

Multi-Disciplinary Protocol For The Joint Investigation Of Child Abuse



The office of Pinal County Attorney
Kent Volkmer

**PINAL COUNTY MULTI-DISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION
OF CHILD ABUSE**

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STATEMENT OF PURPOSE

The Pinal County Attorney's Office recognizes the devastating impact child abuse has on children and our community as a whole. Given the breadth of impact these events have on victims, individuals, families and communities, no single agency in Pinal County has the knowledge or resources to provide a comprehensive response to all of those affected by abuse.

Using a countrywide interdisciplinary team approach combines the knowledge, skills and experience of local law enforcement agencies, the Arizona Department of Child Safety (DCS), the Office of Child Welfare Investigations (OCWI), prosecutors, forensic interviewers, victim advocates, and specialists in forensic medical and behavioral health. These protocols establish guidelines to include a competent and compassionate investigation, considerate management and successful prosecution of cases when children are determined to be the primary victims or critical witnesses. Additionally, the protocol also offers guidelines for collaboration in addressing the needs of children and families struggling with the multiple impacts of traumatic events.

The purpose of the *Pinal County Multi-Disciplinary Protocols for the Joint Investigation of Child Abuse* is to set the standard of care and practice for agencies involved in the handling of child abuse cases. The driving force behind the establishment of these protocols can be summed up by the following statement made by Melody Lenhardt, Manager of the Pinal County Family Advocacy Centers:

"The standards set forth in this protocol ensure that at the time that victims and families endure the adversity associated with interpersonal violence, they receive a compassionate and trauma-informed response that empowers them to find their voice and experience healing."

Melody Lenhardt

As the Pinal County Attorney, I wish to thank the participating agencies for their commitment and dedication in working together in the handling of cases involving abused children. It is only in our collective wisdom that we can bring justice to children and those affected by child abuse.

Sincerely,



Kent Volkmer
Pinal County Attorney

STATEMENT OF SUPPORT

Pinal County law enforcement, DCS, OCWI, and the PCAO shall put forth a coordinated effort in the investigation and prosecution of child related crimes. Each member of the Pinal County Multi-disciplinary Team (“MDT”) agrees to the following basic premises under the Protocols:

- To actively participate in the implementation of an MDT approach to joint investigation of criminal conduct child abuse allegations;
- To promptly share relevant information and maintain on-going contact with other MDT members;
- To join ongoing cooperative efforts to improve the Protocols and their implementation and use in Pinal County;
- To make every effort to incorporate these guidelines in their internal policies and practices;
- To participate in collaborative activities that improve joint investigations including MDT case reviews, forensic interviews, trainings, dispute resolution processes, and case tracking per A.R.S. § 8-817, included in **Exhibit A** (*Applicable Arizona Statutes*).

Please refer to **Exhibit B** (*MDT Participant Agreement*) for participating MDT member signatures.

MUTLI-DISCIPLINARY TEAM

1. The Pinal County Multi-Disciplinary Team (previously defined as “MDT”) shall consist of professional representation from the following disciplines:
 - a. Law enforcement
 - b. Department of Child Safety
 - c. Office of Child Welfare Investigations
 - d. Pinal County Attorney’s Office – attorneys, forensic interviewers, victim advocates and other FAC staff
 - e. Medical professionals
 - f. Mental health professionals

Please refer to **Exhibit C** (*MDT Contact List*) for full contact information for the MDT participants.

2. Professionals from other disciplines such as Arizona Adult Protective Services, Pinal County Adult Probation, Pinal County Juvenile Probation, Arizona Department of Corrections Parole Office, respective school district personnel and other victim advocacy services may be asked to participate on a case-by-case basis if determined beneficial to the welfare of the victim.
3. Members of the MDT shall have written memorandums of understanding and/or interagency contractual agreements in place and have a clear understanding of the purpose of and a commitment to the MDT intervention response.

4. Members of the MDT shall review the MDT protocol at a minimum of every 3 years in order to provide updates that reflect current practice.
5. The purpose of the MDT is to coordinate intervention services to:
 - a. Assist the victims and family of child or vulnerable adult abuse or neglect, domestic violence and sexual assault by reducing additional trauma.
 - b. Ensure thorough investigation and enhanced prosecution through information gathering and sharing through collaborative joint investigations.
 - c. Reduce the potential of duplicative services that may re-victimize children and families.
 - d. Improve timely services for victims tailored to their needs by improving communication among agencies.
 - e. Foster support, education and treatment for children and families that may enhance their willingness to participate and their ability to be effective witnesses.
 - f. Support non-offending parents to empower them to protect and support their children, throughout the investigation, prosecution, and beyond.
6. All members of the MDT, as defined by the needs of the case, shall be routinely involved in the investigation and prosecution of child abuse crimes. Team members will be included in decision making from the initial outcry through the investigative, prosecution and treatment phases, including, but not limited to, the forensic interview, pre and post interview debriefings, advocacy, intervention services (i.e. referrals to mental health) case reviews, case updates and consultations.
7. Members of the MDT shall share relevant case information with other members of the MDT to ensure a timely exchange of information that is beneficial to the victim and the victim's family. Pertinent information sharing may occur in the form of in-person meetings, teleconference or phone conversations and/or email correspondences. Information sharing between individual agencies must adhere to legal, ethical and professional standards of practice.
8. MDT members are required to review and sign a confidentiality agreement attached as **Exhibit D** (*Confidentiality Pledge*) assuring the following:
 - a. Rights of victim privacy and confidentiality will be respected and preserved at all times.
 - b. MDT members agree that all information relating to a case can be shared only with professionals directly involved in the investigation and treatment of such case. This includes all identifying case information, as well as written recommendations, which may be sent to them following a case consultation.
 - c. MDT members will not remove any written information from a case consultation and all such written information will be returned to the Pinal County FAC staff or the

appropriate agency after a case consultation.

9. The MDT shall meet at a minimum once per month to review current cases, to provide updates and follow-up on prior cases. The case review process shall be followed as outlined in these Protocols under the **Case Review** section.
10. MDT members shall be asked for their input and expertise regarding cases. If there are no cases up for review, these meetings shall be utilized for educational updates, planning, general information sharing, and to provide feedback and suggestions regarding the Pinal County Protocols as well as the operations of the MDT and the Pinal County FAC locations.
11. MDT members shall be given the opportunity to provide feedback and suggestions regarding procedures and operations of the FAC/MDT via the Outcome Measurement Survey (OMS). The director shall review and assess all feedback and information provided.
12. The MDT shall participate in ongoing training and educational opportunities such as peer review, skill based learning, cross discipline training as part of the MDT meetings, and/or through individual agency trainings per their individual licensing requirements and NCA requirements. At monthly case reviews, MDT members will be asked for input regarding training and educational needs. Whenever possible, an educational component will be included as part of the monthly case review. Additionally, the case Review Coordinator at the FAC ("FAC Coordinator") or designated FAC staff member, with input from MDT members and other professionals in the field, will identify relevant, educational opportunities locally and nationally that are cross- discipline in nature (i.e. webinars, conferences).

LAW ENFORCEMENT

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 to bring to light those facts and circumstances necessary to bring the perpetrators into the criminal justice system.

While pursuing the criminal investigation, law enforcement must be concerned with more than just statutory requirements and case law. Law enforcement personnel must be cognizant of the needs of the victim, as well as the responsibilities of other organizations involved in the treatment, support and recovery of the victim.

To this end, police are encouraged to coordinate their efforts with those of DCS/OCWI as well as PCAO, including staff at the Pinal County FAC locations. During an investigation, it is recommended that DCS/OCWI and law enforcement share relevant information, as soon as possible, maintain ongoing contact and monitor and/or participate in forensic interviews conducted by their counterparts.

Law enforcement members will be notified immediately via telephone or fax when DCS/OCWI receives a report with criminal conduct allegations or an allegation that indicates a child is in danger. When the information received by DCS/OCWI indicates the child is not in immediate danger but further

investigation is warranted, DCS/OCWI shall contact the appropriate law enforcement agency directly and request notification be made to a law enforcement officer. As DCSS/OCWI operates under a statutory requirement to respond based on priority within specific time frames, the responsible law enforcement officer will contact the DCS/OCWI worker as soon as possible and will coordinate an appropriate response based on the circumstances of the call, individual agency guidelines, availability of resources and the need for a coordinated multi-agency on-scene response. The law enforcement officer is responsible for determining whether or not a criminal investigative response will be initiated.

Effective investigation by law enforcement agencies is enhanced with the establishment of a specialized unit to investigate allegations of criminal conduct against children. Smaller agencies are encouraged to designate a “specialist” if the number of investigations does not warrant a unit. This specialized unit, whether it consists of a part-time or several full-time officers is recommended to:

- Be a voluntary assignment
- Receive training in the investigation of the neglect, physical and sexual abuse of children;
- Establish and maintain a close working relationship with DCS, the FAC, and the PCAO; and
- Encourage trained and skilled officers to be retained as long as possible.

The PCAO has two FACs located strategically in Pinal County, the third largest county (geographically), in Arizona. The Eloy FAC was established in 2005 in the rural City of Eloy, Arizona. A second facility, the PCAO San Tan Valley FAC, opened December 14, 2014 in the heavily populated area of San Tan Valley, Arizona. Both Eloy and San Tan Valley FACs are available for use by all law enforcement agencies and benefit both the investigation and the victim by creating a “one-stop” facility for the investigative process in environments that emphasize child safety and minimize secondary trauma to the child victim or witness.

The San Tan Valley FAC serves northern Pinal County and intakes cases from Apache Junction Police Department, Coolidge Police Department, Florence Police Department, Superior Police Department, and the Pinal County Sheriff’s Office.

The Eloy FAC serves areas in southern Pinal County including Casa Grande Police Department, Eloy Police Department, Kearny Police Department, Maricopa Police Department, Mammoth Police Department, as well as cases handled by the Pinal County Sheriff’s office in that area.

However, both FACs will not turn any Pinal County law enforcement or DCS agencies away, and outside agency assists (e.g. state) are also provided as needed (See **Family Advocacy Center** section). The FACs serve federal and Tribal law enforcement as needed for agency assists. All law enforcement officers may use the child-sensitive, secure FAC facilities for coordination of services during the investigative process.

Families or those who accompany children will be given access to a private waiting area. Child friendly interview rooms are available for trained officers or forensic interviewers who may need to conduct victim interviews. Medical forensic exams (as needed) are provided onsite at the FACs in order to minimize travel and duplication of efforts so that treatment for children and families can be

initiated as soon as possible. Child-friendly, private medical exam rooms are designed to maximize comfort of children who are medically examined. Equipment for preservation of evidence (i.e. recording equipment; DVDs; digital/colposcopic equipment for photos of medical examinations) is available at the FACs.

The FACs are equipped with locked, refrigerated storage (as needed) with limited access to preserve the chain of custody of evidence. A clothes closet (clothes and undergarments) is available for child victims as needed. Ample areas of private space are available as needed. The PCAO helps to staff cases at the FAC and are available for questions or referrals. Victims are less traumatized by the amiable environment, which provides crisis intervention and referral services to both the victim and his/her family.

If victim hospitalization is not required it is recommended that law enforcement utilize the FAC locations for the investigation of cases of child sexual abuse and physical abuse that require a medical evaluation.

A. Child Sexual Abuse Cases

1. Initial Report: It is recommended that the initial responding officer establish the elements of the crime and jurisdiction.

The initial responding officer may interview the reporting source, away from the victim, witnesses or other reporting sources, in order to:

- i. Obtain the facts of the reported crime
 - ii. Determine if the child is in imminent danger
 - iii. Determine if the victim may require medical attention
 - iv. Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per these Protocols
 - (b) If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.
 - v. Determine the existence of other possible evidence (eg. notes, letters, cell phone images, biological evidence and social media handles)
- a. It is preferred that a law enforcement officer or FAC interviewer trained in forensic child interviews conduct interviews of the victim utilizing the guidelines as outlined in **Exhibit E** (*Forensic Interview Guidelines*). The decision regarding which initial responding officer or Detective will interview the victim, child witnesses, sibling or other children in the home will be made by the law enforcement agency with jurisdiction in the matter. This decision may be made after consultation with a PCAO Deputy County Attorney or other personnel. It is recognized that the initial responding law enforcement officer may not have received the recommended training; nothing in these Protocols shall be interpreted to mean that law enforcement officers cannot conduct investigative interviews without the recommended training. However, it is strongly recommended that only trained forensic interviewers conduct investigative interviews of child victims and critical child witnesses. Initial responding patrol officers are directed to conduct a brief minimal facts interview and not a forensic interview of the child.

- b. It is recommended that the initial responding officer only interview the suspect if the suspect is present and aware of the investigation. If the suspect is not aware of the investigation, the suspect should not be contacted without prior consultation with an investigating officer or supervisor.
- c. The initial responding officer may interview other witnesses. Dates of birth, social security numbers, current phone numbers, e-mail address(es) physical and mailing addresses and other biographical information will be obtained.
- d. Once it is determined that a crime has been committed, the initial responding officer may then continue the initial case preparation.
 - i. Assess the need for immediate medical evaluation. If the assigned investigator or responding officer has questions regarding whether a medical evaluation is necessary for evidentiary purposes, it is recommended that he/she promptly consult with a PCAO Deputy County Attorney assigned to the Special Victims Bureau or consult the on-call medical forensic providers from **Phoenix Children's Medical Group who are available via pager 602-933-2780. . (* Be sure to put your area code into the pager).** In addition, on-call medical forensic providers can be contacted through the office of Pinal County Medical Forensic Services at 520-705-4841.
 - ii. Note: In cases of sexual abuse in which the incident occurred within the **past 120 hours** (five days), it is recommended that the victim receive a medical forensic exam.
 - iii. Assess the need for a search warrant. Officers may contact the Pinal County Attorney's Office for assistance and in regard to sealing the affidavit of the search warrant.
 - iv. Assess the need for immediate arrest if the suspect is present. It is recommended that the officer determine:
 - (a) The suspect's risk of flight to avoid prosecution.
 - (b) The suspect's danger to the victim.
 - (c) The suspect's danger to the community.
 - (d) Patrol officers are directed to follow their law enforcement agency directives regarding consulting with detectives as needed. Patrol officers may consult with the PCAO, if necessary.
 - v. Assess the need for scene preservation and/or photographs.
 - vi. Assess the need for a detective to respond to the crime scene, hospital or other location.
- e. As soon as law enforcement determines that DCS involvement in the matter under investigation is warranted, law enforcement will notify the **DCS dedicated law enforcement hotline** and provide sufficient information for DCS to coordinate their response with law enforcement. Law enforcement responding after regular business hours, on weekends and holidays, to child abuse emergencies in which the child is in

imminent danger (and in need of access to emergency placement services for a child) should also use the dedicated DCS Hotline.

- f. Pursuant to A.R.S. Section 8-821 the law enforcement agency can take temporary custody of a child “if probable cause exists to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect and it is contrary to the child’s welfare to remain in the home.”
 - i. A child may be taken into temporary custody without a court order by a peace officer, a child welfare investigator or a child safety worker if temporary custody is clearly necessary to protect the child because exigent circumstances exist.
 - ii. “Exigent Circumstances” means there is probable cause to believe that a child is likely to suffer serious harm in the time it would take to obtain a court order for removal and either of the following is true: (1) there is no less intrusive alternative to taking temporary custody of the child that would reasonably and sufficiently protect the child’s health or safety. (2) probable cause exists to believe that the child is a victim of sexual abuse or abuse involving serious physical injury that can be diagnosed only by a physician who is licensed pursuant to title 32, chapter 13 or 17 or a health care provider who is licensed pursuant to title 32 and who has specific training in evaluations of child abuse.
 - g. The investigating agency should follow their departmental guidelines, protocol and or legal advisor bulletins regarding A.R.S. 8-821.
2. The Investigation: It is recognized that it is not always feasible for the investigation of an allegation of criminal conduct against a child victim to be conducted by a detective. Whether the investigation is conducted by the initial responding officer, a patrol officer or detective, the law enforcement officer shall:
- a. Interview the reporting source to determine the circumstance of disclosure.
 - b. Interview the victim
 - i. Arrange an interview of the victim at FAC if possible. It is recommended that the child’s interview be conducted per **Exhibit E** (*Forensic Interview Guidelines*). The joint investigation protocol allows for both law enforcement and DCS to monitor forensic interviews of children. The original electronic documentation of the interview is provided to law enforcement and chain of custody is documented by the forensic interviewer.
 - ii. Arrange for a medical forensic examination at one of the PCAO FAC locations if feasible (See **Medical Evaluation** section). Officers shall consult with the medical forensic provider or PCAO for appropriate medical response.
 - c. Conduct crime scene(s) investigation and evidence processing.

- d. Interview the family and other witnesses separately. Obtain dates of birth, social security numbers, phone numbers, e-mail addresses, physical and mailing addresses and other biographical information including where child witnesses attend school.
- e. Debrief with medical personnel.
- f. Conduct investigative research on:
 - i. Criminal histories of involved parties.
 - ii. Prior police reports involving the suspect, victim(s) or witness(es).
 - iii. Prior unreported allegation involving the suspect, victim(s) or witness(es).
 - iv. Current and prior DCS reports.
 - v. Any other intelligence information (i.e. place of work, etc.)
- g. Interview the suspect:
 - i. The suspect should be interviewed only by law enforcement personnel. Obtain solid demographic information in the event of arrest and release.
 - ii. DCS shall, when possible, be notified of the suspect interview and should be aware of the content of the suspect interview.
- h. It is recommended that the interview be recorded (by video/DVD preferably).
- i. Determine the need to arrest the suspect based on:
 - i. The possibility of flight to avoid prosecution;
 - ii. The danger to the victim; and
 - iii. The danger to the community
- j. Conduct any other necessary investigations.

Law enforcement may contact PCAO prior to any initial appearance proceedings in order to request PCAO to appear at IA if necessary.

B. Child Physical Abuse/Neglect Cases

1. Initial Report: It is recommended that the responding officer establish the elements of the crime of physical abuse or neglect and jurisdiction.
 - a. It is recommended that the responding officer interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - i. Obtain the facts of the reported crime.
 - ii. Determine if the child is in imminent danger.
 - iii. Determine if the victim may require medical attention.
 - iv. Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per these Protocols.
 - (b) If not within departmental jurisdiction, the officer will document his/her

actions and coordinate with the appropriate jurisdiction.

The responding officer may conduct a brief, “**minimal facts interview**” of the child victim. A primary goal of the MDT approach to child abuse investigations is to avoid multiple interviews of the child. The minimal facts interview is not a forensic interview, therefore, the following brief questions are suggested (if possible, without interference from other adults or witnesses):

- i. What happened?
 - ii. Who did this?
 - iii. Where did it happen?
 - iv. When did it happen? (ascertain last time to determine if medical exam/physical evidence collection is necessary)
 - v. Where do you go to school?
- b. It is recommended that the officer document the child’s demeanor and any spontaneous statements.
- c. The officer may interview witnesses. Dates of birth, social security numbers, phone numbers, e-mail addresses, mailing and physical addresses and other biographical information including where child witnesses attend school will be obtained.
- d. If the suspect is at the scene:
- i. The officer may conduct an initial interview of the suspect or ensure that an investigator does so immediately. Obtain the suspect’s version of what happened.
 - ii. The officer should not disclose any medical information to the caretaker(s) regarding the condition of the child or possible mechanisms of injury. The officer should also encourage any on scene medical personnel not to disclose this information to the caretaker(s) until they consult with investigators.
 - iii. If the suspect is unknown, it is recommended that the officer interview each parent individually.
- e. Document and preserve the scene through photographs if possible.
- f. Once it is determined that a crime has been committed, the officer may continue the initial case preparation.
- i. Assess the need for medical intervention and ensure that the child is taken to a hospital if necessary. It is recommended that patrol officers consult with investigators on all child abuse cases to assess the need for a medical forensic exam.
 - ii. Assess the need for scene preservation and /or evidence collection. Consult with an investigator regarding search warrants and/or consent searches. If the child

or suspect gives information regarding a weapon, instrument or mechanism of the injury, a search warrant or consent form should be obtained.

- iii. Document any physical injury to the child with photographs. Photographs should depict the child's entire body and face, not just the external manifestations of abuse. Photographs should include a ruler and color bar where possible. A law enforcement officer should not take a photograph of a child's genitalia. This will be obtained by medical personnel (See **Medical Evaluation** section). In cases of severe physical abuse and/or severe neglect, a consent form or search warrant should be used to obtain photographs or video of the entire household. Additional photographs of injuries should be taken 24 to 36 hours after the injuries.
- iv. As soon as law enforcement determines that DCS involvement in the matter under investigation is warranted, law enforcement will notify the **DCS dedicated law enforcement hotline** and provide sufficient information for DCS to coordinate their response with law enforcement. Law enforcement responding after regular business hours, on weekends and holidays, to child abuse emergencies in which the child is in imminent danger (and in need of access to emergency placement services for a child) should also use the dedicated DCS Hotline. Written reports can also be faxed to the local DCS office for immediate assistance.
- v. Pursuant to A.R.S. Section 8-821 the law enforcement agency can take temporary custody of a child "if probable cause exists to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect and it is contrary to the child's welfare to remain in the home."
- vi. A child may be taken into temporary custody without a court order by a peace officer, a child welfare investigator or a child safety worker if temporary custody is clearly necessary to protect the child because exigent circumstances exist.
- vii. "Exigent Circumstances" means there is probable cause to believe that a child is likely to suffer serious harm in the time it would take to obtain a court order for removal and either of the following is true: (1) there is no less intrusive alternative to taking temporary custody of the child that would reasonably and sufficiently protect the child's health or safety. (2) probable cause exists to believe that the child is a victim of sexual abuse or abuse involving serious physical injury that can be diagnosed only by a physician who is licensed pursuant to title 32, chapter 13 or 17 or a health care provider who is licensed pursuant to title 32 and who has specific training in evaluations of child abuse.

- g. The investigating agency should follow their departmental guidelines, protocol and or legal advisor bulletins regarding A.R.S. 8-821.

- 2. The Investigation: It is recognized that some law enforcement agencies in Pinal County may not have adequate resources to use investigators who are solely dedicated to cases of this nature. If a dedicated child abuse investigator is not available, it is recommended that

the assigned officer adhere to these standards.

a. Non-Hospitalized Children

- i. An investigator reviews the initial report and continues the investigation by interviewing the family, siblings, other witnesses, etc., as dictated by the facts of the case. If the child victim is interviewed, it is recommended that the interview be conducted per the Forensic Interview Guidelines (**Exhibit E**).
- ii. If not already done and if appropriate, photographs should be taken to document the abuse. An investigator should ensure that additional follow-up photographs are taken as needed.
- iii. If DCS is involved, law enforcement shall share information with them. Please follow A.R.S. 8-807 (**Exhibit A**).
- iv. It is recommended that the suspect's prior police history be determined, paying particular attention to assault and domestic violence contacts.
- v. Obtain relevant medical records on the child and interview appropriate medical personnel.
- vi. Interview the suspect if not already interviewed. If the suspect has not invoked his/her rights, re-interview to complete his/her account of the events. If the suspect has not already been booked, the investigator shall assess the risk of flight to avoid prosecution (Including IJP and FTA) and determine if the suspect should be arrested in light of all the information obtained.
- vii. The need for a medical exam should be assessed.

b. Hospitalized Children

- i. A PCAO Deputy County Attorney assigned to the Special Victims Bureau shall be notified as soon as possible on all cases where a child is admitted to a hospital as a result of suspected child abuse, dies an unexpected death or dies as a result of suspected child abuse.
- ii. Ensure that the scene(s) is (are) identified and secured pending issuance of a search warrant or signed consent.
- iii. Obtain a statement from the initial attending physician as to time frames and mechanisms of injury and symptoms the child would be expected to show, given the injury sustained.
- iv. It is recommended that interviews be conducted with all caretakers, suspects and witnesses, including specialized physicians (e.g., neurosurgeons, pediatric radiologists, etc.).
- v. Caretakers will be interviewed separately. Interviews of the caretakers shall focus not only on the current injury, but also on a thorough background of the child's health and upbringing.
- vi. Interviews with specialized medical personnel should be coordinated through hospital administration staff.
- vii. All medical records including recent and previous hospitalizations, doctor or emergency room visits, pediatrician and well child visits, by the child should

- be requested for the investigation through hospital administration staff.
- viii. Search warrants are to be utilized where appropriate, to ensure a thorough scene investigation. Investigators may contact PCAO regarding assistance with the warrant.
- ix. DCS shall be contacted to obtain prior reports and to determine what action DCS is taking on the referral. If DCS is involved, law enforcement shall share information with them. Please follow A.R.S. 8-807 (**Exhibit A**).

3. Information Law Enforcement to provide the PCAO:

- a. All pertinent information should be submitted to PCAO in a timely manner. It is recommended that the file include the following information:
 - i. A complete copy of the police report.
 - ii. All medical records of the child.
 - iii. Copy of interview recordings
 - iv. Copy of photographs
 - v. Copy of 911 calls.
 - vi. Prior relevant police reports and any other information obtained during the investigation.
 - vii. Criminal history report.
- b. If further information is required, please follow A.R.S. 8-807 (**Exhibit A**).
- c. The DCS caseworker is responsible for facilitating the delivery of DCS information to the law enforcement agency in a timely fashion when requested. Alternatively, a request to DCSRecordsRequest@azdcs.gov, may be submitted.
- d. The law enforcement agency may contact the DCS caseworker prior to submittal for prosecution to ensure all pertinent information is included.
- e. If further investigation post-filing is requested and the suspect is in custody, all requested information should be presented to the assigned PCAO Deputy County Attorney 24 hours prior to any judicial proceedings including Early Disposition Court, Grand Jury or Preliminary Hearing.
- f. If the PCAO Deputy County Attorney refers the case back to the law enforcement agency for further investigation:
 - i. It is recommended that the case be returned to the original case agent if possible. An in-person consultation between the assigned Deputy County Attorney and case agent should be conducted to discuss the specifics of the further investigation requested by the Deputy County Attorney.
 - ii. The requested information should be obtained as soon as possible.
 - iii. The PCAO must be advised if the investigating agency decides to

investigate/close the case within 30 days.

