alleging dependency. See A.R.S. ''8-237, 8-224 (B). Schools must cooperate with CPS to insure that the public policy and laws relating to the protection [*5] of children are served. **[n3]**

n3. A.R.S. '15-203 (A) (1) imposes the requirement that the State Board of Education "[e]xercise general supervision over and regulate the conduct of the school system." The State Board also has the duty to aid in the enforcement of laws relating to child conservation. A.R.S. '15-203 (A) (14). "Conservation" is defined in Webster's Third New International Dictionary (1976) at 483 as "deliberate, planned, or thoughtful preserving, guarding, or protecting." Legislation relating to child conservation, therefore, includes all child protective legislation. Thus, the State Board, as part of its duty to regulate the conduct of the school system, is obligated to see that laws relating to child conservation are enforced at the local level, i.e., the State Board has the duty to support CPS in the exercise of its statutory duty to investigate reports of child maltreatment.

Thus, in answer to your specific questions, when CPS workers are acting pursuant to A.R.S. ''8-224 (B) and 8-546.01 (C) (2), a school district may not require that parents of a child who is to be interviewed be given notice and an opportunity to be present at the interview. Neither may [*5] a school district refuse to allow an interview conducted pursuant to A.R.S. ''8-224 (B) and 8-546.01 (C) (2).

Furthermore, a school district may not require that one of its personnel be present at such interviews conducted on school grounds, not only because it lacks the authority to impose such a requirement and is affirmatively required to cooperate with the investigation, but also because personally identifiable information concerning any person involved in a CPS investigation is made confidential by statute, A.R.S. '41-1959 (A). A school official may be present only if such presence is necessary to the investigation. A.R.S. '41-1959 (A); Ariz. R.P. Juv. Ct. 19.1 (a) (confidential information may be released to educational institutions, but only when necessary to provide for the care or safety of the child or other children who may be endangered if the information is not released.)

In summary, once a report is made which requires an investigation pursuant to A.R.S. ''8-224 (B) and 8-546.01 (C) (3), Child Protective Services must proceed in accordance with its statutory duty. Schools and school districts may impose no restrictions or limitations upon the exercise of Child Protective [*7] Services authority which would inhibit the enforcement of laws relating to child protection or constitute a failure to render all assistance and cooperation within their power.

OPINION BY:
BOB CORBIN,
Attorney General

APPENDIX I

ARIZONA ATTORNEY GENERAL'S OPINION ON WHETHER PRIVATE SCHOOLS MAY IMPOSE REQUIREMENTS OR LIMITATIONS ON CHILD PROTECTIVE SERVICES

Re: 198-008 (R98-017)

REQUEST BY: **Dr. Linda J. Blessing, Director** **October 2, 1998**
Arizona Department of Economic Security
1717 West Jefferson Street
Phoenix, AZ 85005

OPINION:

You recently requested a formal opinion about whether private schools may impose requirements or limitations on Child Protective Services (CPS) specialists who seek to interview children on school property. We conclude that Arizona law authorized a CPS specialist to interview a child on school property without school-imposed requirement or limitations. In particular, we determine that the Legislature directed CPS to "immediately" "make a *prompt and thorough* investigation" to refute or substantiate an allegation about whether a child should be adjudicated dependent. A "dependent child" is one who is: (i) adjudicated to be in need of appropriate and effective parental care and control, (ii) destitute, not being provided with the necessities of life, or in a home that is unfit due to abuse, neglect, cruelty or depravity of either parent, or (iii) younger than eight and committed an act that would have resulted in the child being adjudicated delinquent or incorrigible if the child were older. A.R.S. § 8-546 (A)(6).

Arizona Revised Statutes Annotated ("A.R.S.") § 8-802 (C)(3)(b) (emphasis added); *see also* A.R..S.§ 8-304 (B). Moreover, the rules of the Department of Economic Security ("DES") relating to CPS's investigations of child abuse, neglect, dependency, or exploitation provide that "a child may be interviewed at any site deemed appropriate by the Child Protective Services worker." Arizona Administrative Code ("A.A.C.") R6-5-5504 (B). Personnel of both public and private schools also have a duty to protect the children under their care and to cooperate in the reporting and investigation of abuse, abandonment, dependency, or neglect. A.R.S.§ 13-3620. Section 13-3620, A.R.S., requires school personnel, counselors, nurses, clergymen, priests, doctors, parents, and others responsible for the care and treatment of children who have reasonable grounds to believe that a minor has been the victim of abuse, injury, exploitation, or neglect to immediately report the information to a peace officer or CPS. That statute also requires release of confidential records to the peace officer or CPS specialist conducting the investigation and waives many of the privileges prohibiting disclosure of confidential information in litigation and administrative proceedings in which a child's abuse, abandonment, dependency, or neglect is an issue. *See also* A.R.S.§ 8-805(B).

Consequently, we find no legal basis on which schools – whether public (traditional and charter) or private (parochial or nonsectarian) – may erect barriers that impede the goal of protecting the welfare of children.

BACKGROUND

DES accepts reports of possible child abuse, neglect, exploitation, or abandonment twenty-four hours a day, seven days a week. A.R.S.§ 8-802 (C)(1) and A.A.C. R6-5-5503(A). DES operates a statewide, toll-free telephone service to receive these reports. Between July 1, 1996 and June 30, 1997,

DES received 38,229 incoming communications to the Child Abuse Hotline that met the criteria of a report for investigation of maltreatment. ARIZONA DEPARTMENT OF ECONOMIC SECURITY, DIVISION OF CHILDREN, YOUTH AND FAMILIES, Annual report for July 1, 1996 through June 30, 1997 at 2 (September 30, 1997). Forty-five percent of the reports related to allegations of neglect, 36% relayed concerns of physical abuse, 8% of the reports alleged sexual abuse, 8% encompassed reports of abandonment, 3% of the reports noted concerns of emotional abuse, and less than 1% of the reports concerned exploitation. *Id*,

When DES receives a report of child abuse, neglect, exploitation, or abandonment its Central Intake Unit is to evaluate the information to determine if the report should be referred for field investigation. DEPARTMENT OF ECONOMIC SECURITY, CHILDREN'S SERVICES MANUAL, ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES, *Investigation and Assessment*, Chapter 5-1 (July 21, 1997).
If DES determines that a field investigation is appropriate, it is to gather further information on the specific incident and then assess previous reports about the family and the status of prior cases. *Id*. At 5-2. Next, DES is to evaluate case-specific aggravating and mitigating factors and then prioritize the report. *Id*. at 5-3. DES is to make every effort to ensure that all CPS reports in a local office are assigned for field investigation or are referred to a CPS supervisor for an alternative investigation. *Id*. at 5-4.

Although DES's first priority in conducting an investigation is to determine whether the child who is the subject of the report (and all other children in the home) are safe from harm, it should also respect the rights of parents, guardians, and custodians. *Id*. at 5-8 and 5-11. *See also* A.R.S. § 8-803(A) (Upon initial contact with a parent, guardian or custodian under investigation pursuant to this article, a protective services worker shall inform the family that the family is under investigation…") In conducting its interviews, the CPS worker must make many judgment calls. Among the pre-interview decisions that confront CPS specialists in each investigation are: who should be interviewed, where the interviews should take place, in what order interviews should occur, whether interviews should be pre-arranged or unannounced, and who should be present during the interviews. *See id*. at 5-10. On obvious option that allows CPS to complete its investigation promptly and immediately is to interview the children at their schools.

ANALYSIS

Parents and guardians are primarily responsible for the care and protection of their children. *See, e.g., Lehr v. Robertson*, 463 U.S.248, 258 (1983). The State intercedes only when there is a report of abuse, neglect, or dependence where the health and welfare of a child may be imperiled. *See, e.g.*, A.R.S.§ -304 (formerly A.R.S. § 8-224) (investigation of alleged acts of delinquency, dependency, and incorrigibility) and 8-802 (scope of responsibilities of CPS specialists); *Bohn v. County of Dakota*, 772 F.2nd 1433, 1439 (8th Cir. 1985), *cert. denied*, 475 U.S. 1014 (1986) (recognizing the State's strong interest in protecting powerless children who have not attained their age of majority buy may be subject to abuse or neglect").

CPS's right to interview children on private school property during an investigation to evaluate allegations of abuse, dependency, neglect, or exploitation is based solidly on its statutory mandate and the explicit and implicit power to fulfill that mandate. First, CPS is required to "immediately." "promptly and thoroughly" investigate conditions that tend to support or rebut an allegation that a child should be adjudicated dependent. A.R.S.§ 8-802 (C)(3)(b). This statutory authority is consistent with the traditional role of the State as sovereign and guardian of persons under legal disability such as infants and children. *See Stewart v. Superior Court*, 163 Ariz. 227, 230, 787 P.2nd 126, 129 (App. 1989). Indeed, courts routinely have recognized the State's compelling interest in identifying and protecting victims of child abuse when they have balanced the parent's constitutional interests in family autonomy against the State's intrusion into that interest during a child abuse, abandonment, neglect, or, exploitation investigation. *See, e.g., Watterson v. Page*, 987 F.2nd 1, 8 (istCir. 1993) ("the government has a compelling interest in the welfare of children, and the relationship between parent and child may be

investigated"); *Fitzgerald v. Williamson*, 787 F.2d 953 (6th Cir. 1986) (caseworkers do not infringe on parents' liberty interest when the caseworker takes reasonable steps to protect a child from abuse); *Doe v. Staples*, 717 f.2d 953 (6th Cir. 1983), *cert. denied*, 465 U.S. 1033 (the State can remove a child from an abusive parent for the best interest of the child.) We are aware of no privacy or liberty interest that a private school might possess that would override the State's compelling interest in making a prompt and thorough investigation of reports of child abuse, abandonment, neglect, or exploitation.

Second, although a private school may have a general right to prohibit entry onto its property, Arizona statues, decisional law, and administrative rules authorize appropriate interview and intervention activities. The Arizona Court of Appeals has recognized that peace officers, with reason to believe that a child's health, morals, or welfare are being endangered have a right and legal duty to act. Our analysis assumes that CPS workers, before approaching private school officials to interview a student, have sufficient cause to initiate an investigation into child abuse, abandonment, neglect, or exploitation. *State v. Hunt*, 2 Ariz. App. 6, 12, 406 P.2d 208, 214 (App. 1965); *cf*, A.A.C. R6-5-5504 (F) ("a child can be removed if suffering or in danger of imminently suffering abuse"). Authorized action includes entering onto private property, investigating, and taking the child into custody, if necessary, with or without a search warrant and with or without the consent of all persons who have a proprietary interest in the premises. In 1965, when *Hunt* was decided, the statutory authority which the peace officer acted provided as follows: "This article shall not be construed to prohibit a peace officer from taking into custody a child … whose surroundings are such as to endanger his health, morals, or welfare unless immediate action is taken." A.R.S. 8-221 (1965).

Hunt, 2 Ariz. App. at 12, 406 P. 2d at 214. When investigating allegations of child abuse, abandonment, neglect, or exploitation, we see little distinction between a peace officer's legal duty and responsibility and that of a CPS specialist. The Arizona Court of Appeals recently agreed when it found that constitutional due process protections came into play when determining the voluntariness of a confession of a suspected child abuser obtained by a CPS specialist, *In RE Timothy C.*, 275 Ariz. Adv. Rep. 43 App. August 13, 1998). In *Timothy C.*, the CPS specialist interviewed a sibling of the alleged victim. The sibling was also the suspected abuser who was subject to possible criminal action pending the outcome of the investigation. The court considered the CPS specialist's interview as an example of "State action … under the State's police powers in the general sense." We note that the court did not place restrictions on CPS's right to investigate or interview under A.R.S.§ 8-802, only the use that criminal prosecutors could make of the information that CPS obtained.

CPS specialists and peace officers have t an authority to investigate and immediately take a child into temporary custody regardless of where the child is located. A.R.S.§ 8-821, *Compare* A.R.S.§ 8-304 (A) (formerly A.R.S.§ 8-2224 (A)) (law enforcement officers have responsibility to investigate completely alleged acts of delinquency or incorrigibility) *with* A.R.S.§ 8-304(B) (formerly A.R.S.§ 8-224 (B)) (CPS specialists have responsibility to investigate completely all complaints of alleged dependency, and DES has responsibility for the disposition of a child unless the matter requires intervention of the juvenile court).

