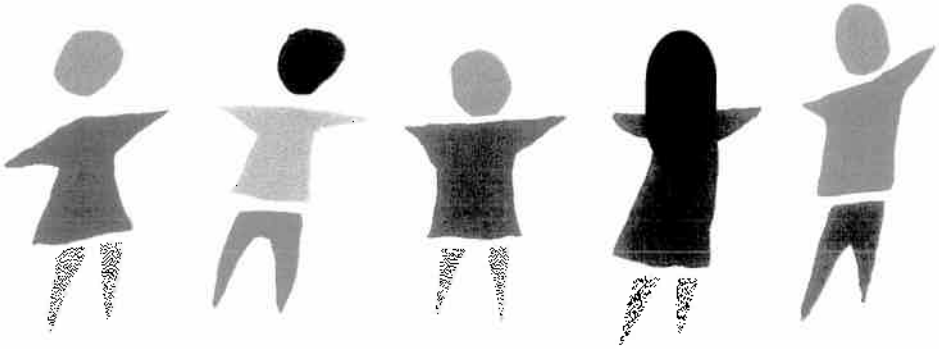
Coconino County Multidisciplinary Child Abuse Investigation Protocol



Developed by:

Coconino County Interagency Council

Coconino County

Children's Justice Act Grant

COCONINO COUNTY ARIZONA

OFFICE OF THE COUNTY ATTORNEY

MULTIDISCIPLINARY PROTOCOL FOR THE INVESTIGATION OF CHILD ABUSE

In the U.S. in 2009, 3.3 million child abuse reports and allegations were made involving an estimated 6 million children.

In Arizona, approximately 50 children die each year from abuse or neglect.

In Coconino County, in FY10, the County Attorney's Office prosecuted 43 cases of child abuse or neglect. This was a dramatic increase from the previous year; in FY09, my office prosecuted just 14 cases.

This Protocol, developed in 1999, is vital to a coordinated community response to child abuse. The Coconino County Multidisciplinary Team uses this Protocol to maximize the effectiveness of our County's response to child abuse and maltreatment by providing guidelines for each of the member agencies.

As County Attorney, I want to thank the member agencies for their commitment and dedication to working cooperatively in the handling of cases involving abused children. The delivery of professional services and treatment within a coordinated framework promotes a therapeutic environment where a child can feel safe and secure. Every child deserves to be treated with dignity, compassion and respect. This Protocol provides a model for treatment consistent with these principals.

Sincerely,

David W. Rozema

David W. Rozema
Coconino County Attorney

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Coconino County Multidisciplinary Child Abuse Investigation Protocol

Revised July, 2011
Developed by the Coconino County Interagency Council

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Portions of this protocol were adapted from the Maricopa County Multidisciplinary Protocol for Investigation of Child Abuse and the Arizona DEC Multidisciplinary/Integrated Protocol. This project was supported by the Children's Justice Act Grant, administered by the Governor's Office for Children, Youth, and Families, provided by the U.S. Department of Health and Human Services.

STATEMENT OF SUPPORT

Child abuse is recognized as a nationally significant problem and represents a major investigative, prosecutorial, and child protection challenge in Coconino County. We, the undersigned, represent a commitment to a comprehensive, multidisciplinary response to the investigation of child abuse allegations in order to provide the following benefits:

- Improve the community's capacity to protect and serve the best interest of our children;
- Enhance law enforcement, child protection, and prosecution efforts to combat child abuse;
- Maximize the resources of the allied professionals involved in investigation and child protection through open communication and case coordination; and
- Ensure that child victims, their siblings, and their caretakers are not harmed by the investigation system through excessive interviews, lack of communication between agencies, or incomplete investigations.

To this end, we have collaboratively authored and support this Protocol as an effective tool to minimize trauma to children and to serve as a guideline for coordination of efforts between the various agencies.

David Rozema, Coconino County Attorney

Brent Cooper, Flagstaff Chief of Police
A Kevin Treadway Flagstaff Acting Chief of Police

Sheriff Bill Pribil, Coconino County Sheriff

Gregory Fowler, Northern Arizona University Chief of Police

Herman Nixon Williams Chief of Police

Stephen Garrett, Winslow Chief of Police

Charlie Dennis, Page Chief of Police

John Destefano, Arizona DES/ACYF District III

Roger Schuller, VP Ancillary Services Flagstaff Medical Center

Kris Stark, Director Victim/Witness Services of Coconino County

Kara Ransom-Wright, Director NACASAC

Barbara Hickman, Superintendent Flagstaff Unified School District

STATEMENT OF PURPOSE

This Protocol, initially developed in 1999, has been written to coordinate the involvement and interaction of each agency in Coconino County involved with providing care, treatment, and assistance to all children and adults with developmental disabilities; whether victims or witnesses, where criminal conduct is suspected. This Protocol serves to ensure each child is treated with dignity, fairness, and respect and is protected from harassment, intimidation, or abuse. The overall goal of the Child Abuse Investigation is to minimize secondary trauma that can accompany investigations of criminal conduct and to enhance judicial advocacy.

This Protocol is developed, adopted, and implemented to guide the investigations of allegations involving criminal conduct as defined in A.R.S. §8-801(see Appendix A-1), and to ensure thorough investigations of those accused of crimes against children. Each respective agency, therefore, is required to ensure that policies and procedures are developed and implemented to comply with this Protocol and as required by A.R.S. §8-817 (see Appendix A-4). The manner of each agency's compliance with this Protocol is a function of the agency's role in child abuse cases, their available resources, and the circumstances of each individual case. Nevertheless, any variances from the Protocol must be documented for reporting purposes pursuant to A.R.S. §8-817.

While it is recognized that each agency has its own mandate to fulfill, it is also acknowledged that no single agency or discipline can fully address the problem of or adequately respond to child abuse. Therefore, each agency must be cognizant of the needs of the victim and the rights of the victim under Arizona law. Each agency must also be sensitive to the objectives of other agencies involved. We have chosen to make the best interests and the safety of children our overriding concern where any interagency conflict may exist.

Joined in the effort to mobilize our different strengths, the members of the Coconino County Multidisciplinary Team endeavored to: 1) clarify each agency's duties and responsibilities, 2) limit the number of interviews and medical evaluations of the child victim, and 3) provide a consistent, efficient, and compassionate approach to the investigation, prosecution, and management of child abuse cases in Coconino County.

This Protocol is intended to maximize the effectiveness of response to child maltreatment by providing guidance to the Multidisciplinary Team members who must quickly respond to reports of child abuse. The nature of these crimes and the circumstances under which they occur and are reported can vary widely. As a result there is no uniform "correct" way to respond to every circumstance. Although it is anticipated that the Protocol will be uniformly observed in most cases, it is also anticipated that situations will arise where strict compliance with each component of the Protocol will be either infeasible or impractical. This Protocol, therefore, is not intended and should not be viewed as an established standard of care or a set of mandates.

I. GENERAL GUIDELINES

A joint investigation is required in response to any report of Criminal Conduct Allegations, as defined in A.R.S. §8-801 (see Appendix A-1). The role of Child Protective Services (CPS) is to assure the safety of the child in cases where allegations of maltreatment stem from within the home. The role of law enforcement is to investigate criminal allegations. Supportive agencies, such as Safe Child Center and Northern Arizona Center Against Sexual Assault (NACASA), assist with gathering data and providing children and their families with a neutral, child-friendly environment in which to tell their experiences, be examined, and receive information about services which might be helpful. Victim Witness Services is dedicated to delivering crisis intervention, advocacy services, and victim compensation to victims of crime. The mission of the Coconino County Attorney's Office is to prosecute crimes against children.

The model set forth by the Children's Justice Project and this Protocol strongly supports and encourages the multidisciplinary team (MDT) response to child maltreatment investigations and the use of child advocacy centers in such investigations. These specially designed centers help reduce the trauma to the child victim(s) and caregiver(s), support criminal justice and child protection investigations, and enhance judicial outcomes. Within Coconino County, there are currently three specialty centers working to help child victims of maltreatment and witnesses to major crimes:

- Safe Child Center at Flagstaff Medical Center
  1200 N. Beaver Street
  Flagstaff, Arizona 86001
  928-773-2053
  www.fmcsafechild.com

- Childhelp Mobile Children's Advocacy Center
  (Contact Safe Child Center to schedule services on the Mobile Unit)

- Northern Arizona Center Against Sexual Assault
  2920 N. 4th Street
  Flagstaff, Arizona 86004
  928-773-7670
  www.northcountryhealthcare.org

In Coconino County, agency professionals work out of their individual locations but take opportunities to interact with each other during joint investigations at Safe Child Center and other locations, during protocol training, at case review meetings and in respective agency settings.

A. Definitions and statutes

1. Criminal Conduct Allegation (CCA) is defined as: an allegation of conduct by a parent, guardian or custodian of a child that if true would constitute any of the following:

   a. A.R.S. §13-3623 – Child abuse;
   b. A.R.S. §13-3601 (felony) – Domestic violence;
   c. A.R.S. §13-1404 – Sexual abuse (involving a minor);
   d. A.R.S. §13-1405 – Sexual conduct with a minor;
   e. A.R.S. §13-1406 – Sexual assault (involving a minor);
   f. A.R.S. §13-1410 – Molestation of a child;
   g. A.R.S. §13-1417 – Continuous sexual abuse of a child;
   h. Or any other act of abuse which may result in serious harm, injury or death to a child.

   (See Appendices A-8 through A-14)

2. Other Statutes Related to Child Maltreatment

   a. A.R.S. §13-3506 – Indecent exposure to a person under the age of 15;
   b. A.R.S. §13-1403 – Public sexual indecency to a minor;
   c. A.R.S. §13-3019 – Surreptitious photographing, videotaping, filming or digitally recording;
   d. A.R.S. §13-3212 – Child prostitution
   e. A.R.S. §13-3506 – Furnishing harmful items to minors
   f. A.R.S. §13-3552 – Commercial exploitation of a minor
   g. A.R.S. §13-3553 – Sexual exploitation of a minor
   h. A.R.S. §13-3556 – Admitting minor to public displays of sexual conduct
   i. A.R.S. §13-3620 – Duty to report abuse

B. Process for Joint Investigations

1. Each agency shall respect the response times and systems of other agencies.

2. Each agency shall respond in a manner that preserves evidence and protects the victim and non-offending caregiver(s) and/or witnesses.

3. If there is a disagreement on response, contact the appropriate supervisor of the agency with whom you disagree, following the appropriate "chain of command." Be prepared to identify issues and cite relevant statutory or policy conflicts.

4. Each agency shall share relevant information with other agencies throughout the course of the investigation as is practicable and lawful.

5. CPS and law enforcement shall document in their reports when an investigation meets the criteria for a joint investigation.

6. CPS and law enforcement investigators should regularly monitor and/or participate in forensic interviews conducted by their counterparts. If this is not possible, the interview will be video-and audio-recorded and the recording will be made available to the primary investigator by Safe Child Center or by the agency who conducted the interview.

7. CPS and law enforcement shall work in consultation with each other throughout the course of a joint investigation, prosecution and civil processes.

8. Documented consultation/collaboration between agencies (including Safe Child Center and NACASA) is recommended for case planning.

C. Interagency Notification

1. If the report of a Criminal Conduct Allegation has been made to CPS, CPS shall immediately notify a law enforcement representative from the appropriate jurisdiction (see Appendix L for contact information). If the report is first made to law enforcement, law enforcement shall notify the CPS Hotline designated for law enforcement (877-238-4501) as soon as is practical. Law enforcement may additionally notify a representative from CPS in the appropriate local office. It is recommended that the agencies notify each other prior to responding to the circumstance, thereby permitting an agreed-upon and coordinated response, as well as reducing duplicative efforts. It is understood that exigent circumstances may require an expedited response to protect the safety of a victim, non-offending caregiver(s) and/or witnesses.

2. Mandated reporters of child maltreatment are required to contact either CPS and/or law enforcement when making a report of suspected maltreatment. Please refer to the Mandated Reporter section of this Protocol (Section XIV) for more information.

D. Guidelines for First Responders

In order to minimize further trauma and to enhance the fact-gathering process of the investigation, first responders should limit their questioning of the child victim/witness to "minimal facts":

- **What happened?**
- **Who did this?**
- **Where were you when this happened?**
- **When did this happen?**

Additional questioning of parents, siblings or other collateral witnesses may be necessary. Communication with respective supervisors or with the on-call deputy county attorney may also be indicated.

The first responders should follow their respective agency policies and Protocol sections regarding further action, such as medical forensic examinations and forensic interviews. Refer to the First Responder Checklist (Appendix B).

II. MULTIDISCIPLINARY TEAM (MDT)

The Coconino County MDT provides a coordinated response of the agencies involved with providing care, treatment, and assistance to all children, whether victims or witnesses, where criminal conduct is suspected. The disciplines represented on the MDT may consist of, but are not limited to:

- Law Enforcement
- Child Protection/Social Services
- Prosecution
- Behavioral Health (may be the treatment provider or mental health consultant)
- Victim/Family Advocacy
- Medical Forensic Provider
- Forensic Interviewer

The needs of each individual child, family, and investigation shall dictate which disciplines will work collaboratively throughout any given investigation of suspected child maltreatment. The purpose of this joint response is to reduce potential trauma to children and families and improve services, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. Multidisciplinary team members will engage in timely gathering and sharing of information. They will maintain confidentiality within the scope of their respective agency and consistent with legal, ethical, and professional standards of practice.

The MDT will routinely engage in quality assurance practices to review the effectiveness of the joint investigation process, both through formalized MDT Case Reviews and through informal interagency feedback and communication. Any conflict or dispute that may arise between agencies and/or their respective representatives may be addressed within the Case Review setting, or directly between the agencies in conflict.

Safe Child Center maintains a comprehensive child abuse data tracking system. All child abuse cases seen at Safe Child Center are routinely and systematically tracked from referral to disposition using NCAtrak data tracking system. In order to maintain accurate data on child abuse trends in Coconino County and Northern Arizona, it is important that all MDT members maintain a collaborative effort to provide timely, accurate, and comprehensive child abuse case data. Information from the data tracking system can be compiled into specialized reports and is presented at MDT meetings or is available to MDT members upon request.

III. LAW ENFORCEMENT

The purpose of law enforcement's response to incidents of physical and sexual abuse involving children and adults with developmental delays is to ensure the safety of the child/developmentally delayed adult, determine if a crime has been committed, and discover those facts and circumstances necessary to bring the alleged perpetrator into the criminal justice system when a crime is believed to have occurred. While pursuing the criminal investigation, law enforcement must be concerned with more than just statutory requirements and case law. Personnel must recognize the needs of the victim, as well as the responsibilities of other organizations involved in the protection, treatment, support and recovery of the victim.

Due to the sensitivity and unique aspects of child crimes, outcomes for child maltreatment investigations are strongly enhanced when a law enforcement investigator or specialty officer trained in child crimes is assigned to complete the investigation. It is recommended that, at minimum, those assigned to conduct child maltreatment investigations should, as early as is practical, within this assignment 1) establish and maintain a working relationship with CPS and the Coconino County Attorney's Office; 2) receive training in the Multidisciplinary Protocol for the Investigation of Suspected Child Abuse in Coconino County; 3) attend basic forensic interview training; and 4) receive training in the investigation of the neglect and physical/sexual abuse of children. Additionally, it is recommended that law enforcement agencies have individuals assigned to investigate cases of child maltreatment on a volunteer basis as a permanent position within the agency, and encourage trained and skilled detectives/investigators to be retained within this position as long as possible.

Coordination is mandated by law in cases of alleged criminal conduct (see A.R.S. § 8-817 (C) and (D); Appendix A-4). To this end, police are required to coordinate their efforts with those of CPS, as well as the County Attorney. During an investigation, law enforcement and CPS investigators will, as soon as is immediately practical, share relevant information, including criminal histories, maintain on-going contact and monitor and/or participate in forensic interviews conducted by their counterparts. Law enforcement shall remain mindful of response times CPS is mandated to follow (see Appendix F).

In Coconino County, three centers have been established to serve child victims or witnesses to crime, as well as adults with developmental disabilities:

- Safe Child Center at Flagstaff Medical Center: (serves children ages 0 to 18 and adults with developmental disabilities);
- Childhelp Mobile Children's Advocacy Center (serves child victims and witnesses of crimes); and
- Northern Arizona Center Against Sexual Assault (NACASA; serves adolescents ages 16 and older and adults).

Rare exceptions to the provider(s) of services based upon the victim's age can be made depending upon the unique presenting circumstances of each individual case along and collaboration between providers.

These specially designed centers, which are available for use by all law enforcement and child protection agencies, benefit both the investigation and the victim by creating a one-stop child-friendly facility for the investigative process, crisis intervention, and referral services. As such, in cases where both an acute medical forensic exam and a forensic interview are necessary for a child victim age 16 or older, the victim should be seen at Safe Child Center. Medical forensic exams for all chronic child sexual abuse cases, as well as all physical abuse investigations should be conducted by Safe Child Center, regardless of the victim's age. Interview-qualified law enforcement officers or child protection workers may use the child-friendly rooms at Safe Child Center or on the Childhelp Mobile Unit for conducting and recording victim interviews (see the Forensic Interview portion of this protocol pertaining to minimum qualifications required to conduct forensic interviews with children and when a designated advocacy center interviewer is recommended, Section V).

A. Law Enforcement Investigation

1. Initial Response to crimes committed against children (sexual abuse, physical abuse, neglect)

a. The initial investigating officer should establish the elements of the crime and jurisdiction, whenever possible.

(1) The officer should interview the reporting source away from the victim, witnesses, or other reporting sources, in order to:

(a) Determine if the child victim is in imminent danger;
(b) Determine if the child victim may require medical treatment;
(c) Obtain the basic facts of the crime;
(d) Document how disclosure was made and to whom, if applicable; and
(e) Determine jurisdiction

I. If within departmental jurisdiction, continue per the Protocols in this document.
II. If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction and/or detective/supervisor, as necessary.

(2) The initial investigating officer shall follow their department's policy and procedures, including notifying their supervisor, if required.

(3) The initial investigating officer may interview the child victim, only if the child is verbal and has not spontaneously provided the following information about the abuse or neglect to law enforcement. The responding officer should NOT interview the child if the below information is available from a reliable third party (i.e., a non-family member in cases of in-home abuse, such as a school employee or medical personnel). **Only** these specific questions should be asked of children by the responding officer and audio recorded if possible:

- **What happened?**
- **Who did this?**
- **Where were you when this happened?**
- **When did this happen?**

(4) In limited circumstances, such as an acute case in which the crime has just occurred, it may be necessary to ask more questions of an adolescent victim or older child. This may include the need to identify and secure evidence of a crime scene, to identify and/or apprehend a suspect, or to determine the safety of the child or others. In these situations, approval from the officer's supervisor, the on-call detective, or the County Attorney's Office is required ***prior*** to asking questions in addition to those listed above. Approval to ask additional questions of children should be documented in the police report. Any additional questioning of child victim(s) should be audio recorded at minimum.

(5) The responding officer should document the child's demeanor. Any statements made by the child should be documented, utilizing direct quotations when possible or recorded.

(6) Advocacy center interviewers or interview-qualified detectives/investigators should conduct an interview with the victim following the Interview Protocol as described in the Forensic Interview section of this document.

(7) It is recommended, when possible, that child witnesses and any siblings or children within the home also be interviewed by an advocacy center interviewer or interview-qualified detective/ investigator.

(a) In making this decision, the responding officer should ask **only** the same four questions of child witnesses, siblings, or other children within the home pertaining to something they may have witnessed and/or experienced themselves. These questions should be asked outside of the presence of others:

- **What happened?**
- **Who did this?**

- **Where were you when this happened?**
- **When did this happen?**

(8) In limited circumstances, such as an acute case in which the crime has just occurred, it may be necessary to ask more questions of an adolescent witness or older child. This may include the need to identify and secure evidence or a crime scene, to identify and/or apprehend a suspect, or to determine the safety of the child or others. In these situations, approval from the officer's supervisor, the on-call detective, or the County Attorney's Office is required ***prior*** to asking questions in addition to those listed above. Approval to ask additional questions of children should be documented in the police report. Any additional questioning of child victim(s) should be audio recorded at minimum.

(a) All limited interviews of child witnesses should include the child's full name, date of birth, and other biographical information including where the child attends school.

(b) Officers should document the names, date of births, and schools of all children living in the home.

(9) The initial investigating officer should only interview the suspect if the suspect is present and is aware of the investigation. If the suspect is not aware of the investigation, the suspect should not be contacted without prior consultation with the investigating officer, detective, and/or supervisor.

b. Once it is determined that a crime has been committed, the initial investigating officer should:

(1) Assess the need for immediate medical evaluation. If an immediate medical forensic evaluation is needed, the responding officer should contact the detectives and/or their supervisor. Note that in cases of sexual abuse in which the incident occurred within the past 120 hours, or cases of physical abuse in which injuries are present, it is imperative that the medical forensic exam be completed as soon as is possible. In the event that the child is admitted to a hospital or requires medical attention, detectives and/or a supervisor should be notified.