C. Training

It is recognized that in Pinal County, some law enforcement agencies may have officers who have not had the recommended training prior to responding and investigating calls involving crimes against children. It is further recognized that it is in the best interest of the child that all agencies seek to train their officers in the recommended courses set forth in **Exhibit F** (*Recommended Trainings*). Nothing in the Protocols shall be interpreted to mean that law enforcement officers cannot fully investigate allegations of crimes against children or criminal conduct allegations involving children without the recommended training.

DEPARTMENT OF CHILD SAFETY (DCS) & OFFICE OF CHILD WELFARE INVESTIGATIONS (OCWI)

The Governor of the State of Arizona oversees both the Department of Child Safety (previously defined as “DCS”) and the Office of Child Welfare Investigations (previously defined as “OCWI”). The primary role of DCS is to protect children by investigating allegations of abuse and neglect, promote the well-being of the child in a permanent home, coordinate services to strengthen the family and prevent, intervene and treat abuse and neglect [ARS § 8-800]. DCS is responsible for investigating and assessing child safety pertaining to in-home allegations of any act, failure to act or a pattern of behavior on the part of a parent, guardian, custodian or adult member of the victim’s household that may result in compromising the safety and well-being of the child (considered to be any person under the age of 18).

The Office of Child Welfare Investigations (OCWI) was legislated into existence pursuant to House Bill 2721 and receives its statutory authority within Arizona Revised Statute 8-471. The OCWI was born out of a Child Safety Task Force convened by the Governor of Arizona in 2014. The statutory obligation of the OCWI is to protect children by investigating criminal conduct allegations of child abuse within the State of Arizona. These investigations are to be conducted with law enforcement to maximize the joint investigative process in coordination with multi-disciplinary team partners. The mission of the OCWI is to provide thorough, uniform joint investigations of child abuse to protect children and increase the likelihood of criminal prosecution of offenders.

If a report to the DCS Child Abuse Hotline contains a criminal conduct allegation, DCS hotline personnel will determine if the criminal conduct allegation meets the OCWI criteria for an investigation as outlined:

- OCWI is contacted by DCS Hotline on all DCS reports regarding a child fatality of any age and will assess each report to determine if a response is needed. OCWI will assign all fatalities in Pinal County.
- Currently, OCWI is assigning criminal conduct reports in Maricopa and Pima Counties; however, OCWI will continue to assist Pinal County at the request of DCS and/or law enforcement.

- OCWI maintains an ORI for the purpose of employing criminal research analysts who assist in the investigations, particularly in locating missing families of endangered, abducted and/or vulnerable children.

A. DCS Hotline and Immediate Response

Pursuant to A.R.S. §8-802 (**Exhibit A**), DCS receives reports of dependent, abused, neglected or abandoned children on a 24-hour, 7 day per week basis through its **law enforcement hotline** and its **general hotline at 1-888-767-2445** and is to direct DCS workers to conduct a prompt and thorough investigation and assessment of reports received by the department.

In hotline reports that have the tracking code of Criminal Conduct, DCS, OCWI, and law enforcement will jointly investigate, assess and document their coordination efforts. In the course of investigating and assessing a report that does not have a tracking characteristic of Criminal Conduct from the DCS Hotline, in which the DCS Specialist discovers evidence of criminal conduct, he/she will immediately contact the appropriate law enforcement agency having jurisdiction or call emergency 911.

The DCS Specialist or Supervisor must notify the appropriate municipal or county law enforcement agency when a report alleges a criminal conduct allegation prior to initiating the DCS investigation. DCS will initiate and continue contact with the assigned law enforcement agent as outlined in Department policy. The DCS Specialist must coordinate the investigation with the identified law enforcement agency. Coordination requires a shared, cooperative approach and ongoing consultation, collaboration and communication. DCS shall make available to law enforcement, upon request, all notes, reports, photographs and medical records, including all prior reports of DCS contacts regarding the child so that a joint investigation can occur.

A joint investigation is not limited to, but shall include:

- a. Developing a plan to initiate and complete the investigation;
- b. Responding with law enforcement;
- c. Frequent and open communication to discuss the status of the case; and
- d. Obtaining and sharing information in a timely manner, particularly at the following critical communication points:
 - Completion of interviews and other assessments
 - Return of the child victim to the home (Safety Plan)
 - Filing of a dependency petition (Team Decision Making Meeting)
 - Disclosure of information about the criminal conduct
 - Prior to closure of a case

If law enforcement is not able to respond jointly within the response time requirements established for the department, DCS will proceed with its investigation to ensure the child's safety and maintain communication with law enforcement in a timely manner.

B. DCS/OCWI Assignments from Hotline

Upon assignment of a report, the DCS Specialist/OCWI Investigator will conduct an initial review of historical information.

The DCS Specialist/OCWI Investigator will conduct an initial DPS criminal history on the alleged perpetrators and adults in the home. The criminal history information should be used in developing a strategy to initiate and assist in decision making concerning the safety of the children and DCS/OCWI staff. The DCS Specialist/OCWI Investigator will review the DCS prior history of the family and alleged perpetrators identified in the report.

If interpreters are needed for the joint investigation response, DCS/OCWI will arrange assistance from their interpreter list.

The DCS Specialist or Supervisor must notify the appropriate municipal or county law enforcement agency when a report alleges a criminal conduct allegation prior to initiating the DCS investigation. DCS will initiate and continue contact with the assigned law enforcement agent as outlined in Department policy. The DCS Specialist must coordinate the investigation with the identified law enforcement agency.

C. DCS/OCWI Pre-Interview Process and Procedures

Once DCS/OCWI has contacted law enforcement, DCS/OCWI, will as soon as practicable, share relevant information with law enforcement. DCS/OCWI, with law enforcement, will determine which entity will complete interviews of report participants, along with the order of interviews to be conducted. In general, the following sequence should be considered for interviewing:

- i. Source of report;
- ii. Non-abusing parent/spouse/caretaker (if it will not impede or compromise the criminal investigation);
- iii. Alleged victim if the child's age and intellectual/emotional acuity permit;
- iv. Siblings/other children in the home;
- v. Alleged perpetrator;
- vi. Other persons who may have information regarding the alleged abuse;

D. Interview Protocols

The DCS Specialist and/or OCWI Investigator will ensure that all interviews pertinent to addressing the alleged abuse are completed. In accordance with the Protocols, care should be taken to not duplicate child victim interviews. Permission from the applicable law enforcement agency should be obtained prior to conducting interviews that may compromise an ongoing criminal investigation.

Additionally it is strongly recommended that child victim/witness interviews be conducted at one of the Pinal County FAC locations by a trained forensic interviewer, using the forensic interview guidelines outlined in **Exhibit E** (*Forensic Interview Guidelines*).

- a. In scenarios when a law enforcement agency conducts interviews:
 - vii. OCWI Investigators and/or DCS specialists are encouraged to monitor all interviews unless it impedes the criminal investigation.
 - viii. OCWI Investigators and/or DCS Specialists may obtain digital or written records of the interviews from the law enforcement agency unless such release would cause specific

material harm (see below)

- b. In scenarios when OCWI and/or DCS Investigators conduct interviews:
 - i. Approval will be obtained from the applicable law enforcement agency (as practicable) to proceed in interviewing all pertinent parties.
 - ii. The law enforcement investigator or FAC forensic interviewer will be permitted to monitor interviews when appropriate

DCS/OCWI will coordinate with law enforcement, assignment of other investigative tasks. These coordination efforts will clearly be documented in reports prepared by each agency.

E. Case Management Protocol

- a. The DCS Specialist will:
 - i. Obtain a medical examination of the child victim following guidelines outlined in the **Medical Evaluation** section of the Protocols (if not already completed in collaboration with law enforcement)
 - ii. Gather and record additional information (e.g. specialized assessments) per DCS Department policies
 - iii. DCS/OCWI will take steps per their department policy to ensure the safe placement and care of children. Prior to case closure, the DCS Specialist shall identify additional steps needed to ensure the safety of the children and pursue prosecution as appropriate.

F. Training

In addition to any other training mandated by their respective agency, the DCS / OCWI personnel who, in the course of their current duties are required to conduct investigations and/or interviews should complete the courses outlined in **Exhibit F (Recommended Trainings)**.

G. Participation on MDT Case Reviews

DCS specialists will participate regularly as team members of the Family Advocacy Center MDT case reviews. When the assigned DCS specialist is unable to attend monthly case reviews, the specialist will request a designee to participate in the case review. (See **Case Review** Section)

Specific Material Harm

Records from DCS & OCWI are available to law enforcement and PCAO, upon request, including a summary of all previous reports concerning the child, family or perpetrator, whether substantiated or not. With regard to other requests, the DCS/OCWI department's case records are confidential and shall not be released, except as specified by law. Information received from the OCWI is subject to the same confidentiality protection afforded all DCS information.

In an open dependency case, the Child Safety Specialist has an ongoing duty to disclose information, including information that was received from law enforcement, to the other dependency parties unless disclosure could: a) endanger a person, b) identify the reporting source of a DCS report, c) cause specific, material harm to an investigation, or d) violate a federal or state law. Assistance to DCS and OCWI in determining specific material harm can be provided by the PCAO DCS Liaison.

Within 24 hours prior to the preliminary protective hearing, the (DCS) Child Safety Specialist must disclose all DCS information to the other parties in the dependency. The Child Safety Specialist must continue disclosing all DCS information to dependency parties throughout the life of the dependency within five days of creating or receiving the information. In addition, the department is required to promptly provide DCS information regarding a case of child abuse, abandonment or neglect that has resulted in a fatality or near fatality. The department is not required to release information when such release would cause a specific, material harm to a Department of Child Safety or criminal investigation or when such release would likely endanger the life or safety of any person. If the department releases information, it must take reasonable precautions to protect the identity and safety of the reporting source.

If it is believed that the release of records may harm a criminal investigation, DCS will contact the PCAO DCS Liaison who will coordinate with the assigned prosecutor within the Pinal County Attorney's Office. If the assigned prosecutor agrees that the disclosure of information would cause a specific, material harm to the criminal investigation, the prosecutor or liaison will provide DCS with written documentation supporting his/her assertion.

PINAL COUNTY ATTORNEYS OFFICE

The Pinal County Attorney's Office (previously defined as "PCAO") has a specialized Major Crimes unit to handle the prosecution of child abuse cases. Attorneys assigned to the unit are experienced child crimes prosecutors and trial advocates. Attorneys that prosecute these crimes are carefully chosen. The assigned prosecutors will review all child abuse investigations submitted by law enforcement agencies for possible filing of criminal charges. PCAO Deputy County Attorneys are available to assist law enforcement agencies in the investigation of these cases, if needed, and to answer legal questions that may arise during the course of an investigation. PCAO Deputy County Attorneys may also visit the scene, assist in search warrant preparation, attend the autopsy or otherwise work with law enforcement.

A. Review of Submittals

After an investigation is completed by law enforcement or the suspect is booked into jail, the agency report is submitted to the PCAO for review. In-person consultations between the assigned case agent and a PCAO Attorney should be conducted, whenever possible, to determine the next best course of action.

1. Arrest of suspect: If a suspect is arrested, the following applies:
 - a. When the suspect is arrested and booked into jail, an attorney may attend the Initial Appearance to argue for an appropriate bond or other specific terms and conditions of release.
 - b. If a suspect has been booked, a complaint must be filed within 48 hours (excluding weekends and holidays) of an Initial Appearance, which occurs within 24 hours of booking

- into jail, in order to maintain the bond or release conditions that were set at the initial appearance proceedings ("Initial Appearance").
 - c. If charges are not filed, the defendant is released from custody and all Initial Appearance conditions no longer apply. If the defendant was released at his Initial Appearance, on his own recognizance or on bond, and no complaint is filed within 48 hours, all release conditions will no longer apply and any bond posted will be exonerated.
2. Submittals returned for further investigation
 - a. An in-person consultation between the assigned case agent and PCAO Special Victims Bureau Attorney should be conducted, whenever possible, to discuss the specific additional investigation necessary for prosecution.
 - b. The submittal is then returned to the investigating agency to complete the investigation.
 - c. The case may either be resubmitted for review with additional investigation or the law enforcement agency may choose to close the investigation.
 - d. If the agency does not choose to pursue the investigation, the PCAO as well as DCS and/or OCWI should be notified in writing, within 30 days.
 3. Submittals declined for prosecution
 - a. If a case is declined for prosecution, a letter indicating this decision will be mailed to the law enforcement officer and the victim by the PCAO.
 - i. The PCAO shall confer in-person, whenever possible, with the submitting law enforcement agency prior to declining a case for prosecution
 - ii. The victim has a right to confer with the PCAO regarding a decision not to prosecute.
 - b. There are various reasons why cases may be declined, including insufficient evidence to prosecute. The ultimate legal authority to prosecute or decline any particular case rests solely with PCAO.
 - c. Cases are never rejected solely on the basis of the victim's or family's refusal to cooperate.
 - d. All cases that are declined may be reevaluated if new evidence is presented.
 4. Felony cases may be sent to a preliminary hearing or taken before the Grand Jury for a determination of probable cause.
 - a. Grand Jury proceedings are not open to the public.
 - b. If the suspect is indicted, the PCAO shall notify the members of the MDT of the charges.

B. Prosecution

It is PCAO policy to utilize a team approach within a vertical prosecution model. This team consists of attorneys, investigators, victim/witness advocates, paralegals, and support staff members as well as the applicable law enforcement agencies.

1. An investigator may be utilized to assist the assigned PCAO Deputy County Attorney once a case is filed.
2. A victim/witness advocate is also assigned and will act as a liaison between the PCAO prosecutor and the victim.

3. The PCAO victim/witness advocate may also coordinate with the DCS victim advocate to comply with notification for children in State care.
4. The PCAO Deputy County Attorney, in conjunction with the victim/witness advocate, will work with the victim, parent, guardian ad litem, DCS victim advocate or the victim's attorney on the case.
5. Paralegals and legal support staff members help in research and in the preparation of motions regarding special issues surrounding child sexual and physical abuse prosecutions.
6. DCS and OCWI are agencies under the Governor of the State of Arizona. DCS deals with civil issues involving the child victim and OCWI handles the investigation of Criminal Conduct allegations of child abuse.

All members of the prosecution team are under a continuing obligation to exchange case information. This exchange may be assisted by the PCAO DCS Liaison.

C. Case Dispositions – Change of Plea or Trial

1. Once a case has been assigned to a PCAO Deputy County Attorney, the attorney, and/or the assigned victim/witness advocate will contact the victim to discuss the process and obtain input as to a possible disposition.
2. While not all cases are appropriate for plea offers, some cases will involve an offer to plead guilty to a lesser charge. Plea offers must comply with the Plea Agreement Principles and Guidelines established by the Pinal County Attorney.
3. Negotiated plea offers are to be communicated to the victims via the assigned victim/witness advocate. PCAO will afford all victims the right to discuss any plea offer with the assigned PCAO Deputy County Attorney and if necessary the Chief Deputy for PCAO. Victims may notify the pre-sentence probation officer and the court if they are not satisfied with any plea offer. Final disposition of a negotiated plea offer rests with the discretion of the court to either accept or reject the plea offer.
4. In all child sexual abuse cases that involve more than one count, it is anticipated that any plea offer will include lifetime probation. Lifetime probation may be imposed even in cases that include a term of imprisonment.
5. If a case cannot be resolved by way of change of plea, the case will go to trial.

D. Trial Disposition / Victim Preparation

1. PCAO recognizes that many victims and/or their lawful representatives are apprehensive about testifying. Trial apprehension is caused by various factors, including:
 - a. Unfamiliarity with the trial process
 - b. Uncertainty regarding whether or not the case is proceeding to trial.
 - c. Unnecessary delays.
 - d. Fear of testifying
 - e. Affection for the defendant and concern over possible punishment
 - f. Concern over continued disruption of family dynamics and lack of emotional support from other family members

2. The PCAO Deputy County Attorney along with the assigned victim/witness advocate may initially meet the victim in the victim's home, or other location where the victim feels comfortable.
3. Trial preparation is the responsibility of the assigned prosecuting PCAO Deputy County Attorney. The prosecutor should meet with the victim in order to:
 - a. Acquaint the victim with the trial process.
 - b. Develop a rapport with the victim.
 - c. In all but very rare cases, the victim will testify in court if the case is taken to trial. Prior to the trial, the victim will be taken into a courtroom and the PCAO Deputy County Attorney and/or the assigned victim/witness advocate will explain courtroom protocols and procedures to the victim.
 - i. The PCAO Deputy County Attorney is aware that the courtroom may be intimidating to the child/victim.
 - ii. When handled properly, trial testimony can be a powerful aid to the victim recovery process.
 - d. The PCAO Deputy County Attorney takes an active role in the victim's recovery process by the manner in which he/she handles a case destined for trial.
 - e. If requested to do so, the PCAO Deputy County Attorney will assist the victim in selecting a support person to be present during the victim's testimony, in addition to the assigned victim/witness advocate. The support person cannot otherwise be a witness in the case. The PCAO Deputy County Attorney will seek appointment of an interpreter or guardian ad litem for a victim in appropriate cases.
 - f. If appropriate or requested to do so, the PCAO Deputy County Attorney will seek the Court's permission for the victim to utilize a facility dog for support.
 - g. Prior to trial, the PCAO Deputy County Attorney and/or the assigned victim/witness advocate will discuss the possible outcomes of the trial with the victim and the victim's representative.
4. At the option of the victim, he or she may submit to an interview by the defense attorney.
 - a. The victim and/or victim representative will be advised of their right to decline a defense interview.
 - b. The PCAO Deputy County Attorney will be present and will actively participate in any such interview.
 - c. The PCAO Deputy County Attorney will make necessary arrangements for any reasonable conditions requested by the victim, including:
 - i. The presence of a victim/witness advocate who acts as a support person for the victim; or
 - ii. The presence of another support person; or
 - iii. The presence of a facility dog.
 - d. The PCAO Deputy County Attorney or his/her representative will arrange defense interviews of witnesses at the defense's request.

- i. The PCAO Deputy County Attorney or his/her representative will be present and will record the interview.
- e. The PCAO recognizes that child sexual and physical abuse cases often require retention of expert witnesses.
 - i. In those cases, the PCAO will pay reasonable fees for that expertise.
 - ii. A professional witness that has seen and evaluated the child/victim is required to testify because they are material witnesses. In such situations, the professional is not entitled to expert witness compensation.
 - iii. Expert and professional witnesses often have scheduling difficulties. The PCAO Deputy County Attorney shall strive to give adequate notice of a pending trial date to these witnesses.
 - iv. Special consideration will be given to the experts and professional witnesses to accommodate their schedules in coordinating a time for their testimony. Obvious constraints are imposed on the PCAO Deputy County Attorney, but efforts will be made to minimize the inconvenience to the expert or professional witness.

E. Courtroom Protocols

Testifying in court is an emotional experience for most adult witnesses. For a child it may be a frightening experience. In some cases there is a need to adjust the courtroom for the needs of children. The Rules of Evidence give the Court broad discretion to meet those 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 common sense sensitivity to the needs of child witnesses.

The following outline provides some guidelines for PCAO Deputy County Attorneys to follow 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 child witness. The court and PCAO Deputy County Attorneys should always be aware of the dangers in creating error when special procedures are used which may affect the Defendant's rights.

1. Language Abilities
 - a. Since in any criminal trial every person is competent to be a witness, there should be no need for a separate hearing on competency (see A.R.S. § 13-4061) If a judge decides to conduct such a competency hearing with a child/witness, the PCAO Deputy County Attorney should be allowed to conduct the questioning.
2. Attorney Conduct
 - a. Use normal, conversational tones;
 - b. Avoid lengthy objections (objections should be handled away from child)
 - c. Possibly remain in a neutral location while questioning the child (especially important if a defendant represents himself); and
 - d. Consider privacy regarding addresses and phone numbers.

3. Reducing Courtroom Trauma

A child friendly courtroom environment should:

- a. Allow a support person (or facility dog) to be nearby/next child;
- b. Allow child to hold a blanket, a stuffed animal, a doll or other small comforting object;
- c. In some cases, provide a small table and chairs for testimony rather than the witness stand;
- d. Provide a pillow or booster chair for the witness chair;
- e. Work with the courtroom bailiff to provide water, tissue, and to adjust the microphone;
- f. Be aware of younger children's reduced attention spans and the need for breaks.
- g. Provide opportunities for the child to use the restroom;
- h. 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;
- i. Consider the necessity of clearing the courtroom of spectators other than the press (proper findings are a must).
- j. Use child friendly props.
- k. Be aware of signs of distress in the child;
- l. Let the child know it is okay to tell the attorneys if he/she does not understand a question; and
- m. Provide for the separation of child/victim witnesses and his/her family from the Defendant and non-supportive family, etc.

F. Case Disposition

1. Jury Verdict

- a. If the case has been presented and the jury returns with a verdict, the PCAO Deputy County Attorney and/or the assigned victim/witness advocate will inform the interested parties and team members of the case outcome.
- b. It is the PCAO Deputy County Attorney's responsibility to consult with and keep the victim informed of the decision regarding the final disposition of the case.

2. Sentencing

- a. If the accused defendant (the "Defendant") pleads guilty, no contest or if the jury finds the Defendant guilty, the PCAO Deputy County Attorney and/or the victim/witness advocate will inform the victim of the sentencing procedure.
- b. In most cases, the sentencing date is 30 to 60 days after conviction.
- c. The PCAO Deputy County Attorney's duties in regards to the sentencing process:
 - i. Submit the Pinal County Adult Probation packet with the following to the Pinal County Adult Probation Officer:
 - (a) Departmental reports; the Indictment, Information, or complaint;
 - (b) Copy of the Plea Agreement (when applicable);
 - (c) Victim's biographical information; or other relevant information; and
 - (d) The PCAO Deputy County Attorney's sentencing recommendation
 - (e) Inform the victim of his/her right to restitution
 - (f) Inform the victim of his/her right to view any pre-sentencing report
 - (g) Inform the victim of sentencing procedure options including:

- (a) The Defendant may seek a continuance of the original sentencing date in order to present mitigating evidence;
 - (b) The State may seek a continuance in order to present aggravating evidence; or
 - (c) Either side may request a mental health examination under Rule 26.5, *Arizona Rules of Criminal Procedure*.
 - ii. Inform the victim of his/her sentencing rights at the sentencing proceeding.
 - (a) The victim or the victim's lawful representative has the right to be present at the sentencing; and
 - (b) The victim or the victim's lawful representative has the right to address the court.
 - iii. Assist the victim in addressing the court. The PCAO Deputy County Attorney may assist the victim in preparing a written statement to present to the Court.
3. Post-Conviction Relief & Appeals
- a. The PCAO Deputy County Attorney and/or the assigned victim advocate will explain to the victim and his/her representative the possibility of a review via a petition for post-conviction relief ("PCR") or an appeal. A form to opt-In for post-conviction notification will be provided to the victim.
 - b. PCR review is handled by the PCAO.
 - c. Appeals are handled by the Arizona Attorney General's Office.

PINAL COUNTY FAMILY ADVOCACY CENTERS

The Pinal County Family Advocacy Centers (FACs) are an additional resource for use by law enforcement, OCWI, DCS as well as other agencies to assist in a thorough investigation and enhanced prosecution of child sexual abuse and child physical abuse/neglect cases. The FACs also provide support and resources designed to minimize trauma of child victims, critical child witnesses and their non-offending family members from initial outcry through various phases of the multidisciplinary response to child abuse and neglect.

- 1. Services Provided
 - a. Case consultation with other MDT professionals
 - b. Forensic interviews conducted by trained professionals in child friendly rooms with recording equipment
 - c. Medical forensic examinations
 - d. Mental health referrals and resources
 - e. Victim advocacy services
- 2. Cases Eligible for Referral

Any cases designated as Criminal Conduct involving a child victim/critical witness under the age of 18 years is appropriate for referral to the FAC. Other cases can be referred on a case by case basis. These include:

 - a. High Risk Physical Abuse - High risk cases involving severe life-threatening injuries requiring emergency medical treatment and/or parent presents a serious threat to the

- child.
- b. Moderate Risk Physical Abuse – Moderate risk cases involving serious/multiple injuries which may require medical treatment and/or a child at risk for serious physical abuse if no intervention is received.
 - c. High Risk Neglect – High risk cases involving serious life-threatening situations requiring emergency intervention due to the absence of a parent, or a parent who is either unable to care for the child due to physical or mental limitations or is unwilling to provide minimally adequate care.
 - d. High Risk Sexual Abuse – High risk cases involving potential physical evidence of sexual abuse reported by a medical doctor or a child reporting sexual abuse within the last five days (120 hours).
 - e. Moderate Risk Sexual Abuse – Moderate risk cases involving sexual behavior or attempted sexual behavior occurring eight days or up to one year prior and/or child is exhibiting indicators consistent with sexual abuse.
 - f. Other cases meeting FAC criteria may be referred on a case-by-case basis (i.e. child labor and/or sex trafficking; critical child witnesses to violence).

3. How to refer a case

The Pinal County FACs require that all referrals are made by a Detective or DCS/OCWI specialist. If a family or community member calls requesting services, they will be directed to the appropriate investigative agency or a support service that can help them contact an investigative agency (i.e. victim services specialist who may assist a community member fearful to report).

Contact the Pinal County FACs by phone during normal business hours (M-F 8:00 AM – 5:00PM) at **520-866-7500 (Eloy FAC)** or **520-866-7020 (San Tan Valley FAC)**. For cases requiring immediate emergency response on holidays and during off-hours, an on-call forensic interviewer is identified on each of the main phone lines. **On-call medical forensic providers from Phoenix Children's Medical Group are available via pager 602-933-2780. (* Be sure to put your area code into the pager).** In addition, on-call medical forensic providers can be contacted through the office of Pinal County Medical Forensic Services at 520-705-4841. It is recommended that the PCAO Deputy County Attorney on-call at the time be contacted.