As the court recognized in *Hunt*:

> Considering Bernal's obligations as a peace officer and the details of Miss Hengsteler's description of Tina's condition just related to him, he had a duty to proceed forthwith without delaying to get anyone's permission (whether it be a magistrate's or the property owner's) to extend the protective arm of the State of Arizona through its juvenile code to Tina without being concerned with what or who was responsible, or what subsequent criminal or civil proceedings might be instituted. To enter her home to protect Tina is certainly not a judicial or quasi-judicial proceeding but a matter of protective custody.
>
> If Officer Bernal had delayed his actions unreasonably under these circumstances, he would have been remiss in this duty. To require him to determine the existence and extent of each person's proprietary interest in the premised and obtain their consent before performance of his duty under A.R.S.§ 8-221 would, in this case, have rendered the statue nugatory.

2 Ariz. App. At 13, 406 P.2d at 215.

Furthermore, DES rule A.A.C. R6-5-504(B) authorizes CPS specialists who investigate reports of child abuse, neglect, dependency, or exploitation to interview a child "at any site deemed appropriate" by the CPS specialist. This rule was adopted in 1983 and is legally binding on private schools. *See* A.R.S.§ 41-1001 (18) (A "rule" means an agency statement of general applicability that implements, interprets or prescribes law or policy…"); *see also Herzberg v. David*, 27 Ariz. App. 418, 419, 555 P. 2d 677, 679 (App. 1976) (rules adopted pursuant to statutory authority have the force and effect of law).

We recognize that not all CPS investigations require immediate access to a child victim or witness. The urgency of the interview will depend on the facts known to the CPS specialist at the time the specialist makes a request to interview a child at a private school. Because the CPS specialist must maintain confidentiality, the specialist is not at liberty to share this information with the school and thus must independently make a reasonable determination of urgency. *See* A.R.S.§ 41-1959(A). Fore example, in some circumstances it might be reasonable and prudent for a CPS specialist to delay an interview until the end of a class to alleviate disruption to the school environment or to avoid embarrassment to the child being interviewed. Section§ 8-821 (B), A.R.S., allows peace officers and CPS specialists to take children into protective custody if it is clearly necessary to protect the child. We hope that a private school would not make such measures necessary by refusing to allow the CPS specialist to interview a child on school property. Such refusal could cause additional trauma to innocent and vulnerable children and will require CPS to resort to a legal process that is both unnecessary and intrusive to the child, the school, and the child's family merely to conduct an interview.

Of course, when a CPS specialist arrives at a school, there are introductory and notification procedures that each CPS specialist should follow. At the outset, the specialist should (i) provide official identification to school officials, (ii) advise school officials of the specialists need to interview the child while maintaining the confidentiality mandated by A.R.S.§ 41-1959 (A), and (iii) inform school officials whether parental consent is a necessary prerequisite for conducting the interview, A.R.S. 8-802 (C) (a)-(b). In pursuing its investigation, CPS specialists are not required to obtain parental consent to interview a child who initiates contact with the worker, a child who is the subject of the investigation, or a sibling of or a child living with the subject of the investigation. A.R.S.§ 8-802 (C) (2) (a)-(b). Once the CPS specialist confirms to school officials that the investigation is one that does not require parental consent, school officials may not interfere. This information will supply the school with the factual and legal prerequisites necessary to release the student to be interviewed.

Conclusion

We determine that A.R.S.§ 8-802 (C)(3)(b) (previously A.R.S.§ 8-546.01), which requires a CPS specialist to *immediately* make a *prompt and thorough* investigation to refute or substantiate an allegation about whether a child should be adjudicated dependent, in conjunction with A.A.C. R6-5-5504(B), which provides a CPS specialist with discretion to interview a child at any site the specialist deems appropriate, authorize the CPS specialist to enter onto private school property to conduct interviews authorized by law. Personnel of both public and private schools have a duty to protect the children under their care and to cooperate in the reporting and investigation of abuse, dependency, neglect, or exploitation. Consequently, we find no legal basis on which schools – whether public (traditional or charter) or private (parochial or nonsectarian) – may erect barriers that impede the goal of protecting the welfare of children.

Sincerely,

Grant Woods
Attorney General

Appendix J

Arizona Attorney General's Opinion On Responsibility To Pay For Medical Expenses Incurred During Investigation

Re: 187-002 (P.86-144)
1987 Ariz. AG LEXIS 163; 1987 Op. Atty Gen. Ariz. 5, January 5, 1987

REQUEST BY:
Dr. Douglas X. Patino
Arizona Department of Economic Security
1717 West Jefferson
Phoenix, Arizona 85005

OPINION:

You have asked for an opinion regarding the counties' responsibility to pay medical expenses incurred during the investigation of a dangerous crime against children or sexual assault. Specifically, you ask whether A.R.S. '13-1414 requires payment by the county for all incidents in which there is a reasonable suspicion that a person is the victim of a dangerous crime against children or sexual assault, or must there be some additional showing that an offense actually occurred to trigger the duty to pay.

A.R.S. '13-1414 provides: Expenses of investigation. Any medical expenses arising out of the need to secure evidence that a person has been the victim of a dangerous crime against children as defined in section 13-604.01 or a sexual assault shall be paid by the county in which the offense occurred.

By the express terms of the statute, the duty to pay arises any time there is a "need to secure evidence" that one of the enumerated crimes occurred. The statute is all inclusive in its language. Any medical examination that takes place as a result of a need to secure evidence of a dangerous crime against children or sexual assault, is to be paid as provided by the statute. The need to secure evidence arises whenever there is a reasonable suspicion that a dangerous crime against children or sexual assault occurred.

Nothing in A.R.S. '13-1414 restricts a county's duty to pay to situations that involve the generation of a police report, involve charges being filed or involve the successful prosecution of an offender. To read such restrictions into the statute would render it ineffective. Courts carefully avoid construction of a statute which would render it meaningless or of no effect. E.G. *State v. Clifton Lodge No. 1174, Benevolent and Protective Order of Elks,* 20 Ariz. App. 512, 514 P. 2d 265 (1973).

The statute states the expenses "shall be paid by the county in which the offense occurred." This language does not narrow the duty already imposed. The entire statute must be read as a whole. Statutes are to be given such an effect that no clause, sentence or word is rendered superfluous, void, contradictory or insignificant. E.g. *State v. Arthur,* 153, 608 P. 2d 90 (App.

1980). To read the phrase "in which the offense occurred" as requiring that a provable offense actually took place, is to render the rest of the statute superfluous, contradictory and insignificant. The phrase merely modifies "county" so that the reader knows which county pays the expenses of investigation. This is the only sensible construction which gives effect to each word and clause in the statute.

Where, as here, statutory language is unambiguous, that language must be regarded as conclusive, unless a clearly expressed legislative intent to the contrary exists. E.g. *State ex rel. Corbin v. Pickrell*, 136 Ariz. 589, 592, 6-- P. 2d 1304, 1307 (1983). In the present case, the legislative intent is not contrary to the plain language of the statute, but is wholly supportive. In 1985, the legislature created the classification dangerous crimes against children. Laws 1985 (1st Reg. Sess.) Ch. 364, '6. At the same time penalties for those crimes and sexual assaults were increased. Id. at 19. Statutory duties to report any alleged child abuse to Child Protective Services as well as to law enforcement agencies were created. Id. at 30; A.R.S. '13-3620. The legislature also added provisions [*4] aimed at preventing child abuse. For example, A.R.S. '41-1606.02 and '41-1750 were amended to require fingerprinting and criminal history checks of people who work closely with children. Laws 1985 (1st Reg. Sess.) Ch. 364, "43, 44 and 45. These are but a few examples of the legislature's commitment to the protection of children and other victims of sexual assault.

The statutory language is unambiguous and supported by the manifest legislative intent. We conclude that a county has the duty under A.R.S. '13-1414 to pay the cost of any medical expenses incurred during any investigation of a crime against children or a sexual assault alleged to have occurred in that county.

OPINION BY:
BOB CORBIN
Attorney General

Appendix K

GLOSSARY OF MEDICAL TERMS

Abrasion: an area of the body surface denuded of skin or mucous membrane by a scrape.

Bone: regions or areas of long bones each derived from a separate growth center.
A. **Epiphysis** - the end. B. **Metaphysis** - between the end (above) and the shaft.
C. **Diaphysis** - the shaft D. **Periosteum** E. **Epiphysis**

Bones: A. **Tibia, Fibula** - lower leg bones B. **Femur** - thigh bone C. **Humerus** - upper arm
D. **Ulna** - lower arm E. **Radius** - lower arm

Burns: stages of severity:
1st degree - scorching or painful redness of the skin like a sunburn
2nd degree - blister formation (partial thickness)
3rd degree - destruction of outer layers of skin; grafting needed to permit healing (full thickness)

Callus: an unorganized meshwork of woven bone developed on the pattern of the original fibrin clot, which is formed following fracture of a bone and is normally ultimately replaced by hard adult bone. Calcium shows on x-ray.

Calvarium: (calvaria) - the dome like portion of the cranium composed of the superior portions of the frontal, parietal, and occipital bones.

Comminuted: broken or crushed into small pieces, as a comminuted fracture.

Congenital: existing at, and usually before birth; referring to conditions that are present at birth, regardless of their causation.

Contusion: a wound producing damage of soft tissues with bleeding into surrounding tissues and tissue death.
A. **Brain contusion** - structural damage (see above) to the brain, usually involving the outer surface. Cerebral edema (brain swelling) may or may not be present.
B. **Scalp contusion** - a wound with bleeding into or below the skin without gross disruption of the skin.

Concussion: an injury of a soft structure resulting from violent shaking or jarring.
A. **Brain concussion** - an injury (see above) characterized by immediate and transient impairment of brain function, e.g., equilibrium. The term implies that while there are functional abnormalities there is no structural damage.

Differential Diagnosis: the determination of which one of two or more diseases or conditions a patient is suffering from, by systematically comparing and contrasting their clinical findings.

Distal: remote; farther from any point of reference; opposed to proximal.

Duodenum: the first portion of the small intestine from the stomach to the jejunum.

Ecchymosis: a small hemorrhagic spot, larger than a petechia, in the skin or mucous membrane forming a non-elevated, rounded or irregular blue or purplish patch. Black and Blue mark "Bleeding into Skin."

Edema: the presence of abnormally large amounts of fluid in the intercellual tissue spaces of the body; usually applied to demonstrable accumulation of excessive fluid in the subcutaneous tissues. Swelling soft tissue.

Enuresis: involuntary passage of urine (nighttime enuresis-bedwetting).

Encopresis: involuntary passage of feces; soiling.

Epiphysis: the end of a long bone, usually wider than the shaft, and either entirely cartilaginous or separated from the shaft by a cartilaginous disk. Part of a bone formed from a secondary center of ossification. Commonly found at the ends of long bones, on the margins of flat bones, at the tubercles and processes; during the period of growth, **epiphyses** are separated from the main portion of the bone by cartilage.

Erythema: redness, irritation.

Fontanelle: a membranous interval at the angle of the cranial bones of the infant, the "soft spot" on top of infant's head, often depressed when child is severely dehydrated.

Fracture: (to break) simple, uncomplicated.
A. **Compound fracture:** an open wound of soft tissues which connects directly to fracture site.
B. **Comminuted fracture:** bone is broken into a number of pieces.
C. **Spiral fracture:** one in which the line of break runs obliquely up one side of the bone (as in a spiral staircase).
D. **Torus fracture:** a folding, bulging or buckling fracture.
E. **Epiphysial**
F. **Metaphysical**
G. **Periosteal**

Hemophilia: a hereditary hemorrhagic diathesis due to deficiency of coagulation Factor VIII, and characterized by spontaneous or traumatic subcutaneous and intra-muscular hemorrhages; bleeding from the mouth, gums, lips and tongue.

Hemorrhage: the escape of blood from vessels; bleeding. Small hemorrhages are classified according to size as **petechiae** (very small), **purpura** (up to 1 cm.), and **ecchymoses** (larger).

Hematoma: a massive, localized accumulation of blood, usually clotting, in an organ, space, or tissue, due to a break in the wall of a blood vessel.

Hypopigmentation: abnormally diminished pigmentation, as distinct from complete loss of pigment.

Intradermal hemorrhage: (bleeding within the skin; skin doesn't blanch with pressure).
A. **Petechia** - a round, discrete hemorrhagic area less than 2mm (or 3/22").
B. **Ecchymosis** - a hemorrhage area larger than (a) above (a "bruise").
C. **Purpura** - either (a) or (b) above, occurring in groups. They do not elevate the skin or mucosa (bruises).