(2) Assess the need for a search warrant. If a search warrant is needed the responding officer will immediately contact detectives and/or their supervisor. Investigators may contact the County Attorney's Office in regard to sealing the affidavit of the search warrant.

(3) Assess the need for immediate arrest if the suspect is present after consulting with a law enforcement supervisor or Deputy County Attorney, if necessary.

(4) Secure the crime scene and preserve evidence and/or photographs, as is necessary. If the child or suspect gives information regarding a weapon, instrument, or mechanism of injury, a search warrant, or a consent form signed by the appropriate party, should be obtained prior to retrieving the item(s) or photographs.

(5) Officers may photograph visible injuries on the child using a digital or 35 mm camera, with a ruler and color bar, when possible. Due care should be taken to ensure this is done in a private environment and does not traumatize or embarrass the child. Photographs taken by law enforcement do not negate the need for a forensic medical exam or allow for the exam to be conducted at a later time. In cases of severe physical abuse and/or neglect, a consent form or search warrant should be used to obtain photographs or video of the entire household.

(6) Notify CPS by contacting the Hotline as soon as it is determined that CPS may have jurisdiction on the matter under investigation and provide sufficient information for CPS to coordinate a response with law enforcement. Law enforcement should coordinate with the assigned CPS Specialist or, if one has not been assigned, the Hotline, if law enforcement releases the child to someone other than the custodial parent or places the child somewhere other than the child's current home.

(7) In cases where immediate crisis support is needed, contact Victim Witness Services to respond to the victim's location. Victim Witness can be notified in the following manner:
   (a) During business hours (Monday – Friday 8 am – 5 pm) call 928-779-6163.
   (b) All other times, request that dispatch page a crisis advocate to respond.

2. Investigation of Crimes Committed Against Children (sexual abuse, physical abuse, neglect)

The investigation should be conducted, if feasible, by a detective/investigator or specialized officer. The investigating law enforcement officer's responsibilities may include: (not in any priority order)

a. Interviewing the reporting source to determine the circumstances of disclosure.

b. Scheduling forensic evaluations with the child victim, siblings, and witnesses:

(1) Arrange an interview of the child victim, as well as any witnesses and/or siblings if this has not already been arranged. A designated advocacy center forensic interviewer or an interview-qualified law enforcement officer or CPS specialist should conduct the interview of the child victim, siblings, and/or witnesses consistent with the Forensic Interview Protocol for Children detailed in the Forensic Interview section of this document (Section V).

(2) Coordinate the interview with CPS when it is a joint investigation. If a joint interview with CPS is not feasible and the circumstances dictate CPS involvement, the child victim interview shall be shared with CPS in order to minimize unnecessary or duplicative interviews of the child victim. When the interview cannot be coordinated, inform the CPS Specialist when forensic interviews are taking place.

(3) Arrange for a medical examination at a Child Abuse/Advocacy Center, hospital, or clinic with qualified personnel.

(4) Obtain a copy of all forensic evaluation documentation and other relevant medical records and forward to the prosecutor's office with investigative reports, as well as to CPS when needed.

(5) If a parent or guardian interferes with a forensic evaluation of the child victim(s), CPS or law enforcement may have the authority to temporarily remove the child(ren) from their home for up to seventy-two (72) hours excluding weekends or holidays for the purposes of completing forensic evaluations utilizing the temporary custody notice (TCN; see Appendix G) under ARS § 8-821 (see Appendix A-5 for full text of ARS § 8-821).

(6) The alleged abusive parent(s), guardian(s), custodian(s) or other person(s) shall not be present during the interviews with alleged child victims.

c. Conducting crime scene(s) investigation and evidence processing.

d. Interviewing the family and other witnesses. Obtain dates of birth, social security numbers, and other biographical information including where child witnesses attend school.

e. Conducting investigative research on:

(1) Prior convictions of the suspect;

(2) Prior police reports involving the suspect, victim(s), or witness(es);

(3) Prior unreported allegations involving the suspect, victim(s), or witness(es); and

(4) Current and prior CPS reports.

f. Interviewing the suspect.

(1) The suspect should be interviewed only by law enforcement, or with law enforcement personnel present, or with prior law enforcement approval;

(2) CPS shall, when possible, be notified of the suspect interview, and should be aware of the content of the suspect interview; and

(3) The interview should be video- or audio-recorded if possible.

g. Determining the need to arrest the suspect considering the following:

(1) The risk of flight to avoid prosecution;

(2) The danger to the victim; and

(3) The danger to the community.

3. Case presentation to the County Attorney's Office

a. The case shall be presented to the County Attorney's Office utilizing the Law Enforcement Charging Request Form (Appendix H-1). The case file should include a complete copy of the following:

(1) Police report, a copy of audio and video recordings, photographs, and tapes of 911 calls.

(2) All medical records of the child, CPS files on the child and family, prior relevant police reports, and any other information obtained during the investigation shall be submitted in a timely manner.

(3) The case file should include a copy of all non-privileged information from the CPS investigation that is in law enforcement's possession. This should also include any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from a dependency file, severance, or related investigation or action.

(4) The release of any records of a victim is governed by Arizona and federal law and precludes the use of a subpoena from a criminal defendant absent an order of the court. Accordingly, any requests for

victim records should be brought to the attention of the County Attorney's Office and the assigned case prosecutor.

b. If the deputy county attorney refers the case back to law enforcement for further investigation:

(1) The case should be returned to the original case agent, if possible.

(2) The requested information should be obtained as soon as possible.

(3) The Coconino County Attorney's Office must be advised if the investigating agency decides to inactivate/close the case within 30 days of the decision.

4. Cases not referred for prosecution

a. If there is not probable cause to submit the case for charging review to the County Attorney's Office, the police agency must fill out a Criminal Conduct Allegation Data Tracking form (Appendix H-2) and submit it to the County Attorney's office for statistical purposes only to be included in the annual report.

IV. CHILD PROTECTIVE SERVICES (CPS)

CPS is responsible for investigating allegations when a person under the age of 18 is the subject of physical, sexual, or emotional abuse, neglect, abandonment, or exploitation in which a parent, guardian, or custodian has inflicted, may inflict, permitted another person to inflict, or had reason to know another person may inflict harm to the child(ren).

CPS believes that children should be maintained in their own homes if the child's safety can be ensured, and the child's health and safety are the paramount concerns when assessing the presence of a safety threat or risk of harm. The investigation and the family assessment will guide the Department's decision making in regards to safety planning, well being, and permanency for children, as well as providing services to families.

The Child Abuse Hotline receives reports of child neglect and/or abuse twenty-four (24) hours a day, seven (7) days a week and will initiate prompt investigation. (See Appendix A-2, A.R.S. §8-802 and Appendix A-7, A.R.S. §13-3620). If the information received indicates that the alleged abuse or neglect is not within CPS jurisdiction, the Hotline will cross report the information to the appropriate law enforcement jurisdiction and will direct the reporter to call the appropriate law enforcement agency. Reporting sources do not need to have answers to all interview questions. If the incoming communication meets the definition of a report, the report is given a priority. The field Supervisor's name, office number and fax number will be provided. The source can fax the written report directly to the assigned field office. The field Supervisor then assigns the report to a CPS Specialist to complete the investigation. The CPS Priority Response Timelines (see Appendix F) will guide the specialist regarding timelines and decision making.

CPS actions rarely result in removal of children from the home. More often CPS workers offer an array of supportive services found in the community and information on particular programs to strengthen the family unit. When there are concerns about a child's safety in their home, CPS may, if appropriate, attempt to engage the child's family to the greatest extent possible in planning for voluntary interventions that minimize intrusion to the family, while ensuring the safety of the child. These alternatives may include: developing a safety plan and providing additional resources to the family if a child is to remain in the home, assisting the parent, guardian or custodian in identifying a relative or friend who can care for the child temporarily, or entering into a Voluntary Foster Care Agreement with the parent/guardian. When any child in the home is in present danger and/or is unsafe due to impending danger, the CPS worker will take immediate protective action, which may include a safety plan, to ensure the safety of the child.

Pursuant to A.R.S. § 8-821 (see Appendix A-5) , when there is probable cause to believe that a child is a victim of criminal conduct, is in present or impending danger, or there is no parent/guardian able or willing to provide care for the child, CPS and law enforcement have the authority to remove them from their home for up to seventy-two

(72) hours, excluding weekends or holidays, by serving a Temporary Custody Notice (TCN; see Appendix G). CPS may also remove a child for up to twelve (12) hours to obtain a medical/psychological evaluation in order to make a determination as to whether maltreatment has occurred.

If a child is found to be safe, CPS will create an after-care plan with the family which may include coordination with community resources and multidisciplinary team members.

If CPS cannot ensure the safety of the child(ren) in the home within seventy-two (72) hours (not counting holidays or weekends), the Department will conduct a Team Decision Making (TDM) meeting for the child. This meeting will include custodians, extended family members, persons considered to be family, and community members for the purpose of deciding safety and placement for the child. Possible placement options for the child may include remaining in the home with a safety monitor with no dependency, placement with a relative and/or a family member in good standing, or placement in a resource foster home. In any case that has been categorized as Criminal Conduct involving an ongoing criminal investigation, or in any case where criminal prosecution is pending, the parallel TDM process shall keep the alleged perpetrator separate from the child.

If it is determined that a dependency petition is needed, the petition will be filed with the Coconino County Juvenile Court. The Juvenile Court Judge or jury has the final decision on making the child(ren) a ward of the court through this process.

CPS specialists are assigned reports by their Unit Supervisor. CPS Specialists adhere to the following procedures:

A. Joint Investigation with Law Enforcement

1. Reports of criminal conduct shall be handled jointly with law enforcement. In the course of assessing/investigating a report that is not identified as a Criminal Conduct investigation by the CPS Hotline, if a CPS Specialist discovers evidence of Criminal Conduct, they will contact the appropriate law enforcement supervisor and/or investigator, as soon as is practical. Reports that are not identified as Criminal Conduct allegations by the Hotline may be jointly investigated when requested by either CPS and/or law enforcement.

    a. When CPS receives information regarding an in-progress criminal conduct allegation that indicates a child is in danger, they shall notify the appropriate law enforcement agency using 9-1-1.

    b. When information received by CPS indicates the child is not in immediate danger but prompt further investigation is warranted, CPS shall contact the appropriate law enforcement agency and request notification be made to the

on-duty supervisor/investigator or the appropriate agency section where contact will be made.

c. Upon receiving this information, the responsible law enforcement supervisor/investigator will contact the CPS worker as soon as possible and they will coordinate an appropriate response based on: the circumstances of the call, individual agency policy, availability of resources, and the need for a coordinated multi-agency on scene response.

d. All other CPS reports will be reported to law enforcement by telephone, mail, email, or fax or by forwarding the Police version of the CPS Report Summary.

2. Joint investigations require a shared, cooperative approach with ongoing consultation, collaboration, and communication. CPS and law enforcement investigators, as soon as practicable, will share relevant information, maintain ongoing contact, and monitor and/or participate in forensic interviews conducted by their counterparts. During the joint investigation, CPS should notify law enforcement of all known information, including the filing of a dependency petition, the disclosing of additional incidents of abuse/neglect, the returning of the child victim to the home, or moving the child victim from foster care to relative placement.

B. CPS Interview Protocol

1. The following is the recommended sequence for interviewing:

a. Source of report;

b. Alleged victim if the child's age and intellectual/emotional functioning permit;

c. Siblings/other children in the home;

d. Non-abusing spouse/caretaker;

e. Alleged abusive caretaker; and

f. Other persons who may have information regarding the alleged abuse or neglect, such as school personnel, child care providers, relatives and neighbors.

2. Child interviews (Initial and Investigative)

a. Initial assessments of children are generally unannounced to maximize the gathering of relevant facts and should be conducted outside of the presence of family members, including siblings, caretakers, and community members.

b. Initial assessments of alleged child victims should be video- and/or audio-recorded.

c. The CPS Specialist and law enforcement will coordinate a joint investigative interview of the child victim and other children in the home, to eliminate the need for multiple interviews. A designated advocacy center forensic interviewer or an interview-qualified CPS specialist or law enforcement officer should conduct the interview of the child victim(s), sibling(s) and/or witness(es). (See the Forensic Interview portion of this protocol pertaining to minimum qualifications required to conduct forensic interviews with children and when a designated advocacy center interviewer is recommended, Section V.) Interview-qualified child protection workers or law enforcement officers may use the child friendly rooms at Safe Child Center or on the Childhelp Mobile Unit for recording victim interviews.

d. If a joint investigative interview is not feasible, CPS may continue to conduct the assessment/investigation per the required timelines. Information from the victim/witness interview(s) shall be shared with law enforcement. CPS shall make available to law enforcement, upon request, all notes, reports, photographs and medical records, including all previous CPS contacts regarding the child.

3. The alleged abusive parent(s), guardian(s), custodian(s) or other person(s) shall not be present during the interviews with alleged child victims.

3. Parent/Caretaker Interviews

a. The CPS specialist shall cooperate and work in conjunction with law enforcement prior to interviewing the parent/caretakers, whenever possible.

b. On initial contact with a parent/caretaker, the CPS Specialist shall comply with the requirements of A.R.S. § 8-803 (see Appendix A-3). While the specific complaint or allegation must be given to the parent/caretaker, the CPS Specialist shall not disclose any information which may impede the investigation.

c. Initial assessments of parents or caregivers are generally unannounced to maximize the gathering of relevant facts. Arrangements should be made so that the interview is conducted privately.

C. Case Management Protocol

1. Obtain a medical examination of the child victim following guidelines of the medical evaluation Protocol (see Medical Protocol, Section VI).

2. Complete the Child Safety Assessment and Strength and Risk Assessment. Analyzing the information collected, the CPS worker will develop an appropriate after care plan with the family, or a case plan if the child(ren) was taken into protective custody during the investigation.

3. Consult with the CPS Unit Supervisor and/or other agency personnel to determine the need to remove the child from the family based upon the information gathered and any safety threat or impending danger to the child. In an emergency, the CPS specialist will consult with a supervisor immediately after taking temporary custody of the child and obtain supervisory approval.

4. Make a finding on the allegations and then notify the parent/caretaker in writing of this information. All proposed substantiated findings will be sent to the Protective Services Review Team who will notify the alleged perpetrator of their rights.

5. Include in the case file a copy of all non-privileged information from the CPS investigation, including any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from the Attorney General Office's file pertaining to the dependency, severance, or related investigation or action. The CPS worker is responsible for facilitating the delivery of such information in a timely manner to the law enforcement investigator or prosecution office, upon request. The appropriate law enforcement investigator should notify the CPS worker assigned to the case that the case is being submitted for prosecution in order to ensure that the information above has been provided to law enforcement. The CPS worker should confirm whether or not the Attorney General's Office has items such as dependency hearing transcripts or depositions. Any questions or disputes as to what documents should be included should be resolved by mutual agreement by the Attorney General's Office and the Coconino County Attorney's Office. When CPS records are provided to law enforcement or prosecution, only the following will be redacted: Reporting source, identifying information of foster parents, residence or school addresses of the victim, and attorney-client privileged material.

6. The release of any records of a victim is governed by Arizona law and precludes the use of a subpoena from a criminal defendant absent an order of the court. Accordingly, any requests for victim records should be brought to the attention of the County Attorney's Office and the assigned case prosecutor.

D. Training

1. It is recommended that, at minimum, CPS Specialists who conduct assessments/investigations of alleged child maltreatment should as early as is practical within this assignment 1) establish and maintain a working relationship with law enforcement, the Coconino County Attorney's Office, and the Arizona Attorney's General Office; 2) receive training in the Multidisciplinary Protocol for

the Investigation of Suspected Child Abuse in Coconino County; 3) attend basic forensic interview training; and 4) receive training in the investigation of the neglect and physical/sexual abuse of children.

2. Any individual tasked with conducting an interview of a child for the purpose of obtaining evidence/statements for use in preliminary protective hearings or criminal proceedings, in addition to the basic forensic interviewing course, shall complete an eight hour basic and 40 hour advanced training in forensic interviewing. The Arizona Children's Justice Task Force Advanced Forensic Interview training meets this requirement. Any equivalent course must address the same standards. Refer to the Forensic Interview section V of this document for a complete list of minimum requirements in order to conduct evidentiary interviews with children. Interviews of the child and/or family members will be conducted in accordance with CPS policies as well as this protocol. Additionally, participation in peer review, on at least a quarterly basis, is required for MDT members conducting child forensic interviews.

V. FORENSIC INTERVIEWS

A. General Principles

1. Forensic interviews are to be approached with a neutral, fact finding attitude for the purpose of collecting information after an allegation of a crime has occurred.

2. The interviewer should be neutral and supportive.

3. The well-being and best interest of the child should be of primary concern.

4. The interviews should be conducted in a comfortable, child friendly atmosphere that allows the child to speak freely.

5. The language and interview approach used by the interviewer should be developmentally and culturally appropriate.

6. Interview procedures may be modified to accommodate very young children, persons with special needs, or as needed to meet the individual needs of each child.

B. Preservation of interviews

1. All forensic interviews should be preserved on videotape or disc.

2. An evidentiary summary report and/or edited transcript of the interview will be completed by the Safe Child Center Forensic Interviewer(s) upon the request of investigating MDT members. A copy of all documentation completed during or after the interview, as well as the recording, will be kept in Safe Child Center records. Original copies will be given to law enforcement, and additional copies will be made as needed for CPS and/or other MDT members, as appropriate. If an interview is conducted by non-Safe Child Center employees, a copy of the interview is saved on the hard drive for approximately five years or until the recording system begins to overwrite prior interviews. Any paper documentation created for the interview is not retained at Safe Child Center.

C. Qualifications for a person conducting forensic interviews of children shall include:

1. Forty-eight (48) hours of training in basic and advanced forensic interviewing of children.

2. An additional twenty-four (24) hours of training in child maltreatment, including but not limited to trauma factors, cycles of abuse, mechanisms of abuse, dynamics of abuse, offender dynamics, courtroom testimony, and child development.

3. Observation of live or recorded interviews of children at different developmental stages, to include two (2) preschool age, two (2) school age, two (2) adolescents, and two (2) children with a developmental delay. In observing such interviews, all attempts should be made to include children of both genders and differing cultural backgrounds.

4. Be mentored by a qualified forensic interviewer on approximately 25 forensic interviews to become competent in conducting fact-based interviews with children.

5. Familiarity with legal issues, as well as child abuse and neglect laws. Familiarity with literature concerning child maltreatment, language development, suggestibility, memory, children's ability to serve as witnesses, and emotional, cognitive, and behavioral characteristics of traumatized children.

6. Ongoing training (minimum of 8 hours per year) in child abuse or neglect, child development, and interviewing techniques through attendance of continuing professional education conferences, quarterly peer review, in-service training and ongoing review of professional literature.

D. Use of Children's Advocacy Centers and designated Forensic Interviewers

1. Whenever possible, the interview should be conducted at Safe Child Center, a child advocacy center at Flagstaff Medical Center, or on the Childhelp Mobile Advocacy Center, which are child friendly environments and are equipped to record interviews.

2. It is strongly recommended that designated advocacy center interviewers be utilized in the following situations:

   a. Persons with developmental disabilities;

   b. Children under the age of seven;

   c. Cases where there is an indication of lengthy, chronic abuse;

   d. Children with significant emotional and/or behavioral symptoms;

   e. Multiple victim and/or suspect cases;

   f. Children sexually abused by persons unknown to the child; or

   g. Any other situation in which the law enforcement personnel or CPS specialist deems it necessary to utilize an advocacy forensic interviewer.

E. Process of forensic interviews

1. Obtain relevant background information from the referring source and/or the caretaker without the child present.

2. Interviews will be conducted with only the interviewer and the child present in the interview room. In rare circumstances, and with the approval of the Multidisciplinary Team, a third party may be present for the interview as a support for the child. The third party may not be a party in a child-custody dispute or connected to any concerns of abuse. The third party will not ask questions, speak, or react in any manner. Only as a last resort should the child be allowed to sit on the lap of the third party.

3. Forensic Interviews will be conducted using the semi-structured cognitive interview as follows (See Appendix C for further guidelines):

   a. Develop rapport discussing neutral topics to ascertain the child's developmental level and language sample.

   b. Explain the ground rules of the interview.

   c. Elicit free narrative.

   d. Utilize focus questions in a non-leading manner to ascertain details of alleged abuse or neglect.

   e. Allow the ventilation of emotions.

   f. Close on a neutral topic.

4. When possible, prior to the end of the interview, interviewers will take a break and discuss with MDT members any points that may need to be clarified in the child's statement. Due to the developmental limitations of some children (i.e., very young children or extremely agitated children), the interviewer may decide that it is not in the child's best interest to be left unattended in the interview room. In cases where a break is not possible, a follow up interview may be utilized to clarify the child's statement or to seek additional information.