- a. Provide as much information as possible about the case and services required. To the extent possible, the caller must identify the language that the child speaks and if possible, the language of the parent/guardian. Advice of any medical or mental health issues, including those that affect the child's ability to communicate or be receptive to language (i.e. hearing impaired) are necessary to ensure that services are provided in a manner that responds to the needs of the child. Any other cultural or diversity issues known to the caller are to be identified to the FAC staff.
- b. Indicate if the case is an emergency requiring an immediate response.

4. When to refer a case

While a case may be referred to the Pinal County FAC at any time during an investigation, it is suggested that cases be referred to the Pinal County FAC immediately to ensure maximum

assistance by the FAC and MDT members.

5. What to expect after a referral

Following a referral to the Pinal County FAC, a date and time will be established to conduct the initial services requested by law enforcement and/or DCS/OCWI in consultation with other team members as needed (i.e. on-call Deputy County Attorney). The initial services requested generally include a forensic interview and medical evaluation, as needed. Onsite victim advocacy is provided in all of these circumstances. However, other initial services can be identified (i.e. victim advocacy for out of state child witnesses, federal victim advocacy involvement, etc.). Once the initial services are identified and scheduled, the following will take place:

- Briefing of other MDT members
- Identification and prioritization of needs
- Formulation of plan of action and coordinated investigation
- Initial Assignments

As the needs of the child victim and non-offending family members change through various phases of the MDT response, additional services and resources to support the child victim and family members will be identified and implemented. It should be noted that an on-site victim advocate meets with each family at the time initial services are provided at the FACs.

Case reviews utilizing the expertise of the various disciplines are held monthly at FACs. However, at any time during the MDT response to child abuse, any MDT member can request a case review through the FAC Case Review Coordinator or designated FAC staff member. This collaborative effort is intended to address the wide range of issues that can affect the child victim and family as they progress through multiple, complex systems involved during the MDT response to child abuse and neglect.

FORENSIC INTERVIEWS

A. Overview of Forensic Interviewing

The purpose and methodology of forensic interviews differ significantly from therapeutic interviews and treatment. The forensic interview is a fact-finding interview, designed to maximize the amount and quality of the information obtained from the child, while minimizing contamination of that information. Forensic interview methods and procedures are designed to minimize trauma the child may experience during the interview while maintaining the integrity of the investigative process for the joint agencies involved.

Forensic interviews are ideally conducted in safe, child-sensitive environments and electronically preserved in order to preserve evidence and decrease the number of times a child is interviewed.

Forensic interviews of children will be conducted at the FACs in the child-friendly interview rooms. In emergency circumstances (i.e. critical child witness to homicide), the forensic interview may be conducted in the field at a safe location. Forensic interviews will be conducted at the FAC a minimum of 75% of the time. Late night interviews in the field should be considered carefully. If a child is tired, distressed or experiencing shock, the interview may be compromised and scheduling an interview the following day may decrease stress and allow for better responsiveness by the child.

It is recommended that the forensic interview of a child victim or critical child witness be conducted as soon as possible following the outcry or initial report to law enforcement and/or DCS or OCWI if the child's mental and emotional status will permit. To the extent possible, a timeframe of 5 days or less after the outcry (depending on urgency) is suggested. The sooner the forensic interview is conducted, the more likely it is that the child victim or witness will have access to needed resources (i.e. medical exams, counseling, etc.).

Note: Forensic interviews conducted as agency assists for other jurisdictions will be provided within seven days of the agency request. However, if the matter is identified as urgent, every effort will be made to accommodate the requesting agency.

B. Forensic Interviewers

Forensic interviews are conducted by forensic interviewers who are employed by the Pinal County Attorney's Office FACs. These interviewers are separate and apart from mental health providers who provide services using treatment methodologies that differ from investigative interviews. The FACs carefully hire forensic interviewers and to the extent possible, select those with education in child development as well as education or experience in criminal justice and/or civil proceedings.

Prior to conducting forensic interviews at FACs, the FAC interviewers must satisfactorily complete eight hours of the Basic Forensic Investigation Training and forty hours of the Advanced Forensic Investigation Training as identified by the National Children's Alliance. This is the approved, evidence-supported forensic interview training recognized by the State of Arizona. The training includes instruction in child development, question design, implementation of protocol, dynamics of abuse, disclosure process, cultural competency and suggestibility as well as including a practice component with a standardized review process. Advanced forensic interview training attended by forensic interviewers or other MDT professionals will include, a minimum of 32 hours of critical content components identified by NCA in the Arizona State model. Further, FAC forensic interviewers must: a) attend a minimum of continuing education 3 hours every two years regarding forensic interview updates in accordance with NCA standards, and b) participate in forensic interview peer reviews quarterly or more often as needed and c) Read and review current articles specific to the practice of forensic interviewing.

The FACs are available to other forensic interviewers (i.e. law enforcement officers) to conduct forensic interviews, however, the FACs will require that the interviewer have NCA approved forensic interview training, annual updates and peer reviews per NCA standards. Law enforcement, child

welfare personnel, prosecutors and all other MDT members are strongly encouraged to attend the forensic interview competency-based training so that all team members are aware of the forensic interview rationale and methodology. A designated FAC staff member e-mails all team members when the Arizona State basic and advanced forensic interview trainings are offered in Pinal County and elsewhere in Arizona.

C. Interview Methods and Procedures

The Pinal County FAC's follow the protocols outlined in Exhibit E (*Role Play Sample Questions*) which were adopted from the Advanced Forensic Investigation Training and the Semi-Structured Cognitive Interview Method Guide. The SSCI forensic interview protocol ensures a research-based interview methodology which increases the likelihood that the interview will be conducted in a neutral, non-leading manner. The SSCI method affords opportunities to obtain the child's version of the events under investigation by emphasizing the use of open ended questions and prompts. The nature of follow-up questions is designed to clarify important information provided in the child's narrative, along with other important investigative issues (i.e. critical elements of the crime; source monitoring issues, etc.). Thorough forensic interviews can also provide additional investigative leads (i.e. physical evidence that needs to be collected, additional witnesses, etc.). The protocol's emphasis on interview questions that elicit free recall from children minimizes interviewer influence and suggestion, enhancing the likelihood that the interview will be legally sound. Further, a comprehensive forensic interview allows for prompt identification of additional services the child may require (i.e. medical exam).

Phases of the Semi-Structure Cognitive Interview protocol include:

- a. Rapport building phase
- b. Training in episodic memory/narrative practice regarding a neutral event
- c. Introductory phase – explaining the purpose and ground rules; eliciting promise to tell the truth
- d. Transition to investigative issues using open-ended non-suggestive verbal prompts
- e. Free recall phase - investigating the incident using a variety of open-ended prompts with direction to specific episodes if more than one incident is described
- f. Clarification of investigation information provided in free recall with non-leading questions
- g. Closure

A sound forensic interview reduces the need for multiple interviews and allows for the gathering of information needed by all the MDT members. (Note: While one forensic interview would be ideal, it is recognized that there are circumstances when a follow-up interview may be required. In such instances, the MDT members will determine whether continuity/familiarity with the original interviewer would be in the child's best interest. If a follow-up forensic interview is required, the purpose, along with specific issues to be addressed will be clearly delineated by the assigned prosecutor along with team members (i.e. law enforcement, forensic interviewer). The follow-up interview will be conducted in a non-leading manner, however some questions may reference information that was presented by the child in the initial interview. The follow-up interview will be electronically preserved, ideally on video/DVD.

While the SSCI protocol emphasizes questions designed to elicit free recall from children, Pinal County

Attorney's Office FACs recognize that each child has special circumstances and needs (i.e. reluctant witnesses, mentally challenged). The FAC forensic interview protocol does allow for the use of interview aids (i.e. paper and pencil for writing/drawing) for clarification of information already provided by the child. Interview aids are not to be used in a leading or suggestive manner. Further, competing attention tasks during the interview (i.e. child playing versus focusing on investigative questions) are not recommended. The use of anatomical dolls is not recommended in this protocol.

Introducing Evidence in Forensic Interviews of Children/Adolescents

The multi-disciplinary team (MDT) seeks to maintain the integrity of forensic interviews conducted at the Family Advocacy Centers by ensuring that if evidence presentation is considered necessary during a forensic interview that the presentation is purposeful and well-planned. The MDT will consider, on a case by case basis, if the evidence is: "in accordance with the primary goals of the forensic interview; maximizes the amount of accurate and critical information obtained from a child/adolescent; minimizes potential trauma to the child/adolescent and adheres to what is in the best interest of the child/adolescent."

Preparation

If a member of the MDT recommends that evidence (e.g. digital images, chats, texts, etc.) be introduced during a forensic interview, the investigative team will consult with the prosecutor assigned to the case prior to the introduction of evidence. Evidence to be considered for presentation during the forensic interview will be reviewed by the investigative team at the earliest time possible (e.g. when forensic interview is scheduled and preferably prior to the pre-interview MDT meeting) in order to facilitate discussion between the forensic interviewer, law enforcement and prosecution partner(s). The use of evidence in a forensic interview will be authorized by the prosecutor. If evidence is authorized for use in a forensic interview, the evidence will be properly labeled by law enforcement prior to its introduction in a forensic interview.

Introduction of Evidence

Ideally, the evidence will be used after the forensic interviewer has attempted to acquire as much information as possible regarding the allegations. The subject matter and/or content of the evidence shown to the child/adolescent will be limited in scope to the investigative elements being sought for exploration and/or corroboration within the forensic interview. The forensic interviewer will inform the child/adolescent that the interviewer will be asking for assistance with the evidence in order to eliminate the element of surprise (e.g. "we are going to talk about some pictures that were sent). The forensic interviewer will verbally note (for the recording equipment) the label on each piece of evidence prior to its presentation to the child/adolescent. (Note: Pornographic images will be sanitized by a method such as putting a post-it note over genital images prior to showing to a child/adolescent; otherwise, the evidence itself will not be altered in any manner).

Introduction of evidence in cases under federal jurisdiction will be subject to the direction of the federal agent in charge of the investigation and the assigned Assistant U.S. Attorney.

Chain of Custody of Evidence

Upon conclusion of the forensic interview, the forensic interviewer will promptly return evidence to law enforcement. Law enforcement will be responsible for maintaining chain of custody.

(Adapted in part from "Position Paper on the Introduction of Evidence in Forensic Interviews with Children," National Children's Alliance; September 2013).

(Adapted in part from: *“The Prepare and Predict Method: HSI Victim Assistance Program”*; Homeland Security Investigations. U.S. Immigration and Customs Enforcement March, 2017)

Note: This addendum does not apply to procedures for conducting photo-lineups with identification by children/adolescents. (Addendum, 2017)

D. The Forensic Interview Process at FAC

The law enforcement case agent and/or DCS/OCWI caseworker, in consultation with the child’s guardian (non-suspect) call the FAC staff at 520-866-7500 (Eloy FAC) or 520-866-7020 (San Tan Valley FAC) between 0800 and 1700 hours Monday through Friday for the interview appointment at either FAC location. A comprehensive team response requires having all of the MDT investigative agency personnel and MDT members (i.e. law enforcement; DCS/OCWI; medical providers; victim advocate) present during the interview process.

If law enforcement schedules the interview, they will notify DCS/OCWI and vice versa. Other MDT members, as needed, will be contacted via confidential email outlook calendar by the FAC staff member scheduling the interview. If local law enforcement determines that tribal, state or federal law enforcement is involved, local law enforcement will notify those agencies of the interview. (Note: If the child has a Guardian ad Litem, the GAL will be notified of the forensic interview by the FAC scheduler before initiating the interview process).

In order to provide culturally competent services, inquiries are made during the initial telephone contact to determine primary language of the child along with any disability concerns. If a translator is needed, FAC will contact a translator (i.e. language translator; translator for hearing impaired, etc.). All professionals at the FACs have access to the **Language Line** which can be reached at **866-874-3972**. For translator services involving the hearing impaired, contact the Pinal County Attorney’s Office, Community Liaison for Victim Services at 520-866-6813 or **Hearing Impaired Translator Services at 602-513-3533**.

If known, law enforcement and/or DCS will notify FAC if the child has developmental challenges in order for FAC to schedule the interviewer with the most knowledge and skill related to developmental delays (i.e. impaired expressive or receptive language) and/or physical and mental health disabilities. The forensic interviewers at the FAC will be flexible in this regard. Additionally, if a child is known to have sexually reactive behaviors, and is being interviewed as a possible victim, that child’s forensic interview appointment will be scheduled when no other children are in the waiting area at the time.

If it is known by law enforcement or DCS/OCWI that the child will require a medical forensic exam, FAC staff will schedule the medical evaluation to be conducted immediately following the forensic interview.

The FAC staff schedulers also notify via outlook calendar invitation, the FAC onsite victim advocate (“FAC Victim Advocate”) of the appointment so they are present and welcoming the child and family at the FAC. (Note: all references to family are to non-offending family members who are not suspects.

Suspects are not allowed on FAC premises). It is not unusual for children and families to be in crisis when an investigation of child abuse is initiated. The FAC Victim Advocate will remain with the family during the time investigative services are provided at the FAC and will provide critically important support and information during the ongoing investigation and throughout various points of service as needed (i.e. pre, during and post prosecution).

In the unusual circumstance where the FAC Victim Advocate is absent, an FAC Administrative Specialist or other appropriate FAC staff will advise the family of the FAC process and provide any necessary immediate support. FAC staff members are cross trained in basic victim advocacy services, including assistance with victim compensation applications. The FAC Coordinator, will notify the FAC Victim Advocate via telephonic contact or e-mail that the child and family requires follow- up. The FAC Victim Advocate will contact the family either via telephone or in person within 48 hours of the notification (See ***Victim Services*** section).

In coordinating the joint investigation with all team members present, the FAC administrative staff scheduler will notify, at a minimum, the following team members of scheduled forensic interviews: law enforcement; DCS; OCWI as needed; Forensic Interviewer; Medical Provider; Victim Advocate; and assigned prosecutor(s).

When the child/family arrives, FAC staff will welcome the family, provide a comfortable place to relax and screen for suspect presence. Juvenile suspects of any age and adult suspects are not allowed on FAC premises. An assigned FAC staff member remains with the family in the waiting/play area. To further ensure safety of children and families at FAC, the play/waiting area of the FAC is monitored with cameras that are readily visible on secure computers in the FAC.

MDT Pre-Interview Meeting will be conducted with law enforcement, DCS caseworker, medical provider, forensic interviewer, victim advocate and other MDT members as needed (i.e. translator), to discuss allegations and share case information before the interview.

Caregiver Pre-Interview Meeting: Law enforcement, DCS/OCWI and the forensic interviewer will meet with the non-offending parent or guardian for information about the allegations prior to interviewing the child victim or witnesses. FAC staff remain with the child in the waiting area. Security cameras of the waiting area are in place with viewing capacity on all computers in the FAC.

Forensic Interview: The forensic interview of the child is conducted by the forensic interviewer following the *Forensic Interview Guidelines* in the private, child-friendly FAC interview room. Law enforcement, DCS/OCWI, and other MDT members as needed (i.e. Medical Provider) observe the interview on monitors in the observation room. The FAC interviewer turns on and off the recording equipment. The child is asked to leave electronic devices out of the interview room. (Note: Parents are not participants in the interview room with their child, nor are they participants in the monitor room. Every effort is made to ensure the integrity of the investigation by minimizing potential witness influence. Further, if the parent becomes a witness, this could prevent him/her from being in the court room should the child have to testify in court. There may also be circumstances where the child reports abuse or neglect occurring in the home during an interview regarding an unrelated matter.) **When possible, prior to the**

end of the forensic interview, the interviewer will take a break and discuss any points needing clarification with MDT members. Given developmental limitations or the emotional presentation of some children, the interviewer may decide it is not in the child's best interest to be left unattended in the interview room.

During the child's interview, the on-site victim advocate meets confidentially with non-offending parents. Non-offending siblings are cared for in the waiting/play area by FAC staff.

Post-interview Meetings: Law enforcement, DCS/OCWI, the forensic interviewer and other MDT members as needed, discuss the interview findings. Law enforcement and DCS/OCWI, along with other MDT members as needed (i.e. translator) then conduct a post interview meeting with the non-offending parents to briefly inform them of the interview results, as well as to ensure a safety plan, and to inform the parents of the next steps of the investigative process. The FAC Victim Advocate will provide (verbally and in writing) resources for crisis intervention services, mental health services and victim support so that prompt intervention can be possible for the child and non-offending family/guardian. The FAC Victim Advocate also assists non-offending parents with completion of victim compensation applications. (See **Victim Advocacy** Section). Crisis intervention, if needed on premises is provided by Corazon Mental Health providers at the Eloy FAC and by Grossman & Grossman at the San Tan Valley FAC (See **Mental Health** section).

The forensic interviewer, law enforcement, DCS/OCWI, medical provider, and other MDT members as needed, will meet to discuss findings, next steps and recommendations.

The forensic interviewer provides a copy of the recorded interview to law enforcement on a DVD labeled per evidentiary requirements and the DVD will be retained as evidence at each respective police department per their evidentiary policies. FACs retain a copy of the DVD in a locked case file to allow for testimony preparation as needed. Any requests to the FAC for copies of the forensic interview DVD's will be forwarded to the Pinal County Attorney's Office.

Note: If the FAC Victim Advocate is absent, appropriate FAC staff will provide the resource/referral information to the parent and child (if age appropriate). In the unusual circumstance where either law enforcement or the DCS worker are unable to attend the forensic interview, the forensic interviewer will notify the respective professional within 48 hours or sooner as needed, of the interview outcome and "next steps" recommendations of the other team members. If the child was scheduled for a medical exam, FAC will direct the parent and child to meet with the medical provider (See **Medical Evaluation** section).

E. Documentation

The most complete and accurate way to document forensic interviews and capture the exchange between the child and the interviewer (e.g. the exact wording of the questions and responses; demeanor) is audio and video electronic recordings. All forensic interviews conducted at the Family Advocacy Centers are electronically recorded and discs of the recordings are provided to investigative agencies. Routinely, no written summary of the interview will be provided.

At the completion of the interview, the DVD will be labeled at a minimum with evidentiary data: victim name, date of birth, date of the interview, and police report number. Chain of custody (DVD evidence) will be documented by the forensic interviewer and the pertinent statistical information will be maintained by the FACs administrative assistants.

The lead law enforcement agency is responsible for completing a report documenting the results of the interview with the child. DCS will be responsible for maintaining their own required records regarding the investigation.

FAC forensic interviewers or designated staff will document the services provided in the FAC Case Management System (Justware) to track services.

Follow-Up Forensic Interviews:

The multi-disciplinary team (MDT) seeks to eliminate duplicative or redundant interviews of an alleged child victim whenever possible. However, there may be occasions when the traditional model of a single forensic interview does not fit the particular needs of a child victim or when an individual case may necessitate a follow-up forensic interview. Recent research indicates that additional interview sessions may allow reluctant, young or traumatized children the opportunity to more clearly and completely share information. In other instances, the child victim may require assistance from an interpreter or may have special needs or may have developmental disabilities. An additional interview may be useful to explore complicated or multifaceted allegations of abuse or when the child victim has difficulty with a single-session interview and there are unaddressed suspicions of abuse.

If a member of the MDT feels a follow-up forensic interview is necessary, the investigative team and respective prosecutorial partners will determine the need for additional interviews. The number of interviews will be governed by the best interests of the child victim and the individual case needs relative to eliciting complete and accurate information from the child victim.

The same forensic interviewer should conduct all sessions when possible and the interviewer will attempt to safeguard that the interviews are non-duplicative in nature.

If an initial forensic interview took place outside of the FAC, the investigative team will assess if a subsequent forensic interview is necessary. This interview should take place at the FAC and in accordance with the forensic interview protocol outlined in the protocol document.

F. Peer Reviews and Ongoing Education

The forensic interviewers (and/or detectives who conduct forensic interviews of children) will participate in, at a minimum, quarterly peer reviews coordinated by a designated forensic interviewer of the Pinal County Family Advocacy Centers. It is recommended that individuals who are trained forensic interviewers conducting forensic interviews in Pinal County participate in at least four forensic interview peer reviews per year.

The peer review process is designed as a learning experience and an opportunity for further education

as well as an opportunity to network and share learning and challenges with peers. At each peer review, interviewers will review and provide performance feedback of actual interviews in a professional and confidential setting. No written record will be kept of the peer reviews. Educational updates regarding research and issues related to forensic interviews of children will be provided and discussed during forensic interview peer reviews, case reviews, and at a minimum, quarterly by the designated FAC staff member to MDT members (i.e. through the identification of webinars, conferences, disseminated literature, etc.) to reflect current practices.

Individuals responsible for conducting forensic interviews shall participate in a minimum of 8 contact hours every two years of ongoing education in the field of child maltreatment and/or forensic interviewing.

G. Release of Information

The FAC will not be authorized to release any information regarding video recordings or interviews. Any requests, including those pursuant to court orders, to view video recordings should be referred to the Pinal County Attorney's Office.

MEDICAL EVALUATION

Medical evaluations of children reporting abuse are considered a vital component of the coordinated MDT response to child abuse and neglect in Pinal County. The medical evaluation of children suspected to be abused involves thorough evaluations performed by professionals trained in the complexities associated with sexual victimization and other forms of child abuse. Specialized knowledge skills, and sensitivity are required by medical providers during assessments, treatment, and follow-up care of children and adolescents suspected of being abused. Additionally, some circumstances require the collection of forensically relevant evidence during the medical evaluation. The guidelines set forth maximize the opportunity for exams to be conducted in a non-threatening, warm atmosphere while maintaining the integrity of the process for both medical and legal purposes.

Purpose of the Medical Evaluation

The purpose of the medical evaluation in suspected child abuse cases is to:

- Ensure the health, safety and well-being of the child
- Diagnose, document and address medical conditions resulting from abuse
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions and thereby also diagnose, document and address medical conditions unrelated to abuse
- Assess the child for any developmental, emotional or behavioral problems that require further evaluation and treatment
- Make referrals as necessary for further assessment, treatment and follow-up care
- Reassure and educate the child and family
- Educate the multi-disciplinary team members involved in the team response to an

investigation of child abuse

All children who are suspected victims of child abuse should be assessed to determine the need for a medical evaluation. Medical examinations will not be limited to only those where forensic evidence is anticipated.

A. Providers of Medical Evaluations

Child abuse medical evaluations at the Pinal County FACs will be performed by medical personnel who have both pediatric and child abuse expertise. Medical personnel will make available to the FAC, documentation regarding their education, training and experience in the area of child abuse and neglect. The medical evaluator must meet at least one of the following training standards in order to conduct the medical forensic evaluation:

- a. Child Abuse Pediatrics Sub-Board Eligibility or certification
- b. Physicians, Physician's Assistants and Advanced Practice Nurses without board eligibility or certification will have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse
- c. Forensic Nurses or sexual assault nurse examiners (SANEs) who are not advanced practitioners will have a minimum of 40 hours of coursework specifically regarding medical evaluation of child sexual abuse followed by a competency based clinical preceptorship (with preferred preceptorships at sites recommended by the International Association of Forensic Nurses)

All medical providers will be licensed to practice and be in good standing by their Arizona State regulatory practice board.

Continuous Quality Improvement (CQI):

Medical providers at the FACs are expected to offer evidence-based approaches to medical evaluations of children suspected to be abused. Medical providers who offer medical evaluations for the Pinal County Attorney's FACs will remain current with: 1) published research regarding medical findings in abused versus non-abused children, 2) recommendations from national professional organizations regarding medical forensic exam methods, procedures and aftercare of sexually and physically abused children, 3) lab tests, including the testing and management of sexually transmitted infections in children and adolescents, 4) aftercare and follow-up recommendations for abused children (e.g. sexual abuse, physical abuse, neglect).

As part of the CQI plan, the medical provider will participate in peer review that includes review of photo-documentation and description of exam findings and impressions. One hundred percent (100%) of all medical exam findings that are described as "abnormal" or "diagnostic" of trauma in sexual abuse cases will undergo expert review by an advanced medical consultant (as defined by NCA to be a child abuse pediatrician or physician or advanced practice nurse who has met the minimum training standards outlined above; performed at least 100 child sexual abuse exams and is current in the CQI requirements).

B. Continuing Education of Medical Providers

All medical professionals providing services at the FACs will demonstrate a minimum of 8 continuing education contact hours in the field of child abuse every 2 years. Medical providers must remain current with published research findings as noted in the aforementioned CQI subsection. Providers of medical evaluations for Pinal County Attorney's Office FAC must meet both the training standards of FAC, as well as the ongoing continuing education requirements.

C. Reviews: consultant; case; peer

Providers of medical evaluations for the FAC will participate in peer review (i.e. case reviews; photo-documentation reviews). All medical exams provided on-site at the FACs will undergo case review by the Medical Forensic Services Program Medical Director. Therefore, 100% of all exams with findings described as "abnormal" or "diagnostic" will be reviewed. (If medical director is not an advanced medical consultant, then 50% of cases involving abnormal findings or "diagnostic" of sexual abuse will be reviewed by an advanced consultant defined as a child abuse pediatrician or a physician or advanced practice nurse meeting the minimum NCA training standards for a medical provider, performed at least 100 child sexual abuse exams and is current in CQI requirements)

Forensic nurses offering medical forensic evaluations at the FACs will participate in the monthly Sexual Assault Nurse Examiner (SANE) peer review offered through Midwestern Regional Children's Advocacy Centers. All Medical Forensic Services program medical providers will undergo internal peer review in a minimum of 80% of cases where "no injuries" were documented in the exam findings. One hundred percent (100%) of all cases involving medical exam findings described as "abnormal" or "diagnostic" of trauma in sexual abuse cases will undergo expert review by an advanced medical consultant.