Jejunum: that portion of the small intestine which extends from the duodenum to the ileum.

Lab tests: a) **Partial thromboplastin time (PTT)**
b) **Prothrombin time (PT)** Measure of clotting factors circulating in the blood.
c) **Platelet count** - measure of the cellular component of blood involved in clotting. (PT, PTT)
d) **urine analysis** - examination of urine.
e) **complete blood count (CBC)** - measure of white and red cellular components in blood.
f) **Rumpel - Leede (Tourniquet) Test** - a measure of capillary fragility and/or bruisability.
g) **GC** (Gonorrhea cultures) - anal, vaginal, oral
h) **VDRL** - blood test for syphilis

Laceration: a torn, ragged, mangled wound. A cut.

Lesion: (pronounced leezhun) loosely used to mean virtually any mark, scar, bump, etc.

Mesentery: a membranous fold attaching various organs to the body well in the abdomen. Commonly used with specific reference to the peritoneal fold attaching the small intestine to the back of the body wall.

Metaphysis: the wider part at the extremity of the shaft of the long bone. Adjacent to the epiphyseal disk. During development it contains the growth zone and consists of spongy bone; in the adult it is continuous with the epiphysis.

Mongolian spots: a flat Hyperpigmented focal birthmark, often minus bruising found on buttocks,

lower back and shoulders of newborns. Infants - present in 90% of Black and Asian babies, 50% of Hispanic babies, and 10% of white infants - can last up to three years of age.

Ossification: the formation of bone or of a bony substance; the conversion of fibrous tissues or of cartilage into bone or bony substance.

Osteogenesis imperfecta: an inherited condition, usually transmitted as an autosomal dominant trait, in which the bones are abnormally brittle and subject to fractures.

Osteomyelitis: inflammation of bone caused by a pyogenic organism. It may remain localized or may spread through the bone to involve the marrow, cortex, cancellous tissue and periosteum. (Bone infection).

Osteoporosis: abnormal rarefaction of bone, seen most commonly in the elderly.

Pathognomonic: specifically distinctive or characteristic of a disease or pathologic condition; a sign or symptom on which a diagnosis can be made.

Perineum: the space between the anus and the scrotum or vagina.

Periosteal elevation: the outer growing layer of bone (periosteum) is displaced from the underlying bone by one of several processes which usually involve hemorrhage into the newly created space.

Proximal: nearest; closer to any point of reference, opposed to distal.

Reference terms:

Posterior - toward back
Medial - toward middle or mid-line
Distal - far (relative to proximal)
Temporal - side of head
Anterior - toward front
Lateral - toward side
Proximal - near (near trunk)
Occipital - back of head
Frontal - front of head

Retina: the innermost of the three tunics of the eyeball, surrounding the vitreous body and continuous posteriorly with the optic nerve. Inner surface of the back of the eyeball.

Retinal hemorrhage: bleeding from the inner lining of the eye.

Scapula: the flat, triangular bone in the back of the shoulder; the shoulder blade.

Sclera: the tough white outer layer of the eyeball, covering approximately the posterior five-sixths of its surface.

Subarachnoidal Space: situated or occurring between the arachnoid and the pia mater. (The innermost of the three membranes covering the brain and spinal cord.)

Subdural: situated between the dura (the outermost, toughest, and most fibrous of the three membranes - meninges - covering the brain and spinal cord) and the arachnoid (a delicate membrane interposed between the dura mater and the pia mater, being separated from the pia mater by the subarachnoid space.)

Subgaleal: situated beneath the scalp close to the skull. (The white, flattened or ribbon-like tendinous expansion of the scalp, serving to connect the frontal and occipital bellies of the occipitofrontalis muscle.)

Subperiosteal: situated beneath the periosteum, and next to the bone surface.

Sutures: a type of fibrous joint in which the opposed surfaces are closely united, as in the skull.

Appendix L

Pima County Attorney's Office
Victim Witness Program
Domestic Violence Response Protocol

The Pima County Attorney's Office Victim Witness Program provides crisis response to victims and witnesses of domestic violence in the Tucson/Pima County area 24-hours a day, seven days a week. Through **The Breaking the Cycle Project** (BTC) , a collaborative effort between the Victim Witness Program, Public health Nursing and local law enforcement agencies, protocols were developed to enhance services offered to children and families experiencing domestic violence.

BTC Protocol

- Victim Witness Crisis Advocates are called by local law enforcement to respond to domestic violence scenes where children are present.
- Advocates work with children on scene using interventions that assist the children with processing the stress and trauma of the incident.
- Referral to Pima County Public health Nursing is offered to the families to provide ongoing home visitation services that include education, referral to other community agencies and basic nursing service
- Collaborators currently continue BTC protocols in their standard response.

The Empower Project adds an additional focus on safety planning with both adults and children by;

- Training all Victim Witness staff and volunteers in safety planning techniques for use at the crisis scene.
- Developing a curriculum for children of all ages focusing on safety planning for use at the crisis scene. This includes:

  Ages 0-2 – brochure for parents that includes symptoms of traumatic stress in children and simple interventions for parents.

  Ages 3-6 – coloring book focusing on safety actions for small children

  Ages 7-11 – activity book focusing on safety actions and DV education

  Ages 12+ -- brochure for parents on how to talk with teens about DV.

- Establishing a partnership with The Brewster Center Domestic Violence Shelter and Public Health Nursing to support women and children leaving shelter and transitioning back into the community.

Appendix M

Extremely Serious Conduct
DEFINITIONS OF ABUSE

This material is intended simply to provide guidelines and is not to be considered legal advice. Emphasis has been added in some sections.

AN EXTREMELY SERIOUS CONDUCT ALLEGATION PURSUANT TO A.R.S. § 8-801{2) MEANS AN ALLEGATION OF CONDUCT BY A PARENT, GUARDIAN OR CUSTODIAN OF A CHILD THAT, IF TRUE, WOULD CONSTITUTE ANY OF THE FOLLOWING: *

SEXUAL CONDUCT WITH A MINOR

- *** SEXUAL ABUSE**
- *** MOLESTATION OF A CHILD**
- *** CHILD PROSTITUTION**
- *** COMMERCIAL SEXUAL EXPLOITATION OF A MINOR**
- *** SEXUAL EXPLOITATION OF A MINOR**
- *** CHILD ABUSE (PHYSICAL ABUSE AND SEVERE NEGLECT)**
- *** DEATH OF A CHILD**
- *** CERTAIN DOMESTIC VIOLENCE OFFENSES THAT RISE TO THE LEVEL OF A FELONY (PURSUANT TO A.R.S. § 13-3601).**

"Abuse" per A.R.S. § 8-201 means **the infliction of or allowing of physical injury, impairment of bodily function or disfigurement or the in infliction of or allowing another person to cause serious emotional damage** as evidence by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist pursuant to section § 8-821 **and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse shall include inflicting or allowing sexual abuse** pursuant to section § 13-1404, sexual conduct with a minor pursuant to section § 13-1405, sexual assault pursuant to section § 13-1406, molestation of a child pursuant to section § 13-1410 commercial sexual exploitation of a minor pursuant to section § 13-3552, sexual exploitation of a minor pursuant to section § 13-3553 or child prostitution pursuant to section § 13-3212.

"PHYSICAL INJURY" per A.R.S. § 13-3623 means the impairment of physical condition and includes any:

a. skin bruising
b. pressure sores
c. bleeding
d. failure to thrive
e. malnutrition
f. dehydration
g. burns
h. fracture of any bone
i. subdural hematoma
j. soft tissue swelling
k. injury to any internal organ
l. physical condition which imperils health or welfare

"SERIOUS PHYSICAL INJURY" means physical injury which creates:

a. a reasonable risk of death or
b. that causes serious or permanent disfigurement or
c. serious impairment of health or

d. loss or protracted impairment of the function of any bodily limb or organ.

"NEGLECT OR NEGLECTED" means the inability or unwillingness of a **PARENT OR GUARDIAN OR CUSTODIAN** of a child to provide that child with supervision , food, clothing, shelter or medical care **IF** that inability or unwillingness **CAUSES SUBSTANTIAL RISK OF HARM** to the child's health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

"Substantial Risk of Harm" means actual, tangible and measurable harm or risk of harm to the child which many include physical, emotional, medical, sexual or other types of harm to the child.

SEXUAL ABUSE (A.R.S. § 13-1404)
A person commits sexual abuse by intentionally or knowingly engaging in sexual CONTACT with any person fifteen or more years of age without the consent of that person or with any person who is under fifteen years of age if that sexual CONTACT involves only the female breast.

SEXUAL CONTACT WITH A MINOR (A.R.S. § 13-1405)
A person commits sexual CONDUCT with a minor by intentionally or knowingly engaging in **sexual intercourse or oral sexual CONTACT with any person who is under eighteen** years of age. (This statute has been interpreted by the courts to include attempts to engage in this behavior, even if the attempt it only verbal.)

SEXUAL ASSAULT (A.R.S. § 13-1406)
A person commits sexual assault by intentionally or knowingly engaging in **sexual intercourse oral sexual CONTACT with any person without consent** of such person.

CHILD PROSTITUTION (A.R.S. § 13-3212)
A person commits child prostitution by knowingly:

1. Causing any minor to engage in prostitution;
2. Using a minor for purposes of prostitution;
3. Permitting a minor under such person's custody or control to engage in prostitution;
4. Receiving any benefit for or on account of procuring or placing a minor in any place or in the charge or custody of any person for the purposes of prostitution;
5. Receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor;
6. Financing, managing, supervising, controlling or owning, either alone or in association with others, prostitution activity involving a minor;
7. Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution.

COMMERCIAL SEXUAL EXPLOITATION OF A MINOR (A.R.S. § 13-3552)
A person commits commercial sexual exploitation of a minor by knowingly;

1. Using, employing, persuading, enticing, inducing, or coercing a minor to engage in or assist others to engage in exploitive exhibition or other sexual CONDUCT for the purpose of producing any depiction or live act depicting such conduct;
2. Using, employing, persuading, enticing, or coercing a minor to expose the genitals or anus or areola or nipple of the female breast for financial or commercial gain;\
3. Permitting a minor under such person's custody or control to engage in or assist others to engage in exploitive exhibition or other sexual CONDUCT for the purpose of producing any visual depiction or live act depicting such conduct;

4. Transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution, exploitive exhibition or other sexual CONDUCT for the purpose of producing a visual depiction or live act depicting such conduct.

SEXUAL EXPLOITATION OF A MINOR (A.R.S. § 13-3553) A person commits sexual exploitation of a minor by knowingly:

1. Recording, filming, photographing, developing, or duplicating any visual depiction in which a minor is engaged in exploitive exhibition or other sexual CONDUCT;
2. Distributing, transporting, exhibiting, receiving, selling, purchasing, electronically transmitting, possessing, or exchanging any visual depiction in which a minor is engaged in exploitative exhibition or other sexual CONDUCT.

ADDITIONAL DEFINITIONS:

1. "Sexual contact" means any direct or indirect touching, fondling, or manipulation of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct
2. "Without consent" includes any of the following:
   a. The victim is coerced by the immediate use or threatened use of force against a person or property.
   b. The victim is incapable of consent by reason or mental disorder, mental defect, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant;
   c. The victim is intentionally deceived as to the nature of the act'
   d. The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.
3. "Spouse" means any person who is legally married and cohabiting
4. "Sexual intercourse" means penetration into the penis, vulva, or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
5. "Oral sexual contact" means oral contact with the penis, vulva or anus
   a. "Exploitive exhibition" means the actual or simulated exhibition of the genitals or pubic or rectal areas or any person for the purpose of sexual stimulation of the viewer.
   b. "Producing" means financing, directing, manufacturing, issuing, publishing, or advertising for pecuniary gain.
6. "Sexual conduct means actual or simulated
   a. Sexual intercourse including genital-genital, oral-genital, anal-genital, oral-anal, whether between persons of the same or opposite sex;
   b. Penetration of the vagina or rectum by an object except one does as a part of a recognized medical procedure
   c. Sexual bestiality;
   d. Masturbation for the purpose of the sexual stimulation of the viewer;
   e. Sadomasochistic abuse for the purpose of the sexual stimulation of the viewer
   f. Defecation or urination for the purpose of sexual stimulation of the viewer.
7. "Simulated" means any depicting of the genitals or rectal areas that give the appearance of sexual contact or incipient sexual conduct.
8. "Visual depiction" included each visual image that is contained in an undeveloped film, video recording or photograph or data stored in any form and that is capable of conversion into a visual image.
9. "Prostitution" means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person.
10. "Sexual conduct" means sexual contact, sexual intercourse, or oral sexual contact, or sadomasochistic abuse.