5. Modify interview techniques as necessary for children with any special needs or to meet the individual needs of each child. Younger children or persons with developmental disabilities may require more directive techniques during an interview due to their developmental limitations. Additional interviews may be necessary to accommodate limited cognitive and/or physical resources.

6. When possible, utilize multiple qualified interviewers for multiple victim cases in order to avoid contamination of information.

7. Repetitive interviews with children will be kept to a minimum and will only be conducted when a follow-up interview is in the best interest of the child; when clarification is required on information obtained in previous interviews, or when new disclosures or evidence have been obtained after the original interview.

8. Information obtained during the interview will only be relayed to the child's family or non-offending caregiver by investigating MDT members or with the approval from such parties.

F. Observation of forensic interviews

1. Forensic interviews may be observed from a separate location by only the following MDT professionals who are involved with the investigation:

   a. Law enforcement personnel;

   b. CPS personnel;

   c. Medical personnel;

   d. County or Deputy County Attorneys, Attorneys General, and United States District or Assistant District Attorneys;

   e. The child's court appointed Guardian Ad Litem; and

   f. Victim Witness Services personnel.

2. Trainees and interns may observe interviews in some circumstances when they are working directly with another multidisciplinary team member, where the observation of an interview would serve an integral role in the performance of their duties, and after signing a confidentiality agreement.

3. Interviews will be regularly monitored by investigating MDT members. Additionally, MDT members with investigative responsibilities will regularly be present for pre- and post-interview information sharing sessions to reduce duplicative efforts by all MDT members and to avoid multiple interviews with children due to lack of communication and sharing of information. In the rare instance where circumstances arise in which no investigating MDT members are available to observe an interview, all relevant information will be shared amongst MDT members before and after the interview.

G. Use of interview aids:
The use of props in an interview should be minimized. Props such as stuffed animals or drawings may be utilized at the interviewer's discretion to assist a child in the process of disclosure or the description of specific details.

H. Conducting forensic interviews with the use of a translator and/or other assistive devices:

1. In instances in which the child's primary language is not English, efforts will be made to utilize a forensic interviewer who is fluent in the child's primary language. This may involve the child being referred to another CAC. When this is not possible, a certified translator shall be present during the interview to facilitate communication between the child and forensic interviewer. The translator will sit in his/her own chair, and will only speak when translating the direct communication of the interviewer or child. The translator will not speak to or interact with the child in any other manner. A telephonic translation service will only be used in the event that all other means for translation have been exhausted.

2. At times, it is necessary to interview children with special needs, including but not limited to: hearing or vision impairment, autism, cerebral palsy, cognitive and/or language impairments, and physical impairments. In the event that the needs of such children require assistive devices and/or a third party in order to navigate or communicate, all efforts will be made to incorporate these assistive devices and/or parties into the forensic interview setting.

VI. MEDICAL FORENSIC EVALUATIONS

General guidelines for medical forensic evaluations

Medical forensic evaluations are an integral component of child abuse investigations as they not only address the medical needs of the victim but also assist the investigation by identifying the resulting injury, documenting the injury, and securing forensic evidence. In order to fulfill this important role, medical forensic examiners need to have received advanced training in child abuse and child abuse examinations, and have demonstrated competency in conducting these examinations. Medical forensic examiners need to stay current in their field by attending national and local advanced practice trainings and routinely participating in peer review. Advanced training is also necessary in being able to identify medical conditions that may be mistaken for abuse. The medical forensic professional should be able to document their education, training, and experience in the area of child maltreatment and be able to provide expert testimony in judicial proceedings. Medical forensic examiners are active participants on the multidisciplinary team (MDT), taking their place alongside other professionals who share the goal of utilizing best practice in responding to child abuse. MDT members should consult with the medical forensic examiner in all cases of Criminal Conduct against children that involve abuse, neglect, or drug exposure.

In Coconino County there are two child abuse/advocacy centers and one adolescent/adult assessment center. These centers are staffed by physicians, nurse practitioners, and/or forensic nurse examiners who have the necessary qualifications to provide abuse examinations for children, adolescents, or adults with disabilities. Medical forensic exams of children, adolescents, and adults with disabilities should be conducted at one of these three centers:

- Safe Child Center at Flagstaff Medical Center sees children from birth to18 years and adults with developmental delays. Medical forensic exams are conducted for acute and chronic abuse, neglect or drug exposure.
- Childhelp Mobile Children's Advocacy Center (serves child victims and witnesses of crimes); and
- Northern Arizona Center Against Sexual Assault (NACASA), sees adolescents 16 years and older for concerns of acute sexual assault.

A. Presentation of Suspected Child Abuse Cases

Suspected child abuse can be made known to medical professionals by three different means:

1. A parent or caretaker requests a child abuse evaluation:

    a. Triage the urgency of medical need, i.e., severe trauma or excessive bleeding vs. minor contusions. A child's physical/medical safety is always the paramount concern.

b. Determine if the police and/or CPS have been notified.

(1) If notification has been made, re-contact that agency(s) to determine if an officer and/or CPS specialist will be responding and if the agency is requesting that a medical evaluation be performed.

(2) If notification has not been made, make every attempt to obtain background information on the child and alleged abuse from the parent/caretaker while out of earshot of the child. If further information regarding the abuse is necessary, obtain basic information from the child as outlined below. If there is reasonable belief to suspect child abuse, a report must be made. See reporting procedure outlined below.

2. Evidence of child abuse is observed during routine or unrelated exam:

a. Utilize the "obtaining basic information from the child" procedure listed below.

b. If there is reasonable belief to suspect child abuse, utilize the reporting procedure outlined below. It is imperative the medical professional remain objective in the evaluation and not confront the family or speculate on the nature of the injury.

3. A child self discloses abuse to a medical professional:

Follow the procedure for obtaining basic information from the child as outlined below.

B. Obtaining basic information from the child:

1. If possible, find a quiet private spot to talk with the child away from the parent and/or caretaker.

2. Do not make promises to the child, such as "I won't tell anyone" or "No one will have to go to jail." Simply reassure the child that you will do whatever is necessary to keep them safe.

3. If the following information has not already been volunteered, ask the child **only** these four questions:

- **What happened?**
- **Who did it?**
- **When did it happen?**
- **Where did it happen?**

4. Document exact quotes provided by the child.

C. Reporting Child Abuse

When a mandated reporter reasonably believes that child abuse has occurred, a report must be made. The person knowing those facts is required to report those facts to a police officer or to CPS 1-888-SOS-CHILD (1-888-767-2445). Coconino County Child Abuse Investigation Protocol recommends that the report be made by calling both the law enforcement agency where the abuse occurred and CPS if the abuse involves a guardian or other individual living in the child's home. If the report concerns a person who does not have care, custody, or control of the minor the report should be made to law enforcement only. In reporting abuse, document the agency you reported to, the name of the person taking the report, and the law enforcement DR# assigned to the case. Telephone reports to CPS must be followed by a written report, within 72 hours per A.R.S. §13-3620 (see Appendix A-7).

D. Working in Conjunction with the Child Abuse/Advocacy Centers

It is generally law enforcement personnel who contact medical professionals from one of the advocacy centers to request a medical forensic evaluation for sexual abuse, physical abuse, neglect, or drug exposure cases. Either law enforcement or CPS may make the referral. As a rule, the medical professional will not accept a case until there is law enforcement and/or CPS involvement. However, if there is a problem in getting law enforcement or CPS to respond, or if the emergency department/practicing physician believes that a forensic exam should be conducted as soon as possible, then the on-call medical professional can be contacted for help with triage.

Unless there is concern about significant bleeding, a genital and anal examination should not be done if the case is to be transferred to a child abuse/advocacy center. The victim should be left in the clothes they arrived in. If they have to void, the victim should be instructed to modify their post-void hygiene by blotting with toilet tissue and saving the used tissue in a paper bag to be transported to the center with the patient. Cath urines should not be collected unless medically necessary. The medical forensic examiner should be consulted before any STI testing or prophylaxis is completed. If the patient is going to be admitted to the hospital, it is suggested that there be coordination of care between the attending health care provider and the medical forensic examiner. Prior to transferring the patient/victim to the child abuse/advocacy center the medical screening examination (MSE) should be completed, fulfilling the requirements of The Emergency Medical Treatment and Labor Act (EMTLA). Medical records from this incident must be released to law enforcement and/or CPS, per A.R.S. §13-3620(C), upon their written request and signature on a medical release form. The parent/guardian does NOT have to give permission for this release. The release of medical records should also be expeditious, as police continue the investigation.

E. The Medical Forensic Evaluation

The purpose of the medical forensic evaluation:

1. Is to ensure the overall well-being, health and safety of the child by providing necessary medical treatment;

2. To get a medical history from the child and when possible a past medical history from the non-offending caregiver.

3. To reassure the child and non-offending parent/caretaker about bodily concerns;

4. To identify, preserve, and document forensically significant findings;

5. To diagnose, document, and treat medical conditions resulting from abuse and medical conditions unrelated to abuse;

6. To differentiate medical findings that indicate abuse from those which may be explained by other medical conditions;

7. To assess the child victim for any developmental, emotional, or behavioral problems needing further evaluation, treatment, or referral;

8. To make additional medical referrals as necessary;

9. To preserve any physical or trace evidence resulting from abuse;

10. To educate the child and family about healing and normal responses to abuse;

11. To avoid duplicative medical evaluations.

Medical forensic examinations are an important part of child abuse investigations and evaluations. To ensure that MDT members share vital case information it is recommended that members of the multidisciplinary team meet immediately prior to the medical evaluation to share pertinent historical information with the examiner. In most sex abuse cases the results of the medical forensic exam will not prove or disprove that abuse occurred. The majority of exams, particularly those performed more than 120 hours after the sexual abuse has occurred, are normal but this does not preclude the possibility that abuse occurred. In physical abuse examinations, the results may or may not support that abuse occurred depending on the type and severity of the abuse and the timing of the exam. The most important part of all medical forensic evaluations is the medical history given by the child to the examiner outside the presence of the guardian. Non-offending

caregivers who accompany their children to the medical forensic exam are asked to provide a past medical history information. The information from the medical history and pertinent past medical history is shared promptly with the MDT members to prevent duplicative interviewing and ensure follow-up care. It is understood that medical personnel have an obligation to inform the immediate family regarding the health and welfare of the child. It is imperative that the medical forensic professional remain objective in the evaluation and not confront the family or speculate on the nature of the injury.

F. Avoiding multiple medical evaluations

It is essential that multiple examinations are avoided. MDT members should contact medical forensic professionals very early in the investigation and coordinate the best location and timing for the exam. Having the medical forensic exam conducted by a trained medical specialist utilizing the necessary equipment (colposcope and high quality digital cameras) helps prevent the need to repeat the exam. Subjecting a child victim to a repeated examination can be traumatizing to the child, threatens the integrity of possible physical evidence, can lead to inadvertent contamination of the child's story, may delay appropriate medical treatment, can lead to discrepancies in the medical record about potential physical findings, and incurs unnecessary costs.

G. Sexual Abuse

1. Forensic Interviews

If a child victim is being evaluated at a child abuse/advocacy center, a recorded forensic interview is generally but not always conducted prior to the medical forensic examination. Situations that may preclude the forensic interview being conducted prior to the medical exam include after-hour exams, acute exams where delay may diminish the possibility of recovering trace evidence, multiple victims from the same case present at the center at the same time, and the availability of the forensic interviewers and medical forensic examiners. Medical staff conducting the exam should meet with the forensic interviewer after the conclusion of the forensic interview to gather information pertinent to the examination. The medical staff, when possible, will get a medical history from the child, but will not re-interview the child.

2. The Medical Evaluation:

a. Indications for medical forensic evaluations:

(1) Children who give a history of sexual abuse.

Best practice suggests that all children who give a history of sexual

abuse occurring any time in the past should have access to a medical forensic exam dependent upon the circumstances. The benefit of doing a medical forensic exam is heightened when there is known indication that injury may have occurred or when residual evidence may be found. Occasionally some professionals will question the need for a medical evaluation if the child is giving a history of minimal sexual contact. It is known that children may under-report the extent of abusive activities at the initial disclosure. Therefore, to decide that a child does not need an exam because there is only a history of exposure or fondling over clothing, for example, may result in missing physical findings or non-detection of treatable diseases. The decision to do a medical forensic exam can also be made by the members of the responding MDT after a forensic interview and initial investigation has been completed.

(2) Sexual abuse within 120 hours:

Children and adolescents, regardless of gender, who have alleged sexual abuse within the previous 120 hours, may need an acute medical forensic exam to assess injury, collect specimens, and document injuries. This decision should be made in consultation with the available medical professional from the child abuse/advocacy center. In the event a discrepancy occurs between law enforcement and medical professionals regarding obtaining an exam, the on-call deputy county attorney should be consulted. If an exam is to be completed, the victim should be advised not to bathe, change clothing, eat, or drink if possible. If the patient needs to void prior to the exam, they should be instructed to blot and save the toilet tissue in a paper bag. These evidence-protecting measures can be coordinated with the medical forensic examiner who will consider what is in the best interest of the patient. It is very uncommon for trace evidence to remain on a prepubescent child for longer than 24 to 96 hours.

(3) Genital/rectal pain or bleeding:

Children experiencing these symptoms need to be seen as soon as possible so that the site of the bleeding or cause of the pain can be identified. This will help to differentiate accidental from non-accidental injuries and sexually transmitted infections from non-sexually transmitted ones.

(4) Sexually transmitted diseases (when there is no disclosure of abuse):

(a) Gonorrhea, Syphilis, Chlamydia, Trichomonas, Genital Herpes and Venereal Warts. Children diagnosed with these infections definitely need to be seen for a medical forensic exam, even if the diagnosis/treatment has occurred elsewhere. Any lab reports that exist must accompany the child when he/she is seen.

(b) HIV Positive.

Children who have tested positive for HIV should be seen for an exam if the source of the virus is not known. With respect to perinatal transmission, if the HIV positive child is older than 12 months when the positive status is discovered, it should not be assumed that he/she acquired the virus from the HIV positive mother.

(c) Gardnerella or Monilia.

If there is no history or other indication of sexual abuse, children with these infections do not need to be seen for a medical forensic exam.

(d) Other Genital Infections.

For children who have less common infections, the need for an exam can be determined by a discussion with available medical professionals. Prepubescent girls who have a vaginal discharge need to be medically evaluated as soon as possible to determine the cause of the discharge. This may be done by the child's primary care physician or by available medical professionals from the center.

(5) Exhibition of some sexualized behavior without reasonable grounds to believe abuse has occurred.

If there is not a concern for abuse, it is appropriate to refer these children for counseling as a first intervention rather than making a report. The exam can then be done if the child gives a history of abuse or if the therapist, after working with the child for awhile, feels that sexual abuse most likely has occurred even though the child has still given no history.

(6) Children who are preverbal, nonverbal, or who have developmental delays.

The medical forensic exam is an essential component of the

investigation after a report has been made.

(7) Adolescents:

(a) Adolescents receiving a sexual assault exam may request to have the exam without their guardians present. In these situations, adolescents are encouraged to discuss their wishes with their guardian but may need the support of the examiner.

(b) In regard to sexual abuse occurring more than 120 hours prior to the report, children may have evidence of healing trauma and thus a forensic exam may be appropriate after consulting with appropriate medical personnel.

(c) Adolescents disclosing "consensual sex":

I. If there is a question as to whether the sexual contact was "consensual" or "non-consensual", a medical forensic exam should be done.

II. If the victim is under 15 years old, a medical forensic exam should be done.

III. If the youth/victim is age 15, 16, or 17, and the partner/alleged perpetrator is less than 19 years of age or attending high school and is no more than 24 months older than the youth/victim, law enforcement may consult with the on-call deputy county attorney to determine if the examination should be conducted.

(8) Pregnant teens:

Medical professionals must consider the possibility of sexual abuse in pregnant teen cases and must comply with the mandatory reporting law (see Appendix A-7). If the pregnant teen is under 15 years of age, then the medical professional must make a child abuse report immediately. An abortion should not be performed prior to the law enforcement investigation. If an abortion is performed, fetal tissue can be used to identify the father of the baby. A medical forensic exam is not required. If the teenager is 15 years or older, the situation may still be a reportable offense.

(9) Custody disputes:
One exam is appropriate subsequent to a report being made. However, personnel who deal with abuse evaluations should not be influenced by those parents who want frequent medical exams after

visitations, unless there is an additional history or reasonable concern about sexual abuse.

b. Procedure for medical forensic examination:

(1) These aspects of the exam are pertinent to all cases, regardless of the time interval from the incident:

(a) A complete medical history (including immunizations) should be obtained from the caretaker and the child. If the caretaker is not present, then an effort to contact them by phone should be made only with law enforcement and/or CPS approval. This is to ensure that the investigation is not compromised. Medical professionals should, however, convey to law enforcement/CPS any urgent need for the medical history.

(b) In child abuse cases the medical history obtained from the developmentally capable child is key in helping to determine if a child had specific risks or symptoms around the time of the episode of alleged abuse and helps guide the examination. Whenever possible, the medical history should be obtained from the child outside the presence of guardians. The information obtained in the medical history is used for diagnoses and treatment.

(c) The child should be given a choice of whether he/she would like a supportive person (of their own choosing) in the exam room. If this person is disruptive during the exam, medical personnel may ask him/her to leave.

(d) After the regular physical examination, carefully examine the genital and anal areas to detect any injury. This must be done with good illumination and can involve the use of magnification. The colposcope can provide both illumination and magnification in addition to photographic capability. Photographic and/or video documentation of the genital/anal area is recommended, but is not required. The Medical professional's primary obligation, keeping in mind the best interest of the child, is to do a thorough and accurate exam of the genital/anal areas. Photographs are a secondary consideration.

(e) The entire body should be carefully examined to detect any signs of trauma, neglect, or any abnormal medical conditions. Photographic/colposcopic documentation of any positive findings allows for peer review and second opinion.

(f) Testing for pregnancy and sexually (and non- sexually) transmitted diseases, such as gonorrhea, syphilis, Chlamydia, herpes, Trichomonas, staph, strep, Candida, and HIV should be considered. These lab tests may be available on site. However, patients thirteen (13) years and older should be offered referral to the County Health Department for HIV testing, and thus will have the choice of confidential versus anonymous testing.

(g) A medical forensic report should be prepared for referring agents. This report should include the comprehensive medical history and exam findings and be completed in a timely manner unless a particular lab test result or treatment result (e.g., the opening of a labial adhesion) must first be available.

(2) When the exam is done within 120 hours of the alleged sexual abuse in addition to the above medical exam procedure, consideration must be given to whether or not an acute sexual assault examination needs to be done.

The acute sexual assault examination includes, but is not limited to:

(a) Paper bagging individual items of clothing separately;

(b) Collecting specimens by means of swabs to detect saliva, semen, skin cells, etc.;

(c) Collecting other debris (trace evidence) which may be present;

(d) Collecting reference specimens from the victim (saliva, blood, etc.);

(e) Proper drying technique and handling of specimens to prevent deterioration, or contamination;

(f) Maintaining the chain of custody; and

(g) Preparing the triplicate report where one copy is sealed with the evidence, one copy goes to the referring agency, and one copy stays with the patient chart at SCC.

H. Physical Abuse and Neglect

1. The forensic interview:

If a child victim is being evaluated at a child abuse/advocacy center, a recorded forensic interview is generally but not always conducted prior to the medical forensic examination. Situations that may preclude the forensic interview being conducted prior to the medical exam include after-hour exams, multiple victims from the same case present at the center at the same time, and the availability of the forensic interviewers and medical forensic examiners. Medical staff conducting the exam should meet with the forensic interviewer after the conclusion of the forensic interview to gather information pertinent to the examination. The medical staff when possible will get a medical history from the child, but will not re-interview the child.

2. Indications for medical forensic examinations:

   Children who give a history of physical abuse or maltreatment should be evaluated by a medical forensic practitioner. Children suspected by CPS, law enforcement, or medical professionals 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.

3. Procedure for medical forensic examinations:

   This exam should include:

   a. A complete past medical history and the history of the suspected abuse which should be obtained from personnel who interviewed the child.

   b. In child abuse cases the medical history obtained from the developmentally capable child is key in helping to determine if a child had specific risks and symptoms around the time of the episode of alleged abuse and helps guide the examination. Whenever possible the medical history should be obtained from the child outside the presence of guardians. The information obtained in the medical history is used for diagnoses and treatment.

   c. Inspection of the genital/anal areas with good lighting because children who experience one type of abuse are at risk for all forms of abuse. If the history or exam reveals that sexual abuse is a concern, then the sexual abuse procedure should also be followed.

   d. Appropriate lab studies to document the medical conditions caused by injury and to exclude such medical conditions as bleeding disorders.

   e. Imaging studies 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 two (2) years of age and in selected children over two (2) years old if physical abuse is suspected. Consultation with a pediatric radiologist when possible is encouraged.

f. Color photographs as part of the report should be taken to document visible injuries. A measuring device, color scale and identification label should appear in the photograph. The medical forensic report with forensic images when taken should be completed in a timely manner and provided to referring agents.

g. Follow-up medical appointments can be scheduled to monitor changes and healing of injuries.

h. On occasion, a review of medical records of prior medical care may play an important role.