Methods of tracking cases in the CQI process will be through customized electronic report in a secure encrypted software system, Forensic Electronic Medical Records (FeMR).

How to Schedule On-Site Exams during Business Hours

Pinal County Attorney's Office FACs have a linkage agreement with Pinal County Medical Forensic Services for onsite exams to be offered five days per week during business hours 0800 through 1700 hours. To schedule FAC onsite medical evaluations during the regular work week, the lead law enforcement officer and/or DCS (coordinated through law enforcement) will call **Eloy FAC at 520-866-7500 or San Tan Valley FAC at 520-866-7020** so that services can be coordinated (e.g. forensic interview; medical evaluation; victim advocacy services). As critical members of the MDT, medical providers will have access to pre-forensic interview information and forensic interview findings in order to minimize secondary trauma to children and families that can occur with repeat questioning.

Medical evaluations at the FACs are completed in child-sensitive, secure and comfortable medical exam rooms that help to reduce further trauma to the patient. Private areas are available for medical personnel to speak with non-offending family members. Equipment required for the collection, preservation and documentation of evidence is available at the FAC. A clothes closet with

new undergarments as well as clothing of various sizes is available for children as needed.

Emergency After-Hours Exams

It is recognized that in life-threatening emergencies, children will be transported to the nearest emergency department. In all other emergencies, it is recommended that after-hours exams be offered by the Phoenix Children's Medical Group through Phoenix Children's Hospital. The medical provider on-call can be reached via **pager at 602-933-2780**. . (* Be sure to put your area code into the pager).

The on-call medical provider will determine the urgency of the exam. If the exam is urgently needed, the on-call medical provider will advise law enforcement of the location to transport the child.

Suspected Sexual Abuse of Children and Adolescents

For purposes of referral for medical evaluations, a suspected victim of sexual abuse may be identified by the following criteria: 1) disclosure of abuse, 2) witness of abuse by another individual, and/or 3) exposure to high-risk offenders (e.g. adults in possession of child pornography; suspect has sexually transmitted disease; sibling/household contact of a child victim; sex trafficking suspected; child/adolescent is identified in sexually explicit electronic images).

Referral and Timing of Exams

Screening criteria is in place to assist MDT members in determining the need for medical evaluations of children suspected to be victims of abuse so that competent care can be provided as soon as possible and duplicative and/or intrusive procedures can be minimized. Evaluations are prioritized as **emergent, urgent and non-urgent** based on screening criteria.

EMERGENCY: EXAM WITHOUT DELAY

- * Medical, psychological or safety concerns such as acute pain or bleeding, suicidal ideation or suspected human trafficking
- * Assault that may have occurred in the previous 120 hours necessitating collection of forensic evidence for later forensic analysis (Adolescent within 120 hours; Prepubescent Child 72 hours)
- * Need for emergency contraception; Need for post-exposure prophylaxis for sexually transmitted infections, (PEP) and/or a need to offer HIV (nPEP)
- * Child was abducted and sexual abuse is suspected

URGENT: EXAM AS SOON AS POSSIBLE

- * Suspected or reported sexual contact within the previous 2 weeks without emergency medical, psychological or safety needs identified
- * Penetrating trauma within the last 7 days (schedule as soon as possible as these injuries can heal in days)

- * Other circumstances that warrant medical evaluations as soon as possible are: even if outside of the 120 hour window for forensic evidence collection are: pain/bleeding described after the contact even in situations > 120 hours since last incident, nature of contact had potential for sexually transmitted infections, siblings in a household where perpetrator has access to them, child pornography in household, parent or patient concern regarding perpetrator influence/manipulation of child

NON-URGENT: EXAM WITHIN 7-10 DAYS, IDEALLY AS CONVENIENT FOR FAMILY

- * Sexualized behaviors (outside of normal developmental)
- * MDT concerns or community medical provider concerns for sexual abuse that may have occurred more than 2 weeks prior without emergency medical, psychological, or safety needs identified
- * Family concerns for sexual abuse with contact more than 2 weeks prior without emergency medical, psychological or safety needs identified

Other Considerations:

- * The child may have provided only a partial disclosure of abuse and the medical exam (including medical history) may reveal evidence of injury
- * Pregnant teens shall be evaluated by an obstetrician. Physicians must consider the possibility of sexual abuse in these circumstances.
- * If a child has already seen a pediatrician or gynecologist and records or photo-documentation exists, medical providers will review documents prior to scheduling

The Medical Evaluation – Child Sexual Abuse

Medical evaluations of children involve the “clinical encounter of the health care providers, child or adolescent patient” and when possible, the caregiver. Medical histories are an important part of the medical evaluation and are separate from forensic interviews but designed so that information gathering avoids duplication. As part of the MDT at the FAC, medical providers include history from a variety of sources (e.g. non-offending caregiver; Department of Child Safety; law enforcement, forensic interviewers). It is noted that medical histories obtained by the medical provider have the potential to more fully understand what a child may have experienced.

Medical histories will include: history obtained from the child; history obtained from the caregiver regarding concerns, medications/allergies, a birth history, family history, social history, developmental history, immunizations (e.g. Hep B, HPV, Tetanus per guidelines), hospitalizations/emergency visits, past surgeries, and review of all body systems with particular attention to any genitourinary and gastrointestinal symptoms.

The child will be given a choice of whether he/she would like a supportive person of their own choosing in the exam room.

A “head to toe” physical examination will be completed, carefully examining the entire body to detect any signs of trauma, neglect or abnormal medical conditions. Photographic documentation of any injuries on the body will be completed. (See photography of anogenital area below). Photographs will not take the place of detailed descriptions of exam findings.

The exam will include thorough examination of the anogenital area. This must be done with good

illumination and can involve the use of magnification (e.g. colposcope) to better visualize the anogenital structures and possible injury. Photographic and/or video documentation of the genital/anal areas is recognized as the highest standard of care and to the extent possible, will be the means of medical care documentation. Photographic documentation of the anogenital areas will be completed during all exams (e.g. normal variants; disease processes; injuries). Photographic documentation also allows for peer review and decreases a need for repeat examination if a second opinion is warranted (Note: the medical professional's primary obligation will be the best interest of the child so there may be an occasional circumstance where photography is a secondary consideration).

When the exam is done within 120 hours of the alleged sexual abuse, in addition to the above medical exam procedures, the medical professional will determine if a sexual assault kit is required for use during the evaluation. (AZ DPS Scientific Analysis Bureau recommends forensic evidence collection as determined by medical and assault history on a case by case basis - within 72 hours for prepubescent children and within 120 hours for adolescents). If the sexual assault kit is part of the exam, the medical documentation will include completion of the Arizona State (DPS) Bureau of Scientific Analysis - Sexual Assault Kit form. (Note: photographic images are NOT included in evidentiary kits). Chain of evidence procedures and documentation of same will be followed.

Pregnancy, Sexually Transmitted Diseases Testing and Care

Testing for pregnancy and sexually transmitted diseases (e.g. gonorrhea, chlamydia, herpes, trichomonas, HIV) (and non-sexually transmitted diseases such as strep) will be based upon individual patient medical history (including abuse/assault history; risk factors) per the recommendations of the National Protocol for Sexual Abuse Medical Forensic Exams – Pediatric (2016); and Center for Diseases Control guidelines and updates (2015). These lab tests may be available on site or by referral to appropriate labs or providers for testing. Presumptive treatment in prepubescent children is not recommended and treatment is deferred until positive results are confirmed with follow-up tests (CDC. 2015). Prophylaxis per the CDC guidelines (2015) and updates will be offered to adolescent patients whose medical history warrants.

Routine toxicology testing is not recommended, however the collection of toxicology samples may be indicated based upon patient history or investigative concerns (e.g. drug-facilitated sexual assault). If drug-facilitated sexual assault is suspected, collect the following: “within 6-8 hours of the last incident, collect both blood and urine. Anything after 8 hours, urine will be tested.” (AZ DPS Scientific Analysis Bureau, Phoenix location; 2018).

Follow-up Exams

Follow-up exams are recommended for:

- * findings on the initial exam that are unclear or questionable
 - * further testing for STI's not identified or treated during the initial exam, and
 - * progressive documentation of healing or resolution of acute findings
-
- * when initial exam findings may require confirmation (e.g. exam performed by an examiner who had conducted fewer than 100 child sexual abuse evaluations and no photo documentation is available for

review)

Suspected Physical Abuse and Neglect

EMERGENCY – EXAM WITHOUT DELAY; TRANSPORT IMMEDIATELY

Acute Injury (i.e. burns; injuries to the head or neck; abdominal injuries, possible fractures in a child of any age; acute injury with symptoms of pain) for which there is not a clear accidental explanation.

All children reporting attempted strangulation

Severe neglect (e.g. malnourished, dehydrated)

Law enforcement will page the on-call medical provider at Phoenix Children's Medical Group (602-933-2780 pager) and arrange for transport to the nearest location advised by the on-call provider who will coordinate care. The lead law enforcement officer will also inform the on-call deputy county attorney of the emergent circumstances.

If law enforcement has any question regarding urgency of the medical evaluation after hours, call the Phoenix Children's Hospital Medical Group 1-602-933-2780 (pager). * Be sure to input your area code when leaving call back number. During business hours, call the Pinal County Medical Forensic Services provider at 520-705-4841 (cell) with any questions.

Note: (All children under the age of 2 years and those who are older but nonverbal shall be seen at a by a specialized medical provider at a facility offering the highest level of care with diagnostics such as radiography readily available).

URGENT – SCHEDULE WITHIN 24 HOURS

For all other reports of physical abuse, schedule on-site at the Family Advocacy Centers for medical evaluation as soon as possible.

For physical abuse reports where there are no visible injuries, the inflictions did not occur to the face, head or abdomen, there are no reports of attempted strangulation and no symptoms are reported, the medical evaluation can be scheduled on-site at the FACs.

The Medical Evaluation – Physical Abuse and Neglect

Children suspected by DCS, law enforcement or medical personnel of having been physically abused or neglected should have an exam as soon as possible. Children with fairly minor visible injuries may have serious internal injuries. This exam should include:

A complete medical history and the history of the suspected abuse, obtained from a variety of sources (e.g., parent, DCS, Forensic Interviewer; law enforcement) because children who experience one type of abuse are at risk for all forms of abuse, a brief examination of the genital/anal areas will be considered. If the history or exam reveals that sexual abuse is a concern, then the sexual abuse procedure should also be followed (as outlined in the previous child sexual abuse sub-section).

Appropriate lab studies will be completed if needed to document medical conditions caused by injury and to exclude such medical conditions as bleeding disorders.

Imaging studies may be considered to discover and document injuries that are not externally apparent by physical exam. These studies may include radiographs, ultrasound scans, computerized tomography scanning, nuclear scanning, and Magnetic Resonance Imaging. The studies needed in any given case are variable and must be determined on a case-by-case basis. However, x-rays of the entire skeleton are indicated in most children less than 2 years of age and in selected children over 2 years old if physical abuse is suspected.

Labs and imaging studies will be coordinated by Phoenix Children's Hospital at the location designated by the on-call medical provider.

Post-Examination Conferences

Following all medical evaluations, a post examination conference will be held with (non-offending) parents. The post-examination conference may include other MDT members as needed to address the medical, social and mental health needs of the family. The conference is held without children present in order to allow for an open exchange of information with parents. It is understood that medical forensic providers have an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative that the provider remain objective in the evaluation and not confront the family or speculate on the nature of an injury.

Documentation of Medical Evaluations

The medical records will be maintained in compliance with federal rules governing protected health information and patient privacy. In emergency circumstances, medical evaluation findings will be provided verbally to the investigating law enforcement agent. (Per A.R.S. 13-3620(C), the medical evaluation consent will allow that medical exam findings will be shared with law enforcement and/or Department of Child Safety). Permission from the parent/guardian for release of records is not required, however parental consent (non-offending parent) when available is recommended.

The medical record will include at a minimum, the medical history, any lab studies and findings, physical exam method and findings, and recommendations for the child (and family members if appropriate such as in mental health care). To the extent possible, still and or video documentation of exam findings will be the standard of care, and part of the medical record. Photographs will not be considered a substitute for detailed written descriptions of exam findings.

Exam findings/clinical impressions will be documented considering "the interpretation of medical findings in suspected child sexual abuse guidelines" (Adams et al., 2015).

Recommendations will include both primary and specialty care (e.g. appropriate mental health resources; medical follow-up if HIV prophylaxis provided).

The medical record will be maintained by the medical provider using electronic medical records software that is secure and encrypted with date and time-stamps indicating who has accessed the record.

A customized report (log of medical record), kept by the medical provider will document records released to law enforcement and all others (based upon HIPAA compliant requests) in order to prevent misinterpretation and misuse. (Note: No genital photographs are released to law enforcement or DCS; If such photos are legally ordered, any provision of genital photos by the medical provider requires that the provider advise (e.g. the court) regarding patient privacy concerns, misinterpretation and misuse of the photos, and alternatives to the use of photos (e.g. diagrams in the courtroom).

Medical records will be kept for 99 years - based upon justice standards.

Medical Evaluations Are Available to All FAC Clients

Children requiring medical examinations will receive those exams regardless of ability to pay. Payment will be made by the Pinal County Attorney's Office to cover the cost of the medical evaluation. In the event that the medical evaluation was completed elsewhere (i.e. prior to any involvement of the MDT), the FAC Victim Advocate will assist the client in applying for reimbursement through Victim Compensation funding as needed. Exams will be modified to accommodate mobility as well as cognitive impairments and providers will be cognizant of cultural beliefs regarding medical forensic evaluations (e.g. whether garments are taken as evidence).

When medical evaluations are scheduled at FACs, the FAC staff will be advised if a translator of any type (i.e. language, hearing impaired, etc.) will be required for the child and/or non-offending parent/caregiver. All FAC team members, including medical providers, have access to the language line:

Language Line: 1-866-874-3972

Client Name: Pinal County Attorney's Office

Client ID#: 581057

MDT Case Review Participation and Education

It is not uncommon for children and families to have questions and anxiety about the methods, procedures and findings of medical evaluations. All FAC staff will be educated by a Pinal County Medical Forensic Services team member regarding the purpose of medical evaluations so FAC team members answer general questions of caretakers and respond to concerns or misconceptions. The Pinal County Medical Forensic Services team are available for continuing education and education of new MDT members at the FACs.

Cases will be staffed as needed for medical concerns or forensic purposes. The medical provider will participate either in person or telephonically in monthly case reviews as scheduled by FAC. Medical professionals will also provide educational components in monthly case reviews as needed. Additionally, the medical providers will make MDT members aware of updates to current practice. The Pinal County Medical Forensic Services provider will forward to the FAC Case Review Coordinator, or designee - webinars, conferences and literature to be disseminated to MDT members via email. All MDT members are encouraged during monthly case reviews to identify medical topics that would further the team's understanding of the medical evaluation and follow-up care of children served at the Pinal County Attorney's Family Advocacy Centers.

References

The screening criteria and approach to interpretation of medical findings in suspected child sexual abuse is guided by:

Adams, J.A., Kellogg, N.D., Farst, K.J., Harper, N.S., Palusci, V.J., Frasier, L.D., Levitt, C.J., Shapiro, R.A., Moles, R.L., Starling, S.P. (2015). Updated guidelines for the medical assessment and care of children who may have been sexually abused. *Journal of Pediatric and Adolescent Gynecology*, 29, (2), 81-87.

Other Select References

Centers for Disease Control and Prevention [CDC]. (2015). *Sexually Transmitted Diseases Treatment Guidelines*.

U.S. Department of Justice. Office on Violence Against Women. (April, 2016). *A National Protocol for Sexual Abuse Medical Forensic Examinations – Pediatric*.

U.S. Department of Justice. Office on Violence Against Women. (2013). *A National Protocol for Sexual Assault Medical Forensic Exams – Adults/Adolescents; 2nd Edition*.

(Note: As new evidence-based recommendations are provided by expert medical providers, researchers and professional organizations, those will be provided to the FAC Manager by the medical provider for incorporation into the protocol via addendums)

MENTAL HEALTH INTERVENTION

The psychological health of children and families in Pinal County is of utmost significance during the multidisciplinary team response to child abuse and neglect. The profound importance of mental health is underscored by the FAC's recognition that psychological trauma and other mental health issues may arise at any point of the MDT response, intervention and follow-up of child victims and their families.

Through their contact with children and families, mental health providers are at times the first providers that initiate a child abuse report. Further, mental health providers may have important information regarding the context of a child's everyday life (i.e. family environment, social support, etc.). Mental health providers are also instrumental partners in providing mental health education in our Pinal County communities.

All caretakers of children who present to the FAC will be provided referrals for crisis intervention and mental health services in written form and verbally, by the FAC Victim Advocate (or the FAC designee). The written documents will be available in both Spanish and English. If other translators are needed, to the extent possible, these will be selected as outlined in the cultural competency section of this document.

Mental health services will be routinely made available to all children and non-offending family members irrespective of ability to pay. These services will be offered as part of the multidisciplinary team response in Pinal County. Although team members will make an effort to encourage mental health support, it is recognized that the choice to seek out services, along with when and where this will be accomplished is the parent/caretaker(s) choice.

FAC Mental Health Providers/Linkage Agreement

The Pinal County Attorney's Office has linkage agreements with two mental health organizations that offer specialized trauma-focused, evidence-based mental health services to children and non-offending family members. The supportive services of these providers in conjunction with the services of FAC Victim Advocates will address the safety of the child, the emotional impact of abuse allegations, risk of future abuse and issues or distress that the allegations may trigger. These agreements are with Corazon Integrated Healthcare Services, ("Corazon"), a mental health organization offering services in outpatient facilities in northern Pinal County and Grossman & Grossman, Ltd, a mental health organization offering services in the southern part of the county, as well as in the home setting. Both organizations are designated providers of the Regional Behavioral Health Authority of Pinal County, and both offer bi-lingual (English and Spanish) counseling services. Both organizations employ therapists trained in trauma-focused, evidence based mental health therapies. Referrals for trauma-focused mental health services will be offered to all children and non-offending family members as part of the FAC's multi-disciplinary team response.

Corazon is a mental health group of thirty four (34) specialists that provides a continuum of mental health care for those with mild to severe mental health needs. The Corazon treatment team for the FACs consists of two (2) direct care staff trained in trauma-focused, evidence-based, cognitive behavioral treatment (TF-CBT) with children. The two therapists are also cross-trained in evidence-

based practices to aid adult victims of violence.

The treatment team of **Corazon Integrated Healthcare Services** can be contacted at **520-836-4278** during regular office hours 0800 to 1700 Monday through Friday.

Grossman & Grossman, Ltd. counseling services consists of 17 therapists who specialize in working with both child and adult victim of trauma(s), sexual behavior problems and substance abuse. Grossman & Grossman, Ltd. is a recognized provider with the victim compensation program in Pinal County, as well as a recognized provider of the Regional Behavioral Health Authority for Pinal County.

The treatment team at **Grossman & Grossman, Ltd.** can be contacted at **602-468-2077** during regular office hours 0800 to 1700 Monday through Friday.

The linkage agreements between PCAO and the two mental health organizations outlines that with permission of the non-offending parent, therapists will contact the non-offending parent of the child victim/witness within 48 hours of referral. In the event that FAC staff requests a more immediate response, both organizations have provided FAC staff with an on-call point of contact.

For Eloy FAC between the 0800 to 1700 contact can be made with Corazon to respond to the FAC per MOU.

All non-offending caretakers are provided the **24 hour, 7 day a week toll free crisis line (Nursewise)** designated by the Regional Behavioral health Authority for the county of Pinal. The phone number of Nursewise is **866-495-6735**. Mobile mental health crisis teams are dispatched from Nursewise 24 hours a day, 7 days a week, as needed.

Mental Health Provider Education and Experience

Therapists at “Corazon” and “Grossman & Grossman, Ltd.” who provide trauma-focused mental health services to FAC clients meet the NCA professional standards for provision of empirically supported trauma-focused mental health services. The mental health providers meet a minimum of one of the following standards:

- Masters prepared in a related mental health field
- Student intern in an accredited graduate program
- Licensed/certified or supervised by a licensed mental health professional
- A training plan for 40 contact hours of specialized trauma-focused mental health training, clinical consultation, clinical supervision, peer supervision and/or mentoring within the first 6 months of association with the FACs (or demonstrated relevant experience prior to linkage agreement)

It is incumbent upon the professional to be familiar with current theory and research on child physical, emotional and sexual abuse, as well as neglect. The mental health provider will also demonstrate continuous ongoing education per NCA standards with ongoing education in the field of child abuse consisting or a minimum of 8 contact hours per year. This does not take the place of other professional continuing education licensure requirements. The mental health provider will also participate at least quarterly in peer review (i.e. clinical case reviews, reviews via traumatic stress networks, etc.)

Specialized training in trauma-focused mental health assessment and treatment methods is evidence-based and promotes the healing process for children and families. Specialized training also delineates the differences between the forensic process of gathering evidentiary information from that of mental health clinical or treatment services.

Distinctions Between Therapy and Forensic Interviews

Therapists at Corazon and Grossman & Grossman, Ltd. are aware of the clear differences between forensic methods (i.e. forensic interviews) and clinical processes that are designed to diagnose mental health conditions and mitigate adverse impacts of trauma or other stressors/illnesses. As members of the Pinal County MDT response to child abuse, mental health clinicians do not conduct forensic interviews during therapy sessions.

If a child makes the initial abuse outcry during therapy, the mental health provider is aware of the mandatory reporting statute and the protocol that indicates the child is not to be questioned extensively. Rather, the investigative process will begin (i.e. law enforcement/DCS) and the forensic interviewer will conduct the taped investigative interview of the child. (Note: The mental health provider is aware that if a “trauma narrative” is deemed necessary in treatment, it will not be obtained prior to the forensic interview or while the child is progressing through the criminal justice system; i.e. testifying). Further, the mental health provider is aware that assessment and treatment methodologies of empirically supported trauma-focused therapies for children differ from forensic interviews with regard to purpose, methods and procedures.

Mental health providers at Corazon and Grossman & Grossman, Ltd. are made aware of this distinction through their specialized training and via their participation as Pinal County Family Advocacy Center team members (i.e. case reviews, education and training updates through FAC).

How Children and Families Access Services

At the FACs, all children are offered mental health services irrespective of ability to pay. When children and their caretakers arrive at the FACs, the FAC Victim Advocate welcomes them. All FAC staff, are observant with regard to whether the child and/or family member(s) present in immediate crisis or develop undue anxiety when provided with information during the services provided at FAC (i.e. results of medical examinations, etc). If immediate de-escalation of a situation is required, there are two FAC staff members with mental health and/or crisis intervention experience to manage crises or diffuse escalation as needed.

If additional **crisis intervention is required onsite**, MDT members can call NURSEWISE at **1-866-495-6735**, a 24 hour toll free hotline that can mobilize crisis intervention specialists from their team of interdisciplinary mental health providers. Between the hours of 0800 and 1700 contact can be made with Corazon at 520 -836-4278 to respond to the FAC per MOU.

At the FAC, a victim advocate (previously defined as “FAC Victim Advocate”) provides written resources for 24 hour crisis services as well as other mental health and support services available in Pinal County to the child’s caregiver/family. Referrals are also provided for other types of needs (i.e. food; housing). The resource list is available in both English and Spanish.

If the FAC Victim Advocate is absent, a designated FAC staff member may be assigned to assist in educating families regarding mental health and support services in the County. For families who need information provided in languages other than Spanish or English, the FAC Victim Advocate will utilize

the FAC Language Line that is currently in place and if needed the Pinal County Sheriff's Office translator list for assistance. For assistance with clients who are hearing impaired, call Pinal County Attorney's office, **Community Liaison for Victim Services at 520-866-6813** or **Hearing Impaired Translation Services at 602-513-3533**.

If non-offending family members require assistance navigating the mental health system, one of the Corazon treatment team members for FAC will serve as a "recovery support" team member. All non-offending caretakers of children who present to the FAC will be offered an assessment appointment with the recovery support team member who will assist the caretaker in navigating the mental health system (i.e. insurance, ACCESS, etc.). This initial assessment will also serve as another "net of support" to determine the immediacy of mental health needs that may have developed after the family left the physical premises of the FAC.

Prior to leaving the FAC, the FAC Victim Advocate or her designee will obtain permission from the non-offending parent/legal guardian's permission to provide limited information to either Corazon or the Grossman & Grossman Ltd. treatment response team. With permission, the only information provided by FAC to mental health provider will be the caretaker's contact information.

The team will make contact with the non-offending family member **within 48 hours** of receiving the referral from FAC. The treatment team will be made aware via telephonic contact by FAC if the family needs to be contacted sooner. Any further sharing of information between therapists and the FAC will require written consent by the legal guardian/caretaker of the child. (Note – if the family does not have telephone services, face-to-face contact will be attempted by the most appropriate MDT member, i.e. CPS, FAC Victim Advocate, law enforcement for welfare check, etc.)

The following mental health services for children and their families are routinely made available through linkage agreement with **Corazon Integrated Healthcare Services, and Grossman & Grossman, Ltd with services to be provided at their offsite facility, in-home, or in the school setting:**

- Crisis intervention as needed;
- Initial appointments to assist caretaker(s) in navigating the mental health system (i.e. insurance, state of Arizona ACCESS care, etc.);
- Trauma-specific assessments;
- Use of standardized measures initially and periodically as needed to inform treatment and assess progress and outcomes;
- Individualized treatment plans that are periodically re-assessed;
- Individualized, evidence-based treatment appropriate for the child and family (i.e. trauma focused therapy);
- Engagement of the non-offending family members in empirically supported treatment (i.e. consideration of the range of issues that could impact a child's recovery or safety such as caregiver's mental health, trauma history, etc.);
- Referral to other community services as needed (i.e. inpatient services; chemical dependency programs, psychiatrist, etc.);
- Clinical supervision of others as needed;
- Participation in case reviews and as MDT members in educational updates;
- Other victim and non-offending family member support and advocacy as needed (i.e. referrals

for respite care, etc.);

In circumstances where the child victim does not have insurance that covers mental health services and mental health treatment cannot be reimbursed through victim compensation mechanisms or other sources (i.e. CPS contracted services), with pre-approval, the Pinal County Attorney's Office will cover the cost of the initial "recovery support session" along with trauma-focused therapy sessions for the child victim and non-offending family members.