11. "Sadomasochistic abuse" means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound, or otherwise physically restrained on the part of one so clothed.

EMOTIONAL ABUSE

A.R.S. § 8-821 permits a CPS Specialist or peace officer to take temporary custody of a child who is suffering serious emotional damage which can **ONLY BE DIAGNOSED by a medical doctor or psychologist**. The child shall be immediately examined and after the examination the child shall be released to the custody of the parent, guardian, or custodian unless the examination reveals abuse.

The legal definition of emotional abuse is contained in A.R.S. § 8-201. "… serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is **diagnosed by a medical doctor or psychologist** pursuant to section § 8-821 **and which is CAUSED by the acts or omissions or an individual having care, custody and control of a child**."

* We extend our thanks to the Maricopa County Interagency Council for providing the template and much of the content for this appendix.

Appendix N

Child Protective Services
Physical Neglect Report Form

Originals of the following eight page form are available from the Arizona Department of Economic Security, Administration for Children, Youth and Families:

Child Protective Services Hotline **.....** 1-888-767-2445

Child Protective Services **TTD Hotline .....** 1-800-530-1831

Child Protective Services

Post Office Box 44240

Phoenix, AZ 85064-4240

Completion Instructions for FW-207
PHYSICIAN'S REPORT ON CHILD ABUSE & NEGLECT

A. Purpose. To provide a method for physicians to:

1. send a written report to Child Protective Services (CPS) regarding a child's physical abuse, sexual abuse, sexual assault, or other type of maltreatment.

2. encourage and guide physicians to complete the most comprehensive examination possible whether the abuse is physical, sexual, or a combination of these and/or other types of maltreatment.

B. Completion. Use of this form is optional in its entirety, or selected sections, for the above-stated purposes. If any part of the form is completed it is to be signed by the examining physician.

The form includes procedures specific to a sexual abuse/assault examination in addition to general physical examination information. Standard practice is that a general physical examination should be completed as part of a sexual abuse examination, but this is subject to the option of the examining physician. All of the laboratory tests/procedures are not required in every case, but if completed the results should be stated.

Forensic specimens related to sexual abuse examinations should normally be collected if the child is seen within 72 hours of the sexual abuse.

C. Distribution. The form will be available to physicians through the local DES Child Protective Services field offices. Submit the original of this form to the Child Protective Services office that is presently investigating the child's abuse. The physician should make a copy for the patient's office medical record.

D. Retention. Physician's office procedures regarding retention of medical records will determine length of time for retention of form copy. The original becomes part of the Child Protective Services case record, and will be retained following current rules applying to CPS records.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth & Families

PHYSICIAN'S REPORT ON CHILD ABUSE & NEGLECT

PATIENT'S BASIC DATA

NAME *(Last, First, M.I.)* | DATE

BIRTHDATE | GENDER ☐ Male ☐ Female | RACE | HOSPITAL I.D. NUMBER

ADDRESS *(No., Street, City, State, ZIP)*

NAME & ADDRESS OF PERSON BRINGING PATIENT IN FOR EVALUATION

FAMILY DATA

MOTHER'S NAME			FATHER'S NAME		
ADDRESS *(Unless same as patient)*			ADDRESS *(Unless same as patient)*		
HOME PHONE	WORK PHONE	MESSAGE PHONE	HOME PHONE	WORK PHONE	MESSAGE PHONE

SIBLING NAME	AGE	PID NO.
SIBLING NAME	AGE	PID NO.
SIBLING NAME	AGE	PID NO.

TYPE OF ABUSE

- ☐ Physical Abuse
- ☐ Neglect
- ☐ Medical Noncompliance *(Explain)*
- ☐ Failure to Thrive
- ☐ Other *(Describe Below)*
- ☐ Sexual Abuse/Assault - In-Home
- ☐ Sexual Abuse/Assault - Out-of-Home
- ☐ Potential for Neglect/Abuse
- ☐ Emotional Neglect
- ☐ Consent for Treatment *(Explain)*

COMMENTS

PRESENTING PROBLEM

☐ FOR SEXUAL ABUSE SEE PAGE 3

DESCRIPTION OF INJURIES *(Please see Physical Trauma Indicator Chart, on page 6 of this packet.)*

RECENT FAMILY CRISIS/STRESS

PATIENT'S NAME

PAST MEDICAL HISTORY

REGULAR HEALTH CARE PROVIDER NAME

IMMUNIZATIONS

☐ Current ☐ Needs —

ALLERGIES

☐ None ☐ Yes —

MEDICAL PROBLEMS

☐ Hospitalized ☐ Surgery ☐ Other —

TRAUMA

☐ Fractures ☐ Head Injury ☐ Bruises ☐ Other —

GROWTH

☐ Normal ☐ Abnormal —

DEVELOPMENT

☐ Normal ☐ Abnormal —

BEHAVIOR

☐ Normal ☐ Abnormal —

OTHER

☐ Violence in Home

☐ Drug/Alcohol Use in Home

PHYSICAL EXAMINATION

WEIGHT	HEIGHT	HEAD CIRCUMFERENCE
%	%	%

VITAL SIGNS

BP P T R

GENERAL APPEARANCE

BEHAVIORAL/EMOTIONAL STATE

SKIN

☐ Normal ☐ Abnormal —

HEAD/FACE ☐ Normal ☐ Abnormal —	LUNGS ☐ Normal ☐ Abnormal —
EYES Retinal hemorrhages ☐ Yes ☐ No ☐ Normal ☐ Abnormal —	HEART ☐ Normal . Abnormal —
EARS ☐ Normal ☐ Abnormal —	ABDOMEN ☐ Normal ☐ Abnormal —
NOSE ☐ Normal ☐ Abnormal —	EXTREMITIES ☐ Normal ☐ Abnormal —
MOUTH/PHARYNX ☐ Normal ☐ Abnormal —	NEUROLOGIC ☐ Normal ☐ Abnormal —
GENITALIA *(See Sexual Abuse Examination, Page 3)* ☐ Normal ☐ Abnormal —	RECTAL *(See Sexual Abuse Examination, Page 3)* ☐ Normal ☐ Abnormal —

OTHER

LABORATORY *(NOT NECESSARILY REQUIRED IN ALL REPORTS)*

COAGULATION STUDIES DONE	RADIOGRAPHS DONE
☐ Yes ☐ No	☐ Yes ☐ No
PHOTOGRAPHS DONE	OTHER LAB STUDIES
☐ Yes ☐ No	☐ Yes ☐ No

IF LAB TESTS WERE DONE, INDICATE RESULTS HERE

PATIENT'S NAME

SEXUAL ABUSE EXAMINATION

INTERVIEW CONDUCTED

☐ Alone ☐ With *(Specify)*

NAME OF PERSON PROVIDING HISTORY | RELATIONSHIP TO CHILD

ADDRESS *(No., Street, City, State, ZIP)*

COUNTY | HOME PHONE | WORK PHONE

PRESENTING PROBLEM AS STATED BY CHILD VICTIM, ALLEGED PERPETRATOR, AND/OR OTHER PERSON ACCOMPANYING THE CHILD

☐ See Page 1, if already stated in "Presenting Problem"

FIRST ABUSE OCCURENCE	DATE OF LAST ABUSE *(Even if multiple)*	TIME OF LAST ABUSE	TIME LAPSE SINCE LAST OCCURENCE
☐			☐ Under 72 Hrs. ☐ Over 72 Hrs.

WHERE WAS CHILD WHEN ABUSE OCCURRED

IDENTITY OF ALLEGED PERPETRATOR(S), NAME(S) *(If Known)*

AGE	SEX	RACE	RELATIONSHIP TO CHILD	AGE	SEX	RACE	RELATIONSHIP TO CHILD

OTHER HISTORY FROM PATIENT/OTHER HISTORIAN

SYMPTOMS DESCRIBED BY PATIENT/OTHER HISTORIAN

PAIN ☐ Vulvar ☐ Vaginal ☐ Rectal ☐ Other *(Specify)*

BLEEDING ☐ Vulvar ☐ Vaginal ☐ Rectal ☐ Other *(Specify)*

DISCHARGE ☐ Vaginal ☐ Rectal

OTHER

☐ Dysuria ☐ Constipation ☐ Enuresis ☐ Vomiting ☐ Loss of Consciousness

COMMENTS

PATIENT'S NAME

SEXUAL ABUSE EXAMINATION *(Cont.)*

EXAMINATION WITH

☐ Colposcope ☐ Photos ☐ Oher *(Explain)*

EXAM POSITION USED

TANNER STAGE *(See page 7)*

LABIA MAJORA
☐ Normal ☐ Abnormal —

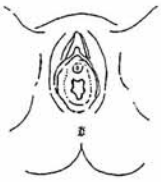
LABIA MINORA
☐ Normal ☐ Abnormal —

CLITORIS
☐ Normal ☐ Abnormal —

URETHRA
☐ Normal ☐ Abnormal —

HYMENAL OPENING
Horizontal diameter

PLEASE DESCRIBE



VAGINAL CANAL
☐ Normal ☐ Abnormal —

CERVIX
☐ Normal ☐ Abnormal —

UTERINE FUNDUS
☐ Normal ☐ Abnormal —

PERINEUM
☐ Normal ☐ Abnormal —

PERIANAL SKIN/ANUS
☐ Normal ☐ Abnormal —

POSTERIOR FOURCHETTE
☐ Normal ☐ Abnormal —

PENIS
☐ Normal ☐ Abnormal —

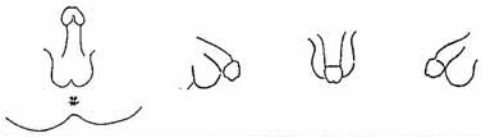
TANNER STAGE *(See page 7)*

PERINEUM
☐ Normal ☐ Abnormal —

PERIANAL SKIN/ANUS
☐ Normal ☐ Abnormal—

SCROTUM/TESTES
☐ Normal ☐ Abnormal —

PLEASE DESCRIBE



ANAL TONE
☐ Normal ☐ Abnormal — ☐ Spasm ☐ Laxity *(Stool in ampulla?* ☐ Yes ☐ No)

COMMENTS

SEXUAL ABUSE LABORATORY

GONORRHEA
☐ Phorynx ☐ Rectum ☐ Vagina ☐ Urethra

SYPHILIS
☐ Serology

CHLAMYDIA CULTURES
☐ Rectum ☐ Vagina ☐ Urethra

PREGNANCY TEST
☐ Blood ☐ Urine

OTHER
☐ Wet Prep Vagina

FORENSIC SPECIMENS *(Collected if patient examined within 72 hours of assault)*

SINCE SEXUAL ABUSE

Has Patient: ☐ Bathed ☐ Showered ☐ Douched ☐ Rinsed Mouth ☐ Brushed Teeth ☐ Eaten/Drank Liquids ☐ Defecated ☐ Urinated

CLOTHING WORN DURING ASSAULT
☐ Available ☐ Collected from *(Specify)*

FOREIGN MATERIAL
☐ Fingernail Scraping ☐ Pubic Combing ☐ Pinched Pubic Hair

SMEARS
☐ Vaginal Introitus ☐ Vaginal Vault ☐ Rectal ☐ Mouth

DRY SWABS
☐ Vaginal Introitus ☐ Vaginal Vault ☐ Rectal ☐ Mouth

WOOD'S LAMP FLUORESCENCE
☐ No ☐ Yes, Location:

SPERM ☐ None
☐ Non-Motile ☐ Motile

EXAM FOR BLOOD
☐ Rectal Swab ☐ Urine

NAME OF APPROPRIATE LAW ENFORCEMENT PERSONNEL THAT ABOVE SPECIMENS GIVEN TO

AT, HOUR

AND DATE

COMMENTS

PATIENT'S NAME

ASSESSMENT OF ABUSE/NEGLECT

INDICATOR(S) OF NON-ACCIDENTAL ABUSE

Could injury(ies) have occurred as described, or appear to be the result of non-accidental trauma?

Is child's awareness of sexual activity beyond an appropriate age level and suggest possibility of having been traumatized?