I. Referring a child for a medical forensic evaluation at Safe Child Center

Referrals to the Safe Child Center are made by calling (928) 773-2053. During regular business hours, M-F 8-4:30, the office coordinator will gather the necessary intake information and schedule the appointment in a timely manner based on urgency of physical symptoms, disclosure, and safety concerns. If there is any question of how urgent the case is medically, the office coordinator will contact the nurse practitioner for assistance. Medical triage is available 24/7 directly through the Safe Child Center and Childhelp in Phoenix.

J. Referring a child for medical forensic evaluation <u>after hours</u>

After hour referrals are made by calling 928-779-3366 and asking to speak to the Administrative Coordinator who will contact the medical staff on call. The medical staff will triage the call with the requesting party and will arrange for a medical forensic evaluation if clinically indicated. Medical forensic examinations for cases of suspected child abuse are generally conducted at Safe Child Center at Flagstaff Medical Center. Depending on the nature of the injuries and medical stability of the patient, the child may be examined in the Emergency Department at FMC, in the PICU, or in the pediatric department. In making the referral, if at any time a field officer/investigator is uncomfortable with the medical stability of a presenting victim, the officer should call EMS and have the victim transported immediately to the Emergency Department. The medical and/or nursing staff in the Emergency Department will contact the Safe Child Center nurse practitioner on call. Some cases of serious or unusual maltreatment may require referral to other pediatric medical professionals in or out of Coconino County following Emergency Medical Treatment and Labor Act (EMTALA) guidelines. Safe Child

Center clinical staff will help facilitate appropriate medical referrals. A child's physical/medical safety is always the paramount concern.

Reference

Kellogg, Nancy (2005). The evaluation of sexual abuse in children. American Academy of Pediatrics, Clinical Report. 116 (2), 506-512. (See Appendix D)

VII. DRUG ENDANGERED CHILDREN

Medical evaluations of children found in a drug exposed setting

A. Purpose of protocol

1. This protocol is a guide for managing the health issues of children who are found at drug labs and/or homes

2. This protocol is used after a child has been removed from a meth lab/home to assure the child's physical, emotional, and developmental well-being.

B. Definition of Drug Endangered Children (DEC)

1. Under the age of 18

2. Found in homes:

   a. With caregivers who are manufacturing controlled substances in/around the home (meth labs)

   b. Where caregivers are dealing/using controlled substances and the child is exposed to the drug and/or drug residue (meth home and/or drug homes)

C. Medical Evaluation

1. Preliminary or field medical assessment

   a. Complete onsite assessment to determine whether a child discovered at the scene is in need of Emergency Care

      (1) EMT or paramedic may complete this assessment
      (2) If no medical personnel are available at the scene the child must be taken to a medical facility for assessment
      (3) Medical assessment should be completed on all children within 12 hours of discovering the child at a meth home

   b. If no need for immediate medical care, the child is placed in the custody of Child Protective Service

      (1) For short term shelter
      (2) As part of the child's safety plan

   c. Removal of child's home possessions

      (1) Nothing is removed from the home due to likely contamination

Clothing the child is wearing:

I. Is covered with a Tyvek suit, or
II. Clothing contained in the DEC kits is placed on/over the child's clothing;
III. If I or II above cannot be completed, decontamination of child will occur on site

(2) Essential items

Medications or eyeglasses that must be removed shall be placed in a sealed bag

2. Comprehensive physical examination within 12 hours of removal from meth lab/home to ascertain a child's general health status

D. Medical DEC Protocol

Location	Procedure	Timeline
At Advocacy Center or medical clinic	Obtain child's medical history, either from CPS or from caregiver.	Within 12 hours of identification
At Advocacy Center or medical clinic	Administer test and procedures. Ensure that urine sample was gathered. Request Urine Screen. Perform complete pediatric exam and include as much of the Early Periodic Screening, Detection and Treatment (EPSDT) Protocol as possible. Particular emphasis should be placed on neurological screen, respiratory status, and cardiovascular status. Required clinical evaluations include: vital signs, height, and weight. Head circumference should be measured for children less than two years old. Arm span and reach for all children less than five years old. Optional tests as medically necessary including CBC, Liver Function, Electrolytes and Kidney Function, Complete Metabolic Panel, Pulmonary Function Tests, Chest X-Ray, Skeletal Survey for children less than three years of age when physical abuse is suspected, Oxygen Saturation, and Heavy Metals Screen.	Within 12 hours of identification
At Advocacy Center or medical clinic	Conduct Suspected Child Abuse and Neglect Screen.	Within 12 hours of identification
At Advocacy Center or medical clinic	Provide a behavioral health referral if appropriate.	Within 12 hours of identification

At Advocacy Center or medical clinic	Secure release of the child's medical records to appropriate authorities (CPS, Law Enforcement)	Within 12 hours of identification
At Advocacy Center or medical clinic	Conduct reevaluation of the comprehensive health status of the child.	Within 12 hours of identification
At Advocacy Center or medical clinic	Conduct formal development assessment on child less than six years of age using the Denver Developmental Screening Tool.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Follow-up on any abnormal screening laboratory tests, or administer screening laboratory tests as indicated.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Arrange for appropriate follow-up as indicated.	2-4 weeks after initial medical visit
At Advocacy Center or medical clinic	Evaluate adequacy of placement with regard to medical needs.	2-4 weeks after initial medical visit

From the Arizona Statewide DEC Protocol 2003

VIII. UNEXPLAINED INFANT DEATH

-From the Arizona Department of Health Services-

In 2002, the State of Arizona passed into law two statutes concerning the investigation of unexplained infant deaths in Arizona. A.R.S. §36-2292 (see Appendix A-16) requires the Arizona Department of Health Services to establish protocols for death scene investigations of apparent natural infant deaths. These protocols must specifically address the need for compassion and sensitivity with parents and caregivers, include recommended procedures for law enforcement, and require scene investigations as a component of the infant death investigation. A.R.S. 36-2293 (see Appendix A-17) requires that law enforcement officers complete an infant death investigation checklist during investigations of unexplained infant deaths and further requires law enforcement officers to complete the checklist prior to autopsy. The intent of these two statutes was to standardize the process of unexplained infant death investigations throughout the state, and to ensure medical examiners are provided sufficient information from investigators to assist in determining the cause and manner of an infant's death.

Unexplained infant deaths are those for which there is no cause of death obvious when the infant died. Unexplained infant deaths would not include those in which there was a previously diagnosed life-threatening illness that clearly contributed to the death (i.e., complications of pre-maturity, congenital anomaly, infectious disease), or when there is a clear cause of death, immediately known (i.e., accident, homicide, etc.). In cases of an unexplained infant death, a thorough investigation is necessary to accurately determine the cause and manner of the death. That process includes a death scene investigation, interviews with parents and caregivers, a review of the infant's clinical history, and a complete autopsy.

In developing the required investigative protocols, the Unexplained Infant Death Advisory Council reviewed guidelines set forth by national infant death organizations, as well as those of other states where such guidelines exist. This review led the Council to create a short form protocol or checklist titled the "Arizona Infant Death Investigation Checklist (2010)." (see Appendix M) The form is a carbon pack triplicate to allow easy distribution. Instructions for completing the checklist are conveniently printed on the reverse side. The Council believes that uniform use of this checklist will standardize the investigation of unexplained infant deaths in Arizona, while also ensuring that pertinent information is gathered and documented in each case. The checklist is to be used by law enforcement officers, but may also be used by other death investigators. Distribution of this form to medical examiners prior to the autopsy will assist medical examiners in accurately determining the cause and manner of death. Data contained in the form may also provide information for researchers examining the causes of unexplained child deaths and stillborn infants.

Although the recognized definition of an "infant" is a child under one year of age, law enforcement officers are encouraged to use the death investigation checklist in any case of an unexplained child death (see Appendix M). The unexplained death of a child over one year of age will require the same investigative process, and the checklist may remain a valuable tool to law enforcement and medical examiners in such instances.

A. Death Scene Investigation

1. The death scene investigation is an essential component of a thorough investigation of unexplained child deaths. Information gathered during the scene investigation augments information obtained from autopsy and review of the child's clinical history and can help the pathologist interpret postmortem findings. This information will aid in the determination of accidental, environmental, or other unnatural causes of deaths, including child abuse and neglect. Although the ultimate goal of a death scene investigation is to accurately assign a cause of death, equally important goals are the identification of health threats posed by consumer products; identification of risk factors associated with unexplained infant deaths; and using the opportunity to refer families to grief counseling and support groups.

2. The Unexplained Infant Death Advisory Council recommends a thorough death scene investigation by trained investigative personnel, even in cases where a child may have been transported to a hospital or other location. Access to the death scene must take into consideration issues of privacy and standing, as with any other law enforcement investigation. The death scene investigation should include careful observation and documentation, including measurements and photographs. Consideration should be given to lawfully seizing any items deemed to have evidentiary value, or which may assist in determining the cause of the child's death.

B. Officer Demeanor

1. Parents or caregivers who experience the sudden, unexpected death of a child need compassion, support, and accurate information. Those responsible for determining the cause of death must have both technical skills and sensitivity, as they go about their difficult task. A knowledgeable and sympathetic approach will contribute to gathering necessary information while also supporting parents in crisis. The Unexplained Infant Death Advisory Council recognizes that law enforcement officers know, all too well, that infants and children can die at the hands of parents or caregivers. Such instances, however, are statistically very rare. The vast majority of unexplained infant deaths are attributed to natural causes, not criminal acts. The Council, therefore, recommends that law enforcement officers conduct their investigations with compassion and sensitivity for the parents and caregivers they contact.

2. It is recommended that officers interview parents and caregivers with a non-accusatory demeanor, and withhold judgment until all the facts and medical evaluations are known. In those rare instances where an autopsy or other evidence indicates criminal activity occurred, officers might find it necessary to adopt a different demeanor. Until such time, officers should offer compassion and support to families and caregivers. Recognizing that the grief and feelings of guilt associated with a child's death can be devastating, officers should be familiar with local support groups and be able to provide referral information for long term support.

IX. COUNTY ATTORNEY

A. Charging Review

1. After the investigation is completed by law enforcement, the police agency will determine if the case will be submitted to the Coconino County Attorney's Office for charging review. Cases need only be designated as Criminal Conduct Allegations (CCA) where the suspect is a parent, guardian or custodian of a child.

   a. If there is probable cause to submit a case for charging review, then a charging request shall be filled out and submitted along with the departmental reports and all other required information on the charging request checklist. The charging request will indicate the case is a CCA and whether a joint investigation was completed. If a joint investigation was not completed, the reason why the joint investigation was not completed must be written on the charging request.

   b. If there is not probable cause to submit the case for charging review, the police agency must fill out a Criminal Conduct Allegation Data Tracking Form (Appendix H-2) and submit it to the County Attorney's Office for statistical purposes only to be included in the annual report.

2. The Coconino County Attorney's Office will review all cases submitted by law enforcement for charging involving child sexual assaults, sexual abuse, child abuse, aggravated assaults, child exploitation, indecent exposure, child homicide, custodial interference, or kidnapping. Cases submitted for charging review are designated either as out-of-custody or in-custody.

   a. Out-of-Custody Charging Submittals:

   (1) Aside from the statute of limitations, there is legally no time limit imposed for filing charges.
   (2) Submittals should have a reviewing decision made within 30 days from the date the submittal was received by the County Attorney's Office.

   b. In-Custody Charging Submittals:

   (1) The investigating detective/law enforcement officer must make an appointment and meet with a charging attorney to review the case within 48 hours of the Initial Appearance (an Initial Appearance occurs within 24 hours of being booked into jail).

   (2) Charges must be filed via Complaint within 48 hours of an Initial Appearance in order to maintain the bond or release conditions

which were set at the Initial Appearance. The 48 hours does not include weekends and holidays.

(3) If charges are not filed within the 48-hour time frame, the defendant will be released from custody. Any bond or other release conditions that have been imposed at the Initial Appearance will be exonerated or otherwise lifted.

(4) If, at the Initial Appearance, the defendant was released on his/her own recognizance, on bond, or to pretrial services, and charges were not filed, any release conditions will no longer apply and any bond posted will be exonerated.

B. Processing Charging Submittals

1. Once the investigation has been submitted, a reviewing attorney reads the report(s) and decides if the charging submittal is to be furthered for additional investigation, declined for prosecution, or charges filed.

a. Submittals furthered for more investigation:

(1) The reviewing attorney will list with specificity the information necessary for prosecution.

(2) The submittal is then returned to the investigating agency to complete the investigation.

(3) When the requested further investigation is completed, the law enforcement agency will re-submit the report for the County Attorney's review.

(4) If the agency is not able to pursue the investigation, the County Attorney's Office must be notified in writing within 45 days.

b. Submittals declined for prosecution:

(1) The primary reason submittals are declined for prosecution is that they do not meet the office charging standard, i.e. that the submittal, when reviewed as a trial case, has no reasonable likelihood of conviction.

(2) The County Attorney's Office will not reject a case solely on the basis that a victim or victim's family refuses to cooperate with prosecution.

(3) A letter indicating a decision will be mailed to the victim and/or the victim's lawful representative (i.e., parent or guardian) by the County Attorney's Office.

(4) The submittal is also returned to law enforcement indicating the decision not to file. A copy shall also be sent to CPS.

(5) The victim or the victim's lawful representative has the right to confer with the initial reviewing prosecutor regarding the decision not to prosecute.

(6) All cases that are not filed may be re-evaluated if new evidence is presented.

(7) With the exception of homicide and, as of 2001, any Class 2 Sex Crimes (Chapter 14 or 35.1) cases which have no Statute of Limitations, the Statute of Limitations for any felony allows for prosecution up to seven years from disclosure of the crime or the time in which law enforcement became aware of the crime. (See Appendix A-6, A.R.S. §13-107).

c. If a charging submittal is appropriate for prosecution:

(1) The reviewing attorney shall issue appropriate charges.

(2) A probable cause determination must be made through either a Preliminary Hearing or a Grand Jury proceeding.

(3) The majority of child physical or sexual abuse cases will be taken to the Grand Jury. Grand Jury proceedings are not open to the public; thus, they do not subject the victim to the stress of testifying.

C. Post-Charging: The Court Process

1. Team Approach:

a. The case will be assigned to a Deputy County Attorney.

b. Victim advocates act as a liaison between the Deputy County Attorney and the victim or the victim's representative. The Deputy County Attorney, in conjunction with the Victim Advocate, will work with the victim, parent, Guardian ad Litem or the victim's attorney on the case.

c. Child Protective Services (CPS) is an independent State agency that deals with civil issues involving the child victim. If a case involves CPS intervention, the Deputy County Attorney will attempt to work with the

assigned caseworker, recognizing that the goals for the case resolution of the two agencies are not necessarily the same.

d. Prosecution is a team effort among the investigative agency, the prosecutor, the victim advocate, the victim and the witnesses. All members of the team are under a continuing obligation to exchange information about the case. The assigned detective will assist prosecution during the trial.

2. **Case Disposition - *Change of Plea*:**

a. Once the case is assigned to a Deputy County Attorney, the attorney and/or the Victim Advocate will contact the victim as soon as practicable to discuss the process and obtain input as to a possible disposition.

b. Plea guidelines will be utilized in making plea offers in order to provide consistency of dispositions among similar cases.

c. While not all cases are appropriate for plea offers, the majority of cases will involve an offer to plead guilty to a lesser charge. Plea dispositions are advantageous because they ensure finality for the victim, a judgment of guilt by the court, and an order of restitution for any damages incurred by the victim.

d. Any plea offer will be communicated to the victim via communication from the Deputy County Attorney and/or the Victim Advocate. It is the duty of the County Attorney's Office to see that justice is served in the handling of criminal cases. In that endeavor, it is recognized that the opinion of the victim as to what is just in their case may differ from the views of the Office.

e. If the victim's view of the disposition diverges from the plea offer, he or she shall be given the opportunity to discuss their disagreement with the Deputy County Attorney and, if necessary, the assigned attorney's supervisor.

f. If the difference of opinion is still not resolved, the victim has the right and the opportunity to notify the pre-sentence report writer and the court of their opinion.

g. Final disposition of a disputed negotiated plea rests with the discretion of the court to either accept or reject the plea offer.

3. **Case Disposition – *Trial:***

a. If the case cannot be resolved via plea agreement, the case is set for trial. The Deputy County Attorney shall meet with the victim in order to acquaint the victim with the trial process.

b. Victim preparation is the responsibility of the Deputy County Attorney with the assistance of the Victim Advocate.

(1) In all but very rare cases, the victims are required to testify in court.

(2) Prior to trial, the victim will be taken into a courtroom and the Deputy County Attorney will explain courtroom protocol and procedures to the victim.

(3) If requested to do so, the Deputy County Attorney will assist the victim in selecting a support person to be present during the victim's testimony, in addition to the Victim Advocate. The support person cannot otherwise be a witness in the case.

(4) The Deputy County Attorney will seek appointment of an interpreter or Guardian ad Litem for a victim in appropriate cases.

(5) Prior to trial, the Deputy County Attorney or the Victim Advocate will discuss the possible outcomes of the trial with the victim and the victim's representative.

c. At the option of the victim, he or she may submit to an interview by the defense attorney.

(1) The Deputy County Attorney will be present at the victim's request and will actively participate in the interview.

(2) The Deputy County Attorney will make necessary arrangements for any reasonable conditions requested by the victim, including:

(a) The presence of the Victim Advocate who acts as a support person for the victim, or

(b) The presence of another support person.

(3) The Deputy County Attorney or his/her representative will arrange defense interviews of witnesses at the defense's request.

(a) The Deputy County Attorney or his/her representative will be present and will audio record the interview.

d. Cases involving child sexual and physical abuse often require retention of expert witnesses.

(1) In those cases, the County Attorney's Office will pay reasonable fees for that expertise.

(2) Expert and professional witnesses often have scheduling difficulties. Attempts will be made to give special consideration to these witnesses to accommodate their schedules in coordinating a time for their testimony.

e. Jury Verdicts. A jury has three (3) options in reaching a verdict on any of the charges:

(1) *"Not Guilty"* - in which case the defendant is acquitted, charges are dismissed and defendant is free from future prosecution on that matter;

(2) *"Guilty"* - in which case the defendant is convicted and a date is given for sentencing of the defendant; or

(3) *"Hung Jury"* - in which case the jury was unable to reach a unanimous verdict as to the defendant's guilt or innocence. This results in a mistrial and the case is reset for trial. The case may be re-tried, resolved by plea, or dismissed.

f. Sentencing.

(1) If the defendant pleads guilty or no contest, or if the jury finds the defendant guilty, the Deputy County Attorney and/or the Victim Advocate will inform the victim of the sentencing procedure. The sentencing date is usually 30 to 60 days after conviction.

(2) The Adult Probation Department will prepare a pre-sentence report for the Judge's review prior to sentencing. The report will include information obtained from departmental reports, the indictment, information or complaint, the plea agreement (if applicable), information regarding the defendant and the victim, victim's input statement, and restitution information.

(3) The victim may be entitled to restitution.

(4) The defendant may seek a continuance of the original sentencing date in order to present mitigating evidence. The state may seek a continuance of the original sentencing date in order to present

aggravating evidence, and either side may request a mental examination under Rule 26.5, Arizona Rules of Criminal Procedure.

(5) The victim and/or the victim's lawful representative has a right to be present at sentencing and to address the court.

D. Post Plea or Trial - Post Conviction Relief and Appeals

1. The Deputy County Attorney and/or the Victim Advocate will explain to the victim and/or his legal representative the possibility of a review via petition for Post-Conviction Relief (PCR) or an Appeal.

   a. PCR is a legal review of the Change of Plea proceeding and/or representation by the defense attorney. PCR's are handled by a Deputy County Attorney.

   b. An appeal is a legal review of the trial proceedings. Appeals are handled by the Attorney General's Office.

X. VICTIM WITNESS SERVICES

Victim/Witness Services for Coconino County is a private, not-for-profit, non-governmental agency. Highly trained and qualified Victim/Witness advocates provide adult or juvenile criminal justice system information and support, advocacy, crisis response and social service referrals to assist the victim's emotional recovery from the crime.

Victim advocates assist child victims of maltreatment and children who have witnessed domestic violence or other major crimes in two ways: 1) On scene crisis intervention; 2) Criminal justice advocacy throughout the investigation and prosecution process.

A. Crisis Response

1. The primary role of the Victim/Witness crisis advocate is to provide crisis response to victims and witnesses of crimes in the Coconino County area 24-hours a day, seven days a week. Highly trained crisis advocates shall respond to provide emotional support, victims' rights information, assess needs, explore options and provide referrals to other community resources.