Therapists who specialize in child abuse and neglect issues are aware that non-offending family members (i.e. caregivers, siblings) may also present with complex manifestations of psychological distress that can impact the child victim's recovery and safety. Through our linkage agreement, Corazon and Grossman & Grossman, Ltd. will provide assessment, support and mental health treatment of non-offending family members as needed, to address trauma and the impact of the abuse allegations. Through the FAC and mental health linkage agreements, mental health services for non-offending family members will be routinely made available in a confidential, therapeutic setting in the organizations' outpatient settings, in-home, or in a school setting, as determined by the therapist and non-offending parent/caretaker.

Corazon and Grossman & Grossman, Ltd. will maintain their own therapy records maintaining client confidentiality per statute and HIPPA regulations.

Continuing Education

The FACs will notify the mental health providers of continuing education and MDT cross-training opportunities via e-mail routinely (a minimum of once per month). Monthly cross training events of other MDT members (i.e. basic forensic interviewing; medical evaluations of children reporting abuse; etc.) are forwarded to Corazon and Grossman & Grossman, Ltd. via e-mail from the designated FAC staff member on a monthly basis. (Note: Grossman & Grossman, Ltd. coordinates trauma-informed care trainings that are also offered to FAC staff). The mental health provider will demonstrate the NCA required continuing education or continuous quality improvement activities (i.e. ongoing education in the field of child abuse; peer review either through clinical case review or networks such as traumatic stress network, etc.)

Mental Health and Case Reviews

The specialized knowledge that mental health providers offer is vital to the FAC's case reviews. The mental health provider will attend and participate in monthly MDT case reviews as notified by the FAC Coordinator. If a case is reviewed in which Corazon or Grossman & Grossman, Ltd. is the family's mental health provider, the therapist will seek written permission from the family to provide input at the case review. If consent is not obtained, an alternate member of the organization(s) will participate in the case review. As a member of the MDT, the mental health therapist will sign and agree to the confidentiality pledge that covers the FAC case review.

The mental health provider will offer expertise to the MDT with regard to issues relevant to child trauma and evidence based treatment. The provider will provide expertise regarding the mental health needs of the child and non-offending family members as the team makes decisions during and in the aftermath of child abuse investigations. The mental health provider will provide input regarding circumstances that could affect a child's mental health and safety at various points in the multidisciplinary team response in order to support the MDT in monitoring of treatment progress and outcomes. The mental health provider will also advise the team regarding factors that affect family members' abilities to impact favorable outcomes for the child's recovery. In addition to the child and

family's response to traumatic events, the mental health provider will offer expertise on the wide ranging and possible adverse effects on developmental functioning and physical, social, emotional or spiritual well-being of the child and family. The mental health provider will be requested by the FAC Coordinator to identify educational opportunities for team members as well as provide educational updates to team members during case reviews.

HIPAA Compliance and Clinical Supervision/Consultation

Mental health resources and trauma informed clinical services offered to all FAC clients through mental health providers are provided off-site. Each mental health provider maintains their own clinical records and is responsible for complying with HIPAA guidelines to protect the mental health treatment records of clients receiving services. These guidelines are available to the FAC upon request. In addition, as valued members of the MDT, Special Victims Unit prosecutors are available for consultation if the team has questions about protected health information and its possible use in the evidentiary process.

The MDT Mental Health providers have a structure for clinicians to become clinical supervisors. Mental health providers will comply with clinical supervision requirements for licensure for the State of Arizona and ensure that supervision is appropriate to the clinical interventions needed within the FAC.

Caring For Our FAC Staff and Other MDT Members

It should be noted that the FAC is aware of secondary trauma issues and the stresses that can arise from working with human suffering. To this end, the FAC will provide each year, an educational opportunity that addresses secondary trauma that may be experienced by MDT members. The PCAO FAC Manager remains available for debriefing and routinely distributes updates and activities from the Pinal County Wellness committee which also offers an EAP confidential hotline for stress related concerns. PCAO is also committed to wellness and minimizing stress of FAC team members and to that end, has established "wellness areas" at each FAC which house treadmills and other exercise equipment.

VICTIM ADVOCACY

Children and families need support and assistance in navigating through various systems and encounters they may have during and in the aftermath of child abuse investigations. Further, they have a right to be treated with dignity and respect throughout the criminal justice process. As part of the FAC's multidisciplinary team, specialized victim advocacy for the child and non-offending family members is intended to reduce trauma as well as improve outcomes throughout the child and family's experiences with the multiple systems involved in child abuse response. While all members of the MDT at times provide support to the victim and non-offending family member(s), the Pinal County Attorney's Office recognizes the need for specialized victim advocacy and support at the FAC.

Specialized Training in Victim Advocacy

A specifically designated, trained victim advocate (previously defined as "FAC Victim Advocate"), provided by the Pinal County Attorney's Office, is on-site full time at each of the FACs. Mandated victim advocacy training is completed through the Arizona Office of the Attorney General. FAC victim advocates also adhere to training recommended per the NCA advocacy accreditation standards. The victim advocate shall complete a minimum of 24 hours of initial training, including, but not limited to: dynamics of abuse; trauma informed services; crisis assessment and intervention; risk assessment and safety planning; professional ethics and boundaries; understanding the coordinated multidisciplinary response; assistance in accessing/obtaining victims' rights; court education, support and accompaniment, and assistance with access to treatment and other services, including protection orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters and ability to assess other needs for individual clients.

The victim advocate will demonstrate participation in ongoing education in the field of victim advocacy and child maltreatment a minimum of 8 contact hours every 2 years.

Process at FAC

From the initial outcry or report of abuse on through the various phases of the MDT response, parents may be emotionally upset, confused and at times feel a loss of control. The FAC Victim Advocate will provide education and support throughout the phases of the MDT response in order to empower parents as well as to provide on ongoing assessment of the child and family's needs as they progress through various child abuse intervention systems.

The FAC Victim Advocate is notified by appropriate FAC staff of every child and non-offending family member that is scheduled at the FAC. The FAC Victim Advocate will greet the family and assist FAC staff in orienting the child and family to the FAC. In the unusual circumstance that the FAC Victim Advocate is unable to be physically present when a child and their family arrives, designated FAC staff will greet the family and provide basic victim advocacy services (Note: All FAC staff are required to attend the Basic Victim Advocacy course through the Office of the Attorney General). The full time FAC Victim Advocate will follow up with the family as needed if he or she is absent from the FAC when services are provided.

The FAC Victim Advocate is a vital member of the FAC team and participates as a team member during the pre-forensic interview team meeting. The Victim Advocate will also conduct an initial private meeting with the victim's non-offending parent(s) when they are scheduled by law enforcement or DCS/OCWI for an appointment at the FAC. This meeting typically takes place during the child's forensic interview. The FAC Victim Advocate will explain the advocacy role to the parent(s) and child (as developmentally appropriate) and provide information regarding the following:

- The coordinated MDT response, (i.e. forensic interview process; medical evaluation as needed, etc.)
- Victim rights
- Possible behaviors/responses of traumatized children and "when to ask for help"
- Counseling resources, including the availability of crisis intervention services (24 hour toll free hotline)
- Additional resources (i.e. access to emergency shelters, transportation, legal advocacy in obtaining restraining orders, etc.)
- Safety planning with non-offending family members
- Victim compensation and benefits (including assistance with application)
- What to expect next in the investigation process
- The availability of victim advocacy at any point from the initial outcry through various phases of the MDT response

In all cases at the FAC, even when charges are not filed, or when they may have been dismissed, the FAC Victim Advocate will provide support and resources to FAC children and families. The FAC Victim Advocate will provide brochures and handouts regarding community resources, as well as contacts for the Pinal County Attorney's Office Victim Services Division and the FAC. These handouts are available in both Spanish and English. The FAC Victim Advocate will advise of the need to keep PCAO Victim Services aware of current contact information. To the extent possible, the FAC Victim Advocate will assist children and non-offending family members with securing community resources (e.g. providing food boxes; assisting with calls for housing, etc.).

If a case is charged, a court victim advocate ("Court Victim Advocate") will be assigned to further assist the child and family through the criminal justice process. The FAC Victim Advocate tracks each case through the FAC process and is able to identify if a case will proceed criminally by accessing the data through the case tracking system. In such matters, the FAC Victim Advocate will introduce the family to the Court Victim Advocate to ensure a seamless transition of advocacy services.

Court Victim Advocates

The goal of the Court Victim Advocate is to reduce the impact that the crime and resulting involvement in the criminal justice system have on the lives of victims and witnesses. The Court Victim Advocate will inform the child's parent(s) or lawful representative(s) if and when the case is charged. During the discussion of the charging process, the Court Victim Advocate will explain PCAO's burden of proof and the criminal justice process as well as assess the family's possible needs for advocacy and support. The Court Victim Advocate will inform the caretaker(s) that PCAO Victim Services are available as

needed for resources, or to further review and understand decisions made at various points in the criminal justice system.

Victim Advocacy Services

Services are provided to victims of crime at all stages of FAC involvement and as they move through the criminal justice system by both FAC victim advocates and court victim advocates. These services include:

- Presence at the FAC when child and family arrives as well as during the services offered (e.g. forensic interview; medical forensic). This presence will facilitate information sharing and allow the advocate to assess the needs of the child and non-offending caregiver.
- Participation in case reviews in order to discuss and address the unique needs of the child and family and plan associated support services, ensure the seamless coordination of services and ensure the child and family's concerns are heard and addressed.
- Provision of education and information on accessing victim rights
- Assessment of individual needs and cultural considerations for the child and family to ensure those needs are addressed
- Crisis assessment, intervention and support
- Risk assessment and safety planning
- Assistance with obtaining concrete services such as housing, protective orders, domestic violence intervention, food, transportation, public assistance, transportation to interviews, court, treatment and other case related meetings, etc.
- Provision of referrals for specialized, trauma-focused, evidence supported mental health services
- Orientation to the criminal justice system & engagement in participation in investigation and/or prosecution
- Provision of updates regarding case status, continuances and disposition
- Provision of information as to how to opt in to receive notification of inmate status including release from custody
- Provision of court education and courthouse/courtroom tours, support and accompaniment
- Coordinated case management meetings with all individuals providing victim advocacy services
- Facilitation of child and family to court advocacy services
- Property return assistance
- Assistance with victim impact statements
- Education and resource information
- Active outreach by follow-up with children and families beyond initial service at the FAC.

Prior to families leaving the FACs, the FAC advocate will offer parent(s) the opportunity to complete a survey (OMS on-line) using a computer tablet or paper copy. The survey emphasizes questions regarding enhancing the quality of services at the FAC in order to best meet victim and non-offending parents/caregiver's needs. The FAC Victim Advocate will conduct follow-up contact with the clients usually via telephone within the first week after services are provided at the FACs. It should be noted that contact is made earlier (i.e. the day after services are provided) and more frequently, as needed. There are circumstances in which contact is conducted through multiple follow up calls to assist

with the completion of a victim compensation application or to provide additional referrals.

Links with Crisis Intervention and Other Resources

For all children and families seen at FAC, the FAC Victim Advocate will offer the non-offending caretaker(s) an appointment with a designated “recovery support therapist” who can provide crisis intervention and assist the family in navigating the mental health system (See ***Mental Health*** section).

Parents/caregivers always have the right to choose whether or not to utilize the support services. Per written agreement of the child’s legal guardian, mental health partners, (Corazon and Grossman & Grossman, Ltd.) will be notified of the non-offending parent(s)’s contact information so that follow-up support can be offered. Information sharing between the FAC Victim Advocate and mental health providers will be limited to contact information of the caretaker until further releases of information are secured.

The designated support therapist will meet with non-offending parent(s) to assist with determining eligibility of their child for AHCCCS (Arizona Health Care Cost Containment System) counseling services, navigation in finding therapists through insurance, and/or assisting with applications for mental health services. The FAC Victim Advocate will also assist the non-offending caretaker(s) in applying for victim compensation funds, as needed.

Case Reviews

The FAC Victim Advocate will participate as an MDT member in monthly case reviews to offer critical information regarding child victim and family coping as well as their possible needs as they progress through various phases of the criminal justice system. The FAC Victim Advocate will participate in annual educational opportunities (i.e. webinars, conference) regarding victim advocacy or identify gaps in knowledge and attend trainings sooner, as needed. The Court Victim Advocate may be part of case reviews as needed (i.e. updates regarding crime victim services, etc.) At all times, services of the victim advocates are conducted pursuant to the confidentiality laws of victim advocates.

CASE REVIEW

The case review process enhances the effectiveness and efficiency of the investigation and prosecution of a case, provides a cooperative environment for professionals to share information, solve problems and minimizes further trauma to the victim. Case review represents the true multidisciplinary spirit of the FAC model and provides an informed decision-making process that incorporates input and expertise from all MDT partner agency representatives participating in the case review process.

All MDT members are bound by confidentiality and are precluded from sharing privileged information with anyone outside of the MDT other than pursuant to court order sent to their respective agencies. All case review MDT members will sign a confidentiality agreement and the Case Review Coordinator will read the confidentiality agreement prior to the start of the meeting. The signed confidentiality form will also serve as the sign-in log.

Case reviews will be scheduled monthly by the FAC Case Review Coordinator or designated FAC staff member at a date and time that is convenient (to the extent possible) for the MDT members. Currently, case reviews at the Eloy FAC are scheduled for the third Wednesday of every month between 1000 hours to noon. MDT case reviews at San Tan Valley FAC are scheduled the last Thursday of every month between 1000 hours to noon.

Each Pinal County Attorney's Office FAC will have a core multi-disciplinary team that includes, at a minimum: prosecutors, law enforcement, DCS/OCWI, forensic interviewer, FAC Victim Advocate, mental health provider and medical professional. Additional team members, including, but not limited to schools, court appointed providers, and other specialists (e.g. medical examiner; pediatric ophthalmologist) will be added as needed for individual case consultation.

The FAC Case Review Coordinator will check with the Major Crimes Bureau Chief or assigned Prosecutor to determine if there are critical cases that need immediate case review. If so, these will be scheduled. If no critical cases are identified by the Bureau Chief, each police department, together with the identified DCS/OCWI caseworker (if an in-home case), will be requested on a rotating basis, to provide a case for MDT case review. At the conclusion of each case review meeting, the FAC Coordinator will inquire if there are any cases MDT members determine are a priority for the following month's case review.

The FAC Coordinator or appropriate FAC staff will send a notice regarding date, time and cases to be discussed to all MDT members via secured e-mail. The notice will be sent a minimum of two weeks prior to the case review. If any MDT team member is unable to attend, it is requested that the respective agency send an alternate to participate in case review.

The FAC Case Review Coordinator or their designated representative shall facilitate the review process.

Case reviews generally include the following:

- a. Summary of the outcry/initial report and the child and family's progress through the system(s) to the current point in time
- b. Physical and supportive needs of the victim and family (i.e. improper influence by family members; need for guardian ad litem, Orders of Protection, housing, etc.)

- c. Matters or concerns from victim/witness advocates and mental health professionals.
- d. Forensic interview evaluations (i.e. adequacy of; new information developed from the interview; discovery of other interviews such as by a court ordered professional in dependency matter; etc.)
- e. Planning and monitoring the progress of the on-going or active investigation. (i.e. discovery of other victims, witnesses)
- f. Review of the medical evaluation if appropriate (i.e. findings; lab results if any; necessary medical follow-up such as repeat testing, etc.)
- g. DCS status and process.
- h. Prosecution status, sentencing decisions and/or the civil/criminal case disposition.
- i. Assessing any court advocacy and/or victim compensation needs.
- j. Victim services concerns (compensation and court preparation).
- k. Cultural and/or disability issues relevant to the victim and/or the family members (i.e. hearing impaired; language barrier; cultural issues related to disclosure/treatment, etc.)
- l. Recommended follow-up (multidisciplinary – “next steps”)
- m. An educational presentation, as needed
- n. General Discussion

At a minimum, two specific action plans will be addressed: 1) related to criminal prosecution or civil matters, and 2) recommendations for additional needs of and protections for the victim.

All members of the MDT are requested to participate in providing case specific information, education related to their specific specialties and to share in the decision-making process. The recommendations of the MDT will be communicated by the FAC Coordinator or their designated Pinal County FAC staff member to the appropriate parties for consideration and implementation. Critical team members that were not able to attend the case review will be provided a telephonic update by the FAC Case Review Coordinator within five days of the case review.

Case review meetings may also be used to discuss topics for cross training, new educational opportunities, multidisciplinary strategies or topics regarding the methods and procedures of case review and any suggestions for improvement to the manner in which case reviews are conducted. All MDT members will be encouraged to share educational opportunities, positive outcomes, dilemmas, and recommendations for change.

MDT members will be provided a survey (OMS) at a minimum, monthly, to assess team member interactions, quality of case review, and areas the team could improve upon.

Second Look Case Review

The Pinal County FACs hold scheduled case review meetings. Cases can be brought to these reviews by any agency seeking feedback on how to resolve cases. When a case has been reviewed for prosecution and declined, the case can be brought to the Major Crimes Bureau Chief with a request for a “second look.” The Major Crimes Bureau Chief will determine if relevant team members shall be convened to determine if further action may result in prosecution or final closure of the case.

CULTURAL COMPETENCY

The Pinal County Attorney's Family Advocacy Center is committed to providing equitable services in a manner that is culturally and linguistically appropriate. To that end, the FAC maintains a separate cultural competency plan. This plan takes into account community and FAC client demographics. This plan will be reviewed and updated at a minimum of once every three years in order to analyze and compare community demographics with FAC client demographics, analyze any disparities, create plans to address any noted gaps in services, create strategies for outreach to underserved communities and to serve as a method to monitor the effectiveness of outreach and intervention strategies.

Language and other barriers

The FAC cultural competency plan provides information and instructions for resources or solutions to ensure adequate provisions are made to overcome language and communication barriers (i.e. language line and services for hearing impaired/deaf clients).

Individualized FAC Services

The FAC shall provide services to all clients in a manner that is accessible and tailored to meet the individualized needs of children and families with respect to culture, development and special needs throughout the investigation, intervention and case management process.

FAC Staff Competence

The FAC cultural competency plan demonstrates a commitment by the PCAO to recruit, hire and retain staff and volunteers that reflect the demographic of the community. The FAC Director shall identify ongoing training opportunities for staff, volunteers and MDT members to gain and enhance cultural competence on an ongoing basis. In addition, FAC staff will participate in cultural competency and diversity training opportunities to enhance cultural knowledge, skills and awareness.

CASE TRACKING

FAC staff maintains a case tracking system to collect and track data on each child/case served by the FAC. At the initial intake phase, preliminary information is asked over the phone designed to identify jurisdiction and core team members that need to be notified of all scheduled services. See **Exhibit G** (*FAC Phone Intake Form*).

As the case progresses, additional information, documented by individual team members into a case tracking system identified as "Justware" is entered into the Justware database maintained by FAC staff. See **Exhibit H** (*FAC Justware Intake form*) This database is utilized to generate reports for program evaluation, grant reporting and statistical reporting. It contains case

data including:

- Demographics about the child and family
- Demographic information about the offender
- Type of abuse
- Relationship of offender to the child
- Assigned MDT members
- Charges filed
- Criminal case disposition
- Child Safety & Family Services outcome
- Status of medical, mental health and other referrals.
- MDT involvement and outcomes

Justware is the designated database that will be utilized by all criminal divisions of the PCAO. Therefore, FAC staff will be able to track through final disposition and periodically update the FAC case tracking database. FAC staff can provide MDT members with information about the current status and disposition of individual cases. Team members can get access regarding case tracking data by contacting the FAC Director. (Note: Data is also entered bi-annually into the on-line NCA database). The FAC Director or a designee will ensure that case tracking information is correctly entered on each case and that the case tracking protocol is followed.

The FAC utilizes NCA's Outcome Measurement System to collect client feedback. The survey is provided to clients at the time of service by the FAC Victim Advocate. The feedback provided through this system is routed to the FAC Director to inform client service delivery on an ongoing basis.

REPORTING COMPLIANCE

An annual report shall be transmitted within 45 days after the end of each fiscal year, independently from DCS and the Pinal County Attorney to the Governor, the Speaker of the House of Representatives and the President of the Senate. This report is a public document and shall include:

- a. The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the Protocols.
- b. Information from the Pinal County Attorney's Office regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of those cases.
- c. The number of joint investigations conducted by each law enforcement agency in the County; if a joint investigation did not occur then the reasoning for such a decision will be included.

DISPUTE RESOLUTION

A. Pinal County Attorney's Office/Family Advocacy Centers

Dispute Resolution Protocol for PCAO employees

1. Attempt resolution by personal communication with the applicable individual.
2. If resolution cannot successfully be reached then the PCAO employee shall contact their immediate supervisor. The immediate supervisor shall contact the applicable individual's supervisor.

3. If issues remain unresolved after contact with the initial supervisor, the PCAO supervisor shall staff the issue with the Pinal County Attorney's Chief Deputy and if necessary the County Attorney to determine what additional steps will be taken. If further review is desired, the Pinal County Attorney will attempt to follow the review process by the outside agency.
4. Lodging a formal complaint with an outside agency should be done only when informal options have been explored and only as a last resort.
5. No contact with the head of an outside agency shall be made without prior approval by the Pinal County Attorney. In most cases, it will be necessary for such contact to be made by the Pinal County Attorney, Chief Deputy or their designee.

Dispute Resolution Protocol for outside agency with PCAO employees

1. Attempt resolution by personal communication with the PCAO employee.
2. If issues remain unresolved, the outside agency worker shall contact the Supervisor of the PCAO employee and request a review of that employee's decision/action.
3. If the PCAO Supervisor is unable to resolve the matter, the outside agency worker with their immediate supervisor's knowledge, and following any other requirements of their parent agency may contact the County Attorney and request further review.

B. Law Enforcement Agencies

It is essential that Law Enforcement, Child Safety & Family Services and the Pinal County Attorney's Office communicate effectively. To ensure that there is an effective line of communication the following procedures should be utilized:

Dispute Resolution Protocol for third-party agency with patrol officers/deputies

1. In circumstances when patrol officers/deputies respond to an incident and there is a need to seek resolution beyond the officer's deputy's ability, the respective agency seeking resolution shall speak to the on-duty supervisor from that law enforcement agency.
2. In the event there is no on-duty supervisor, the agency seeking resolution shall contract law enforcement communications (dispatch), and request a supervisor, following that agency's chain of command. All necessary steps will be taken to resolve the complaint.
3. In the event the issue cannot be resolved at that level, the individual seeking resolution may request, through their respective chain of command, a meeting at the management level. This conferring may be completed over the phone as necessary to accommodate a timely response.

Dispute Resolution Protocol for third-party agency with detectives/investigators

1. In circumstances when detectives/investigators are investigating a complaint and there is an issue that requires resolution beyond the detective's ability, the detective's supervisor or commander shall be contacted.
2. If this is not sufficient to resolve the issue, the individual seeking resolution may request a meeting at the management level through their respective chain of command. This conferring may be completed over the phone as necessary to accommodate a timely response.

Dispute Resolution Protocol for law enforcement personnel with a third-party agency

Officers/Deputies shall utilize a similar process to resolve concerns and disputes with the PCAO or DCS/OCWI as appropriate and as prescribed within their internal policies and guidelines.

C. Child Safety & Family Services / Office of Child Welfare Investigations

Dispute Resolution Protocol between DCS/OCWI and third-party agency

1. Lodging a formal complaint against an outside agency shall only be done when informal options, using the chain of command have been explored and no resolution has been reached by the interested parties.
2. Formal complaints to an outside agency will only be initiated by the DCS Deputy Program Manager or DCS Assistant Program Manager of the applicable region.

Dispute Resolution Protocol from outside agency personnel with a DCS Specialist

1. Attempt resolution with the DCS Specialist by personal communication
2. If issues remain unresolved, make contact with the DCS Unit Supervisor. Explain in detail what the outstanding issue entails.
3. If issues remain unresolved, make contact with the responsible Assistant Program Manager and setup a one-on-one meeting to discuss the outstanding issues.

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE
JOINT INVESTIGATION OF CHILD ABUSE

Exhibit “A”

(Applicable Arizona Laws)

A.R.S. Sec. 8-201 Definitions

8. "Criminal conduct allegation" means an allegation of conduct by a parent, guardian or custodian of a child that, if true, would constitute any of the following:

- (a) A violation of section 13-3623 involving child abuse.
- (b) A felony offense that constitutes domestic violence as defined in section 13-3601.
- (c) A violation of section 13-1404 or 13-1406 involving a minor.
- (d) A violation of section 13-1405, 13-1410 or 13-1417.
- (e) Any other act of abuse that is classified as a felony.

A.R.S. Sec. 8-801 Definitions

In this chapter, unless the context otherwise requires:

1. "Child safety services" means a specialized child welfare program that is administered by the department as provided in this chapter and that investigates allegations of and seeks to prevent, intervene in and treat abuse and neglect, to promote the well-being of the child in a permanent home and to coordinate services to strengthen the family.

2. "Child safety worker" or "worker" means a person who has been selected by and trained under the requirements prescribed by the department and who assists in carrying out the provisions of this article.

3. "In-home intervention" means a program of services provided pursuant to article 14 of this chapter while the child is still in the custody of the parent, guardian or custodian.