RISK OF FURTHER ABUSE *(Determined in coordination with Child Protective Services personnel as possible/necessary)*

☐ Non-existent ☐ Low ☐ High *(Explain all answers)*

TREATMENT

PLAN

WAS OR WILL A CPS REPORT BE MADE, AND TO WHICH CPS OFFICE?

☐ Yes ☐ No

NAME OF CPS WORKER | PHONE NO.

FOLLOW-UP

COMMENTS

PHYSICIAN'S SIGNATURE | DATE SIGNED

ADDRESS | PHONE NO.

FW-207 (1-91) · PAGE 6

PHYSICAL TRAUMA INDICATOR CHART

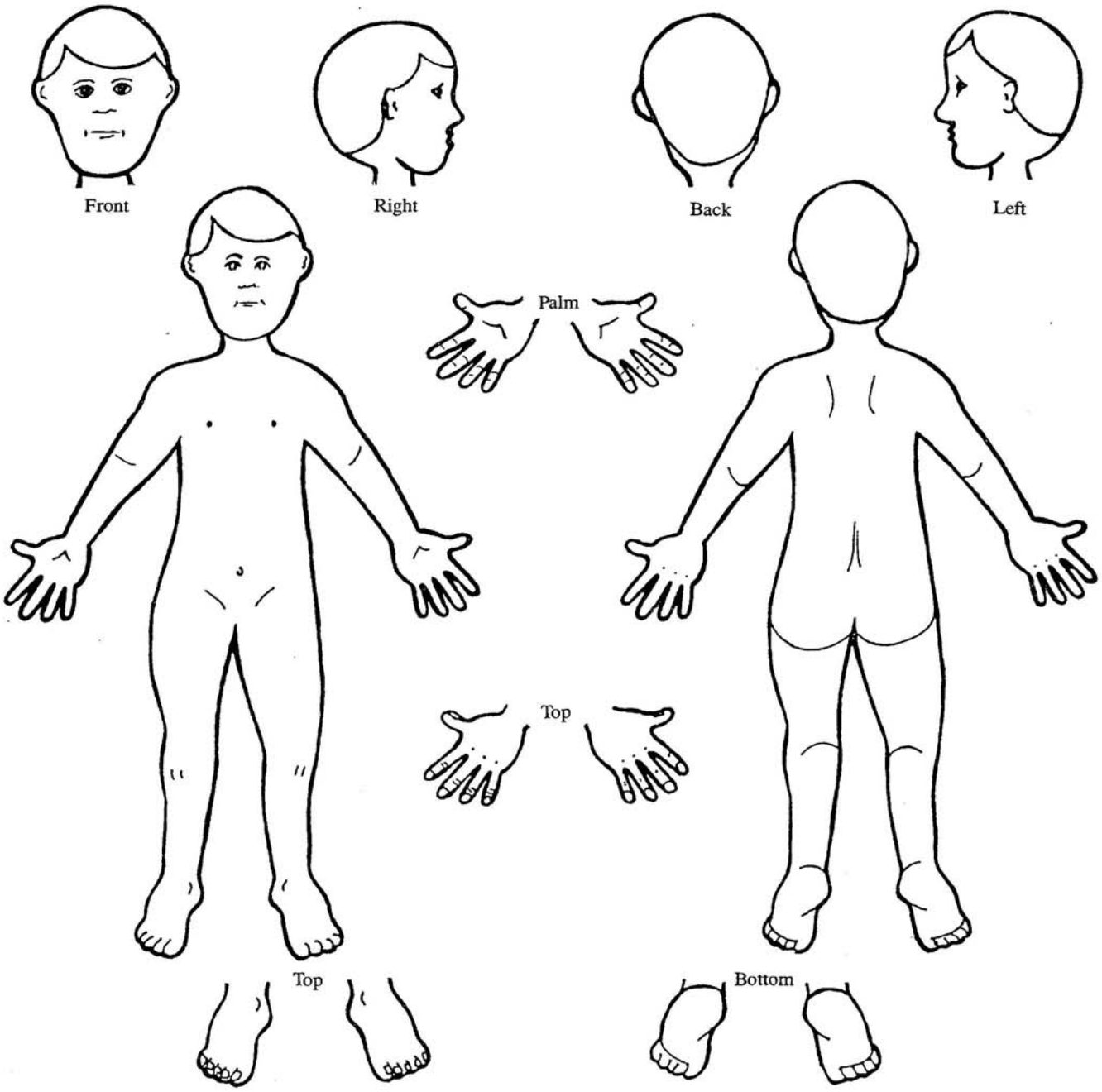
NAME *(Last, First, M.I.)* | PID NO.

PHYSICIAN'S NAME | DATE

CHECK (✓) THOSE THAT APPLY AND ENTER LETTER AND NUMBER AS APPROPRIATE ON THE CHILD DIAGRAMS TO SHOW LOCATION OF INJURY(IES)

☐ A=Burn ☐ B=Bruise ☐ C=Laceration ☐ D=Fracture ☐ E=Other

☐ 1= Bright red ☐ 2=Purple ☐ 3=Blue ☐ 4=Green ☐ 5=Yellow

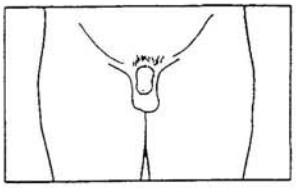
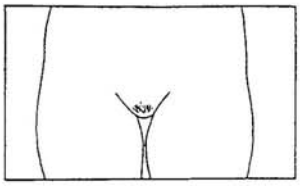
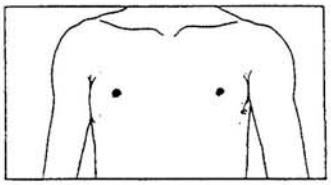
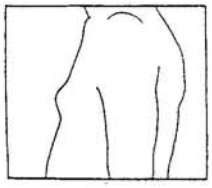


TANNER STAGING GUIDELINES

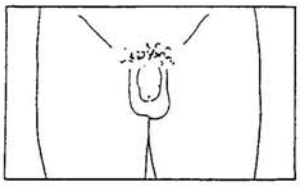
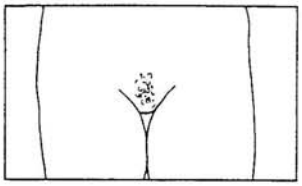
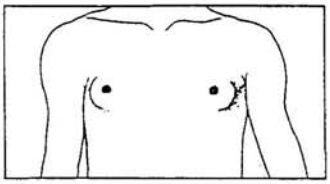
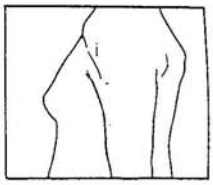
STAGE 1

The penis, testes and scrotum are of childhood size. There is no pubic hair.	There is no pubic hair.	The breasts are preadolescent. There is elevation of the papilla only.

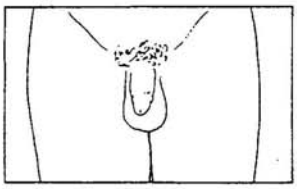
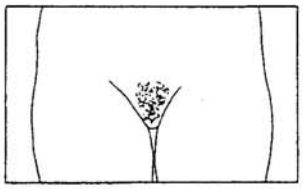
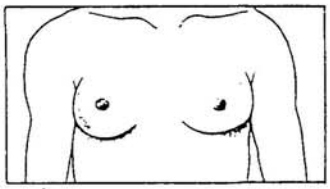
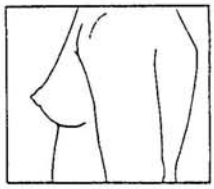
STAGE 2

			
There is enlargement of the scrotum and testes, but the penis usually does not enlarge. The scrotal skin reddens. There is sparse growth of long, slightly pigmented, downy hair, straight or only slightly curled, primarily at the base of the penis.	There is sparse growth of long, slightly pigmented downy hair, straight or slightly curled,primarily along the labia.	Breast bud stage. A small mound is formed by the elevation of the breast and papilla. The areolar diameter enlarges.	

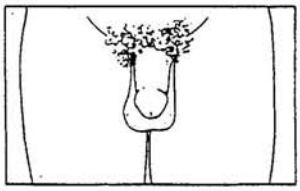
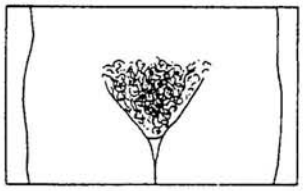
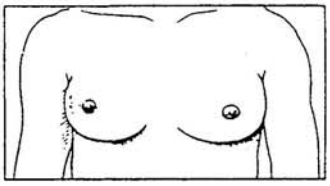
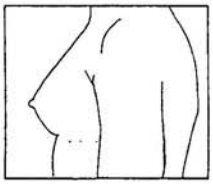
STAGE 3

			
There is further growth of the testes and scrotum and enlargement of the penis, mainly in length. the hair is considerably darker, coarser, and more curled. The hair spreads sparsely over the junction of the pubes.	The hair is considerably darker, coarser, and more curled. The hair spreads sparsely over the junction of the pubes.	There is further enlargement of breasts and areola with no separation of their contours.	

STAGE 4

			
There is still further growth of the testes and scrotum and increased size of the penis, especially in breadth. The hair, now adult in type, covers a smaller area than in the adult.	The hair, now adult in type, covers a smaller area than in the adult.	There is a projection of the areola and papilla to form a secondary mound above the level of the breast.	

STAGE 5

			
The genitalia are adult in size and shape. The hair is adult in quantity and type.	The hair is adult in quantity and type.	The breasts resemble those of a mature female as the areola has recessed to the general contour of the breast.	

Appendix O

BEHAVIORAL HEALTH AGENCY REPORT FORM

REPORT OF ALLEGED PHYSICAL, SEXUAL AND/OR EMOTIONAL ABUSE AND NEGELECT

Date of Report _____

Type of Alleged Abuse
Physical ___
Sexual ___
Emotional ___
Neglect ___

1. Name of Victim _____DOB (Age) _____

   Address (Custodial) _____ Phone _____

   City _____ State _____ Zip _____ Sex _____

2. Name of Parent/Guardian _____ Ages(s) _____

   Address _____ Phone _____
   (If parents have different addresses, list other parent in "Other Sources of Information)

3. Others in the home:
   Name: _____ Age _____ Sex ____

   Name: _____ Age _____ Sex ____

   Name: _____ Age _____ Sex ____

4. Other Sources of Information:

Name: _____ Phone: _____

Address: _____ Rel to Vict. _____

Name: _____ Phone: _____

Address: _____ Rel to Vict. _____

Name: _____ Phone: _____

Address: _____ Rel to Vict. _____

Report of Allegations (if available)

a) Name, address, telephone, sex, relationship of alleged perpetrator
b) Describe circumstances and nature/extent of alleged abuse
c) Witnesses
d) Present location of victim & alleged perpetrator

Report Submitted to:

Name _____

Agency _____

Address _____

Phone _____

Verbal __ Date _____

Written __ Date _____

Report submitted to: _____

Name _____

Agency _____

Address _____

Phone _____

Copies to _____

Date(s) of original contact with CPS / Law Enforcement _____

Appendix P

Information for Victims of Crime and Victim Restitution Verification

Original copies of this Brochure are available from the

Tucson Police Department
27 S. Stone Avenue-
Tucson, AZ 85701-1917

Website:
http://www.ci.tucson.az.us/police/index.php

Non emergency number: 520-791-4444

Note: The original of the following brochure is double sided and on legal size (8.5x14) paper. It is reproduced here on 4 pages that are 8.5 x 11 in size.