2. Crisis advocates will be dispatched by local law enforcement or service providers to respond to victims of child maltreatment, witnesses to major crimes, or to domestic violence scenes where children are present.

3. Crisis advocates shall, as is appropriate:

   a. Provide victim/victim's lawful representative with Crime Victim's Rights information and explanation of Victim Compensation Benefits;

   b. Focus on safety planning with both adults and children in domestic violence and child maltreatment cases;

   c. Provide community resource referrals to the parent or lawful representative of child abuse victims such as:

      - Shelters
      - Counseling
      - Community food bank
      - Public health nurses
      - Jail and court information
      - Legal assistance
      - Financial and emergency assistance
      - Order of Protection /Injunctions Against Harassment information

B. Adult or Juvenile Criminal Justice Advocacy

1. Advocates shall provide the victim/victim's lawful representative the following, as appropriate:

   a. Information about the various steps a case will take as it progresses through the justice system;

   b. An explanation of victim's rights. If the victim/victim's lawful representative wishes to exercise their rights, the advocate will assist them in doing so;

   c. Act as liaison between law enforcement, the county attorney's office, and the victim/victim's lawful representative by facilitating communication;

   d. Provide detailed explanation of the various court proceedings, what those proceedings mean, what could possibly happen during the proceedings, as well as advise the victim/victim's representative of their options as criminal justice events occur;

   e. Keep the prosecutor apprised of the victim's well being and ensuring the victim/victim's representative has the opportunity to give an opinion regarding prosecution and the final disposition of the case;

   f. Help the victim/victim's lawful representative exercise their rights, including facilitating the victim's wish to make an oral statement to the court regarding pleas, conditions of release, continuances and sentencing; and

   g. Provide referrals to the Coconino County Victim Compensation Program for assistance with compensable expenses.

C. Additional Support Services

1. Victim/Witness advocates shall provide the following supportive services, when appropriate, during the course of investigation and prosecution:

   a. Initiate contact with the victim shortly after being assigned the case to establish rapport with the victim and their family and to assess the need for referral;

   b. Accompany the victim/victim's lawful representative to meet with investigators and prosecutors in order to provide emotional support;

   c. Act as an emotional support for the victim/victim's lawful representative during their participation in prosecution by accompanying them to court proceedings and explaining those proceedings;

d. Provide short-term crisis intervention for the victim/victim's lawful representative throughout the criminal justice and judicial processes;

e. Address any safety concerns that the victim/victim's lawful representatives may have throughout the criminal justice process;

f. Facilitate security for the victim in court and provide appropriate referrals and safety planning for the victim and the family of the victim;

g. Access a safe waiting area for the victim to use during court proceedings away from and out of sight of the defendant and defense witnesses;

h. Provide the victim/victim's lawful representative with a courtroom preview prior to trial;

i. Act as a liaison between the victim/victim's lawful representative and their school, employer, landlords, or others to minimize hardships arising from the crime or the victim's participation in prosecution;

j. Provide referrals for counseling, housing, financial assistance, food assistance, or other social service needs;

k. Ensure that all communication with a child victim/witness is in developmentally appropriate language; and

l. Provide information and support to the victim's non-offending caregiver(s) to facilitate their healing and ability to assist the child with his/her healing.

XI. FAMILY SUPPORT AND ADVOCACY

Family Advocates shall routinely meet with non-offending caregivers who accompany children or adults with developmental delays to forensic evaluation appointments. These meetings normally take place during the forensic interview and/or the forensic medical evaluation at Safe Child Center. If a Family Advocate is not present at the time of the family's initial visit to Safe Child Center, contact will be made by telephone. If telephone contact is unsuccessful, written correspondence may be sent offering services.

The Family Advocate will address a variety of issues, as is pertinent to the unique needs of the case:

A. The need for crisis intervention of the victim and/or family members;

B. Any questions or concerns raised by the caregivers regarding the forensic examinations;

C. The dynamics of child abuse and its effect on the family through the provision of both verbal and written information;

D. Arizona Crime Victims' Rights;

E. Arizona Victim's Compensation application and information;

F. Written pamphlets, if available, and contact information for appropriate Victim/Witness services or Victim Specialists;

G. Information regarding the helpfulness and available of behavioral health counseling, including referrals to Flagstaff Medical Centers Behavioral Health therapists;

H. Information on how to help the child and family begin the healing process; and

I. Any other information or resource contacts that may be helpful to the family during and after the investigation.

Additional contacts with the family by the Family Advocate will be made based on family need.

As a child advocacy center, Safe Child Center ensures separation of victims and alleged offenders. Family advocacy services are not provided to identified alleged offenders.

It is recommended that Family Advocates be trained in multiple ways, including both on-site and off-site training regarding advocacy issues, Victim's Compensation and Victim Rights. Newly-hired Family Advocates should, when possible, shadow experienced

Family Advocates and initially meet with families under the supervision of an experienced Family Advocate. When possible, Family Advocates should participate ongoing training in order to remain current with new research pertaining to family advocacy issues.

XII. MENTAL HEALTH

As part of the multidisciplinary team response, specialized trauma-focused mental health services designed to meet the unique needs of the children and their non-offending caregivers will routinely be made available at no cost to the family through various community, state, and federal resources. These services are offered by Outpatient Behavioral Health Services at Flagstaff Medical Center (BHS), Indian Health services (IHS), and other private providers supported by Victim Compensation funds.

Behavioral health professionals will regularly receive referrals from Child Protection, Victim Witness, Safe Child, or other agencies to provide services to maltreated children or children who have witnessed major crimes. Mental health services at BHS will be provided by licensed professionals with pediatric and child-trauma expertise, utilizing evidence-based assessments and therapies which have been shown to be most effective with this population. Therapies should also reflect knowledge about and sensitivity to the family's culture and values, including traditions and spiritual beliefs.

Minimum qualifications for licensed, master's level, mental health professionals working with children referred by the MDT include a training plan for the following:

1. Evidence of professional training in specialized, trauma-focused treatment;
2. Clinical consultation/supervision; and
3. Peer supervision and/or mentoring within the first six months of association (or demonstrated relevant experience prior to association).

The mental health provider's primary goal is to facilitate healing in the child who has been victimized or who has been witness to a major crime. This may include working with caregivers to negotiate changes in the child's environment, assisting the family in aligning with the victim(s) to provide emotional support and protection, and assisting in minimizing secondary trauma during the legal process and beyond.

In this role, the therapist should delay primary trauma intervention until after the forensic evaluation has been completed. In the interim, supportive therapy and anticipatory guidance should be provided. Examples of supportive interventions include:

1. Encouraging the child's caregiver not to allow contact between the child(ren) and alleged offender;
2. Taking appropriate steps to ensure the safety of other children in the home; and
3. Stabilizing the victim's environment by supporting the non-offending caregiver(s).

Therapists should not disclose facts regarding allegations or the investigation to offenders. Prior to the forensic evaluation, therapists should not disclose information pertaining to the investigation to the victim(s), non-offending caregivers, or other family members. An explanation should be given to the non-offending caregiver(s) that the facts of the alleged abuse should not be discussed until after the forensic evaluation is complete. Therapists should educate the caregiver(s) that the child may need to talk. Caregivers should listen, be supportive of the child, and seek support from the treatment professional during this time. After the investigation is completed, the non-offending caregiver(s) should be fully informed about the details of the allegations.

During the course of treatment, if the child discloses additional information regarding the reported abuse or makes a new disclosure of abuse, the therapist shall document the disclosure using direct quotes, when possible, and promptly report this information to law enforcement and/or CPS (see Mandated Reporter, Section VIII for further).

Per A.R.S. §13-3620 (see Appendix A-7), mandated reporters, including mental health practitioners, may be requested to release records to CPS and/or law enforcement. Offender treatment records may also be obtained pursuant to A.R.S. §13-3620 in any civil, criminal, or administrative proceeding or investigation conducted by CPS or law enforcement in which a child's neglect, dependency, abuse or abandonment is an issue. Written records should be complete, concise, clear and factual, and include the child's disclosure statements documented in quotations, when possible. A mental health practitioner who has any questions regarding the release, or requested release of records should consult with their own legal counsel. Any records taken or obtained by the deputy county attorney, CPS, or law enforcement are subject to the rules of disclosure.

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

Therapists should maintain appropriate boundaries in their work with the child and non-offending caregiver(s), such as:

1. The victim should have a separate therapist from the alleged offender;

2. "No contact" rules between the offender and victim should be followed consistently. Premature confrontation between a victim and the alleged offender should not occur;

3. The victim's therapist should not have direct contact with the alleged offender. Communication should only occur between the respective therapists;

4. The victim's therapist should not act as the primary therapist for the non-offending caregiver(s) as well, but should refer the caregiver(s) to another therapist for individual therapy services; and

5. Behavioral health therapists are not involved in the forensic evaluation process. All therapeutic interventions are provided independent of the forensic process.

A behavioral health representative will participate in multidisciplinary team case reviews in order to assist with healing for the child and family. Therapists are not expected to reveal confidential or privileged information, but are tasked with providing information pertaining to the assessment of children's treatment needs and in assuring that the child's and non-offending caregiver(s) mental health needs are taken into account as the MDT progresses through an investigation and beyond. The behavioral health professional involved with the case review may be the therapist directly working with a child and/or family, or another behavioral health professional who is not affiliated with the case.

Mental health professionals who prefer not to work with child abuse victims or lack expertise in this area may contact Victim Witness Services or Behavioral Health Services at Flagstaff Medical Center to seek referrals to mental health professionals who specialize in working with child abuse victims, along with professionals who are culturally sensitive to any unique client needs.

XIII. CASE REVIEW

Case Review is a planned meeting of all Multidisciplinary Team (MDT) partners which affords MDT members the opportunity to review cases of child maltreatment, provide updated case information, and coordinate interventions in cases arising within Coconino County. Case reviews should be held monthly at the Coconino County Attorney's office in Flagstaff. Additional case reviews may be requested at any time by MDT members, will be scheduled as quickly as possible to meet the needs of the MDT members, and may be held at an alternate location. Cases for review may be selected by any MDT member by contacting the MDT Case Review Coordinator at Safe Child Center by calling (928) 773-2053 or by email. The case will then be scheduled for review at the next regularly scheduled MDT Case Review meeting, or sooner if necessary. Cases typically selected for review are complex, problematic, and/or require a high level of coordination between MDT members/agencies.

The following disciplines shall regularly be represented at MDT Case Review meetings: law enforcement, Child Protective Services, prosecution, medical professionals, mental health professionals, victim/family advocacy, forensic interviewers, and crime lab personnel. All disciplines involved in the case should make every effort to attend Case Review meetings. In the event a team member is unable to attend in person, they can attend telephonically or have another team member/supervisor from their agency attend. Team members may also provide input for the Case Review by calling or emailing the Case Review Coordinator in instances when they are unable to attend in person or telephonically.

Prior to the MDT Case Review meeting, the Case Review Coordinator will contact MDT members by email or telephone communicating the date, time, and location of the meeting, as well as the names of the victim(s) in the cases that will be reviewed. Sharing of case information at the meeting will be done in accordance with state and federal laws, as well as HIPAA (Health Insurance Portability and Accountability Act) regulations. All MDT members will be asked to sign a confidentiality agreement (see Appendix K-1), which will be kept on file by the Case Review Coordinator. Information about the case is shared and gathered by systematically going through the MDT Case Review tool (see Appendix K-2). This tool is used to gather data about the investigation and assures protocol compliance. Each step of the investigation is reviewed, including the law enforcement response, forensic interview(s), medical forensic exam(s), Child Protective Services response, family and victim advocacy, coordination of responses between agencies, safety issues for the victim(s), impact of the testimony/prosecution process, and sentencing outcomes. The tool's standardized information-gathering format evaluates treatment and follow-up needs of the child(ren) and family.

Recommendations shall be communicated during the review session and documented on the Case Review tool. At the end of each case review meeting, time should be allotted to follow up on previously reviewed cases to ensure recommendations were completed. The Case Review Coordinator may also contact MDT members by telephone or email to gather information regarding the implementation of

recommendations regarding cases previously reviewed. If a discipline is absent from the MDT Case Review meeting, the coordinator will contact the person/agency by telephone or email to inform them of outcomes/recommendations from the meeting.

Summaries of the case reviews are presented every other month to the Coconino County Interagency Council on Child Abuse (IAC). The IAC's membership is made up of representatives from MDT agencies and includes the Coconino County Children's Justice Act Coordinator. The goal of the IAC is to ensure that all children involved in a crime are treated with dignity and respect through a unified, systematic approach to criminal investigations and prosecution of child abuse cases as outlined in this protocol. The IAC monitors protocol compliance and provides education on the Coconino County Multidisciplinary Child Abuse Investigation Protocol.

XIV. MANDATED REPORTER RESPONSE

Educators, child care staff, medical providers, clergy, victim advocates, behavioral health professionals, other service providers, or any person who has the care and treatment of a minor are mandated reporters. This means that if there are any facts from which one could reasonably conclude that a child has been the victim of physical injury, abuse, child abuse, a reportable offense, or neglect, the person suspecting or believing these facts to be accurate is required by law (see Appendix A-7, A.R.S. §13-3620) to report to the appropriate authorities. This immediate report is to be made regardless of who the alleged perpetrator is. The mandated reporter's duty is to report, **not to investigate**. Failure to report known or suspected child maltreatment is a crime punishable under Arizona Revised Statute (A.R.S.) §13-3620.

A mandated reporter who suspects abuse should ask ***only*** these four questions:

- **What happened?**
- **Who did this?**
- **Where were you when it happened?**
- **When did it happen?**

Mandated reporters should:

- Document the conversation with the child. Use exact quotes, as possible, of what was asked and the child's response;
- Use/repeat words and language used by the child, without adding any of your own vocabulary;
- **NOT** contact the parents or other alleged suspect(s). Law enforcement and/or CPS will do this.
- Refer all inquiries to law enforcement and/or CPS;
- If the disclosed events occurred within the child's home, report to the CPS Hotline. If the response of the CPS Hotline worker does not meet the needs of the situation, contact law enforcement. If an immediate response is needed, or if the child or someone else is in danger, a report should be made to Law enforcement.
- If the disclosed events occurred outside of the child's home, report to law enforcement only.
- Never promise what you cannot control or reassure with inaccurate or unknown information (i.e., "No one is going to jail," or "This will just be between us").
- Be calm, kind, supportive and listen carefully. Explain what you are required by law to do for the child's safety.

Special Considerations:

A. Educators

School personnel are often the source of referral for child abuse allegations because of their extensive contact with children on a daily basis. They are often the first persons to whom children disclose abuse or who suspect abuse because they are well acquainted with the child and may notice behavioral changes or see physical evidence. School personnel and others who care for children, including those employed by private and public schools, child care centers, youth organizations, camps, and after-school programs are required by law to report all cases of suspected abuse. Therefore, school personnel should be familiar with the legal requirements for the identification and reporting of child abuse.

It is recommended that a uniform, countywide reporting policy be adopted by every school district as well as private and charter schools. Uniform procedures that cross the varied schools within Coconino County will serve to:

- Increase the confidence of school personnel in reporting suspect child maltreatment;
- Improve interagency communication and cooperation between schools, law enforcement and CPS;
- Minimize the number of time the child victim(s) is interviewed;
- Ensure that the appropriate and most qualified professionals conduct the investigation; and
- Minimize disclosure trauma to the child(ren).

Additionally, it is highly recommended that school or district administration authorize annual training on child maltreatment and mandated reporting for the entire school/district. Any school personnel can request such training by contacting the Children's Justice Act (CJA) Coordinator for Coconino County. The CJA Coordinator can be located by contacting the Governor's Office Division for Children at (602) 364-2247.

1. Gathering information

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

      (1) Child's self-disclosure

         (a) When it appears that a child is disclosing information about possible abuse, efforts should be made to provide a quiet, private place to facilitate the conversation. The person receiving such information shall listen openly and speak at the

child's level, using and repeating their language, in a positive, non-judgmental tone.

(b) Never promise or reassure the child what you cannot control or do not know (i.e., "You won't get in trouble").

(c) If the child has not spontaneously provided the following information about the abuse, **only** these questions should be asked:

- **What happened?**
- **Who did it?**
- **Where were you when this happened?**
- **When did it happen?**

(d) School personnel should **NOT** expand their questions of the child beyond those listed above, "pre-interview" a child, or call in school mental health practitioners to try to determine if the report is credible or if a report should be made.

(e) School personnel may gather additional demographic information in order to respond to anticipated questions by the CPS Hotline or law enforcement (i.e., the child's address, telephone number, who lives in their home).

(2) Observations of injury and/or unusual behavior

(a) School personnel should be observant of bruising, injury, markings, or unusual behavior that may be the result of abuse or neglect.

(b) A person observing injury may ask the four questions listed above in attempt to ascertain the cause of injury. If the child's responses lead to suspicion of abuse, follow the procedures below in reporting what was observed and the suspicions surrounding the observations.

(c) If unusual behavior is observed, school personnel may need to consult with a school counselor, administrator, nurse or other professional to determine if the behavior is concerning for abuse. If a suspicion of abuse arises, a report must be made.

(d) School personnel must consider the possibility of sexual abuse in pregnancy cases. If the pregnant child is under 15 years of age, school personnel must make a child abuse report immediately, regardless of who the suspect might be. If an

adolescent is 15 years or older, the situation may still be a reportable offense, as required by A.R.S. §13-3620 (see Appendix A-7).

(3) Third party report of child maltreatment

If a third party informs school personnel that a child may be the victim of abuse or neglect, the third party should be encouraged, when appropriate, to make a report. However, the school personnel who receive such information are still responsible to report or cause another to report the alleged maltreatment. The report should be made based upon the information provided by the third party, and the child(ren) should not be interviewed by school personnel.

2. Reporting

a. The law does not recognize confidentiality between a student and school personnel. Arizona mandatory reporting law, A.R.S. §13-3620 (see Appendix A-7), requires that school personnel, or any person who has responsibility for the care or treatment of a minor, who **reasonably believes** that a minor has been the victim of child maltreatment shall **immediately report or cause a report to be made**. If school personnel fail to report known or suspected child maltreatment, then they have committed a crime that is punishable under A.R.S. §13-3620. Failure to report sexual offenses is a Class 6 felony. Failure to report all other child maltreatment is a Class 1 misdemeanor. The ultimate responsibility to report to law enforcement and/or CPS is that of the person receiving the initial disclosure.

b. Reports of child maltreatment shall be telephoned to the CPS Hotline at 1-888-SOS-CHILD (or 1-888-767-2445), if the alleged suspect has care, control or custody of the child. It is encouraged that reports also be made to law enforcement if the child is believed to be in danger, has injuries, or an immediate response is required.

c. Reports of child maltreatment shall be made to only law enforcement and not to CPS if the alleged suspect does not have care, custody or control of the child.

d. If unsure if the information constitutes maltreatment or is reportable, contact the CPS Hotline and/or law enforcement. CPS and/or law enforcement will evaluate the information and determine if a report should be made.

e. If the suspect is a person certified by the State Board of Education, A.R.S. §15-514(A) (see Appendix A-15) requires that a report also be made to

the Department of Education in writing as soon as is reasonably practical, but no later than three business days after any certified or governing board member first suspects or received a reasonable allegation of the conduct. This report should be sent to:

Arizona Department of Education, Investigative Unit
1535 W. Jefferson
Phoenix, Arizona 85007

f. Reports of suspected abuse are required to be followed in writing within 72 hours on either the form supplied by the school district or the Child Abuse Reporting Form (see Appendix E). The report should be mailed or faxed within this time frame.

The report should be mailed to:

Child Protective Services
P.O. Box 44240
Phoenix, Arizona 85064-4240

Or faxed to the CPS Hotline at:

(602) 530-1832
(602) 530-1833

Copies of the report should be made available to law enforcement and/or the CPS Specialist responding to the school.

g. A.R.S. §13-3620 and §15-514(A) grant immunity from civil damages to those making reports, provided the report was made in good faith.

h. School personnel shall maintain confidentiality of all information regarding the maltreatment report, except when information is requested by CPS, law enforcement, or the Coconino County Attorney's Office. Do NOT contact or provide information to the parent(s), caregiver(s), and/or alleged perpetrator(s). Refer all inquires to law enforcement or CPS. It is the duty of law enforcement and/or CPS, not school personnel, to notify parents of the investigation. Premature and/or inappropriate notifications can hinder investigations and potentially create precarious situations.