8-802. Child safety worker; fingerprint clearance cards; interview requirements; temporary custody limit; cooperation and coordination; alteration of files; violation; classification

A. The department shall employ child safety workers. All persons who are employed as child safety workers shall have a valid fingerprint clearance card that is issued pursuant to section 41-1758.07 or shall apply for a fingerprint clearance card within seven working days of employment. A child safety worker shall certify on forms that are provided by the department and that are notarized whether the worker is awaiting trial on or has ever been convicted of any of the criminal offenses listed in section 41-1758.07, subsections B and C in this state or similar offenses in another state or jurisdiction.

B. A worker shall not interview a child without the prior written consent of the parent, guardian or custodian of the child unless either:

- 1. The child initiates contact with the worker.
- 2. The child who is interviewed is the subject of or is the sibling of or living with the child who is the subject of an abuse or abandonment investigation pursuant to section 8-456.
- 3. The interview is conducted pursuant to the terms of the protocols established pursuant to section 8-817.

C. A child shall not remain in temporary custody for a period exceeding seventy-two hours, excluding Saturdays, Sundays and holidays, unless a dependency petition is filed. If a petition is not filed and the child is released to the child's parent, guardian or custodian, the worker shall file a report of removal with the central registry within seventy-two hours of the child's release. The report shall include:

1. The dates of previous referrals, investigations or temporary custody.
2. The dates on which other children in the family have been taken into temporary custody.

D. All child safety workers shall be trained and demonstrate competency in:

1. The duty to protect the legal rights of children and families from the time of the initial contact through treatment. The training shall include knowledge of a child's rights as a victim of crime.
2. The legal rights of parents.
3. Impact and intervention practices related to adverse childhood experiences, culturally and linguistically appropriate service delivery, domestic violence, family engagement, communication with special populations and trauma informed responses.

E. All child safety workers shall cooperate and coordinate with the office of child welfare investigations to carry out the purposes of section 8-471.

F. All child safety workers and child welfare investigations workers shall cooperate and coordinate with the inspections bureau to carry out the purposes of section 8-458.

G. All child welfare investigations workers and inspections bureau workers shall cooperate and coordinate with the rest of the department to achieve the purposes of this title.

H. Any person who alters a client file for the purpose of fraud or misrepresentation is guilty of a class 2 misdemeanor.

8-803. Limitation of authority; duty to inform

A. On initial contact with a parent, guardian or custodian under investigation pursuant to this article, a child safety worker shall inform the family, both verbally and in writing, making reasonable efforts to receive written acknowledgement from the parent, guardian, or custodian, of receipt of all of the following information:

1. That the family is under investigation by the department.
2. The specific complaint or allegation made against that person.
3. That the worker has no legal authority to compel the family to cooperate with the investigation or to receive child safety services offered pursuant to the investigation.
4. The worker's authority to petition the juvenile court for a determination that a child is dependent.
5. The person's right to file a complaint with the ombudsman-citizens aide pursuant to section 41-1376. The worker shall provide the telephone number of the ombudsman-citizens aide.
6. The person's right to appeal determinations made by the department.
7. Information outlining parental rights under the laws of the state.

B. The child safety worker shall also inform the person about whom the report was made about that person's right to respond to the allegations either verbally or in writing, including any documentation, and to have this information considered in determining if the child is in need of child safety services. The worker shall tell the person that anything the person says or writes can be used in a court proceeding. If the person makes a verbal response, the worker shall include the response in the written report of the investigation. If the person makes a written response, including any documentation, the worker shall include this response and the documentation in the case file. Information provided in response to the allegations shall be considered during the investigation by the worker. The worker shall maintain the response and documentation in the case file and provide this information to the court before a hearing or trial relating to the dependency petition.

C. If the family declines to cooperate with the investigation or to accept or to participate in the offered services, or if the worker otherwise believes that the child should be adjudicated dependent, the worker may file with the juvenile court a petition requesting that the child in need of child safety services be adjudicated dependent.

D. Refusal to cooperate in the investigation or to participate in the offered services does not constitute grounds for temporary custody of a child except if there is a clear necessity for temporary custody as provided in section 8-821.

8-807. DCS information; public record; use; confidentiality; violation; classification; definition

A. DCS information shall be maintained by the department as required by federal law as a condition of the allocation of federal monies to this state. All exceptions for the public release of DCS information shall be construed as openly as possible under federal law.

B. The department, or a person who receives DCS information pursuant to this subsection, shall provide DCS information to a federal agency, a state agency, a tribal agency, a county or municipal agency, a law enforcement agency, a prosecutor, an attorney or a guardian ad litem representing a child victim of crime pursuant to article II, section 2.1, Constitution of Arizona, a school, a community service provider, a contract service provider or any other person that is providing services pursuant to this article or article 9, 10, 11, 12, 13 or 14 of this chapter:

1. To meet its duties to provide for the safety and permanency of a child, provide services to a parent, guardian or custodian or provide services to family members to strengthen the family pursuant to this article or article 9, 10, 11, 12, 13 or 14 of this chapter.
2. To enforce or prosecute any violation involving child abuse or neglect or to assert the rights of the child as a victim of a crime.
3. To provide information to a defendant after a criminal charge has been filed as required by an order of the criminal court.
4. To help investigate and prosecute any violation involving domestic violence as defined in section 13-3601 or violent sexual assault as prescribed in section 13-1423.

C. The department shall disclose DCS information to a court, a party in a dependency or termination of parental rights proceeding or the party's attorney, the foster care review board or a court appointed special advocate for the purposes of and as prescribed in this title.

D. The department shall disclose DCS information to a domestic relations, family or conciliation court if the DCS information is necessary to promote the safety and well-being of children. The court shall notify the parties that it has received the DCS information.

E. A person or agent of a person who is the subject of DCS information shall have access to DCS information concerning that person.

F. The department may provide:

1. DCS information to confirm, clarify, correct or supplement information concerning an allegation or actual instance of child abuse or neglect that has been made public by a source or sources outside the department.
2. DCS information to a person who is conducting bona fide research, the results of which might provide DCS information that is beneficial in improving the department.
3. Access to DCS information to the parent, guardian or custodian of a child if the DCS information is reasonably necessary to promote the safety, permanency and well-being of the child.
4. DCS information if an employee of the department has a reasonable belief that exigent

circumstances exist. For the purposes of this paragraph, "exigent circumstances" means a condition or situation in which the death of or serious injury to a child will likely result in the near future without immediate intervention.

G. The department shall disclose DCS information to a county medical examiner or an alternate medical examiner directing an investigation into the circumstances surrounding a death pursuant to section 11-593.

H. Access to DCS information in the central registry shall be provided as prescribed in section 8-804.

I. To provide oversight of the department, the department shall provide access to DCS information to the following persons, if the DCS information is reasonably necessary for the person to perform the person's official duties:

1. Federal or state auditors.
2. Persons conducting any accreditation deemed necessary by the department.
3. A standing committee of the legislature or a committee appointed by the president of the senate or the speaker of the house of representatives for purposes of conducting investigations related to the legislative oversight of the department. This information shall not be further disclosed unless a court has ordered the disclosure of this information, the information has been disclosed in a public or court record, or the information has been disclosed in the course of a public meeting or court proceeding.
4. A legislator who requests DCS information in the regular course of the legislator's duties. A legislator may discuss this information with another legislator if the other legislator has signed the form prescribed in subdivision (d) of this paragraph in regard to the specific file that will be discussed. This information shall not be further disclosed unless a court has ordered the disclosure of this information, the information has been disclosed in a public or court record, or the information has been disclosed in the course of a public meeting or court proceeding. To request a file pursuant to this paragraph:

(a) The legislator shall submit a written request for DCS information to the presiding officer of the body of which the state legislator is a member. The request shall state the name of the person whose case file is to be reviewed and any other information that will assist the department in locating the file.

(b) The presiding officer shall forward the request to the department within five working days of the receipt of the request.

(c) The department shall make the necessary arrangements for the legislator to review the file at an office of the department, chosen by the legislator, within ten working days.

(d) The legislator shall sign a form, consistent with the requirements of this paragraph and paragraph 3 of this subsection, before reviewing the file that outlines the confidentiality laws governing department files and penalties for further release of the information.

5. A citizen review panel as prescribed by federal law, a child fatality review team as provided in title 36, chapter 35 and the office of ombudsman-citizens aide.

6. A human rights committee established pursuant to section 41-3801.

7. The governor who shall not disclose any information unless a court has ordered the disclosure of the information, the information has been disclosed in a public or court record or the information has been disclosed in the course of a public meeting or court proceeding.

J. A person who has been denied DCS information regarding a fatality or near fatality caused by abuse, abandonment or neglect pursuant to subsection L of this section or section 8-807.01 may bring a special action pursuant to section 39-121.02 in the superior court to order the department to release that DCS

information. A legislator has standing to bring or to join a special action regarding the release of DCS information or to challenge the redaction of released DCS information. The plaintiff shall provide notice to the county attorney, who has standing and may participate in the action. The court shall review the requested records in camera and order disclosure consistent with subsections A and L of this section and section 8-807.01. The court shall take reasonable steps to prevent any clearly unwarranted invasions of privacy and protect the privacy and dignity of victims of crime pursuant to article II, section 2.1, subsection C, Constitution of Arizona.

K. The department or a person who is not specifically authorized by this section to obtain DCS information may petition a judge of the superior court to order the department to release DCS information. The plaintiff shall provide notice to the county attorney and to the attorney and guardian ad litem for the child, who have standing and may participate in the action. The court shall review the requested records in camera and shall balance the rights of the parties who are entitled to confidentiality pursuant to this section against the rights of the parties who are seeking the release of the DCS information. The court may release otherwise confidential DCS information only if the rights of the parties seeking the DCS information and any benefits from releasing the DCS information outweigh the rights of the parties who are entitled to confidentiality and any harm that may result from releasing the DCS information. The court shall take reasonable steps to prevent any clearly unwarranted invasions of privacy and protect the privacy and dignity of victims of crime pursuant to article II, section 2.1, subsection C, Constitution of Arizona.

L. Except as provided in subsection M of this section, before it releases records under this section or section 8-807.01, the department shall take whatever precautions it determines are reasonably necessary to protect the identity and safety of a person who reports child abuse or neglect and to protect any other person if the department believes that disclosure of the DCS information would be likely to endanger the life or safety of any person. The department is not required by this section to disclose DCS information if the department demonstrates that disclosure would cause a specific, material harm to a department investigation. The department is not required by this section to disclose DCS information if, in consultation with the county attorney, the county attorney demonstrates that disclosure would cause a specific, material harm to a criminal investigation or prosecution.

M. A person who is the subject of an unfounded report or complaint made pursuant to this article or article 9, 10, 11, 12, 13 or 14 of this chapter and who believes that the report or complaint was made in bad faith or with malicious intent may petition a judge of the superior court to order the department to release the DCS information. The petition shall specifically set forth reasons supporting the person's belief that the report or complaint was made in bad faith or with malicious intent. The court shall review the DCS information in camera and the person filing the petition shall be allowed to present evidence in support of the petition. If the court determines that there is a reasonable question of fact as to whether the report or complaint was made in bad faith or with malicious intent and that disclosure of the identity of the person making the report or complaint would not be likely to endanger the life or safety of the person making the report or complaint, it shall provide a copy of the DCS information to the person filing the petition and the original DCS information is subject to discovery in a subsequent civil action regarding the making of the report or complaint.

N. The department shall provide the person who conducts a forensic medical evaluation with any records the person requests, including social history and family history regarding the child, the child's siblings and the child's parents or guardians.

O. The department shall provide DCS information on request to a prospective adoptive parent, foster parent or guardian, if the information concerns a child the prospective adoptive parent, foster parent or

guardian seeks to adopt or provide care for.

P. If the department receives information that is confidential by law, the department shall maintain the confidentiality of the information as prescribed in the applicable law.

Q. A person may authorize the release of DCS information about the person but may not waive the confidentiality of DCS information concerning any other person.

R. The department may provide a summary of the outcome of a department investigation to the person who reported the suspected child abuse or neglect.

S. The department shall adopt rules to facilitate the accessibility of DCS information.

T. The department or a person who receives DCS information pursuant to subsection B of this section shall provide DCS information to law enforcement and a court to protect the safety of any employee of the department or the office of the attorney general or to protect a family member of such an employee.

U. A person who receives DCS information shall maintain the confidentiality of the information and shall not further disclose the information unless the disclosure is authorized by law or a court order.

V. The department may charge a fee for copying costs required to prepare DCS information for release pursuant to this section or section 8-807.01.

W. A person who violates this section is guilty of a class 2 misdemeanor.

X. For the purposes of this section, "DCS information" includes all information the department gathers during the course of an investigation conducted under this chapter from the time a file is opened and until it is closed. DCS information does not include information that is contained in child welfare agency licensing records.

8-817. Initial screening and safety assessment and investigation protocols

A. The department shall develop, establish and implement 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. To ensure thorough investigations of those accused of crimes against children, in each county, the county attorney, in cooperation with the sheriff, the chief law enforcement officer for each municipality in the county and the department shall develop, adopt and implement protocols to guide the conduct of investigations of allegations involving criminal conduct. The protocols shall include:

1. The process for notification of receipt of criminal 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 and standards for the timely disclosure of information.
5. Procedures for coordination of screening, response and investigation with other involved

professional disciplines and notification of case status and standards for the timely disclosure of related information.

6. The training required for the involved child safety 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 annual reports to be transmitted within forty-five days after the end of each fiscal year independently from the department and each county attorney to the governor, the speaker of the house of representatives and the president of the senate and a copy of this report to be provided to the secretary of state. Each agency must submit a separate report. Each report made pursuant to this paragraph must be independently prepared and submitted without any input from or communication with the other reporting entities. Each report is a public document and shall include:

(a) The number of criminal conduct allegations investigated and how many of these investigations were conducted jointly pursuant to the investigation protocols established in this subsection.

(b) Information from each county attorney regarding the number of cases presented for review, the number of persons charged in those cases, the reasons why charges were not pursued and the disposition of these cases.

(c) The reasons why a joint investigation did not take place.

9. Procedures for dispute resolution.

C. The department shall cooperate with the county attorney and the appropriate law enforcement agency pursuant to the investigation protocols adopted in this section. In instances of criminal conduct against a child, the department shall protect the victim's rights of the children in its custody against harassment, intimidation and abuse, as applicable, pursuant to article II, section 2.1, Constitution of Arizona.

D. The county attorney and the law enforcement agency shall cooperate with the department pursuant to the investigation protocols adopted in this section.

8-821. Taking into temporary custody; medical examination; placement; interference; violation; classification

(L17, Ch. 282, sec. 3. **Eff. 7/1/18- Aug 2, 2018**)

A. A child shall be taken into temporary custody only pursuant to one of the following:

1. An order of the superior court.

2. Subsection D of this section.

3. The consent of the child's parent or guardian.

B. The superior court, on a dependency petition by an interested person, a peace officer, a child welfare investigator or a child safety worker under oath or on a sworn statement or testimony by a peace officer, a child welfare investigator or a child safety worker, may issue an order authorizing the department to take temporary custody of a child on finding that reasonable grounds exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect and it is contrary to the child's welfare to remain in the home.

C. If a child is taken into temporary custody pursuant to this section, the child's sibling shall also be taken into temporary custody only if reasonable grounds independently exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect.

D. A child may be taken into temporary custody without a court order by a peace officer, a child welfare investigator or a child safety worker if temporary custody is clearly necessary to protect the child because

probable cause exists to believe that the child is either:

1. A victim or will imminently become a victim of abuse or neglect in the time it would take to obtain a court order.
2. Suffering serious physical or emotional injury that can only be diagnosed by a medical doctor or psychologist.
3. Physically injured as a result of living on premises where dangerous drugs or narcotic drugs are being manufactured. For the purposes of this paragraph, "dangerous drugs" and "narcotic drugs" have the same meanings prescribed in section 13-3401.
4. Reported by the department to be a missing child at risk of serious harm.

E. In determining if a child should be taken into temporary custody, the court, peace officer, child welfare investigator or child safety worker shall take into consideration:

1. As a paramount concern the child's health and safety.
2. Whether the parent is willing to participate in any services that are offered to the parent.

F. A person who takes a child into custody pursuant to subsection D, paragraph 2 of this section shall immediately have the child examined by a medical doctor or psychologist. After the examination the person shall release the child to the custody of the parent or guardian of the child unless the examination reveals abuse or neglect. Temporary custody of a child taken into custody pursuant to subsection D, paragraph 2 of this section shall not exceed twelve hours.

G. A child who is taken into temporary custody pursuant to this article shall not be detained in a police station, jail or lockup where adults charged with or convicted of a crime are detained.

H. A child shall not remain in temporary custody for more than seventy-two hours excluding Saturdays, Sundays and holidays unless a dependency petition is filed.

I. A person who knowingly interferes with the taking of a child into temporary custody under this section is guilty of a class 2 misdemeanor.

A.R.S. Sec. § 13-1404 Sexual abuse; classification

A. A person commits sexual abuse by intentionally or knowingly engaging in sexual contact with any person who is fifteen or more years of age without consent of that person or with any person who is under fifteen years of age if the sexual contact involves only the female breast.

B. Sexual abuse is a class 5 felony unless the victim is under fifteen years of age in which case sexual abuse is a class 3 felony punishable pursuant to section 13-705.

A.R.S. Sec. § 13-1405 Sexual conduct with a minor; classification; definition

A. 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.

B. Sexual conduct with a minor who is under fifteen years of age is a class 2 felony and is punishable pursuant to section 13-705. Sexual conduct with a minor who is at least fifteen years of age is a class 6 felony. Sexual conduct with a minor who is at least fifteen years of age is a class 2 felony if the person is the minor's parent, stepparent, adoptive parent, legal guardian, foster parent or the minor's teacher or clergyman or priest and the convicted person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed has been served or commuted.

C. For the purposes of this section, "teacher" means a certificated teacher as defined in section 15-501 or any other person who directly provides academic instruction to pupils in any school district, charter school, accommodation school, the Arizona state schools for the deaf and the blind or a private school in this state.

A.R.S. Sec. § 13-1406 Sexual assault; classification; increased punishment

A. A person commits sexual assault by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person without consent of such person.

B. Sexual assault is a class 2 felony, and the person convicted shall be sentenced pursuant to this section and the person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served or commuted. If the victim is under fifteen years of age, sexual assault is punishable pursuant to section 13-705. The presumptive term may be aggravated or mitigated within the range under this section pursuant to section 13-701, subsections C, D and E. If the sexual assault involved the intentional or knowing administration of flunitrazepam, gamma hydroxy butyrate or ketamine hydrochloride without the victim's knowledge, the presumptive, minimum and maximum sentence for the offense shall be increased by three years. The additional sentence imposed pursuant to this subsection is in addition to any enhanced sentence that may be applicable. The term for a first offense is as follows:

<u>Minimum</u>	<u>Presumptive</u>	<u>Maximum</u>
5.25 years	7 years	14 years

The term for a defendant who has one historical prior felony conviction is as follows:

<u>Minimum</u>	<u>Presumptive</u>	<u>Maximum</u>
7 years	10.5 years	21 years

The term for a defendant who has two or more historical prior felony convictions is as follows:

<u>Minimum</u>	<u>Presumptive</u>	<u>Maximum</u>
14 years	15.75 years	28 years

C. The sentence imposed on a person for a sexual assault shall be consecutive to any other sexual assault sentence imposed on the person at any time.

D. Notwithstanding section 13-703, section 13-704, section 13-705, section 13-706, subsection A and section 13-708, subsection D, if the sexual assault involved the intentional or knowing infliction of serious physical injury, the person may be sentenced to life imprisonment and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until at least twenty-five years have been served or the sentence is commuted. If the person was at least eighteen years of age and the victim was twelve years of age or younger, the person shall be sentenced pursuant to section 13-705.

A.R.S. Sec. § 13-1407 Defenses

A. It is a defense to a prosecution pursuant to sections 13-1404 and 13-1405 involving a minor if the act was done in furtherance of lawful medical practice.

B. It is a defense to a prosecution pursuant to sections 13-1404 and 13-1405 in which the victim's lack of consent is based on incapacity to consent because the victim was fifteen, sixteen or seventeen years of age if at the time the defendant engaged in the conduct constituting the offense the defendant did not know and could not reasonably have known the age of the victim.

C. It is a defense to a prosecution pursuant to section 13-1402, 13-1404, 13-1405 or 13-1406 if the act was done by a duly licensed physician or registered nurse or a person acting under the physician's or nurse's direction, or any other person who renders emergency care at the scene of an emergency occurrence, the act consisted of administering a recognized and lawful form of treatment that was reasonably adapted to promoting the physical or mental health of the patient and the treatment was administered in an emergency when the duly licensed physician or registered nurse or a person acting under the physician's or nurse's direction, or any other person rendering emergency care at the scene of an emergency occurrence, reasonably believed that no one competent to consent could be consulted and that a reasonable person, wishing to safeguard the welfare of the patient, would consent.

D. It is a defense to a prosecution pursuant to section 13-1404 or 13-1405 that the person was the spouse of the other person at the time of commission of the act. It is not a defense to a prosecution pursuant to section 13-1406 that the defendant was the spouse of the victim at the time of commission of the act.

E. It is a defense to a prosecution pursuant to section 13-1404 or 13-1410 that the defendant was not motivated by a sexual interest. It is a defense to a prosecution pursuant to section 13-1404 involving a victim under fifteen years of age that the defendant was not motivated by a sexual interest.

F. It is a defense to a prosecution pursuant to sections 13-1405 and 13-3560 if the victim is fifteen, sixteen or seventeen years of age, the defendant is under nineteen years of age or attending high school and is no more than twenty-four months older than the victim and the conduct is consensual.

A.R.S. Sec. §13-1410 Molestation of a child; classification

A. A person commits molestation of a child by intentionally or knowingly engaging in or causing a person to engage in sexual contact, except sexual contact with the female breast, with a child who is under fifteen years of age.

B. Molestation of a child is a class 2 felony that is punishable pursuant to section 13-705.

A.R.S. Sec. §13-1417. Continuous sexual abuse of a child; classification

A. A person who over a period of three months or more in duration engages in three or more acts in violation of section 13-1405, 13-1406 or 13-1410 with a child who is under fourteen years of age is guilty of continuous sexual abuse of a child.

B. Continuous sexual abuse of a child is a class 2 felony and is punishable pursuant to section 13-705.

C. To convict a person of continuous sexual abuse of a child, the trier of fact shall unanimously agree that the requisite number of acts occurred. The trier of fact does not need to agree on which acts constitute the requisite number.

D. Any other felony sexual offense involving the victim shall not be charged in the same proceeding with a charge under this section unless the other charged felony sexual offense occurred outside the time period charged under this section or the other felony sexual offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved. If more than one victim is involved, a separate count may be charged for each victim.

A.R.S. Sec. §13-1424. Voyeurism; classification

A. It is unlawful to knowingly invade the privacy of another person without the knowledge of the other person for the purpose of sexual stimulation.

B. It is unlawful for a person to disclose, display, distribute or publish a photograph, videotape, film or digital recording that is made in violation of subsection A of this section without the consent or knowledge of the person depicted.

C. For the purposes of this section, a person's privacy is invaded if both of the following apply:

1. The person has a reasonable expectation that the person will not be photographed, videotaped, filmed, digitally recorded or otherwise viewed or recorded.

2. The person is photographed, videotaped, filmed, digitally recorded or otherwise viewed, with or without a device, either:

(a) While the person is in a state of undress or partial dress.

(b) While the person is engaged in sexual intercourse or sexual contact.

(c) While the person is urinating or defecating.

(d) In a manner that directly or indirectly captures or allows the viewing of the person's genitalia, buttock or female breast, whether clothed or unclothed, that is not otherwise visible to the public.

D. This section does not apply to any of the following:

1. Photographing, videotaping, filming or digitally recording for security purposes if notice of the use of the photographing, videotaping, filming or digital recording equipment is clearly posted in the location and the location is one in which the person has a reasonable expectation of privacy.

2. Photographing, videotaping, filming or digitally recording by correctional officials for security reasons or in connection with the investigation of alleged misconduct of persons on the premises of a jail or prison.

3. Photographing, videotaping, filming or digitally recording by law enforcement officers pursuant to an investigation, which is otherwise lawful.

4. The use of a child monitoring device as defined in section 13-3001.

E. A violation of subsection A or B of this section is a class 5 felony, except that a violation of subsection B of this section is a class 4 felony if the person depicted is recognizable.

A.R.S. Sec. §13-1425. Unlawful disclosure of images depicting states of nudity or specific sexual activities; classification; definitions

A. It is unlawful for a person to intentionally disclose an image of another person who is identifiable from the image itself or from information displayed in connection with the image if all of the following apply:

1. The person in the image is depicted in a state of nudity or is engaged in specific sexual activities.
2. The depicted person has a reasonable expectation of privacy. Evidence that a person has sent an image to another person using an electronic device does not, on its own, remove the person's reasonable expectation of privacy for that image.
3. The image is disclosed with the intent to harm, harass, intimidate, threaten or coerce the depicted person.

B. This section does not apply to any of the following:

1. The reporting of unlawful conduct.
2. Lawful and common practices of law enforcement, criminal reporting, legal proceedings or medical treatment.
3. Images involving voluntary exposure in a public or commercial setting.
4. An interactive computer service, as defined in 47 United States Code section 230(f)(2), or an information service, as defined in 47 United States Code section 153, with regard to content wholly provided by another party.
5. Any disclosure that is made with the consent of the person who is depicted in the image.

C. A violation of this section is a class 5 felony, except that a violation of this section is a:

1. Class 4 felony if the image is disclosed by electronic means.
2. Class 1 misdemeanor if a person threatens to disclose but does not disclose an image that if disclosed would be a violation of this section.

D. For the purposes of this section:

1. "Disclose" means display, distribute, publish, advertise or offer.
2. "Disclosed by electronic means" means delivery to an e-mail address, mobile device, tablet or other electronic device and includes disclosure on a website.
3. "Harm" means physical injury, financial injury or serious emotional distress.