Information & Resource Numbers

Victim Services

Pima Co. Victim Witness Program .....(520) 740-5525
Juvenile Victim Witness Program.....(520) 740-4500
Juvenile Victim Liaison (Restitution) ...(520) 740-2001
Pima Co. Victim Compensation.....(520) 740-5525
Victim Assistance Unit (City Pros).....(520) 791-5483
Help-On-Call, 24-Hour Suicide Prevention
.....(520) 323-9373
Elder Abuse Hotline.....(520) 791-5809
Brewster Center.....(520) 622-6347
Tucson Center for Women & Children
..... (520) 795-4266 or 795-4880
Tucson Shalom House.....(520) 292-0648
Bethany House.....(520) 690-1295
Casa De Los Niños .....(520) 624-5600
Las Familias .....(520) 327-7122
Tucson Rape Crisis Center 24-Hour Crisis
.....(520) 327-7273 or (800) 400-1001
Child Protective Services.....(520) 721-3097
Evening.....(520) 721-9112
Child Abuse Hotline.....(888) 767-2445
Parent Assistance Program.....(800) 732-8193
Community Information & Referral.....(800) 362-3474
Tucson local number .....(520) 881-1794
Red Cross.....(520) 318-6740
Salvation Army .....(520) 622-5411

Tucson Police Department

EMERGENCY SERVICES ONLY.....911
Non-emergency.....(520) 791-4444

Jails/Detention Centers

Pima County Jail.....(520) 351-8111
Pima County Juvenile Detention .....(520) 740-2003

Prosecutors

Pima County Attorney's Office.....(520) 740-5600
Juvenile Division.....(520) 740-2991
Tucson City Prosecutor.....(520) 791-4104

Courts

Pima County Superior Court.....(520) 740-3200
Administration.....(520) 740-4200
Calendar/Case Information.....(520) 740-4240
Pima County Juvenile Court .....(520) 740-2000
Tucson City Court.....(520) 791-4216
Justice Court Precinct #1.....(520) 740-3505
U.S. District Court.....(520) 620-7200

TPD1722 (Rev 10/06)

Ready to Protect,
Proud to Serve

Victim Notification

In order to be notified of a suspect's arrest, crime victims must register with VINE.

FAILURE TO REGISTER WITH VINE CONSTITUTES A WAIVER OF YOUR RIGHT TO BE NOTIFIED OF AN ARREST IN THIS CASE.

To Register Call VINE at **1-800-721-7937**

Police Report #: _____

PIN #: _____
Your Temporary PIN# is the Last 4-Digits Of Your Police Report #

Officer: _____

Division: _____

☐ Suspect Unknown

☐ Arrestee _____

Arraignment Date _____

Arraignment Time: 9:00 AM 8:00 PM

Arraignment Location:

Pima County Sheriff's Department
Minimum Security Facility
1801 S. Mission Rd
520-351-8311

What is VINE?

VINE is an automated computer program offered for crime victims in Tucson. The purpose is to provide victims of crime continuous access concerning a suspect's arrest status. By calling the VINE telephone number, a crime victim can determine the current arrest status of the person(s) by whom he/she was victimized. Victims will also be notified of the arrestee's initial court appearance.

What if I don't have a phone?

If a victim does not have a phone or access to a message phone, they can advise the responding officer that they need to be notified by mail. The officer will arrange for such notification.

How does a victim register to be notified by VINE?

1-800-721-7937

Crime victims may register by touch tone telephone. After dialing the VINE number, follow the instructions given by the system. VINE will ask for a police report number, a telephone number and a 4-digit personal identification number (PIN) used to register for notification calls. Victims may also register additional phone numbers. Victims will be notified of the suspect's arrest, whether they were booked (detained if a juvenile) or field released (paper referred if a juvenile), the facility they were transported to, and their arraignment time and location.

What is the PIN?

The 4-digit PIN number, or personal identification number, is used by VINE to verify that a successful notification has been made. When a victim receives a call, the VINE system will ask for the victim to enter their 4-digit PIN number into the telephone. The PIN number confirms their identity. Your original PIN number will be the last four numbers of your police report number. It is important for the victim to change the PIN and select a confidential PIN that is easily remembered.

How will VINE notify a victim?

The VINE system monitors suspect(s) activity through the police case report. When a suspect(s) is arrested, VINE will automatically notify appropriate registered victims. If VINE reaches an answering machine, it will leave a message; however, VINE will continue to dial the registered telephone number for up to 24 hours or until the correct PIN is entered. Victims who cannot be reached by phone within 24 hours will be notified by mail.

If you move or change your phone number, call 791-4444

When A Suspect Is Arrested

If the suspect is an adult and has been arrested, you can exercise certain rights by contacting the court prior to the initial appearance. You can also exercise your right to be informed of the suspect's release by contacting the custodial agency.

If the suspect is a juvenile and has been detained, you can obtain detention/advisory hearing information and exercise certain rights by contacting the juvenile probation department. You can also exercise your right to be informed of the juvenile suspect's release by contacting the detention center.

If an adult or juvenile suspect is cited and released, or a juvenile suspect is referred to the Juvenile Court but not detained, you can exercise certain rights by contacting the court prior to the date and time that the suspect must appear.

If the arrest of a suspect is not immediate, and you are not notified of an arrest within 30 days, you can call the Tucson Police Department at 791-4484 to obtain case status information.

Victim Assistance

Victims often experience trauma resulting from a crime. You may feel isolated and confused, and not know where to turn for practical advice or support. The resources and information below are intended to address your most frequent and immediate concerns.

Agencies such as victim assistance programs, sexual assault centers, child abuse treatment programs and domestic violence shelters provide emergency and long-term support to victims and their families. Services, which may be available, include:

- emergency safe homes or shelters
- 24-hour crisis telephone lines
- follow-up crisis and long-term counseling
- advocating for your needs and rights
- accompanying you to medical examinations
- transportation
- child care

See "Information and Resource Numbers" for a list of the victim's assistance agencies that can provide services.

Victim Compensation

If you are a crime victim or the next of kin of a victim who has died as the result of a criminal act, you may apply to the county's Crime Victim Compensation Board for compensation of certain expenses, including certain medical examinations related to the crime. To obtain an application or receive more information on Crime Victim Compensation, contact your county Victim Compensation Coordinator (see Resource Numbers).

Your Right to Restitution

If someone is found guilty of the crime(s) committed against you, the court may order that person to re-pay the financial costs of your victimization. This court-ordered payment is known as restitution. Victims of crime have a Constitutional right to receive prompt restitution. If charges are filed in your case, it is important that you contact the prosecutor's Victim Assistance program for more information and assistance with the restitution process (see Information & Resource Numbers).

Orders of Protection

If you are the victim of domestic violence, you may seek an Order of Protection. Orders of Protection prohibit spouses, persons living together, and close relatives from harming each other. Injunctions Prohibiting Harassment can be obtained when the relationship is not covered under the domestic violence law and when there is a series of harassing acts. An order may be obtained on behalf of a minor by a parent, legal guardian or other person designated by the court. A third party may obtain an order on behalf of a person who is temporarily or permanently unable to request an order.

Orders and Injunctions can be filed by any adult without a lawyer in Superior Court, Justice Court or City Court. If you are in the process of a legal separation or dissolution of marriage, you may have to apply to the Clerk of the Superior Court for an Order of Protection. You will be asked to fill out a petition stating why you want the Court to grant the Order or Injunction.

An Emergency Order, good until 5:00 P.M. the next business day, can be obtained through a law enforcement officer when the courts are closed.

An Order or Injunction can serve to prohibit the abuser from having any contact with you, committing further offenses, going to your residence (even if the abuser has been living at this address), going to your workplace, or provide any other relief necessary for your protection. The person seeking an Order or Injunction may request that her/his address be kept confidential, and may request that filing and service fees be waived. The court may waive the fees; however, an agency that is serving the Order of Protection MAY NOT require prepayment of service fees.

FOR A COPY OF THE TEXT DETAILING ALL OF YOUR RIGHTS, YOU MAY CALL:

Office of the Attorney General
Office of Victim Services
(520) 628-6504

The Tucson Police Department strives to provide the highest quality response and service to members of the Tucson community. This is to ensure that you, as a victim of crime, are afforded your legal rights to be treated with fairness, respect and dignity and to be free from intimidation, harassment or abuse throughout the criminal or juvenile justice process.

All state, county, municipal justice agencies, and courts in Arizona are required to perform certain duties to ensure that you receive your rights. In addition to these duties the Tucson Police Department has implemented the, **V**ictim **I**nformation and **N**otification **E**veryday, (VINE) system providing you with timely and accurate information. Please read the overview below carefully so you will understand your rights.

Sincerely,

Richard Miranda
Chief of Police

Who Is A Victim?

A victim is defined as a person against whom a criminal offense has been committed, including a minor, or if the person is killed or incapacitated, the person's spouse, parent, child, grandparent or sibling, any other person related to the person by consanguinity or affinity to the second degree or any other lawful representative of the person, except if the person or the person's spouse, parent, child, grandparent, sibling, other person related to the person by consanguinity or affinity to the second degree or other lawful representative is in custody for an offense or is the accused (ARS 13-4401).

If a person is killed or incapacitated, the person's spouse, parent, child, or other lawful representative is the victim. A business or other legal entity, such as a neighborhood association may also be a victim of a felony offense, though its rights are limited.

In incidents of domestic violence, officers may seize a firearm if they believe the firearm would expose the victim or others in the household to a risk of serious bodily injury or death. The Tucson Police Department will hold seized firearms a minimum of 72 hours.

Requesting/Waiving Rights

As a victim, some rights are given to you automatically and some rights need to be requested by you. The law enforcement officer will ask you to fill out a portion of their case report indicating if you wish to request or waive "upon request" rights. You will then be asked to register your request through VINE. The following is a list of the rights you may request or waive (these rights apply after arrest):

- To be notified of the suspect's release from custody.
- To receive a copy of the terms and conditions of release.
- To receive notification of scheduled court proceedings.
- To receive notice of sentencing or disposition results.
- To talk with a prosecutor prior to a plea, dismissal, or trial.
- To make a Victim Impact Statement.
- To receive a copy of the pre-sentence or pre-disposition report.
- To receive notice of a defendant's conviction (or adjudication), acquittal, or the dismissal of the charges.
- To have property taken as evidence returned after the case is resolved.
- To obtain a free copy of the police report.
- To receive notice of restitution and pre-sentencing/ predisposition hearings and notice of the results of sentencing or disposition hearings.

Your decision to request or waive your rights does not mean that you cannot change your mind later. However, you may be giving up some rights that only apply at certain stages in the justice process.

APPENDIX Q

URGENT PEDIATRIC SEXUAL ABUSE TRIAGE PROCEDURES

Pima County Urgent Pediatric Sexual Abuse Triage Procedure

When a child is alleged to have been molested within the last 72 hours, and the allegation indicates the likelihood of recoverable debris or apparent injury, an urgent examination should be performed. The following procedures should be used.

STANDARD OPERATING PROCEDURES:
(Monday – Friday)

1. Law Enforcement or CPS workers will contact **the Southern Arizona Children's Advocacy Center** to determine if a pediatrician is available. (The Center has access to pediatricians **Monday -Friday from 8:00 am to 3 pm)**. The Center's normal on-site clinic hours are:

   - Tuesday 8 am-12pm
   - Wednesday 1:30pm-5pm
   - Thursday 1pm-5pm

   The Southern Arizona Children's Advocacy Center's contact telephone numbers are:

   - **Normal Business Hours (520) 319-5511**
   - **24-Hour Emergency Cell (520) 991-4771**

AFTER HOUR TRIAGE PROCEDURES

- ***Monday-Friday 5:00 pm – 8:00 am***
- ***Holidays & All Day Saturday and Sunday:***

1. **Contact the Children's Advocacy Center** via the 24-hour cell phone (**520-991-4771**) after 5 pm ***(for all urgent cases involving minors below 18 years of age)*** to obtain assistance in arranging a medical exam and/or to provide support, advocacy and crisis intervention at the scene, at the Center, or on-site at the hospital.

2. The Children's Advocacy Center, in turn, will contact their pediatrician. If possible, the Center's Advocate and their trained forensic pediatrician will respond to the Center to do the examination and collect the forensic evidence.

3. If the Children's Advocacy Center's physician is not available, and if the exam must be done immediately, the Center's Advocate will contact the Southern Arizona Center Against Sexual Assault. Their Sexual Assault Services Advocate (SARS) will determine if a forensic pediatrician is available to perform or supervise a forensic exam. If available, the SARS Advocate will dispatch the forensic pediatrician to the appropriate hospital for the exam.

   Note: *Trained pediatric physicians* may conduct sexual abuse examinations upon law enforcement authorization *regardless of the age of the child*.

4. **If a *pediatric physician* is not available** and the minor has reached the age the of menstruation, or is **12 years of age or older and male**, the investigator may authorize ***the Center Against Sexual Assault's Forensic Nurse Examiner*** (if available, a Pediatric Nurse Forensic Examiner) to conduct the exam.