3. Providing other assistance with the investigation

a. Assist law enforcement and CPS upon their arrival by sharing information, outside of the presence of the child(ren) and providing a private place on campus for the agencies to meet with the child and/or with the reporting party.

b. CPS and/or law enforcement may interview a child or other children in the home about abuse allegations without parents or school staff present. School personnel may only be present during the interview at the request of the CPS Specialist and/or law enforcement. CPS and/or law enforcement have the authority to remove the child from the school (take temporary custody) if necessary to further the investigation. School personnel are required to cooperate with investigators (see Appendix I).

c. Contact only the appropriate school personnel who need to know in order to protect the wellbeing of the child. It is recommended that principals/administrators be advised when child maltreatment reports are made because investigating agencies often respond first to the main office. The principal/administrator is also frequently the first to receive calls from parents and would need to know how and where to direct their inquiries. Principals/administrators should never insist on prior screening of a maltreatment report, as this interferes with school personnel's lawful compliance with the reporting mandate.

d. If a parent or guardian calls or comes to the school in an effort to locate a child being interviewed, sheltered or removed from school grounds by law enforcement and/or CPS, the parent or guardian should be referred to CPS and/or the law enforcement agency for information. CPS and/or law enforcement are required to notify the parent(s) or caregiver(s) verbally or in writing within six hours if a child is taken into temporary custody.

B. Health and Mental Health Professionals

Health and mental health professionals are advocates for victims and children. They may provide therapeutic intervention, support, information, and be a source of referral for child abuse allegations. The provider/therapist may be the first person who hears a disclosure from a victim or third party.

1. Gathering information

   a. When it appears that a child is disclosing information about possible abuse, efforts should be made to provide a quiet, private place to facilitate the conversation. The provider receiving such information shall listen openly and speak at the child's level, using and repeating their language, in a positive, non-judgmental tone.

   b. Never promise or reassure the child what you cannot control or do not know (i.e., "You won't get in trouble").

c. If the child has not spontaneously provided the following information about the abuse, **only** these questions should be asked:

- **What happened?**
- **Who did it?**
- **Where were you when this happened?**
- **When did it happen?**

d. Providers should **NOT** expand their questions of the child beyond those listed above or "pre-interview" a child to try to determine if the report is credible or if a report should be made.

e. Providers must consider the possibility of sexual abuse in pregnancy cases. If the pregnant child is under 15 years of age, providers must make a child abuse report immediately, regardless of who the suspect might be. If an adolescent is 15 years or older, the situation may still be a reportable offense, as required by A.R.S. §13-3620 (see Appendix A-7).

f. If a third party informs a health or mental health provider that a child may be the victim of abuse or neglect, the third party should be encouraged, when appropriate, to make a report. However, the provider who receives such information is still responsible to report or cause another to report the alleged maltreatment.

2. Reporting

a. Arizona mandatory reporting law A.R.S. §13-3620 (see Appendix A-7) requires that health, mental health, social service professionals and other persons having responsibility for the care and treatment of children whose observation or examination of any child reveals **reasonable grounds to believe** that a child has been abused or neglected, are mandated to **report this immediately**. "Reasonable grounds" for reporting include any facts from which one could reasonably conclude that a child has been abused. The person believing or suspecting these facts to be accurate is required to immediately report to the appropriate authorities. Failure to report known or suspected child maltreatment is a crime punishable under A.R.S. §13-3620. Failure to report sexual offenses is a Class 6 felony. Failure to report all other child maltreatment is a Class 1 misdemeanor. The ultimate responsibility to report to law enforcement and/or CPS is that of the person receiving the initial disclosure.

b. Reports of child maltreatment shall be telephoned to the CPS Hotline at 1-888-SOS-CHILD (or 1-888-767-2445), if the alleged suspect has care, control or custody of the child. It is encouraged that reports also be made to law enforcement if the child is believed to be in danger, has injuries, or an immediate response is required.

c. Reports of child maltreatment shall be made to only law enforcement and not CPS if the alleged suspect does not have care, custody or control of the child.

d. If unsure if the information constitutes maltreatment or is reportable, contact the CPS Hotline and/or law enforcement. CPS and/or law enforcement will evaluate the information and determine if a report should be made.

e. Reports of suspected abuse are required to be followed in writing within 72 hours on the Child Abuse Reporting Form (see Appendix E). The report should be mailed or faxed within this time frame.

The report should be mailed to:

Child Protective Services
P.O. Box 44240
Phoenix, Arizona 85064-4240

Or faxed to the CPS Hotline at:

(602) 530-1832
(602) 530-1833

f. A.R.S. §13-3620 and §15-514(A) grant immunity from civil damages to those making reports, provided the report was made in good faith.

3. Releasing records to law enforcement and/or CPS

a. Per A.R.S. 13-3620, mandated reporters, including health and mental health professionals, may be requested to release records to CPS and/or law enforcement.

b. A provider who has any questions regarding the release of records should contact the Coconino County Attorney or the Arizona Attorney General's Office.

XV. CASE TRACKING

The Children's Justice Coordinator or designee will gather data on the numbers of cases seen at Safe Child Center and NACASA (16 -18 year olds) and report to each agency once every other month at the Family Advocacy Council. The County Attorney's office will track Criminal Conduct investigations not evaluated through Safe Child Center or NACASA. The Coordinator or designee will be responsible for coordinating this process with law enforcement, CPS, and the prosecution.

At Safe Child Center, a case tracking form (see Appendix J) will be completed on each case for internal use. Data collected will be entered into NCAtrak for tracking and statistical compilation. Team members will provide case specific child abuse case data to be entered into NCAtrak by Safe Child Center's Data Entry Clerk. This MDT agency specific data is collected in person, by written report, or during MDT case reviews. It is important that each agency contribute comprehensive and timely data so that accurate community child abuse statistics can be maintained. Keeping NCAtrak up to date allows MDT members to monitor effectiveness of interventions and monitor if children and/or their relatives have more than one visit to Safe Child Center. Team members have access to data tracking information for their use in working child abuse cases.

Data will be collected by the Coconino County Attorney's Office from law enforcement through the use of Charging request forms and Criminal Conduct allegations (CCA) Data Tracking Forms (see Appendix H). Data will be collected only for cases of CCA (cases in which the perpetrator of the abuse is a parent, guardian or custodian of a child). CCA cases are required to be reported to the Governor's Office under ARS § 8-817 (see Appendix A-4).

XVI. ICWA COMPLIANCE

Investigations involving Native American children will meet Indian Child Welfare Act (ICWA) requirements. See Attachment N for further information regarding federal ICWA statues and regulations.

XVII. ANNUAL REPORT

Pursuant to A.R.S. § 8-817 (B)(8) (see Appendix A-4), CPS and the Coconino County Attorney's Office must independently prepare an Annual Report to be transmitted within 45 days of the end of the fiscal year to the Governor, the Speaker of the House of Representatives and the President of the Senate.

A. CPS must report the following information in the Annual Report:

1. The number of Criminal Conduct allegations investigated;
2. How many of the investigations were conducted jointly; and
3. The reasons why a joint investigation did not take place.

Child Protective Services shall transmit this information to the Coconino County Attorney's Office no less than 14 days prior to the deadline for the County Attorney's Office to submit their report.

B. The Coconino County Attorney's Office must report the following information in the annual Report:

1. The number of Criminal Conduct allegations investigated;
2. How many of the investigations were conducted jointly;
3. The reasons why a joint investigation did not take place;
4. Number of cases presented to review;
5. The number of person charged in those cases;
6. The disposition of the cases that were charged; and
7. The reasons why charges were not pursued in the uncharged cases.

APPENDICES

A. Statutes and Definitions (As of 09/01/2011)
- A-1. ARS 8-801
- A-2. ARS 8-802
- A-3. ARS 8-803
- A-4. ARS 8-817
- A-5. ARS 8-821
- A-6. ARS 13-107
- A-7. ARS 13-3620
- A-8. ARS 13-3623
- A-9. ARS 13-3601
- A-10. ARS 13-1404
- A-11. ARS 13-1405
- A-12. ARS 13-1406
- A-13. ARS 13-1410
- A-14. ARS 13-1417
- A-15. ARS 15-514
- A-16. ARS 36-2292
- A-17. ARS 36-2293
- A-18. Criminal Conduct and other definitions and statutes

B. Checklist for First Responders

C. APSAC Guidelines: Investigative Interviewing in Cases of Alleged Child Abuse

D. AAP Recommendations: Evaluation of Sexual Abuse in Children

E. CPS Hotline Report Form

F. CPS Priority Response Timelines

G. Temporary Custody Notice Form

H. Law Enforcement Charging and Tracking Forms
- H-1. Charging Request Form/Investigations Checklist
- H-2. Criminal Conduct Allegation Tracking Form

I. Attorney General's Opinion on Interviewing in Schools

J. Safe Child Center Case Tracking Form

K. Case Review Forms
- K-1. Multidisciplinary Case Review Confidentiality Statement
- K-2. Coconino County Multidisciplinary Team Case Review Tool

L. Agency Contact Information

M. Arizona Infant Death Investigation Checklist

N. ICWA Federal Statutes and Regulations

8-801. Definitions

In this chapter, unless the context otherwise requires:

1. "Child protective services 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.

2. "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.

3. "In-home intervention" means a program of services provided pursuant to article 7 of this chapter while the child is still in the custody of the parent, guardian or custodian.

4. "Protective 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.

5. "Relative" has the same meaning prescribed in section 8-501.

8-802. Child protective services worker; fingerprint clearance cards; powers and duties; alteration of files; violation; classification

A. The department of economic security shall employ child protective services workers. All persons who are employed as child protective services 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 protective services worker shall certify on forms that are provided by the department of economic security 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. The department may cooperate with county agencies and community social services agencies to achieve the purposes of this chapter.

C. A child protective services worker shall:

1. Promote the safety and protection of children.

2. Accept, screen and assess reports of abuse or neglect:

(a) Pursuant to section 8-817.

(b) In level I residential treatment centers or in level II or level III behavioral health residential agencies that are licensed by the department of health services.

3. Receive reports of dependent, abused or abandoned children and be prepared to provide temporary foster care for these children on a twenty-four hour basis.

4. Receive from any source oral or written information regarding a child who may be in need of protective services. A worker shall not interview a child without the prior written consent of the parent, guardian or custodian of the child unless either:

(a) The child initiates contact with the worker.

(b) 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 paragraph 5, subdivision (b) of this subsection.

(c) The interview is conducted pursuant to the terms of the protocols established pursuant to section 8-817.

5. After the receipt of any report or information pursuant to paragraph 2, 3 or 4 of this subsection, immediately do both of the following:

(a) Notify the municipal or county law enforcement agency.

(b) Make a prompt and thorough investigation of the nature, extent and cause of any condition that would tend to support or refute the allegation that the child should be adjudicated dependent and the name, age and condition of other children in the home. A criminal conduct allegation shall be investigated according to the protocols established pursuant to section 8-817 with the appropriate municipal or county law enforcement agency as provided in section 8-817.

6. Take a child into temporary custody as provided in section 8-821. Law enforcement officers shall cooperate with the department to remove a child from the custody of the child's parents, guardian or custodian when necessary.

7. After investigation, evaluate conditions created by the parents, guardian or custodian that would support or refute the allegation that the child should be adjudicated dependent. The child protective services worker shall then determine whether any child is in need of protective services.

8. Offer to the family of any child who is found to be a child in need of protective services those services that are designed to correct unresolved problems that would indicate a reason to adjudicate the child dependent.

9. Submit a written report of the worker's investigation to:

(a) The department's case management information system within a reasonable time period that does not exceed forty-five days after receipt of the initial information except as provided in section 8-811. If the investigation involves allegations regarding a child who at the time of the alleged incident was in the custody of a child welfare agency licensed by the department of economic security under this title, a copy of the report and any additional investigative or other related reports shall be provided to the board of directors of the agency or to the administrative head of the agency unless the incident is alleged to have been committed by the person. The department shall excise all information with regard to the identity of the source of the reports.

(b) The appropriate court forty-eight hours before a dependency hearing pursuant to a petition of dependency or within twenty-one days after a petition of dependency

is filed, whichever is earlier. On receipt of the report the court shall make the report available to all parties and counsel.

10. Accept a child into voluntary placement pursuant to section 8-806.

11. Make a good faith effort to promptly obtain and abide by court orders that restrict or deny custody, visitation or contact by a parent or other person in the home with the

child. As part of the good faith effort, the child protective services worker shall ask the parent, guardian or custodian under investigation if a current court order exists.

D. 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.

E. The department shall provide child protective services workers who investigate allegations of abuse and neglect with training in forensic interviewing and processes, the protocols established pursuant to section 8-817 and relevant law enforcement procedures. All child protective services workers shall be trained in their 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. The training for child protective services workers shall also include instruction on the legal rights of parents and the requirements for legal search and seizure by law enforcement officers.

F. In conducting an investigation pursuant to this section, if the worker is made aware that an allegation of abuse or neglect may also have been made in another state, the worker shall contact the appropriate agency in that state to attempt to determine the outcome of any investigation of that allegation.

G. 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 protective services 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 protective 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 participate in a mediation program in the attorney general's office. The worker shall provide the telephone number of the attorney general's office mediation program.

6. The person's right to file a complaint with the ombudsman-citizen aide pursuant to section 41-1376. The worker shall provide the telephone number of the ombudsman-citizen aide.

7. The person's right to appeal determinations made by child protective services.

8. Information outlining parental rights under the laws of the state.

B. The child protective services 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 protective 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 protective 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.

8-817. 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 protective services workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.

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

8. Procedures for an annual report to be transmitted within forty-five days after the end of each fiscal year independently from child protective services and each county attorney to the governor, the speaker of the house of representatives and the president of the senate. This report shall be 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; classification

A. A child shall be taken into temporary custody in proceedings to declare a child a temporary ward of the court to protect the child, pursuant to an order of the juvenile court on a petition by an interested person, a peace officer or a child protective services worker under oath that reasonable grounds exist to believe that temporary custody is clearly necessary to protect the child from suffering abuse or neglect. 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.

B. A child may be taken into temporary custody by a peace officer or a child protective services 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.

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 meaning prescribed in section 13-3401.

4. Reported by child protective services to be a missing child at risk of serious harm.

C. In determining if a child should be taken into temporary custody, the interested person, peace officer or child protective services 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 them.

D. A person who takes a child into custody pursuant to subsection B, 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 B, paragraph 2 of this section shall not exceed twelve hours.

E. 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.

F. 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.

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

13-107. Time limitations

A. A prosecution for any homicide, any offense that is listed in chapter 14 or 35.1 of this title and that is a class 2 felony, any violent sexual assault pursuant to section 13-1423, any violation of section 13-2308.01, any misuse of public monies or a felony involving falsification of public records or any attempt to commit an offense listed in this subsection may be commenced at any time.

B. Except as otherwise provided in this section, prosecutions for other offenses must be commenced within the following periods after actual discovery by the state or the political subdivision having jurisdiction of the offense or discovery by the state or the political subdivision that should have occurred with the exercise of reasonable diligence, whichever first occurs:

1. For a class 2 through a class 6 felony, seven years.

2. For a misdemeanor, one year.

3. For a petty offense, six months.

C. For the purposes of subsection B of this section, a prosecution is commenced when an indictment, information or complaint is filed.

D. The period of limitation does not run during any time when the accused is absent from the state or has no reasonably ascertainable place of abode within the state.

E. The period of limitation does not run for a serious offense as defined in section 13-706 during any time when the identity of the person who commits the offense or offenses is unknown.

F. The time limitation within which a prosecution of a class 6 felony shall commence shall be determined pursuant to subsection B, paragraph 1 of this section, irrespective of whether a court enters a judgment of conviction for or a prosecuting attorney designates the offense as a misdemeanor.

G. If a complaint, indictment or information filed before the period of limitation has expired is dismissed for any reason, a new prosecution may be commenced within six months after the dismissal becomes final even if the period of limitation has expired at the time of the dismissal or will expire within six months of the dismissal.

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.

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.

13-3601. Domestic violence; definition; classification; sentencing option; arrest and procedure for violation; weapon seizure

A. "Domestic violence" means any act that is a dangerous crime against children as defined in section 13-705 or an offense prescribed in section 13-1102, 13-1103, 13-1104, 13-1105, 13-1201, 13-1202, 13-1203, 13-1204, 13-1302, 13-1303, 13-1304, 13-1406, 13-1502, 13-1503, 13-1504, 13-1602 or 13-2810, section 13-2904, subsection A, paragraph 1, 2, 3 or 6, section 13-2910, subsection A, paragraph 8 or 9, section 13-2915, subsection A, paragraph 3 or section 13-2916, 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.

6. The relationship between the victim and the defendant is currently or was previously a romantic or sexual relationship. The following factors may be considered in determining whether the relationship between the victim and the defendant is currently or was previously a romantic or sexual relationship:

(a) The type of relationship.

(b) The length of the relationship.

(c) The frequency of the interaction between the victim and the defendant.

(d) If the relationship has terminated, the length of time since the termination.

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.

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.

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.

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 § 31-233, 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 § 13-705. The presumptive term may be aggravated or mitigated within the range under this section pursuant to § 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:

Minimum	Presumptive	Maximum
5.25 years	7 years	14 years

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

Minimum	Presumptive	Maximum
7 years	10.5 years	21 years

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

Minimum	Presumptive	Maximum
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 § 13-703, § 13-704, § 13-705, § 13-706, subsection A and § 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 § 31-233, 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 § 13-705.

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.

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.

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.

36-2292. Infant Death Protocols

A. The department of health services shall establish protocols for death scene investigations of apparent natural infant deaths. In developing the protocols the department shall consider guidelines established by national infant death organizations.

B. At a minimum the protocols shall:

1. Include recommended procedures for all first responders, law enforcement agencies and local social services agencies to follow in response to apparent natural infant death.

2. Recommend that in the course of an investigation of an apparent natural infant death, the scene where the infant was found should be examined even if the infant's body was transported to a hospital and pronounced dead at a hospital.

3. Recommend that during the investigation of an apparent natural infant death, investigators should use their skills and knowledge to determine the cause of death while keeping in mind the need for compassion and sensitivity for the parents and caregivers.

36-2293. Infant death investigation checklist

A. A law enforcement officer who in the regular course of duty investigates an unexplained infant death shall complete an infant death investigation checklist developed by the department of health services and approved by the unexplained infant death advisory council.

B. The law enforcement officer shall complete the checklist before an autopsy is conducted.

C. The officer's law enforcement agency shall retain the original checklist and immediately forward a copy of the checklist to the county medical examiner and the department of health services.

D. The department of health services shall develop the checklist in conjunction with the unexplained infant death advisory council. In developing the checklist, the department shall consult with law enforcement agencies and consider guidelines endorsed by national infant death organizations.

E. The department shall periodically review and modify the checklist in consultation with the unexplained infant death advisory council.

F. A law enforcement officer's failure to use the checklist is not a defense to or a basis for dismissal of a criminal prosecution.

Criminal Conduct Allegation
Definitions of Abuse

A Criminal Conduct Allegation, Pursuant to A.R.S. §8-801(2) means an allegation of conduct by a parent, guardian or custodian of a child that, if true, would constitute any of the following:

- Child Abuse
- Felony domestic violence
- Sexual abuse of a minor
- Sexual conduct with a minor
- Sexual assault of a minor
- Molestation of a child
- Continuous sexual abuse of a child
- Or any other act of abuse which may result in serious harm, injury or death to a child to a child.

"Abuse" per A.R.S. §8-801 means the infliction of or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse includes: inflicting or allowing sexual abuse pursuant to A.R.S. §13-1404, sexual conduct with a minor pursuant to A.R.S. §13-1405, sexual assault pursuant to A.R.S. §13-1406, molestation of a child pursuant to A.R.S. §13-1410, commercial exploitation of a minor pursuant to A.R.S. §13-3552, sexual exploitation of a minor pursuant to A.R.S. §13-3553, and child prostitution pursuant to A.R.S. §13-3212.

Physical Abuse

"Physical Injury" per A.R.S. §13-3623(F4) 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.

"Serious Physical Injury" per A.R.S. §13-3623(F5) means physical injury which 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.

Neglect

"Neglect or Neglected" per A.R.S. §8-201 means the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care IF that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare, except if the inability of a parent, guardian or custodian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services. Or, a determination by a health professional that a newborn infant was exposed prenatally to a drug or substance listed in section A.R.S. §13-3401 and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional.

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

Sexual Abuse

Sexual Abuse (A.R.S. §13-1404): 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.

Sexual Conduct with a Minor (A.R.S. §13-1405): A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.

Sexual Assault (A.R.S. §13-1406): 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.

Child Prostitution (A.R.S. §13-3212): A person commits child prostitution by knowingly:
Causing any minor to engage in prostitution; using a minor for purposes of prostitution; permitting a minor under such a person's custody or control to engage in prostitution; receiving any benefit for or on account of procuring or placing a minor in any place or in the charge of custody of any person for the purposes of prostitution; receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor; financing, managing, supervising, controlling or owning, either alone or in association with others, prostitution activity involving a minor; transporting or financing the transportation of any minor through or across this state with the intent that such minor engage in prostitution.

Commercial Sexual Exploitation of a Minor (A.R.S. §13-3552): A person commits commercial sexual exploitation of a minor by knowingly:
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; 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; 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; 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.