4. "Image" means a photograph, videotape, film or digital recording.
5. "Reasonable expectation of privacy" means the person exhibits an actual expectation of privacy and the expectation is reasonable.
6. "Specific sexual activities" has the same meaning prescribed in section 11-811, subsection D, paragraph 18, subdivisions (a) and (b).
7. "State of nudity" has the same meaning prescribed in section 11-811, subsection D, paragraph 14, subdivision (a).

A.R.S. Sec. §13-3211. Definitions

In this chapter, unless the context otherwise requires:

1. "Employee" means a person who conducts lawful or unlawful business for another person under a master-servant relationship or as an independent contractor and who is compensated by wages, commissions, tips or other valuable consideration.
2. "House of prostitution" means any building, structure or place that is used for the purpose of prostitution or lewdness or where acts of prostitution occur.
3. "Operate and maintain" means to organize, design, perpetuate or control. Operate and maintain includes providing financial support by paying utilities, rent, maintenance costs or advertising costs, supervising activities or work schedules, and directing or furthering the aims of the enterprise.
4. "Oral sexual contact" means oral contact with the penis, vulva or anus.
5. "Prostitution" means engaging in or agreeing or offering to engage in sexual conduct under a fee arrangement with any person for money or any other valuable consideration.
6. "Prostitution enterprise" means any corporation, partnership, association or other legal entity or any group of individuals associated in fact although not a legal entity engaged in providing prostitution services.
7. "Sadomasochistic abuse" means flagellation or torture by or on 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.
8. "Sexual conduct" means sexual contact, sexual intercourse, oral sexual contact or sadomasochistic abuse.
9. "Sexual contact" means any direct or indirect fondling or manipulating of any part of the genitals, anus or female breast.
10. "Sexual intercourse" means penetration into the penis, vulva or anus by any part of the body or by any object.

A.R.S. Sec. §13-3212. Child sex trafficking; classification; increased punishment; definition

A. A person commits child sex trafficking by knowingly:

1. Causing any minor to engage in prostitution.
2. Using any minor for the purposes of prostitution.
3. Permitting a minor who is under the 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 purpose 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 with the intent that the minor engage in prostitution.
8. Providing a means by which a minor engages in prostitution.
9. Enticing, recruiting, harboring, providing, transporting, making available to another or otherwise obtaining a minor with the intent to cause the minor to engage in prostitution or any sexually explicit performance.
10. Enticing, recruiting, harboring, providing, transporting, making available to another or otherwise obtaining a minor with the knowledge that the minor will engage in prostitution or any sexually explicit performance.

B. A person who is at least eighteen years of age commits child sex trafficking by knowingly:

1. Engaging in prostitution with a minor who is under fifteen years of age.
2. Engaging in prostitution with a minor who the person knows or should have known is fifteen, sixteen or seventeen years of age.
3. Engaging in prostitution with a minor who is fifteen, sixteen or seventeen years of age.

C. It is not a defense to a prosecution under subsection A and subsection B, paragraphs 1 and 2 of this section that the other person is a peace officer posing as a minor or a person assisting a peace officer posing as a minor.

D. Notwithstanding any other law, a sentence imposed on a person for any of the following shall be consecutive to any other sentence imposed on the person at any time:

1. A violation of subsection A or subsection B, paragraph 2 of this section involving a minor who is fifteen, sixteen or seventeen years of age.
2. A violation of subsection A, paragraph 9 or 10 of this section.

E. Child sex trafficking pursuant to subsection A of this section is a class 2 felony if the minor is under fifteen years of age and is punishable pursuant to section 13-705.

F. Child sex trafficking pursuant to subsection B, paragraph 1 of this section is a class 2 felony and is punishable pursuant to section 13-705.

G. If the minor is fifteen, sixteen or seventeen years of age, child sex trafficking pursuant to subsection A, paragraph 1, 2, 3, 4, 5, 6, 7 or 8 of this section is a class 2 felony, the person convicted shall be sentenced pursuant to this section and the person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served or commuted. The presumptive term may be aggravated or mitigated within the range under this section pursuant to section 13-701, subsections C, D and E. The terms are as follows:

1. The term for a first offense is as follows:

Minimum	Presumptive	Maximum
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10 years	13.5 years	24 years
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2. The term for a defendant who has one historical prior felony conviction is as follows:

Minimum	Presumptive	Maximum
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17 years	24 years	31 years
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3. The term for a defendant who has two or more historical prior felony convictions is as follows:

Minimum	Presumptive	Maximum
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24 years	31 years	38 years
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H. If the minor is fifteen, sixteen or seventeen years of age, child sex trafficking pursuant to subsection A, paragraph 9 or 10 of this section is a class 2 felony.

I. If the minor is fifteen, sixteen or seventeen years of age, child sex trafficking pursuant to subsection B, paragraph 2 of this section is a class 2 felony, the person convicted shall be sentenced pursuant to this section and the person is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis except as specifically authorized by section 31-233, subsection A or B until the sentence imposed by the court has been served or commuted. The presumptive term may be aggravated or mitigated within the range under this section pursuant to section 13-701, subsections C, D and E. The terms are as follows:

1. The term for a first offense is as follows:

Minimum	Presumptive	Maximum
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7 years	10.5 years	21 years
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2. The term for a defendant who has one historical prior felony conviction is as follows:

Minimum Presumptive Maximum

14 years 15.75 years 28 years

3. The term for a defendant who has two or more historical prior felony convictions is as follows:

Minimum Presumptive Maximum

21 years 28 years 35 years

J. Child sex trafficking pursuant to subsection B, paragraph 3 of this section is a class 6 felony. If the court sentences the person to a term of probation, the court shall order that as an initial term of probation the person be imprisoned in the county jail for not less than one hundred eighty consecutive days. This jail term shall commence on the date of sentencing. The court may suspend ninety days of the jail sentence if the person has not previously been convicted of a violation of this section, a violation of section 13-3214 or a violation of any city or town ordinance that prohibits prostitution and that has the same or substantially similar elements as section 13-3214 and the person successfully completes an appropriate court ordered education or treatment program.

K. This section does not preclude the state from alleging and proving any other sentencing enhancements as provided by law.

L. For the purposes of this section, "sexually explicit performance" means a live or public act or show intended to arouse or satisfy the sexual desires or appeal to the prurient interest of patrons.

A.R.S. Sec. §13-3409. Involving or using minors in drug offenses; classification

A. A person shall not knowingly:

1. Hire, employ or use a minor to engage in any conduct, completed or preparatory, that is prohibited by sections 13-3404, 13-3404.01, 13-3405, 13-3406, 13-3407 and 13-3408.

2. Sell, transfer or offer to sell or transfer to a minor any substance if its possession is prohibited by sections 13-3404, 13-3404.01, 13-3405, 13-3407 and 13-3408.

B. A person who violates this section is guilty of a class 2 felony and is not eligible for suspension of sentence, probation, pardon or release from confinement on any basis until the sentence imposed by the court has been served or commuted, and if the minor is under fifteen years of age it is punishable pursuant to section 13-705, subsection C.

C. In addition to any other penalty prescribed by this title, the court shall order a person who is convicted of a violation of this section to pay a fine of not less than two thousand dollars or three times the value as determined by the court of the substance involved in or giving rise to the charge, whichever is greater, and not more than the maximum authorized by chapter 8 of this title. A judge shall not suspend any part or all of the imposition of any fine required by this subsection.

A.R.S. Sec. §13-3501. Definitions

In this chapter, unless the context otherwise requires:

1. "Harmful to minors" means that quality of any description or representation, in whatever form, of nudity, sexual activity, sexual conduct, sexual excitement, or sadomasochistic abuse, when both:

(a) To the average adult applying contemporary state standards with respect to what is suitable for minors, it both:

(i) Appeals to the prurient interest, when taken as a whole. In order for an item as a whole to be found or intended to have an appeal to the prurient interest, it is not necessary that the item be successful in arousing or exciting any particular form of prurient interest either in the hypothetical average person, in a member of its intended and probable recipient group or in the trier of fact.

(ii) Portrays the description or representation in a patently offensive way.

(b) Taken as a whole does not have serious literary, artistic, political, or scientific value for minors.

2. "Item" means any material or performance which depicts or describes sexual activity and includes any book, leaflet, pamphlet, magazine, booklet, picture, drawing, photograph, film, negative, slide, motion picture, figure, object, article, novelty device, recording, transcription, live or recorded telephone message or other similar items whether tangible or intangible and including any performance, exhibition, transmission or dissemination of any of the above. An item also includes a live performance or exhibition which depicts sexual activity to the public or an audience of one or more persons. An item is obscene within the meaning of this chapter when all of the following apply:

(a) The average person, applying contemporary state standards, would find that the item, taken as a whole, appeals to the prurient interest. In order for an item as a whole to be found or intended to have an appeal to the prurient interest, it is not necessary that the item be successful in arousing or exciting any particular form of prurient interest either in the hypothetical average person, in a member of its intended and probable recipient group or in the trier of fact.

(b) The average person, applying contemporary state standards, would find that the item depicts or describes, in a patently offensive way, sexual activity as that term is described in this section.

(c) The item, taken as a whole, lacks serious literary, artistic, political or scientific value.

3. "Knowledge of the character" means having general knowledge or awareness, or reason to know, or a belief or ground for belief which warrants further inspection or inquiry of that which is reasonably susceptible to examination by the defendant both:

(a) That the item contains, depicts or describes nudity, sexual activity, sexual conduct, sexual excitement or sadomasochistic abuse, whichever is applicable, whether or not there is actual knowledge of the specific contents thereof. This knowledge can be proven by direct or circumstantial evidence, or both.

(b) If relevant to a prosecution for violating section 13-3506, 13-3506.01 or 13-3507, the age of the minor, provided that an honest mistake shall constitute an excuse from liability under this chapter if the defendant made a reasonable bona fide attempt to ascertain the true age of such minor.

4. "Nudity" means the showing of the human male or female genitals, pubic area or buttocks with less than a full opaque covering, or the showing of the female breast with less than a fully opaque covering of any portion thereof below the top of the nipple, or the depiction of covered male genitals in a discernibly turgid state.

5. "Sadomasochistic abuse" means flagellation or torture by or upon a person clad in undergarments, a mask or bizarre costume, or the condition of being fettered, bound or otherwise physically restrained on the part of one so clothed, for the purpose or in the context of sexual gratification or abuse.

6. "Sexual activity" means:

(a) Patently offensive representations or descriptions of ultimate sexual acts, normal or perverted, actual or simulated.

(b) Patently offensive representations or descriptions of masturbation, excretory functions, sadomasochistic abuse and lewd exhibition of the genitals.

7. "Sexual conduct" means acts of masturbation, homosexuality, sexual intercourse, or physical contact with a person's clothed or unclothed genitals, pubic area, buttocks or, if such person is a female, breast.

8. "Sexual excitement" means the condition of human male or female genitals when in a state of sexual stimulation or arousal.

9. "Ultimate sexual acts" means sexual intercourse, vaginal or anal, fellatio, cunnilingus, bestiality or sodomy. A sexual act is simulated when it depicts explicit sexual activity which gives the appearance of consummation of ultimate sexual acts.

A.R.S. Sec. §13-3506. Furnishing harmful items to minors; applicability; classification

A. It is unlawful for any person, with knowledge of the character of the item involved, to recklessly furnish, present, provide, make available, give, lend, show, advertise or distribute to minors any item that is harmful to minors.

B. This section does not apply to the transmission or sending of items over the internet.

C. A violation of this section is a class 4 felony.

A.R.S. Sec. §13-3506.01. Furnishing harmful items to minors; internet activity; classification; definitions

A. It is unlawful for any person, with knowledge of the character of the item involved, to intentionally or knowingly transmit or send to a minor by means of electronic mail, personal messaging or any other direct internet communication an item that is harmful to minors when the person knows or believes at the time of the transmission that a minor in this state will receive the item.

B. This section does not apply to:

1. Posting material on an internet web site, bulletin board or newsgroup.

2. Sending material via a mailing list or listserv that is not administered by the sender. For the purposes of this paragraph, "mailing list" or "listserv" means a method of internet communication where a message is sent to an internet address and then is retransmitted to one or more subscribers to the mailing list or listserv.

C. It is not a defense to a prosecution for a violation of this section that the recipient of the transmission was a peace officer posing as a minor.

D. A violation of this section is a class 4 felony.

E. The failure to report a violation of this section is a class 6 felony as prescribed by section 13-3620.

F. For the purposes of this section:

1. "Internet" means the combination of computer facilities and electromagnetic transmission media, and related equipment and software, comprising the interconnected worldwide network of computer networks that employ the transmission control protocol or internet protocol or any successor protocol to transmit information.

2. "Internet web site" means a location where material placed in a computer server-based file archive is publicly accessible, over the internet, using hypertext transfer protocol or any successor protocol.

A.R.S. Sec. §13-3551. Definitions

In this chapter, unless the context otherwise requires:

1. "Advertising" or "advertisement" means any message in any medium that offers or solicits any person to engage in sexual conduct in this state.

2. "Communication service provider" has the same meaning prescribed in section 13-3001.

3. "Computer" has the same meaning prescribed in section 13-2301, subsection E.

4. "Computer system" has the same meaning prescribed in section 13-2301, subsection E.

5. "Exploitive exhibition" means the actual or simulated exhibition of the genitals or pubic or rectal areas of any person for the purpose of sexual stimulation of the viewer.

6. "Minor" means a person or persons who were under eighteen years of age at the time a visual depiction was created, adapted or modified.

7. "Network" has the same meaning prescribed in section 13-2301, subsection E.

8. "Producing" means financing, directing, manufacturing, issuing, publishing or advertising for pecuniary gain.

9. "Remote computing service" has the same meaning prescribed in section 13-3001.

10. "Sexual conduct" means actual or simulated:

(a) Sexual intercourse, including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same or opposite sex.

(b) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.

(c) Sexual bestiality.

(d) Masturbation, for the purpose of sexual stimulation of the viewer.

(e) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(f) Defecation or urination for the purpose of sexual stimulation of the viewer.

11. "Simulated" means any depicting of the genitals or rectal areas that gives the appearance of sexual conduct or incipient sexual conduct.

12. "Visual depiction" includes each visual image that is contained in an undeveloped film, videotape or photograph or data stored in any form and that is capable of conversion into a visual image.

A.R.S. Sec. §13-3552. Commercial sexual exploitation of a minor; classification

A. 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 visual depiction or live act depicting such conduct.

2. Using, employing, persuading, enticing, inducing or coercing a minor to expose the genitals or anus or the areola or nipple of the female breast for financial or commercial gain.

3. Permitting a minor under the 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 the minor engage in prostitution, exploitive exhibition or other sexual conduct for the purpose of producing a visual depiction or live act depicting such conduct.

5. Using an advertisement for prostitution as defined in section 13-3211 that contains a visual depiction of a minor.

B. Subsection A, paragraph 5 of this section does not apply to an act that is prohibited by section 13-3555 or to websites or internet service providers that host advertisements created and published by third parties and do not participate in creating or publishing the advertisements.

C. Commercial sexual exploitation of a minor is a class 2 felony and if the minor is under fifteen years of age it is punishable pursuant to section 13-705.

A.R.S. Sec. §13-3553. Sexual exploitation of a minor; evidence; classification

A. 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 exploitive exhibition or other sexual conduct.

B. If any visual depiction of sexual exploitation of a minor is admitted into evidence, the court shall seal that evidence at the conclusion of any grand jury proceeding, hearing or trial.

C. Sexual exploitation of a minor is a class 2 felony and if the minor is under fifteen years of age it is punishable pursuant to section 13-705.

A.R.S. Sec. §13-3554. Luring a minor for sexual exploitation; classification

A. A person commits luring a minor for sexual exploitation by offering or soliciting sexual conduct with another person knowing or having reason to know that the other person is a minor.

B. It is not a defense to a prosecution for a violation of this section that the other person is not a minor.

C. Luring a minor for sexual exploitation is a class 3 felony, and if the minor is under fifteen years of age it is punishable pursuant to section 13-705.

A.R.S. Sec. §13-3560. Aggravated luring a minor for sexual exploitation; classification; definitions

A. A person commits aggravated luring a minor for sexual exploitation if the person does both of the following:

1. Knowing the character and content of the depiction, uses an electronic communication device to transmit at least one visual depiction of material that is harmful to minors for the purpose of initiating or engaging in communication with a recipient who the person knows or has reason to know is a minor.

2. By means of the communication, offers or solicits sexual conduct with the minor. The offer or solicitation may occur before, contemporaneously with, after or as an integrated part of the transmission of the visual depiction.

B. It is not a defense to a prosecution for a violation of this section that the other person is not a minor or that the other person is a peace officer posing as a minor.

C. Aggravated luring a minor for sexual exploitation is a class 2 felony, and if the minor is under fifteen years of age it is punishable pursuant to section 13-705, subsection D.

D. The defense prescribed in section 13-1407, subsection F applies to a prosecution pursuant to this section.

E. For the purposes of this section:

1. "Electronic communication device" means any electronic device that is capable of transmitting visual depictions and includes any of the following:

(a) A computer, computer system or network as defined in section 13-2301.

(b) A cellular or wireless telephone as defined in section 13-4801.

2. "Harmful to minors" has the same meaning prescribed in section 13-3501.

A.R.S. Sec. §13-3601 Domestic violence; definition; classification; sentencing option; arrest and procedure for violation; weapon seizure; notice

A. "Domestic violence" means any act which is a dangerous crime against children as defined in section 13-705 or an offense defined in section 13-1201 through 13-1204, 13-1302 through 13-1304, 13-1502 through 13-1504 or 13-1602, section 13-2810, section 13-2904, subsection A, paragraph 1, 2, 3 or 6, section 13-2916 or section 13-2921, 13-2921.01, 13-2923, 13-3019, 13-3601.02 or 13-3623, if any of the following applies:

1. The relationship between the victim and the defendant is one of marriage or former marriage or of persons residing or having resided in the same household.
2. The victim and the defendant have a child in common.
3. The victim or the defendant is pregnant by the other party.
4. The victim is related to the defendant or the defendant's spouse by blood or court order as a parent, grandparent, child, grandchild, brother or sister or by marriage as a parent-in-law, grandparent-in-law, stepparent, step-grandparent, stepchild, step-grandchild, brother-in-law or sister-in-law.
5. The victim is a child who resides or has resided in the same household as the defendant and is related by blood to a former spouse of the defendant or to a person who resides or who has resided in the same household as the defendant.

B. A peace officer, with or without a warrant, may arrest a person if the officer has probable cause to believe that domestic violence has been committed and the officer has probable cause to believe that the person to be arrested has committed the offense, whether the offense is a felony or a misdemeanor and whether the offense was committed within or without the presence of the peace officer. In cases of domestic violence involving the infliction of physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument, the peace officer shall arrest a person, with or without a warrant, if the officer has probable cause to believe that the offense has been committed and the officer has probable cause to believe that the person to be arrested has committed the offense, whether the offense was committed within or without the presence of the peace officer, unless the officer has reasonable grounds to believe that the circumstances at the time are such that the victim will be protected from further injury. Failure to make an arrest does not give rise to civil liability except pursuant to section 12-820.02. In order to arrest both parties, the peace officer shall have probable cause to believe that both parties independently have committed an act of domestic violence. An act of self-defense that is justified under chapter 4 of this title is not deemed to be an act of domestic violence. The release procedures available under section 13-3883, subsection A, paragraph 4 and section 13-3903 are not applicable to arrests made pursuant to this subsection.

C. A peace officer may question the persons who are present to determine if a firearm is present on the premises. On learning or observing that a firearm is present on the premises, the peace officer may

temporarily seize the firearm if the firearm is in plain view or was found pursuant to a consent to search and if the officer reasonably believes that the firearm would expose the victim or another person in the household to a risk of serious bodily injury or death. A firearm that is owned or possessed by the victim shall not be seized unless there is probable cause to believe that both parties independently have committed an act of domestic violence.

D. If a firearm is seized pursuant to subsection C of this section, the peace officer shall give the owner or possessor of the firearm a receipt for each seized firearm. The receipt shall indicate the identification or serial number or other identifying characteristic of each seized firearm. Each seized firearm shall be held for at least seventy-two hours by the law enforcement agency that seized the firearm.

E. If a firearm is seized pursuant to subsection C of this section, the victim shall be notified by a peace officer before the firearm is released from temporary custody.

F. If there is reasonable cause to believe that returning a firearm to the owner or possessor may endanger the victim, the person who reported the assault or threat or another person in the household, the prosecutor shall file a notice of intent to retain the firearm in the appropriate superior, justice or municipal court. The prosecutor shall serve notice on the owner or possessor of the firearm by certified mail. The notice shall state that the firearm will be retained for not more than six months following the date of seizure. On receipt of the notice, the owner or possessor may request a hearing for the return of the firearm, to dispute the grounds for seizure or to request an earlier return date. The court shall hold the hearing within ten days after receiving the owner's or possessor's request for a hearing. At the hearing, unless the court determines that the return of the firearm may endanger the victim, the person who reported the assault or threat or another person in the household, the court shall order the return of the firearm to the owner or possessor.

G. A peace officer is not liable for any act or omission in the good faith exercise of the officer's duties under subsections C, D, E and F of this section.

H. Each indictment, information, complaint, summons or warrant that is issued and that involves domestic violence shall state that the offense involved domestic violence and shall be designated by the letters DV. A domestic violence charge shall not be dismissed or a domestic violence conviction shall not be set aside for failure to comply with this subsection.

I. A person who is arrested pursuant to subsection B of this section may be released from custody in accordance with the Arizona rules of criminal procedure or any other applicable statute. Any order for release, with or without an appearance bond, shall include pretrial release conditions that are necessary to provide for the protection of the alleged victim and other specifically designated persons and may provide for additional conditions that the court deems appropriate, including participation in any counseling programs available to the defendant.

J. When a peace officer responds to a call alleging that domestic violence has been or may be committed, the officer shall inform in writing any alleged or potential victim of the procedures and resources available for the protection of the victim including:

1. An order of protection pursuant to section 13-3602, an injunction pursuant to section 25-315 and an

injunction against harassment pursuant to section 12-1809.

2. The emergency telephone number for the local police agency.

3. Telephone numbers for emergency services in the local community.

K. A peace officer is not civilly liable for noncompliance with subsection J of this section.

L. An offense that is included in domestic violence carries the classification prescribed in the section of this title in which the offense is classified. If the defendant committed a felony offense listed in subsection A of this section against a pregnant victim and knew that the victim was pregnant or if the defendant committed a felony offense causing physical injury to a pregnant victim and knew that the victim was pregnant, section 13-709.04, subsection B applies to the sentence imposed.

M. If the defendant is found guilty of a first offense included in domestic violence, the court shall provide the following written notice to the defendant:

You have been convicted of an offense included in domestic violence. You are now on notice that:

1. If you are convicted of a second offense included in domestic violence, you may be placed on supervised probation and may be incarcerated as a condition of probation.

2. A third or subsequent charge may be filed as a felony and a conviction for that offense shall result in a term of incarceration.

N. The failure or inability of the court to provide the notice required under subsection M of this section does not preclude the use of the prior convictions for any purpose otherwise permitted.

A.R.S. Sec. § 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.

A.R.S. Sec. § 13-3623 Child or vulnerable adult abuse; emotional abuse; classification; exceptions; definitions

A. Under circumstances likely to produce death or serious physical injury, any person who causes a child or vulnerable adult to suffer physical injury or, having the care or custody of a child or vulnerable adult, who causes or permits the person or health of the child or vulnerable adult to be injured or who causes

or permits a child or vulnerable adult to be placed in a situation where the person or health of the child or vulnerable adult is endangered is guilty of an offense as follows:

1. If done intentionally or knowingly, the offense is a class 2 felony and if the victim is under fifteen years of age it is punishable pursuant to section 13-705.

2. If done recklessly, the offense is a class 3 felony.

3. If done with criminal negligence, the offense is a class 4 felony.

B. Under circumstances other than those likely to produce death or serious physical injury to a child or vulnerable adult, any person who causes a child or vulnerable adult to suffer physical injury or abuse or, having the care or custody of a child or vulnerable adult, who causes or permits the person or health of the child or vulnerable adult to be injured or who causes or permits a child or vulnerable adult to be placed in a situation where the person or health of the child or vulnerable adult is endangered is guilty of an offense as follows:

1. If done intentionally or knowingly, the offense is a class 4 felony.

2. If done recklessly, the offense is a class 5 felony.

3. If done with criminal negligence, the offense is a class 6 felony.

C. For the purposes of subsections A and B of this section, the terms endangered and abuse include but are not limited to circumstances in which a child or vulnerable adult is permitted to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug in violation of section 13-3407, subsection A, paragraph 3 or 4. Notwithstanding any other provision of this section, a violation committed under the circumstances described in this subsection does not require that a person have care or custody of the child or vulnerable adult.

D. A person who intentionally or knowingly engages in emotional abuse of a vulnerable adult who is a patient or resident in any setting in which health care, health-related services or assistance with one or more of the activities of daily living is provided or, having the care or custody of a vulnerable adult, who intentionally or knowingly subjects or permits the vulnerable adult to be subjected to emotional abuse is guilty of a class 6 felony.

E. This section does not apply to:

1. A health care provider as defined in section 36-3201 who permits a patient to die or the patient's condition to deteriorate by not providing health care if that patient refuses that care directly or indirectly through a health care directive as defined in section 36-3201, through a surrogate pursuant to section 36-3231 or through a court appointed guardian as provided for in title 14, chapter 5, article 3.

2. A vulnerable adult who is being furnished spiritual treatment through prayer alone and who would not otherwise be considered to be abused, neglected or endangered if medical treatment were being furnished.