5. If the minor is **under 12 years of age, or female and has not had a menstrual cycle**, and a designated **trained forensic physician is not available**, the Children's Advocacy Center will request the pediatric emergency department physician to conduct the examination. The SARS Advocate will dispatch a ***Forensic Nurse Examiner to assist the physician with proper evidence collection.***

APPENDIX R

CHILD PROTECTIVE SERVICES CUE QUESTIONS

PRE-SCREENING CUE QUESTIONS:

1. What is your concern about the child? How old is the child?
2. What is your relationship to the child?
3. What is the family's home address? Does the child live there? If not, where can we locate the child, i.e., school, day care, relative, etc.? Who is living in the home?
4. Do you know who abused or neglected the child? If so, who? (This includes staff of a licensed or certified DES facility/foster or child care home or a licensed DHS Level I, II, or III Behavioral Health Treatment facility). Do you know when he/she will see the child next?
5. Did the ____ (parent, guardian or custodian) know about the abuse or neglect?
6. Is the ____ (parent, guardian or custodian) letting the child see this person?

CUE QUESTIONS

IF IT IS DETERMINED TO HAVE ALL OF THE ELEMENTS OF A REPORT FOR FIELD INVESTIGATION (i.e. a child victim, maltreatment by a parent, guardian or custodian and the child can be located), CHECK CPSCR AND GATHER REPORT DEMOGRAPHICS.

Include the address of the child, the name of the apartment complex, trailer park and directions as needed.

When gathering ethnicity, ask the caller if they have reason to believe any family members may be Native American. If so, what tribe?

PHYSICAL ABUSE CUE QUESTIONS:

1. Describe the injury (size, shape, color and location).
2. Do you know when the injury occurred? Has abuse occurred before? How often does the abuse occur?
3. What did the child say happened or How did the injury occur?
4. Do you know if the child was seen by a medical doctor? If so, what is the name and phone number of the doctor? If the source is a medical doctor, is the injury consistent with the explanation?
5. Were there any witnesses? If so, who?

If the call concerns a licensed or certified DES facility/foster or child care home or a DHS Level I, II or III Behavioral Health Treatment facility, ask:

6. Did the injury occur as a result of restraint?
7. What kind of restraint was used?
8. Why was the child restrained?
9. Will the staff person have contact with the child or other children in the facility?
10. Do you know the name of the licensing specialist? If so, what is the name and phone number?
11. Do you know the name of the child's case manager? If so, what is the name and phone number?

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EMOTIONAL ABUSE CUE QUESTIONS:

1. Specifically, what is the person doing? (to have the impact on the child).
2. Have you noticed a change in the child's behavior?
3. What signs or behaviors is the child exhibiting?
4. Do you think the child's behavior is related to what the parent, guardian or custodian is doing? If so, how?
5. Do you know if the child has seen a medical doctor, psychologist or behavioral health professional? If so, what is the name and phone number? Do you know the diagnosis?

NEGLECT CUE QUESTIONS:

A. **INADEQUATE SUPERVISION**

1. Is the child alone NOW? If yes, how long has the child been alone? Where is the person who is suppose to be watching the child? When will the person return? Have you called the police?
2. If the child is not alone, who is watching the child now? What are your concerns about the person who is watching the child?
3. Do you know how often and when this happens?
4. What happens when the child is alone or inadequately supervised?
5. Does this child know how to contact the parent, guardian or custodian?
6. Does the child have emergency numbers and know how to use the phone?
7. Do you know if anyone is checking on the child? If so, what is the name and phone number? How often?

If the call concerns a licensed or certified DES facility/foster or child care home or DHS Level I, II or III Behavioral Health Treatment facility, ask:

8. What supervision was being provided at the time of the sexual conduct or physical injury between the children?
9. Did the facility/foster or child care home know that the child may physically or sexually assault another child?
10. Did the staff/foster or child care home person know that the child may physically or sexually assault another child?
11. What steps were been taken to prevent the child from assaulting other children?
12. What steps are being taken to restrict contact between the child and other children?
13. Do you know the name of the licensing specialist? If so, what is the name and phone number?
14. Do you know the name of the child's case manager? If so, what is the name and phone number?

B. **SHELTER**

1. When was the last time you saw the child or the home?
2. Describe any health or safety hazards where they live. Has anything happened to the child?
3. Do you know how long they have been in this situation?
4. Do you know why they live like this?

C. **MEDICAL CARE**

1. What are the child's symptoms?
2. Is the parent, guardian or custodian aware of the problem?
3. Do you know when they last saw a medical doctor? Who was the medical doctor? If so, why?
4. Do you know the reasons the person is not getting medical care for the child?

If reporting source is a medical doctor or doctor's representative ask only the following questions:

5. What is the medical or psychiatric condition or diagnosis of this child and when did it begin?
6. What medical care **and/or medication (including psychiatric)** is needed?
7. What will happen if the child does not receive the medical care **or medication (including psychiatric)**?
8. What are your concerns about the parent, guardian or custodian response to the problem?

D. **FOOD**

1. What makes you believe the child is not getting enough food? Describe the physical condition of the child?
2. Do you know if someone else is feeding the child? If so, who?
3. When was the last time you saw the child or have you been in the home? If so, describe the food you saw.
4. Do you know if the child has seen a medical doctor? If so, what is the name and phone number?

E. **CLOTHING**

1. Describe what the child is wearing and the weather conditions?
2. What effect is it having on the child?

F. **METHAMPHETAMINE LABS**

1. Where was the parent, guardian or custodian "cooking" the drug?
2. Was the child present?
3. If they were not cooking in the home, where were they cooking?
   - Proximity to the home?
4. Where were they venting the drug fumes?
5. Where are the chemicals stored?
6. What is the proximity to the children and the children's access to the chemicals/meth?
7. Is there any drug or chemical residue? If yes, where?
8. What is the condition of the home?

G. SAFE HAVEN NEWBORN

1. Is the parent or agent who delivered the newborn still present?
2. Did the parent express an intent to return for the newborn infant?
3. Does the child appear to be a newborn infant? (Under seventy-two hours old)
4. What is the newborn's condition?
5. Does the infant need immediate medical attention? If so, have you called 911?
6. Did the parent or agent offer any information about themselves or the newborn?
7. Did the parent or agent say why they brought the newborn to a Safe Haven?

SEXUAL ABUSE CUE QUESTIONS:

1. Why do you think the child has been sexually abused or is at risk of sexual abuse? (activities, physical signs or behaviors)
2. Who saw these activities, signs or behaviors?

3. Has the child told anyone? If so, who and when?
4. What is the child saying about sexual abuse?
5. Do you know where and when this last occurred?
6. Do you know what contact this person has with the child?
7. Do you know if the child ***has*** seen a medical doctor? If so, what is the name and number?

ABANDONED CUE QUESTIONS:

1. Do you know where the parent is now?
2. When did the parent last have contact with the child?
3. When do you think the parent is coming back?
4. What arrangements did the parent make for care of this child?
5. How long are you able or willing to care for the child? Are there relatives available? If so, what is the name, address, phone number?
6. Are the parent's willing to make other arrangements for the child?

If the parent is the source and wants the child removed from the home, ask the parent:

7. Would you be willing to work with CPS to make alternative arrangements (other than CPS placement) for the care of your child?

DRUG EXPOSED INFANTS CUE QUESTIONS:

1. Has the child or mother been tested? If so, what are the results?
2. What is the name of the medical doctor and/or hospital?
3. What is the parental history of drug use? (What drugs, when was last drug use, used during what trimester)?
4. What is the parental history of drug treatment?
5. Describe the medical and physical condition of the child?
   a. Birth weight
   b. Gestational age
   c. Apgar score
   d. Prenatal care
6. Have preparations been made in the home for the new baby?

NON-SEXUAL EXPLOITATION CUE QUESTIONS:

1. Describe how the child is being exploited.
2. What reason was given for the exploitation?
3. How long has this been going on?

POTENTIAL ABUSE AND NEGLECT CUE QUESTIONS:

1. Describe behaviors (of the parent, guardian, custodian or child) that give you reason to believe that abuse or neglect may occur.
2. Has abuse or neglect happened before? If so, when and where?
3. Has the _____ (parent, guardian or custodian) expressed concerns about hurting or not being able to care for the child?

CLOSURE CUE QUESTIONS

1. Do you know what school or child care facility the child attends? If so, what is the name of the school or child care facility? Dismissal/pick-up time?

2. Has the child expressed concerns about going home? If so, what did the child say to you?

3. Has law enforcement been notified? DR/Badge number?

4. Does the child have any of these special needs or problems?
   a. Bizarre behavior
   b. Extremely angry or volatile
   c. Physically ill
   d. Mentally ill
   e. Language other than English

5. Does the _____ (parent, guardian or custodian) have any of these special needs or problems:
   a. Bizarre behavior
   b. Extremely angry or volatile
   c. Physically ill
   d. Mentally ill
   e. Language other than English

6. Substance Abuse: Does anyone in the home abuse drugs or alcohol? If yes:
   - who?
   - what drugs?
   - how often?

7. Domestic Violence: Is there domestic violence in the home? If yes:
   - who is the abuser? the victim?
   - how often does the domestic violence occur?
   - when was the last incident?
   - have the police been called? If yes, what was the outcome?
   - have there been any injuries to adults and or children? If yes, please describe them.
   - where are the children during the domestic violence?

8 Does any other person living in the home or involved with the family have a language barrier?

9. Do you know if CPS or any other agency has been involved with this family?

10 If this report is assigned for field investigation, are there any issues we need to be aware of to ensure the worker's safety, i.e., guns, dogs, etc.?

A.R.S. § 41-1010 Cue Questions
- Is there any reason to believe that substantial harm will result from disclosure of your name?
- If so, what is the substantial harm?
- Request specific reasons, if known.
- May we have your name and phone number?

APPENDIX S

Resource Contacts

Emergency 911

Separate Agencies:

AZ Coalition Against Domestic Violence http://www.azcadv.org/

Legal Advocacy Hotline 1-800-782-6400

Brewster Shelter and Outreach 1-877-472-1717

Child Protective Services Hotline 1-888-767-2445

Child Protective Services **TTD Hotline** ..... TDD 1-800-530-1831

Child Protective Services **written reports** ..... P.O. Box 44240, Phoenix, AZ 85064-4240

Davis Monthan Air Force Base Family Advocacy 520-228-2104

Elder Shelter/Domestic Violence Services 520-566-1919

Help on Call 520-323-9373

Information and Referral 520-327-7273

Jail Information 520-547-8111

Las Familias 520-327-7122

National Domestic Violence Hotline 1-800-799-SAFE

Protection Order Information 1-877-472-1717

Southern Arizona Children's Advocacy Center

Normal Business Hours 520-319-5511

24-Hour Emergency Cell 520-991-4771

Southern Arizona Mental Health Center 520-622-6000

TCWC Shelter & Outreach 1-888-428-0101

Victim Witness Program 520-740-5525

Wingspan Hotline (Lesbian, Gay, Bisexual, Transgendered) 1-800-553-9387

APPENDIX T
Tips for Examining Child Sexual Abuse Victims

1. The primary goal of the physician is to determine the health and safety of the children they see.
2. It is important to know whom the child has accused of abuse in order to assess the safety of the child's environment.
3. History obtained from a patient is **more** important than physical examination in determining whether abuse has occurred.
4. Don't put words in a child's mouth – ask open ended questions (Refer to interview techniques).
5. A thorough review of systems will elicit any physical or behavioral indicators of stress/abuse.
6. Always do a thorough **but** gentle exam. Do **not** force a child through an exam. Re-traumatizing a child is more damaging than helpful.
7. Prepubertal girls do **not** require a speculum exam unless there is a foreign body in the vagina or wound that must be treated (i.e., lacerations needing sutures).
8. Don't examine a child in a busy Emergency Room unless absolutely necessary76 (i.e., last contact within 72 hours and/or no other services available).
9. If the last sexual contact was greater than 72 hours prior to the time you are seeing the child, the exam does not have to be done emergently. It is better to wait for experienced personnel in a controlled environment.
10. Not all children need to have cultures from every orifice. **Follow** the AAP lines.
11. A colposcope is not a necessity. A good exam requires only good lighting and a well-trained examiner.
12. KNOW YOUR ANATOMY!!
13. All hymens look different – there is **not** one normal for all.
14. All hymens have an opening – if there do **not** this is abnormal.
15. Utilize the prone knee/chest position to visualize the hymen – much can be seen from this position that is lost in the supine.
16. The majority of children examined for sexual abuse have normal exams. This does **not** mean the abuse did not occur.
17. Many types of abuse leave no physical damage or scars (i.e., fondling, oral/genital contact, digital/anal contact, digital/genital contact, labial penetration, -- even with penetration in some instances).
18. Always **describe** what you see. Saying the hymen is intact, or the exam is normal is not enough. It doesn't tell others that you know what you are looking at, and may cause a child to be reexamined.
19. Don't overstate your findings. Many physical symptoms and findings are non-specific. Be comfortable in saying just that.
20. Remember that as a physician, you are a member of a multidisciplinary team. Communicate with your consultants (i.e., Law Enforcement, counselors, attorneys) as you would in any medically difficult case.