Sexual Exploitation of a Minor (A.R.S. §13-3553): A person commits sexual exploitation of a minor by knowingly:

Recording, filming, photographing, developing or duplicating any visual depiction in which a minor is engaged in exploitive exhibition or other sexual conduct; 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.

Emotional Abuse

"Serious Emotional Damage" per A.R.S. §8-201 means serious emotional damage as evidence by severe anxiety, depression, withdrawal, or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and which is caused by the acts or omission of an individual having care, custody or control of a child.

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

Additional Definitions

1. "Sexual contact" means any direct or indirect touching, fondling, or manipulation of any part of the genitals, anus, or female breast by any part of the body or by any object or causing a person to engage in such conduct.

2. "Without consent" includes any of the following: the victim is coerced by immediate use or threatened use of force against a person or property; the victim in incapable of consent by reason of mental disorder, mental defect, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant; the victim is intentionally deceived as to the nature of the act; the victim is intentionally deceived to erroneously believe that the person is the victim's spouse.

3. "Spouse" means any person who is legally married and cohabitating.

4. "Sexual intercourse" means penetration into the penis, vulva, or anus by any part of

the body or by any object or masturbatory contact with the anus or vulva.

5. "Oral sexual contact" means oral contact with the penis, vulva or anus.

6. "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.

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

8. "Sexual conduct" means actual or simulated: Sexual intercourse including genital-genital, oral-genital, anal-genital, oral-anal, whether between persons of the same or opposite sex; penetration of the vagina or rectum by an object except one does as a part of a recognized medical procedure; sexual bestiality; masturbation for the purpose of the sexual stimulation of the viewer; sadomasochistic abuse for the purpose of the sexual stimulation of the viewer; defecation or urination for the purpose of sexual stimulation of the viewer.

9. "Simulated" means any depicting of the genitals or rectal areas that give the appearance of sexual contact or incipient sexual conduct.

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

11. "Prostitution" means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person.

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

CHECKLIST FOR FIRST RESPONDERS

- ☐ Attend to victims' safety and medical needs, first.
- ☐ Ask the child **only** these 4 questions (outside the presence of others):
  1. **What happened?**
  2. **Who did it?**
  3. **Where did it happen?**
  4. **When did it happen?**

  Limit questioning as this can interfere with the forensic interview process. Ask the family not to question their child. In rare circumstances where it may be necessary to ask more questions of an *adolescent* victim, prior supervisor approval is required.
- ☐ Officer can interview collateral adults **outside** of the presence of child victim. Child witnesses to crimes should be seen at SCC for a forensic interview, or by a trained child forensic interviewer.
- ☐ Secure the scene; take care not to contaminate scene/evidence. Evidence collected at the scene and at SCC should be properly preserved and given to DPS crime lab.
- ☐ Contact supervisor/detectives, per policy.
- ☐ In cases where clarity of protocol or direction is needed, call the on-call deputy county attorney at (928) 226-3406.
- ☐ If visible injury or compliant of pain, refer to FMC ED. Patient may need to be transported by ambulance. Minor or superficial injuries can be medically treated at SCC.
- ☐ Most medical forensic exams, including photographs, shall be conducted at **SCC.** Forensic interviews shall be scheduled. Medical exams should be completed as soon as possible. (See contact information on front).
- ☐ Contact **Victim Witness (928-779-6163)** &/or request dispatch page the on-call advocate.
- ☐ Contact the CPS law enforcement designated hotline: **887-767-2445**, when abuse or neglect is suspected in the home.

APSAC AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

PRACTICE GUIDELINES

Investigative Interviewing in Cases of Alleged Child Abuse

Children are often the principal source of information about allegations of child abuse, particularly child sexual abuse. Most investigative interviews are conducted by child protective service workers, law enforcement officers, or both. These interviews often form the core of the evidence used to determine the veracity of allegations of abuse. However, inadequate or improper interviewing can lead to errors in decision-making about child safety and criminal prosecution. Thus, investigative interviews should maximize the opportunity for the child to describe what may have happened, minimize the potential for misinformation, and encourage collaboration among the professionals involved.

These Guidelines are intended as a framework for professionals who are interviewing and are not an all-inclusive guide. That is, the Guidelines reflect current knowledge and professional consensus about issues related to investigative interviews but are not a standard of practice to which investigators are expected to adhere in all cases. There is no single correct way to interview a child suspected of being a victim of abuse. State statutes, court decisions, and local practice, as well as the specifics of the case, may dictate modifications. Investigators must remain flexible in applying these guidelines and continuously seek out new knowledge.

Where appropriate, these Guidelines should be used in concert with other APSAC Guidelines. The APSAC Guidelines on the Use of Anatomical Dolls in Child Sexual Abuse Assessments (1995) are particularly relevant. The APSAC Guidelines for Psychosocial Evaluation of Suspected Sexual Abuse in Children (Second Edition, 1997) also are relevant.

There will be times when investigators are unable to understand fully what, if anything, has happened to a child and may request the involvement of a mental health practitioner to conduct a more extensive forensic assessment. The mental health professional should be familiar with APSAC's Investigative Interviewing Guidelines and APSAC's Guidelines for the Psychosocial Evaluation of Suspected Sexual Abuse in Children (Second Edition, 1997).

GUIDELINES

These Guidelines will cover the following topics: the purpose of an investigative interview, professionals qualified to conduct such interviews, important issues related to the child interview, the structure of the child interview, and documentation issues.

I. Purpose of an Investigative Interview

The purpose of an investigative interview is to elicit as complete and accurate a report from the alleged child or adolescent victim as possible in order to determine whether the child or adolescent has been abused (or is at imminent risk of abuse) and, if so, by whom. Interviewers attempt to collect information that will either corroborate or refute the allegation(s). To accomplish these goals, the interviewer must be impartial and objective, considering all reasonable explanations for any allegation.

II. The Interviewers

A. Disciplines

Law enforcement, child protective service personnel, and child forensic interviewers affiliated with specialized child abuse assessment programs, such as children's advocacy centers, are the primary professionals involved in investigative interviewing of children about possible child abuse. The specific discipline of the interviewer is not as important as his or her knowledge and skill level.

Mental health professionals or medical professionals may also participate in or conduct such interviews, with appropriate training and authorization (Sorenson, Bottoms, & Perona, 1997).

B. Training and Prerequisite Knowledge

Investigative interviewing in cases of alleged abuse requires specialized knowledge. This knowledge can be acquired in a variety of ways (e.g., formal course work, individual reading, workshops and conferences, professional experience and supervision), and should include familiarity with basic concepts of child development, communication abilities of children, dynamics of abuse and offenders, categories of information necessary for a thorough investigation, legally acceptable child interviewing techniques, and the use of interview aids (such as drawings or anatomical dolls). Specialized knowledge is especially important when young children are interviewed.

III. Context of the Child Interview

A. Timing of the Interview

The initial child interview should occur as close in time to the event in question as feasible. Whenever possible, the child interview should also be timed to maximize the child's capacity to provide accurate and complete information. This often involves consideration of the child's physical and mental state (e.g., alert, rested), immediate safety concerns, and the possible impact of delays on the child's ability to recall and report an experience.

B. Parent/Legal Guardian Notification

Investigators should follow local protocol and legal requirements regarding parental notification about the interview. However, prior parental notification may sometimes be contraindicated, especially in cases of suspected intrafamilial abuse, because family members may attempt to influence the child's report, prevent the interview, or destroy evidence. If the decision is made to interview the child at an advocacy center or similar location, interviewers must be sure they have the legal authority to transport the child to the site.

C. Location of Interview

Choosing the location of the interview with the child is important. It is recommended that the interview occur in a neutral environment whenever possible (National Network of Children's Advocacy Centers (NCCAN), 1994; Reed, 1996). The setting should be private, informal, and free from unnecessary distractions (Saywitz & Nathanson, 1992; Goodman, Bottoms, Rudy, & Schwartz-Kenny, 1991). Sometimes interviews are conducted at the child's school. If this option is selected, arrangements can be worked out with school officials concerning the child's availability and who will be present during the interview. Law enforcement officers should, if at all possible, arrive in unmarked cars and wear plain clothes. Other interviews take place in a children's advocacy center or similar facility (NNCAC, 1994). These sites are specifically designed to accommodate children and are often equipped with audio and video recording or observation capability.

If no other option exists to conducting an interview where the suspected abuse may have occurred, it is important to ensure that the suspected offender is neither present nor in the vicinity.

D. Documentation of Interview

Accurate documentation of investigative interviews is extremely important. Electronic recording (videotaping, audiotaping) is the most comprehensive and accurate method of documentation, but is not universally endorsed (Myers, 1994; 1998; Stern, 1992). In addition, electronic recording is sometimes not possible for logistical reasons or because of local policy. If used, written documentation should be as close to verbatim as possible for questions and answers about possible abuse.

E. Number of Interviews

The number of interviews should be governed by the number necessary to elicit complete and accurate information from the child. One comprehensive investigative interview is sometimes sufficient; many abused children provide detailed reports about abuse in a single interview (Bradley & Wood, 1996). Other children, however, need more than one interview (Carnes, Wilson, & Nelson-Gardell, 2000; Sorenson & Snow, 1991). A policy that limits the investigative or fact-finding process to a single interview is unsupported.

Multiple investigative interviews should not be conducted simply because professionals fail to share information with each other, but may be necessary to afford the child an opportunity to give complete information or because later findings suggest additional incidents or offenders. Multiple interviews, however, may carry risks for creating memory errors or acquiescence to presumed interviewer expectations. Multiple interviews, especially when conducted by different interviewers, may also be associated with increased child distress. Care should be taken when deciding to interview a child who has already been interviewed on more than one occasion.

F. Participants in the Interview

1. Investigative personnel

A single interviewer is generally preferable, although in many jurisdictions and in individual cases, child protection workers, police investigators, or special child interviewers may conduct investigative interviews jointly. If more than one interviewer is present, a lead interviewer should be designated, with the nonlead interviewer playing a minimal, direct role. It is desirable to appoint the most experienced or most capable professional to be the primary interviewer. Closed-circuit TV and two-way mirrors can be used to enable other professionals to monitor the interview while out of sight.

2. Advocates or support persons

Many states have Victims' Bill of Rights that grant children the right to have a support person present during interviews conducted in the course of a criminal investigation. A supportive person (e.g., teacher, counselor) may also enhance child cooperation in a child protection investigation. If advocates or other supportive persons are to be present, it is advisable to instruct them to refrain from direct involvement in the interview process.

3. Parents

In general, because of possible detrimental influence to the interview process, parents should not be present during the interview. Young children and their parents may find this difficult. Parental anxiety may be allayed if an advocate or support person is present during the interview or if parents are offered a debriefing after the interview. For a very young child who is having trouble separating from a parent, it may be necessary to have the parent present during the initial stages of the interview. If possible, the parent should leave before issues of possible abuse are discussed.

4. Suspected offender

No one suspected of committing abuse should be present or in the vicinity during an investigative interview. This precaution should preclude the suspected offender from accompanying the child to and from the interview site.

5. Other children

Except in rare circumstances, siblings and other suspected victims should be interviewed separately. In all but rare cases, it is also inadvisable to share with a child information obtained from another alleged victim.

G. Pre-interview Data-Gathering

1. Cultural background

In cases in which the child is a member of an unfamiliar cultural group, building rapport with the child and eliciting an accurate account of the facts may be enhanced if the interviewer develops some understanding of the child's culture and the cultural standards for parenting. Relevant cultural standards may include common parental practices around discipline and genital care; cultural definitions and expectations in regard to child abuse, violence, and sexual assault; and actions that might be expected when abuse, violence, or sexual assault is suspected (Fontes, 1995). If the child or family has recently immigrated, the interviewer should ascertain the degree to which the child and family have assimilated into the dominant culture, the child's level of English proficiency, and cultural or familial norms that may inhibit abuse reporting or impede the interviewer's ability to build rapport with the child.

If the child is not proficient in English and a bilingual interviewer is unavailable, an experienced professional interpreter should translate the interview questions and responses for the interviewer and child. The interpreter should be cautioned about the importance of precise translations of what is said.

2. Children with special needs

The interviewer should inquire whether the child has any special needs that may be relevant to the interview process. If so, accommodations should be arranged before the interview begins.

For children taking medication, the interviewer can ascertain whether the medication is likely to affect the child's behavior or ability to relate or communicate, and the interview can be scheduled accordingly. If there are interview-related concerns about the effects and duration of the medication, the interviewer may consider consulting with medical personnel prior to the interview.

If the child uses adaptive equipment, such as a wheelchair, helmet, hearing aid, or computer, the equipment is typically regarded as an extension of the child's body. The interviewer should ask permission before attempting to touch or adjust the equipment, and should evaluate how, if at all, it may affect the interview.

If a child is developmentally delayed, the degree of delay and the child's mental age can be ascertained through consultation with the child's teacher, parents, or others who are familiar with the child. Even with this information, the investigator should attempt to establish, during the initial stages of the interview, that the investigator and child are accurately communicating. Investigators should also be aware that some developmentally delayed persons are very attuned to questioners' wishes and will sometimes reply in a manner they believe the questioner desires.

3. Information about the allegation

It is customary practice to know the specifics of the allegation before the interview. This information orients the investigator, suggests possible avenues of inquiry, and assists the investigator in understanding the child's communications. However, investigative interviews are intended to elicit information from the child, not merely to confirm prior suspicions. In some jurisdictions, it is standard practice that investigative interviews begin with interviewers blind to the allegations (Cantlon, Payne, & Erbaugh, 1996).

H. Stance of Interviewer

1. Interviewer bias

Interviewers should approach the interview with an open mind about what may have happened. An interviewer's determination to confirm a particular hypothesis, without consideration of plausible, alternative explanations, may impair the capacity to receive and objectively interpret information from the child and may lead to substantial interviewer error (Sorenson, Bottoms, & Perona, 1997). Likewise, the presence of unusual or seemingly inexplicable elements in the child's account should not result in an automatic dismissal of the child's report without consideration of possible explanations for such statements (Dalenberg, 1996; Everson, 1997).

2. Role of authority

It is preferable that the interviewer de-emphasize his or her authority and appear warm and supportive, without being effusive (Carter, Bottoms, & Levine, 1995; Reed, 1996).

3. Stereotype induction

Interviewers should take care to avoid negative statements or characterizations of suspected abusers. Children may be more susceptible to suggestion of wrong-doing by individuals who have been negatively portrayed (Ceci & Bruck, 1995).

I. Use of Interview Aids

A variety of interview aids or media may assist the child in describing details of his or her experience. Each case is unique and may require the use of one or more communication tools. Any tool can be misused. It is therefore important that investigators have specific knowledge or training in the use of these media, and be aware of what is legally acceptable in the specific jurisdiction. Special care should be given to avoiding the use of leading and suggestive questioning techniques with interview aids like dolls and drawings (Boat & Everson, 1996).

1. Anatomical dolls

Dolls can be an excellent communication/clarification tool, if used appropriately (Boat & Everson, 1996; Everson & Boat, 1994; Steward, Steward, Farquhar, Myers, Welker, Joye, Driskill, & Morgan, 1996). Interviewers considering the use of dolls in their interviews should review APSAC's Guidelines on the Use of Anatomical Dolls in Child Sexual Abuse Assessments.

2. Drawings

Children's drawings are more appropriately used as tools of communication rather than as media to be interpreted by interviewers. They are to assist the child in relaying information to the interviewer. Thus, they are generally used in conjunction with a verbal explanation of the drawing. Drawings produced by the child during the substantive portions of the interview should be described in the documentation of the interview, labeled by the interviewer, and retained as evidence (Faller, 1996; Pence & Wilson, 1994).

3. Anatomical drawings

Commercially purchased anatomical drawings or freehand drawings done by the investigator can be used as "body maps." Using these, the child can identify the names and/or functions of body parts and can indicate the location of possible sexual touching or physical injuries. These drawings should be appropriately labeled and retained as evidence.

4. Other media

A wide range of other aids or media (hand puppets, dolls, doll houses, flash cards, blocks, etc.) may be useful in assessing the child's developmental level and in assisting the child to communicate (Faller, 1993). Many materials designed for sexual abuse prevention or treatment are inappropriate for use in the investigative process because of their suggestive nature.

IV. The Child Interview

A. Overview

Although there is substantial consensus among experts in the field on the fundamental principles of forensic interviewing (e.g., the importance of tailoring the interview to the child's developmental level, emphasizing narrative invitations and open-ended questioning), it is important to reiterate that there is no single, correct method for conducting child investigative interviews in cases of alleged abuse. A number of interview protocols have been proposed in recent years (e.g., Boat & Everson, 1988; Bourg, Broderick, Flagor, Kelly, Ervin, & Butler, 1999; Home Office, 1992; Horowitz, 1992; Morgan, 1995; Orbach, Hershkowitz, Lamb, Sternberg, Esplin, & Horowitz, 2000; Steinmetz, 1997; Yuille, Hunter, Joffer, & Zaparniuk, 1993), but there is currently little empirical support for one protocol over another. (Refer to Poole & Lamb, 1998, and Hewitt, 1999, for comparisons of several interview protocols as well as excellent discussions of interview principles.) The following guidelines derived from research and practice may be useful in interview planning.

B. Interview Process

1. Preparation

Preparation for the interview may include reviewing the allegations or concerns in the case, developing a list of the specific topics and hypotheses to be addressed; arranging a method of interview documentation; ensuring that interview tools or aids are available; and attending to the bathroom needs of the child.

2. Atmosphere

The tone of the interview is set from the moment the child meets the interviewer. The interviewer needs to appear relaxed and nonthreatening. Likewise, if possible, the setting should be child-friendly. The interviewer should convey interest in the child and in what he or she has to say.

3. Pace and duration

The pace of the interview is primarily established by the child. The interviewer should proceed slowly, if necessary, without displaying frustration or annoyance if the child is reluctant to talk or to attend to the topic. The child should not be pressured to respond to questions.

As a general interview rule, shorter is preferable to longer, especially with younger children. The interviewer should be aware of signals indicating fatigue or loss of concentration and breaks can be taken as needed. If the interview is being electronically recorded, a policy should be established about whether the equipment continues to run during the break.

4. Clarifying terminology

A potential source of miscommunication is the failure to clarify terms the child uses especially in the substantive portions of the interview. Terms such as "daddy," "pee-pee," and "have sex' may have idiosyncratic meanings to the child that require clarification. Depending upon the child's developmental level, the child can be asked to describe, show, or draw what is meant. It is often advisable to hold such clarifying questions till later in the interview in order to avoid interrupting the child's narrative account. Ideally, the interviewer should use the child's terms during the interview.

5. Questioning strategies

a. Overview

The overall goal of questioning is to elicit as much detail from the child as possible, and to minimize the introduction of information from the interviewer that might be incorporated by the child (Faller, 2000; Poole & Lamb, 1998). Once a possible concerning event is identified (refer to Section C-6 below on introducing the topic of concern), recommended practice is to begin broadly with an "open invitation to talk" about the event in question (e.g., "Tell me everything about the time your uncle babysat you."). Additional prompts follow to encourage more detail in the child's account (e.g., "What happened next?" "Tell me more about . . . ."). These narrative invitations are followed by open-ended questions (e.g., who, what, when, where) to focus the child's attention on certain aspects of his or her account in an attempt to elicit further detail. Specific questions, which may take yes/no or multiple choice form, are frequently necessary next (especially for younger children) to fill in or clarify aspects of the child's report. As the child provides more information during the open-ended and specific questioning phases of the interview, the interviewer should attempt to return to a narrative descriptive where possible (e.g., "Tell me more about that.").

It may be useful to envision the questioning process as a funnel whose broad end is represented by narrative invitations and whose narrow end is represented by highly specific, yes/no questions. One begins the interview at the top of the funnel and works down, always looking for an opportunity to recycle back up to the top of the funnel.