F. For the purposes of this section:

1. "Abuse", when used in reference to a child, means abuse as defined in section 8-201, except for those

acts in the definition that are declared unlawful by another statute of this title and, when used in reference to a vulnerable adult, means:

- (a) Intentional infliction of physical harm.
- (b) Injury caused by criminally negligent acts or omissions.
- (c) Unlawful imprisonment, as described in section 13-1303.
- (d) Sexual abuse or sexual assault.

2. "Child" means an individual who is under eighteen years of age.

3. "Emotional abuse" means a pattern of ridiculing or demeaning a vulnerable adult, making derogatory remarks to a vulnerable adult, verbally harassing a vulnerable adult or threatening to inflict physical or emotional harm on a vulnerable adult.

4. "Physical injury" means the impairment of physical condition and includes any skin bruising, pressure sores, bleeding, failure to thrive, malnutrition, dehydration, burns, fracture of any bone, subdural hematoma, soft tissue swelling, injury to any internal organ or any physical condition that imperils health or welfare.

5. "Serious physical injury" means physical injury that creates a reasonable risk of death or that causes serious or permanent disfigurement, serious impairment of health or loss or protracted impairment of the function of any bodily organ or limb.

6. "Vulnerable adult" means an individual who is eighteen years of age or older and who is unable to protect himself from abuse, neglect or exploitation by others because of a mental or physical impairment.

A.R.S. Sec. § 15-514 Reports of immoral or unprofessional conduct; immunity

A. Any certificated person or governing board member who reasonably suspects or receives a reasonable allegation that a person certificated by the state board of education has engaged in conduct involving minors that would be subject to the reporting requirements 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 not later than three business days after the person first suspects or receives an allegation of the conduct.

B. The superintendent of a school district or the chief administrator of a charter school who reasonably suspects or receives a reasonable allegation that an act of immoral or unprofessional conduct that would constitute grounds for dismissal or criminal charges by a certificated person has occurred shall report the conduct to the department of education.

C. A person who reports or provides information pursuant to this section regarding the immoral or unprofessional conduct of a certificated person in good faith is not subject to an action for civil damages as a result.

D. A governing board or school or school district employee who has control over personnel decisions shall not take unlawful reprisal against an employee because the employee reports in good faith information as required by this section. For the purposes of this subsection "unlawful reprisal" means an action that is taken by a governing board as a direct result of a lawful report pursuant to this section and, with respect to the employee, results in one or more of the following:

1. Disciplinary action.
2. Transfer or reassignment.
3. Suspension, demotion or dismissal.
4. An unfavorable performance evaluation.
5. Other significant changes in duties or responsibilities that are inconsistent with the employee's salary or employment classification.

E. Failure to report information as required by this section by a certificated person constitutes grounds for disciplinary action by the state board of education.

F. A governing board or school district employee who has control over personnel decisions and who reasonably suspects or receives a reasonable allegation that a person certificated by the state board of education has engaged in conduct involving minors that would be subject to the reporting requirements of section 13-3620 and this article shall not accept the resignation of the certificate holder until these suspicions or allegations have been reported to the state board of education.

PINAL COUNTY MULTI-DISCIPLINARY PROTOCOLS
FOR THE JOINT INVESTIGATION OF CHILD ABUSE

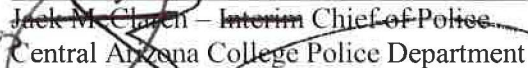
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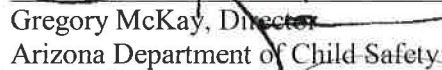
(Multi-Disciplinary Team Participant Agreement)

Each under-signed party agrees to the basic premises under the Pinal County Multi-Disciplinary Protocols

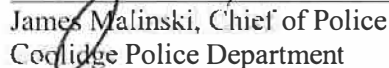


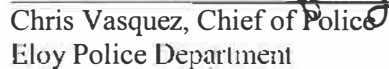
Mark McCrory, Chief of Police
Casa Grande Police Department

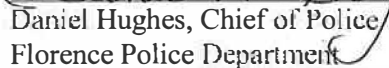

Jack McClaren - Interim Chief of Police
Central Arizona College Police Department

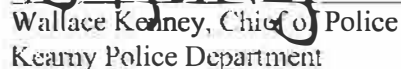

Gregory McKay, Director
Arizona Department of Child Safety

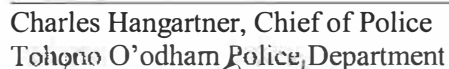

Esma Tejada, Chief Operating Officer
Corazon Behavioral Health Services


James Malinski, Chief of Police
Coolidge Police Department

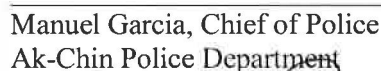

Chris Vasquez, Chief of Police
Eloy Police Department

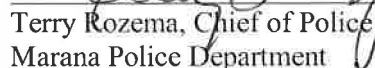

Daniel Hughes, Chief of Police
Florence Police Department



Wallace Kenney, Chief of Police
Kearny Police Department


Charles Hangartner, Chief of Police
Tohono O'odham Police Department

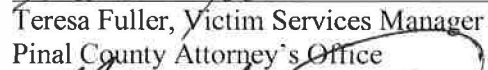

Thomas Kelly, Chief of Police
Apache Junction Police Department

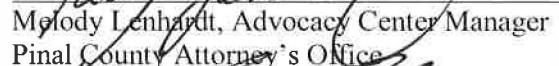

Manuel Garcia, Chief of Police
Ak-Chin Police Department

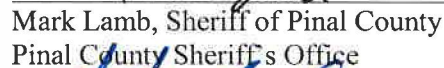

Terry Rozema, Chief of Police
Marana Police Department

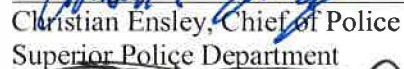

Kent Volkmer, Pinal County Attorney
Pinal County Attorney's Office


Tascha Spears, Ph.D., M.Sc., RN, Forensic Nurse
Pinal County Medical Forensic Services



Teresa Fuller, Victim Services Manager
Pinal County Attorney's Office

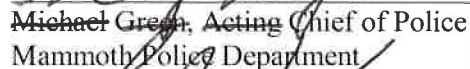

Melody Lenhardt, Advocacy Center Manager
Pinal County Attorney's Office

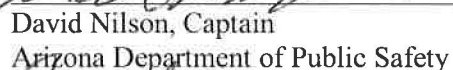

Mark Lamb, Sheriff of Pinal County
Pinal County Sheriff's Office


Christian Ensley, Chief of Police
Superior Police Department


Steve Stahl, Chief of Police
City of Maricopa Police Department


Kathleen Elliot, Chief of Police
Gila River Police Department


Michael Green, Acting Chief of Police
Mammoth Police Department


David Nilson, Captain
Arizona Department of Public Safety


Jon Grossman, CEO Executive Director
Grossman & Grossman Ltd.


RUDY LUSAN

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit “C” (Multi-Disciplinary Team Contact List)

Pinal County Attorney’s Office
520-866-6271

Eloy Family Advocacy Center
520-866-7500

Department of Child Safety (DCS) Hotline
1-888-SOS-CHILD

San Tan Valley Family Advocacy Center
520-866-7020

DCS Police Only Hotline
1-877-238-4501

Phoenix Children’s Medical Group
1-602-933-2780 (pager)

DCS Apache Junction
1-480-373-2080

DCS Casa Grande
520-858-8880

Apache Junction Police
1-480-982-8260

DCS Regional Office
602-264-1360

Coolidge Police
520-723-5311

Casa Grande Police
520-421-8700

Florence Police
520-866-7681

Eloy Police
520-466-7324

Mammoth Police
520-487-2248

Kearny Police
520-363-5566

Superior Police
520-689-5255

City of Maricopa Police
520-316-6800

Pinal County Sheriff’s Office
520-866-5111

Corazon Integrated Healthcare Services
520-836-4278

Pinal County Medical Forensic Services
520-705-4841

Grossman & Grossman, Ltd.
1-602-468-2077

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit "D"
(Confidentiality Pledge)

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE



**Pinal County Attorney's Family Advocacy Center
Multidisciplinary Team Assurance of Confidentiality Agreement**

MDT Mission Statement: The Family Advocacy Center Multidisciplinary Team (MDT) is conducted under the Pinal County Attorney's Office and its mission is to coordinate the investigation and prosecution of child related crimes in the child sensitive environment through the joint participation of Division of Child Safety (DCS), Law Enforcement, Prosecution, Victim Advocacy, Medical Care Providers and Mental Health Clinicians to ensure coordinated investigations, effective prosecutions and comprehensive intervention services.

As a member of the Pinal County Attorney's Office Family Advocacy Center Multidisciplinary Team, or invited professional, I agree to maintain the strict confidentiality of all information on cases presented at case review meetings and I agree that no general media or public access to the information will be allowed.

Date: _____

NAME	AGENCY	EMAIL/CONTACT INFORMATION

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit “E”

(Forensic Interview Guidelines)

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

ROLE PLAY SAMPLE QUESTIONS

I. Rapport Building and Narrative Practice

"I know your name is __ , but I don't know your whole name. What is your whole name?

How old are you?

1. "A few [days/weeks} ago was [holiday, birthday, the first day of school, other event}. Tell me everything that happened on [your birthday, Christmas, etc.].
 - 1a. "Tell me more about [the activity, event].
 - 1b. "And then what happened?
2. "Tell me all about your family.
 - 2a. "Tell me more about [siblings, pets, parents etc.]
3. "Tell me all about __ grade at your school.
 - 3a. "Tell me more about [teacher, activities, recess, friends etc.]

II. Interviewer's Expectations of the Child During Interview

"As I told you, my name is __ . I talk with boys and girls all the time. When we talk today, I am going to ask you to do a few things.

1. Sometimes I ask questions that don't make sense. If I ask you a question that doesn't make sense, please tell me. I will think of a better way to ask it.
2. Sometimes I may ask you a question that you don't know the answer to or you don't remember the answer. It's okay to tell me if you don't know or don't remember something.
3. Sometimes I make mistakes. If I make a mistake about something you tell me, please tell me. Tell me what the right thing is.
4. Sometimes I forget things. I might ask you the same question more than once. It just means that I forgot that I asked it the first time.
5. It is very important that we only talk about things that really happened. Will you promise to tell me the truth?

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

III. Transition to the Substantive Issues

1. Tell me why you are here to talk to me today.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child doesn't make an allegation, go to question 2.]

2. I talk to boys and girls about things that happened to them.
heard something happened to you. Tell me everything about that.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 3.]

3. I heard you told [teacher, parent, friend, doctor] about something that happened. Tell me everything about that.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 4.]

4. I heard about something that may have happened at [location/time of incident]. Tell me about that.

[If the child gives a summary of the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 5.]

5. Sometimes boys and girls talk with me about if someone has hurt or touched them in a way they didn't like. Has someone touched you in a way you didn't like?

[If the child confirms or summarizes the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 6.]

6. Has someone touched you on parts of your body that no one should touch?

[If the child confirms or summarizes the allegation, go to question 8.]

[If the child gives a detailed description, go to question 8b.]

[If the child does not make an allegation, go to question 7.]

7. I heard that you told ___ about someone touching you. Tell me everything about that.

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

[If the child confirms or makes an allegation, go to question 8.]

[If the child gives a detailed description, go to question 86.]

[If the child does not make an allegation, go to section V.]

IV. Investigating the Incidents

Open Ended Questions

8. "Tell me everything about that."

8a. "Then what happened." Or "Tell me more about that."

[If the child provides a general description of more than one event, go to question 10. If the child describes a specific incident, go to question 86.]

8b. "Start at the beginning of that [day/night/time] and tell me everything about it from beginning to end."

8c. "Tell me more about [person/object/ activity mentioned by child]."

8d. "You said something about [person/object/activity mentioned by child], tell me everything about that."

Focused questions about information disclosed by the child.

If the child has not disclosed some central details of the allegation after exhausting the open-ended questions, direct questions are necessary. Focus the child's attention on the detail, and then ask the direct question.

9. "You said something about [person/object/activity],
[How/when/where/who/which/what] [Completion of the question]."

If the child has difficulty answering the direct questions about details, it may be necessary to ask yes/no or more focused or option posing questions. If a child confirms information, the interviewer should ask the follow-up question:

"Tell me more about that."

This section of questioning should be repeated for as many incidents as the child can recall clearly. Unless the child has stated that only two incidents have occurred, the interviewer should ask the following:

10. "Tell me about the very last time this happened."
11. "Tell me about the very first time this happened."
12. "Tell me about another time you remember clearly."
13. "Are there other times you remember clearly?"

V. Break and Consultation with Investigators

At this point in the interview, the interviewer may take a break to consult with law enforcement investigator or Child

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Protective Services caseworker to review the information the child provided. Investigators may suggest additional questions to clarify or obtain missing information. If a child has not disclosed at this point, investigators and the interviewer may want to consider asking additional focused questions, or consider terminating the interview.

VI. Eliciting Information that has not been mentioned by the child

Focused questions may be asked to obtain other forensically important information. Focused or direct question should be paired with open-ended questions whenever possible. For example:

"Did the [perpetrator] do something to any other part of your body?"

"Did the [perpetrator] do something to you with his mouth?"

"Did the [perpetrator] want you to do something with your mouth?"

"Did the [perpetrator] do something to you butt?"

"Did the [perpetrator] do something to you with something besides his body?" "Did you see the [perpetrator] do this to someone else?"

"Did the [perpetrator] want someone to know about what he did?"

"Did the [perpetrator] say something to you about telling?"

"Did the [perpetrator] do things that scared you?"

"Did the [perpetrator] take pictures of you?"

"Did the [perpetrator] do things that made you feel like you didn't have privacy?"

"Tell me some things you like about the [perpetrator]."

"Tell me some things you didn't like about the [perpetrator]."

"What did the [perpetrator] do when he got angry at [you/parent/siblings]?" "Tell me some things you enjoyed doing with the [perpetrator]."

"How did you first get to know the [perpetrator]?"

"What did you think about the [perpetrator] when you first got to know him/her?"

"Has the [perpetrator] done other things that you didn't like."

VII. Information about the Disclosure

If the child mentions disclosing the allegation to someone, follow-up questions such as the following should be asked:

"You said that you told ____ . Tell me all about that."

"Tell me about your decision to tell ____ ."

"What happened when you told ____ ."

If the child has not mentioned disclosure, the following questions should be asked and paired with an open-ended question:

"How did someone find out about what [the perpetrator] did?"

"Tell me about your decision to tell ____ ."

"Tell me from beginning to end how ____ found out about what happened."

If the child delayed disclosure, the following questions should be asked, and paired with an open-ended question:

"Did something make you feel you couldn't tell someone?"

"Who was the first person who found out about what happened?"

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

"Who was the first person you told about what happened?"

"What made you feel it was okay to tell ___?"

"Who else knows about what happened?"

VIII. Exploration of Alternative Explanations or Other Perpetrators

At the closing of the interview, questions concerning the child's exposure to sources of sexual knowledge, such as pornography or witnessing adult sexual acts should be asked. For example:

"Have you seen [movies, magazines, internet websites] that show naked people? "Have you seen adults [engage in sexual acts]?"

"Has someone else [other than the alleged perpetrator] done something like this to you?"

IX. Closing

The child may be asked:

"Is there anything else you would like me to know?"

"Do you have any questions for me?"

"Thank you for coming to talk to me today?"

The interviewer may then talk with the child for a few minutes about neutral topics such as what the child plans to do after the interview, movies, favorite television shows, music.

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION
OF CHILD ABUSE

Exhibit "F"
(Recommended Trainings)

The training shall cover the following or its equivalent for any member tasked with responding to reports of child abuse/neglect:

Investigations/Prosecution

The specific Children's Justice Task Force courses (Child Physical Abuse Investigations and Medical Aspects, Child Sexual Abuse Investigations, and Forensic Interviewing – Basic 8 Hour) meet the recommended standards for members tasked with conducting an investigation. Any equivalent course shall cover:

- Title 13 – Criminal Code
- Title 8 – Child Safety
- Scene Preservation: photos, evidence collection
- Search warrants
- Temporary Custody Notices
- Juvenile Rights
- Mandated Reporting Law
- Medical Release/Information – HIPAA Protocol
- Introduction and Risk Factors
- Inflicted Coetaneous Injuries
- Caretaker Interviews
- Suspect Interviews
- Interviewing Medical Personnel
- Burns
- Fractures
- Head Injuries
- Abdominal Trauma
- Failure to Thrive
- Scene Investigation
- Jurisdiction
- Who Should Be Interviewed
- Why Should People Be Interviewed Immediately
- Victim Interview
- Establishing Time Frames – "Significant Childhood Events"
- Transition Tips (investigation – trial)
- Witness Interviews – "Verbal Corroboration"
- Tangible Evidence – Physical Corroboration
- How to Get Medical Records (A.R.S. 13-3620)
- Search Warrants and Related Court Documents
- Interviewing Suspects
- Digital Evidence (Recovery and Preservation)

- Understanding and Accepting Your Caseload Investigation and Prosecution of Child Abuse
- Investigation and Prosecution of Child Fatalities and Physical Abuse
- Childproof: Advanced Trial Advocacy for Child Abuse Prosecutors
- Prosecutors should look for similar training and other courses offered by APAAC, NCDA, NDA, and APRI

Basic Forensic Interviewing

- Victimology
- Forensic Interviewing
- Semi-structured Cognitive Interview
- Videotaped Samples of Forensic Interviews
- Interviewing Adolescents

Advanced Forensic Interviewing/Investigation Training

- Medical Aspects of Physical and Sexual Abuse
- Development and Linguistic Considerations
- Disclosure Patterns
- Memory and Suggestibility
- Interviewing Developmental Delayed Victims
- Interviewing Preschool, Reluctant and Anxious Children
- Interviewing Child Witnesses
- Sexual Trauma and Sex Offending Behavior
- Secondary Trauma
- Taking it to the Jury
- Investigators as Experts – Preparing a Resume for Court
- Courtroom Testimony
- The Defense

Practice

- 2 child interviews
- Courtroom testimony

MONDAY, February 26, 2018**Location: Childhelp, 2120 N. Central Ave, 2nd Floor, Phoenix**

8:00 - 8:30	Registration	
8:30 - 8:40	Welcome & Introductions	Claire Louge, Prevent Child Abuse Arizona
8:45 - 9:00	Pre-Test	Wendy Dutton, Ph D
9:00 - 10:00	Review Semi-Structured Cognitive Interview (SSCI)	Wendy Dutton, Ph D
10:00 - 10:15	Break	
10:15 - 11:00	SSCI Script and What Would You Say Next?	Wendy Dutton, Ph D
11:00 - 12:00	Role Play	
12:00 - 1:00	Lunch	
1:00 - 2:30	Memory and Suggestibility	Wendy Dutton, Ph D
2:30 - 2:45	Break	
2:45 - 3:45	Kinds of Questions Reference Guide and Exercise	Wendy Dutton, Ph D
3:45 - 4:00	Break	
4:00 - 5:00	Role Play	Wendy Dutton, Ph D

TUESDAY, February 27, 2018**Location: Childhelp, 2120 N. Central Ave, 2nd Floor, Phoenix**

8:30 - 9:20	Developmental & Linguistic Considerations	Chris Schopen, MA
9:20 - 9:30	Break	
9:30 - 10:20	Interviewing Victims with Disabilities	Chris Schopen, MA
10:20 - 10:30	Break	
10:30 - 11:20	Interviewing Challenges	Chris Schopen, MA
11:30 - 12:00	Video Examples	Chris Schopen, MA
12:00 - 1:00	Lunch	
1:00 - 2:45	Medical Approach to Child Maltreatment	Dr. Kathy Coffman
2:45 - 3:00	Break	
3:00 - 5:00	Offender Dynamics and Trauma	Holly Salisbury, Psy.D.

WEDNESDAY, February 28, 2018**Location: Black Canyon Conference Center, 9440 N 25th Ave, Phoenix**

8:00 - 8:30	Breakfast	
8:30 - 9:45	Emotional Survival and Self Care	Kelly Wills, MC/MFT
9:45 - 10:00	Break	
10:00 - 11:00	View from the Bench	Judge Jason Holmberg, JD
11:00 - 12:00	Practicum - Interview Children	
12:00 - 1:00	Lunch	
1:00 - 2:30	Review Child Interview Tapes	
2:30 - 5:00	Practicum - Role Play - Review Role Play Tape	

THURSDAY, March 1, 2018**Location: Black Canyon Conference Center, 9440 N 25th Ave, Phoenix**

8:00 - 8:20	Breakfast	
8:20 - 8:30	DCS Post-Test	
8:30 - 10:00	<i>Cultural Issues and Considerations when Interviewing Children</i>	Adriana Frias, MSW and Detective Valerie Bribiescas
10:00 - 10:15	Break	
10:15 - 10:45	<i>Investigators as Experts –Preparing a Resume for Court</i>	Cindi Nannetti, JD
10:45 - 12:00	Practicum – Interview Children	
12:00 - 1:00	Lunch	
1:00 - 2:30	Review Child Interview Tapes	
2:30 - 5:00	Practicum – Role Play	

FRIDAY, March 2, 2018**Location: Childhelp, 2120 N. Central Ave, 2nd Floor, Phoenix****Law Enforcement, Forensic Interviewers, Tribal CPS and Prosecutors Only**

8:30 - 8:40	Post-Test	
8:40 - 9:30	<i>Defending Your Interview</i>	Blaine Gadow, JD
9:30 - 9:40	Break	
9:40 - 10:40	<i>Taking It to the Jury</i>	Jeanine Sorrentino, JD
10:40 - 10:50	Break	
10:50 - 12:00	<i>Courtroom Testimony</i>	Cindi Nannetti, JD
12:00 - 12:40	Lunch	
12:40 - 1:30	<i>Courtroom Practicum</i>	Rachel Mitchell, JD and Cindi Nannetti, JD
1:30 - 2:30	<i>Meeting Untrue Defenses</i>	Rachel Mitchell, JD and Cindi Nannetti, JD
2:30 - 2:45	Break	
2:45 - 3:05	<i>Know Your Protocol</i>	Rachel Mitchell, JD
3:05 - 4:20	<i>Legal Considerations</i>	Rachel Mitchell, JD
4:20 - 4:30	Closing Remarks & Certificates of Attendance	

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit “G”

(Case Tracking Form)

PINAL COUNTY ATTORNEY'S
OFFICE FAMILY ADVOCACY
CENTER

INTAKE / CASE TRACKING FORM

Phone Intake Questions for Investigators

Today's Date _____ Date & Time of FI _____

Name of child? _____ V or W _____

DOB of Child? _____ Ethnicity _____

Allegation? _____

Detailed
Date of Last Known Incident _____

Suspect? _____

Suspect DOB? _____

Ethnicity _____

Suspect relationship to child? _____

DR#: _____

Law Enforcement Agency? _____

Name of Detective? _____

Is DCS involved? _____

If so, name of DCS worker? _____

Which DCS Office? _____

Is this an in-home situation and is the child safe? _____

What is the zip code where the child resides? _____

Primary language of the child? _____

Any disabilities or challenges that you are aware of? _____

Medical Exam? _____

Can you please e-mail or fax the report? _____

Background check on both parents/guardians (whomever is bringing the child)? _____

Name and relationship of person bringing child to appointment _____

Children 9yo & under schedule morning interview: 8:30am/ 10:30am
Children 10 yo & older schedule afternoon interview: 1:30pm/ 3:00pm Emergency Only

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit “H”

(Justware Intake Form)

Save Case Refresh Session More ▾

Sissy Anne Sanchez ~ FAC-Eloy

Case Type FAC-Eloy ▾ Status Open ▾ Status Date 8/9/2018 4:10 PM ▾ Family Advocacy Center (FAC) **FAC-EL20180236** Case ID 18-121760

Agency Added By Family Advocacy Center ▾ Received Date 8/9/2018 ▾ Sealed ☐

Agencies/People Notes/Attributes/Related Cases Service Provider Input Allegations Additional Disclosures Services/Tasks Filing Cabinet Case Summary

Agencies

Agency Type* ▾	Agency* ▾	Number ▾	Lead ▾	Active ▾
FAC	Family Advocacy Center	FAC-EL20180236	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Law	Casa Grande PD	18-037012	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Case Involved People

Agency	Involvement* ▾	Name* ▾	Active ▾	Active Date ▾	Inactive Date ▾
Family Advocacy Center	FAC - Victim Advocate	Rodriguez, Sylvia - CA117	<input checked="" type="checkbox"/>	8/9/2018	
Family Advocacy Center	FAC - Admin	Sanchez, Joanna - FAC13	<input checked="" type="checkbox"/>	8/9/2018	
	Child	Sanchez, Sissy Anne	<input checked="" type="checkbox"/>	8/9/2018	
Casa Grande PD	Lead Investigator	SCHMITZ, GCPD DETECTIVE TROY CG	<input checked="" type="checkbox"/>	8/9/2018	
Family Advocacy Center	FAC - Forensic Interview	Smith, Vanisha - FAC14	<input checked="" type="checkbox"/>	8/9/2018	
	Suspect	Unknown, Unknown	<input checked="" type="checkbox"/>	8/9/2018	
Family Advocacy Center	FAC - Admin	Whitfield, Marlaine - FAC25	<input checked="" type="checkbox"/>	8/9/2018	

Save Name

Refresh Session

More ▾



Sissy Anne Sanchez 8/19/2007 10 yrs Name Type Person


Gender Female Ethnicity Asian

⚠ INTERPRETER NEEDED Other: Chinese

Juvenile

Attributes*

1



Name Attribute*	Sub-Options	Additional Information
Disabilities/Challenges	No	
Primary Language	Other - Specify -->	

Save Name

Refresh Session

More ▼



Sissy Anne Sanchez 8/19/2007 10 yrs Name Type Person

Gender Female Ethnicity Asian

INTERPRETER NEEDED: Other: Chinese

Juvenile

Attributes*



Name Attribute*	Sub-Options	Additional Information
Disabilities/Challenges	No	
Primary Language	Other - Specify -->	