Kay Ruth Farley, M.D., Medical Director, Child Abuse Assessment Center, St. Joseph's Hospital and Medical Center, Phoenix, Arizona, November 1992.

Appendix U

Attorney General Opinion re: reporting responsibilities of teachers and school volunteers under ARS § 13-3620

ATTORNEY GENERAL OPINION No. I05-007 (R05-006)
Re: Reporting Responsibilities of Teachers and School Volunteers
December 20,2005

Questions Presented

Section § 13-3620, Arizona Revised Statutes ("A.R.S."), imposes a duty on specified categories of individuals to report suspected child abuse. School personnel are among those required to report to a peace officer or to child protective services if there is reason to believe that a child is the victim of abuse, neglect, physical injuries, or specified sexual offenses. You have asked the following questions relating to school teachers' and school volunteers' duties under this statute.

1. Does a teacher satisfy the duty to report under Arizona Revised Statutes ("A.R.S.") § 13-3620(A) if the teacher reports or causes a report to be made to the teacher's supervisor without independently ensuring that the suspected abuse is reported to a peace officer or child protective services?
2. Are school volunteers included in the class of persons required to report under A.R.S. § 13-3620(A)?
3. If a school volunteer is subject to the duty to report under A.R.S. § 13-3620(A), does it make a difference if the person is volunteering to work directly with students to assist them with their lessons or to accompany students on field trips as opposed to volunteering to perform administrative tasks, such as clerical tasks or copying?
4. If a volunteer is subject to the duty to report under A.R.S. § 13-3620(A), does the volunteer satisfy the duty to report under A.R.S. § 13-3620(A) if the volunteer reports or causes a report to be made to the responsible teacher or the responsible teacher's supervisor or must the volunteer also report or cause a report to be made independently to a peace officer or child protective services?

Summary Answer

1. Teachers must immediately and independently ensure that the information regarding suspected abuse is reported to a peace officer or child protective services. Section 13-3620(A), A.R.S., (the Reporting Statute) requires all school personnel who reasonably believe that a minor is or has been a victim of child abuse or neglect to "immediately report or cause reports to be made of [the] information to a peace officer or to child protective services." Although informing a principal or other supervisor is advisable, this does not necessarily satisfy the teacher's duty to ensure that the information regarding the suspected abuse is conveyed to a peace officer or child protective services.
2. A school volunteer is required to report suspected abuse under the Reporting Statute if the volunteer is responsible for the care or treatment of a child.
3. Whether a particular volunteer has a duty to report child abuse depends on the facts and circumstances. School volunteers who perform administrative tasks or assist teachers are generally not responsible for the care or treatment of children; however, there may be volunteers who, for example, accompany children on field trips or perform other functions in which, based on the facts and circumstances, they are responsible for the care of children.
4. A volunteer who has a duty to report does not necessarily satisfy this responsibility by reporting the matter to a teacher or other school employee. The volunteer must ensure the information is conveyed to a peace officer or child protective services.

Background

Mandatory child abuse reporting statutes began appearing in the United States in the 1950s. In 1974, Congress passed the Child Abuse Prevention and Treatment Act, 42 U.S.C. §§ 5101 to 5107, requiring states to pass specific legislation targeted at child abuse. States were not eligible for federal funds to combat child abuse if they did not have a reporting statute in place. Currently, all fifty states have child abuse reporting legislation modeled after federal guidelines. The state statutes typically require mandatory child abuse reporting, grant immunity to people who report suspected child abuse in good faith, and provide either civil or criminal penalties for failure to file a mandatory report with the specified agency. See, *e.g.*, Wyo. Stat. § 14-3-205; Ky. Rev. Stat. Ann. § 620.030.

Arizona passed its first reporting statute in 1964. [1] The current Reporting Statute mandates that people subject to the statute who "reasonably believe" that abuse has occurred report the suspected abuse to a peace officer or to child protective services:

> Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under § 36-*2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security* … A.R.S. § 13-3620(A) (emphasis added).

The people required to report include:

> 1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavior health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
> 2. Any peace officer, member of the clergy, priest or Christian Science practitioner.
> 3. The parent, stepparent or guardian of the minor.
> 4. School personnel or domestic violence victim advocate who develops the reasonable belief in the course of their employment.
> 5. Any other person who has responsibility for the care or treatment of the minor. A.R.S. § 13-3620(A)(1)-(5).

If the report concerns a person who does not have care, custody or control of the child, the report is made to a peace officer only, not to child protective services. A.R.S. § 13-3620(A).

The reports are to be "made immediately by telephone or in person and . . . be followed by a written report within 72 hours." A.R.S. § 13-3620(D). A violation of the Reporting Statute is a class 1 misdemeanor or a class 6 felony, depending on the nature of the offense. A.R.S. § 13- 3620(0).

Analysis

A. Under A.R.S. §1 3-3620(A), Teachers Are Required to Report Suspected Abuse to a Peace Officer or Child Protective Services.

[1] The original Reporting Statute was codified as A.R.S. §13-843.01. It is currently found at A.R.S. § 13- 3620.

The best indication of the intent of a statute is its language. State v. Givens, 206 Ariz. 186, 188, 76 P.3d 457, 459 (2003). The Reporting Statute's language explicitly mandates that a person subject to the statute who "reasonably believes" that abuse has occurred "immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security." A.R.S. § 13-3620(A).

Based on this statutory language, a person satisfies his or her obligation by directly reporting the suspected abuse, or ensuring that a report is made to a peace officer or child protective services. Although reporting the suspected abuse to a principal or other supervisor may be advisable, this does not necessarily satisfy the statute. To comply with the statute, school personnel must ensure that the information is conveyed to the proper authorities (a peace officer or child protective services).

School personnel can ensure that the information is conveyed to the proper state investigating authority by either directly reporting the suspected abuse, or confirming that a report made to a

supervisor, or principal or other person is immediately conveyed to a peace officer or child protective services. Moreover, a school employee who receives a report of child abuse is also statutorily responsible for reporting the information to a peace officer or child protective services. This may result in multiple reports concerning the same incident, but that is neither prohibited nor discouraged by the statutory language. See Commonwealth v. Allen, 980 S.W.2d 278, 280 (Ky. 1998) ("it is not illogical or inefficient for the legislature to require every individual entrusted with the care and supervision of children to be required to report crimes against those children.")[2]

B. School Volunteers Are Required to Report Suspected Abuse Under A.R.S. § 13-3620(A) if They Are Responsible for the Care or Treatment of Children

The Reporting Statute does not specifically require school volunteers to report suspected abuse. The issue, therefore, is whether volunteers fall within the other categories of people required to report.

Arizona's Reporting Statute requires "school personnel . . . who develop the reasonable belief in the course of their employment" that a child has been abused to report the suspected abuse. A.R.S. § 13-3620(4). This provision does not extend to volunteers. Although Title 15, A.R.S., uses the phrase "school personnel" to describe various groups of education personnel, see A.R.S. §§ 15-51 1, -730, -788, -1331, the term is never defined. Generally, these statutes do not contemplate volunteers as school employees or personnel. Cf A.R.S § 15-502 ("Employment of school district personnel; payment of wages of discharged employee").

At least one Arizona statute, however, considers volunteers, in a specific circumstance, to be "personnel" for educational purposes. Section 15-512, A.R.S., requires certain "personnel who are not paid employees of the school district" to be fingerprinted. Although some volunteers are considered "personnel" for purposes of the fingerprinting requirement, there is no indication that the Legislature intended to include volunteers as school personnel for purposes of the Reporting Statute.

The Reporting Statute applies to "school personnel" who obtain information "in the course of their employment." A.R.S. § 13-3620(A)(4). The terms "school personnel" and "in the course of their employment" indicate that this subsection of the Reporting Statute does not apply to volunteers.

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[2] In Allen, a teacher and school counselor were charged with misdemeanor offenses for failing to report suspected child abuse to the proper state authorities. Students had reported separately to the teacher and the school's counselor that another teacher in the school had engaged in sexual activities with students. Id. at 279. Following the school district's reporting procedures, both the teacher and the counselor repeated the allegations to the school's principal, but failed to report the allegations to local law enforcement. The Kentucky Supreme Court rejected the arguments of the teacher and counselor that they had satisfied the reporting requirement by telling their supervisor of the suspected abuse. Id. at 279-80.

The Reporting Statute also requires individuals "who [have] responsibility for the care or treatment of the minor" to report suspected abuse. A.R.S. § 13-3620(A)(5). The statute, however, does not define this phrase. In the context of A.R.S. § 13-3623,3 the child abuse statute, courts have noted that whether a person has assumed responsibility for a child's care is a question of fact. State v. Smith, 188 Ariz. 263, 265, 935 P.2d 841, 843 (App. 1996). The word "care" in A.R.S. § 13-3623 "require[s] that the defendant accept responsibility for the child in some manner." State v. Jones, 188 Ariz. 388, 394, 937 P.2d 3 10, 3 16 (1 997). It also requires more than the general duty of care that is required to impose tort liability. Id. at 393, 937 P.2d at 315.

For example, in the context of A.R.S. § 13-3623, evidence that the defendant allowed two children to ride in his car was not sufficient to establish that lie had assumed responsibility for the "care" of those children while they were in his car. State v. Swanson, 184 Ariz. 194, 196, 3 Section § 13-3623 refers to a person who "having . . . care or custody of a child or vulnerable adult" engages in certain conduct. 908 P.2d 8, 10 (App. 1995). In contrast, where a child has been living in a defendant's residence for three months, and the defendant acted as the child's caregiver, the defendant had "care or custody" of the child for the purposes of A.R.S. § 13-3623. State v. Jones, 188 Ariz. at 394,937 P.2d at 3 16.

School personnel, not volunteers, are generally responsible for the children's care at school. Nevertheless, whether a particular school volunteer has "responsibility for the care or treatment" of a minor is a fact-specific question and requires an analysis of the role of the particular volunteer. Therefore,

some volunteers may be subject to the reporting obligation while others would not, depending on their roles at the school.

Your opinion request specifically mentioned volunteers who perform administrative tasks as opposed to helping students with their lessons or accompanying students on field trips. The volunteer who helps with administrative or clerical work is not subject to the Reporting Statute because that person is not responsible for the care or treatment of children. Similarly, although it is a closer question, the volunteer who helps in a classroom under a teacher's supervision is generally not responsible for the care or treatment of the children. In that situation, the teacher, rather than a volunteer who may assist the teacher, is responsible for the children's care. In contrast, on field trips volunteers may well be responsible for the care of children. In supervising children on a field trip, the volunteer may necessarily "accept responsibility for the child in some manner." Id. The role of the volunteer will determine whether he or she is subject to the reporting requirement. Even if a particular school volunteer is not statutorily required to report, any person who reasonably believes that a child has been abused may, of course, report the suspected abuse. A.R.S. § 13-3620(F); *see also* A.R.S. § 13-3620(J) (immunity for reporting suspected abuse).

If a volunteer is subject to the Reporting Statute, the volunteer must "immediately report or cause reports to be made" to a peace officer or child protective services. For the same reasons that a teacher's reporting responsibility is not necessarily satisfied by reporting the suspected abuse to the principal, a volunteer's reporting responsibility is not necessarily satisfied by reporting the information to a teacher or other school employee. The volunteer must ensure that the report is made to the appropriate authorities.

Conclusion

To satisfy the Reporting Statute, teachers must immediately report suspected abuse to a peace officer or child protective services. Although informing a principal or other supervisor may be advisable, it does not necessarily satisfy the teacher's duty to ensure that information regarding suspected abuse is reported to a peace officer or child protective services. School volunteers who are "responsible for the care or treatment" of children are also required to report suspected abuse.

Terry Goddard
Attorney General

Susan Eazer, Deputy County Attorney
Pima County Attorney's Office
32 N. Stone Ave, Ste. 12 Tucson, AZ 85733
(520) 740-5600

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