Specific categories of questions will be discussed in more detail below:

b. Narrative invitations

Narrative invitations are broad invitations to talk or prompts to continue talking (e.g., "Tell me all about . . . ." "What happened next?" "You mentioned that it happened once in the bathroom. Tell me about that."). They are designed to encourage the child to talk "in paragraph form" about an event or topic, without input or interruption from the interviewer. Children generally need practice in giving narrative responses. Such an opportunity can be provided during rapport building by inviting narrative descriptions of neutral topics (e.g., "Tell me all about school;" "Tell me more about your favorite subject.") (Sternberg et al., 1997). Young children, especially those under age 5 or 6, often have difficulty providing narrative responses. Children also often have difficulty providing narrative descriptions about traumatic or painful events. Despite these disadvantages, narrative invitations are the preferred starting point in questioning because of the detail, with minimal inaccuracy, such questioning may elicit (Lamb, 1994).

c. Open-ended questioning

These are questions that allow a broad range of responses while typically introducing or suggesting minimal information from the interview. They primarily include who, what, when, where and how questions (e.g., "What did he do when you told him 'no'?" "Where was your mom when that happened?") Open-ended questions are useful throughout the interview process as a method of providing some structure or focus to the child's recall typically without being overly suggestive or leading.

d. Specific, closed questions

Specific, closed questions are yes/no and multiple choice follow-up inquiries to elicit additional details from the child. They are usually necessary after narrative and more open-ended techniques have been exhausted. Specific, closed questions are useful to cue the child's memory, but should be used judiciously and phrased carefully to reduce the amount of information suggested in the question (e.g., "Was there any touching with mouths?" rather than "Did he lick your pee-pee?"). It is also good practice to follow such questions, as appropriate to the child's response, with a narrative invitation or open-ended question to encourage spontaneous detail (e.g., "Did you ever tell somebody about Mr. Smith hurting you?" "Who did you tell?" "Tell me about that."). Multiple choice questions should typically include all relevant options or a catch-all category (e.g., "Was he in the house, in the yard, or someplace else?").

e. Leading and suggestive questions

There continues to be substantial disagreement in the field on how leading and suggestive questions are defined (Everson, 1999). Leading questions are often defined as questions that direct a child to respond in a certain way (e.g., "He touched your pee-pee, didn't he?"). Suggestive questions are commonly seen as providing new information that the child has not already mentioned (e.g., "Did sticky stuff ever come out of his penis?").

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

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

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

CONCLUSIONS

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

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All clinical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

PS-077 (2-02)

child abuse hotline

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Administration for Children, Youth and Families
Child Protective Services (CPS)

CHILD ABUSE HOTLINE REPORT

Mandated reporting sources must follow-up all telephone reports to Child Protective Services (CPS) with a written statement within seventy-two (72) hours, A.R.S. §13-3620. **Completing this form fulfills the written requirement for mandated reporting sources. Reports made in good faith are immune from civil or criminal liability. Mail to: Child Abuse Hotline, P.O. Box 44240, Phoenix, AZ 85064-4240. To report child abuse, call the Hotline at 1-888-767-2445.**

AS REQUIRED IN A.R.S. §13-3620, THE REPORT SHALL CONTAIN:

1. The names and addresses of the minor and his/her parents or person or persons having custody of such minor, if known.
2. The minor's age and the nature and extent of his/her injuries or physical neglect, including any evidence of previous injuries or physical neglect.
3. Any other information that such person believes might be helpful in establishing the cause of the injury or physical neglect.

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

HOME PHONE NO. | WORK PHONE NO.

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

HOME PHONE NO. | WORK PHONE NO.

CHILD'S NAME | DATE OF BIRTH

CHILD'S ADDRESS (*No., Street, City, State, ZIP*)

CHILD'S NAME | DATE OF BIRTH

CHILD'S ADDRESS (*No., Street, City, State, ZIP*)

CHILD'S NAME | DATE OF BIRTH

CHILD'S ADDRESS (*No., Street, City, State, ZIP*)

CHILD'S NAME | DATE OF BIRTH

CHILD'S ADDRESS (*No., Street, City, State, ZIP*)

Equal Opportunity Employer/Program

JLF-E Reporting Child Abuse/Child Protection Exhibit 02/11/05

PS-077 (2-02) – REVERSE

For alternative format/reasonable accommodations: (602) 542-3598

CHILD ABUSE HOTLINE REPORT

SUSPECT ABUSE, REPORT IT. NOW! 1-888-SOS-CHILD

Arizona's Statewide Toll-Free Child Abuse Hotline

JLF-E Reporting Child Abuse/Child Protection Exhibit 02/11/05

CPS Priority Response Timelines

The Central Intake Unit (Hotline) prioritizes incoming CPS reports according to several factors which include:

- Immediacy of danger to child
- Severity of allegations
- Perpetrator access
- Age of child

Central Intake will also flag reports that meet the criteria for an Extremely Serious Allegation report that will notify the responding CPS office/investigator, that a joint investigation is required.

The priority responses range from a Priority 1 (P1) report to a Priority 4 (P4) report. The priority responses break down as follows:

- Priority 1 (P1): child is in immediate danger and a response to assess the child's safety is required within 2 hours of receiving the report
- Priority 2 (P2): risk to child is high and a response to assess child's safety is required within 48 hours of receiving the report
- Priority 3 (P3): risk to child is moderate and a response to assess child's safety is required within 72 hours of receiving the report
- Priority 4 (P4): risk to the child is low and a response to assess the child's safety is required within 7 days

The CPS investigator is required to make contact with the child in the required time frame of a report.

CPS-1000AFORNA (8-06)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

TEMPORARY CUSTODY NOTICE

On *(date)* _____, at *(time)* _____ AM PM, temporary custody of *(child's name)* _____

was taken at *(address)* _____ by *(agency)* _____

Describe the specific reason(s) temporary custody is necessary _____

Check the circumstances *(imminent risk factor)* that most clearly describes the reason temporary custody was necessary:

- ☐ Medical or psychological examination required to diagnose abuse or neglect.
- ☐ No caregiver is present and the child cannot care for himself or herself or for other children in the household.
- ☐ A child has severe or serious non-accidental injuries that require immediate medical treatment.
- ☐ A child requires immediate medical treatment for a life-threatening medical condition or a condition likely to result in impairment of bodily functions or disfigurement, and the child's caregiver is not willing or able to obtain treatment.
- ☐ A child is suffering from nutritional deprivation that has resulted in malnourishment or dehydration to the extent that the child is at risk of death or permanent physical impairment.
- ☐ The physical or mental condition of a child's caregiver endangers a child's health or safety.
- ☐ A medical doctor or psychologist determined that a child's caregiver is unable or unwilling to provide minimally adequate care.
- ☐ The home environment has conditions that endanger a child's health or safety, such as unsanitary disposal of human waste, animal feces or garbage, exposed wiring, access to dangerous objects, or harmful substances that present a substantial risk of harm to the child.
- ☐ A medical doctor or psychologist determined that a child's caregiver has emotionally damaged the child; the child is exhibiting severe anxiety, depression, withdrawal, or aggressive behavior due to the emotional damage; and the caregiver is unwilling or unable to seek treatment for the child.
- ☐ The child's caregiver has engaged in sexual conduct with a child, or has allowed the child to participate in sexual activity with others.
- ☐ Other circumstances place a child at imminent risk of harm requiring removal *(describe specific circumstance)*. _____

The Department of Economic Security, Child Protective Services (CPS) must:

- Return your child within **72 hours** *(not including weekends and holidays)* unless CPS files a legal paper, called a petition, with the Juvenile Court. If a petition is filed, your child will be kept in the temporary custody of CPS.
- Return your child within **12 hours** if your child was removed to be examined by a medical doctor or psychologist, unless abuse or neglect is diagnosed, **and**
- Inform you of the right to give a verbal, telephonic or written response to the allegations and have them included in the investigation report. Any documentation you give and what you say or write will be included in the case record and can be used in court proceedings.

☐ **A Preliminary Protective Hearing will be held on** *(date)*_____ *(time)* _____

OR

Location *(court name)*_____ *(address)*_____

☐ **You will be notified if CPS files a petition and a Preliminary Protective Hearing is set. CPS will provide you a written notice of the date, time and location of the hearing within 24 hours after the petition is filed.**

If a petition is filed, you have the right to have an attorney represent you. The Juvenile Court will appoint an attorney to represent you if you qualify financially. The court may also appoint an attorney or a guardian ad litem to represent your child's best interest.

Before the Preliminary Protective Hearing, you must meet with your attorney. Prior to the Preliminary Protective Hearing, a meeting will be held to try to reach an agreement about placement of your child, what services should be provided and visitation with your child. The availability of reasonable services will be considered. The child's health and safety will be a main concern at this meeting.

Other people may attend this meeting including: child, relatives, other interested persons with whom the child might be placed, witnesses, advocates or a person who has knowledge of your child or an interest in the welfare of your child.

It is your responsibility to participate in all services determined reasonable and necessary by the court. If you do not, the court may hold further hearings to terminate your rights as a parent. This means your child will never be returned to you.

Services available to parents, guardians and custodians, and agencies to contact for assistance are listed on the back of this form.

CHILD PROTECTIVE SERVICES SPECIALIST'S NAME *(Please print)*	AREA CODE AND PHONE NO.
	( )

ARIZONA DEPARTMENT OF ECONOMIC SECURITY'S ADDRESS *(No., Street, City, State, ZIP)*

CHILD PROTECTIVE SERVICES SUPERVISOR'S NAME *(Please print)*	AREA CODE AND PHONE NO.
	( )

METHOD OF NOTICE: On *(date)* _____, at *(time)* _____ AM PM, I served notice to *(parent, guardian or custodian) (print name)* _____

Method used: ☐ given directly ☐ left at residence ☐ verbal Date: _____ Time: _____

Address where mailed/left/given *(No., Street, City, State, ZIP)* _____

ASK: Is the child or child's parents of American Indian heritage/ancestry? ☐ Yes ☐ No ☐ Unknown

PARENT, GUARDIAN OR CUSTODIAN'S SIGNATURE

CHILD PROTECTIVE SERVICES SPECIALIST'S SIGNATURE *(Or law enforcement officer)*	DATE

Equal Opportunity Employer/Program

Information for Parents and Guardians

PURPOSE. This form is required by Arizona law to notify the parent, guardian or custodian when a child is removed from his/her custody and placed in temporary custody prior to filing a Dependency Petition or for psychological or physical examination. This form also provides additional resources and services available to the parent, guardian or custodian.

You may call the Family Advocacy Office at 1-877-527-0765, to request a review of the child's removal. In order to ensure sufficient time for review of the removal, please make this call within 48 hours *(not including weekends and holidays)* of receiving this notice.

You may call the Parent Assistance Statewide Hotline, 1-800-732-8193, or Phoenix (602) 542-9580, for more information on the Juvenile Court system and how to obtain legal assistance.

You have the right to call the Office of the Ombudsman-Citizen's Aide, if you have a complaint about CPS actions. The Ombudsman-Citizen's Aide will impartially investigate the complaint, inform you of the results of the investigation and provide you with referrals for additional assistance. To contact the Ombudsman-Citizen's Aide call: 1-800-872-2879, or Phoenix (602) 277-7292.

You have the right to participate in the mediation program in the Office of the Attorney General if a dispute arises between you and CPS. Mediation will be arranged when requested by a family member or CPS. To contact the mediation program call: Phoenix - (602) 542-4192; Tucson - (520) 628-6504; Flagstaff - (520) 773-0474.

Services and Programs

Services provided are child-centered and family-focused to promote family preservation, independence and self-sufficiency. Programs available include, but are not limited to:

In-Home Services: Directed at strengthening the family unit to enhance parenting skills including:

- Intensive family preservation
- Parent aide services
- Parent skills training
- CPS child care
- Referrals to community services
- Counseling
- Peer self-help
- Services to high-risk infants and their families

Out-of-Home Placement: Placements provided for children who are unable to remain in their homes including:

- Relative homes
- Foster homes
- Group homes
- Residential treatment centers
- Independent living subsidy arrangements
- Community placements
- Selected placements, as ordered by juvenile court
- Adoption
- Guardianship

Child Protective Services is referring you to the following services:_____

_____

Additional service needs will be assessed prior to the Preliminary Protective Hearing.

COMPLETION AND DOCUMENTATION.

1. This notice must indicate the date and time that the child was placed in temporary custody, and the child's name.
2. Describe the specific reason why temporary custody is necessary must be indicated or stated.
3. Check the specific factors that constitute imminent danger that corresponds to the reason the child was removed.
4. The CPS Specialist's and CPS Supervisor's names, phone numbers, and address of the local CPS office must be completed.
5. Method of Notice section must be completed. One method of notice must be checked and this section must be signed by the CPS Specialist or law enforcement officer who took temporary custody of the child.
6. If the parent, guardian or custodian is served directly, he/she should be asked to sign the form. If he/she refuses, write in "Refuses to Sign" on the signature line.
7. Leave a copy of the form with the parent, guardian or custodian even if the parent refuses to sign.

DISTRIBUTION.

1. The original is given to the parent, guardian or custodian:
   a. Immediately if he/she is present at the removal;
   b. Within 24 hours if out-of-state *(mailgram)*;
   c. As soon as possible if residence is unknown at time of removal.
2. A copy is sent to the Assistant Attorney General to file with the petition.
3. A copy is retained in the case record.

RETENTION. A copy of the form is retained in the permanent case record.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, please contact (602) 542-3598; TTY/TDD Services: 7-1-1.

Disponible en español en la oficina local.

☐ **THIS CASE WAS PREVIOUSLY DECLINED OR RETURNED FOR FURTHER ACTION**

Please Note: ***CHARGING REQUESTS RESULTING FROM AN ARREST MUST INCLUDE ALL BOOKING CHARGES AND STATUTES ON THIS FORM (please list in same order as suspect was booked)***

CHARGING REQUEST

TO: Coconino County Attorney

FROM: (Officer/Agency/ID#) _____

DR# _____ **OFFENSE DATE:** _____ **CHARGING REQUEST DATE:** _____

ARREST DATE: _____ ***or*** **NEVER ARRESTED FOR THIS OFFENSE:**

"CHECK ALL THAT APPLY"

☐ **CCA CRIME**	☐ **JUVENILE CCA CRIME**	☐ **GANG RELATED**	☐ **JOINT INVESTIGATION WITH CPS**
☐ **SWS CRIME**	☐ **VIOLENT OFFENDER**	☐ **VIOLATION - ORDER OF PROTECTION**	

SUSPECT NAME (Last, First, Middle) | SUSPECT'S RESIDENCE ADDRESS

City | ST | Zip

DOB | HGT | WGT | SEX | HAIR | EYES | RACE | SSN | DL # and STATE | SID # | FBI #

Suspect is (check box): ☐ **IN CUSTODY** ☐ **NOT in custody**

Charge Codes (PLEASE INDICATE IF DV)	Counts	Charge Codes (PLEASE INDICATE IF DV)	Counts
	M F		M F
	M F		M F
	M F		M F

SUSPECT NAME (Last, First, Middle) | SUSPECT'S RESIDENCE ADDRESS

City | ST | Zip

DOB | HGT | WGT | SEX | HAIR | EYES | RACE | SSN | DL # and STATE | SID # | FBI #

Suspect is (check box): ☐ **IN CUSTODY** ☐ **NOT in custody**

Charge Codes (PLEASE INDICATE IF DV)	Counts	Charge Codes (PLEASE INDICATE IF DV)	Counts
	M F		M F
	M F		M F
	M F		M F

Use Additional Sheets for more suspects, if necessary)

VICTIM NAME (Last, First, Middle) | VICTIM'S MAILING ADDRESS

City | ST | Zip

DOB | HGT | WGT | SEX | HAIR | EYES | RACE | SSN | Home Phone | Work Phone | Other Phone

VICTIM NAME (Last, First, Middle) | VICTIM'S MAILING ADDRESS

City | ST | Zip

DOB | HGT | WGT | SEX | HAIR | EYES | RACE | SSN | Home Phone | Work Phone | Other Phone

(Use Additional Sheets for more victims, if necessary.)

COMMENTS:* _____

*please advise if decline is being sought

INFORMATION REQUIRED WITH CHARGING REQUEST

IF ANY OF THE CHARGES ARE LISTED BELOW YOU *MUST* INCLUDE THE INFORMATION REQUESTED BEFORE WE CAN REVIEW THE CHARGING REQUEST. PLEASE MARK THE APPROPRIATE BOXES INDICATING THAT THE INFORMATION IS INCLUDED IN THE CHARGING REQUEST.

CHARGE CATEGORY:	INFORMATION NEEDED:
EVERY CASE:	G Criminal History G Audio/Video Tapes **(complete list on reverse side)** G Witness statements G All supplements G All photos (2 copies OR via CDROM OR via email) G 911/dispatch tapes (check if at least requested but not received at time of charging request)
CHILD CRIMES:	If **a CCA** involving a parent guardian or custodian as defined in: ARS 13-3623 (Child Abuse), 13-3601 (Fel DV), 13-1404 (Sex Abuse), 13-1405 (Sex Con w/Minor), 13-1406 (Sex Assault-Min), 13-1410 (Child Molest), 13-1417 (Cont. Sex Abuse of Child), *or* any other act which may result in *serious harm, injury or death* to a child: 13-3506 (Indecent exposure to 0-14 yr old); 13-1403 (public sex indecency -minor); 13-3019 (surrept. photo.); 13-3212 (child prostitution); 13-3506 (furnishing harmful items); 13-3552 (Com. Sex Exploit); 13-3553 (Sex Exploit); 13-3558 (admit minor to pub disp); 13-3620 (duty to report abuse):
	G Check box on front of **Charging Request Form** G Was Joint Investigation Conducted? *G Yes G No;* **If No please explain why** _____ G CD and summary report of Safe Child Interview G Was law enforcement contacted by CPS? *G Yes G No;* If *No*, did law enforcement contact CPS? *G Yes G No;* G Please check other boxes in categories Agg Assault/DV/Drug/Sex Assault, etc. where applicable
AGGRAVATED DUI:	G KQ G ***If Suspect's license is out of state***: Certified Copy of MVD from state of residence. G ***If Agg. DUI w/minor*** - List Victim(s) on page 1 and include Victim Notification Sheet(s) with date of birth of minor G Blood and/or UA Lab Results G Admin per se / Implied consent form G DUI Drugs: DRE report G Search warrant and Return / L.E. Phlebotomist's Blood Draw Report G 911/dispatch tapes if phone/anonymous caller/report
DRUGS:	G Flash test or lab results G Indicate in report what paraphernalia was used for G Approximate weight of drugs
VIOLATION OF ORDERS OF PROTECTION or AGG HARASSMENT or DV AGG ASSAULT or AGG ASSAULT or AGG DV	G Certified copy of Order of Protection or IAH and Affidavit of Service upon Suspect *(If VOP or AGG HARASSMENT)* G Certified copy of prior DV convictions (after 1/1/99) *(If DV case)* G Medical Records for Victim G Victim Notification Sheet completed
SEX CRIMES:	G All medical records/photos regarding offense G SAN/SART records G Safe-child records G All physical evidence has been forwarded to crime lab for analysis
PROPERTY CRIMES:	G List and value amount of all property involved G Restitution amount G List all recovered evidence
FORGERY/CREDIT CARD:	G Copies of all checks/credit card receipts in issue G Verification from bank/check/credit card holder of forgery

Submitting Officer's Name: (please print) _____ Date: _____

REVISED 10/27/09

CRIMINAL CONDUCT ALLEGATION TRACKING FORM*

FROM: (Officer/Agency/ID#) _____ DR# _____

OFFENSE DATE: _____ ARREST DATE: _____

or NEVER ARRESTED FOR THIS OFFENSE:

Case Type: _____ Felony _____Misdemeanor

Was a joint investigation with CPS conducted? _____ Yes _____No

If No Why not? _____

SUSPECT NAME (Last, First, Middle) SUSPECT'S RESIDENCE ADDRESS

City ST Zip

DOB HGT WGT SEX HAIR EYES RACE SSN DL # and STATE SID # FBI #

Suspect is (check box): **IN CUSTODY** **NOT in custody**

Charge Codes (PLEASE INDICATE IF DV)	Counts	Charge Codes (PLEASE INDICATE IF DV)	Counts
	M F		M F
	M F		M F
	M F		M F

VICTIM NAME (Last, First, Middle)	VICTIM'S MAILING ADDRESS		
	City	ST	Zip

DOB	HGT	WGT	SEX	HAIR	EYES	RACE	SSN	Home Phone	Work Phone	Other Phone

VICTIM NAME (Last, First, Middle)	VICTIM'S MAILING ADDRESS		
	City	ST	Zip

DOB	HGT	WGT	SEX	HAIR	EYES	RACE	SSN	Home Phone	Work Phone	Other Phone

(Use Additional Sheets for more victims, if necessary.)

* Use this form only if you are not seeking the case to be reviewed for charging purposes but only need the information provided to the Coconino County Attorney's office for purposes of tracking compliance with the Coconino County Multi Disciplinary Protocol for the investigation of child abuse cases

STATE OF ARIZONA

OFFICE OF THE ATTORNEY GENERAL

ATTORNEY GENERAL OPINION by TERRY GODDARD ATTORNEY GENERAL May 26, 2004	No. I04-003 (R04-003) Re: Law Enforcement Interviews of Students at Public Schools

TO: The Honorable Slade Mead
Arizona State Senate

The Honorable Linda Lopez
Arizona House of Representatives

Questions Presented

You have asked the following questions related to the authority of law enforcement officers to interview students at public schools and the authority of school boards to adopt parental notification policies for such interviews:

1. Whether a school official must comply with a law enforcement officer's demand to interview a student;

2. Whether a school official must comply with a law enforcement officer's directive to refrain from contacting the parents of a student whom the officer intends to interview; and whether a school official may be held criminally liable for disregarding such a directive;

3. Whether a school official must comply with a law enforcement officer's directive to refrain from informing a student whom the officer intends to interview that the student has the right to consult his or her parents before answering the officer's questions; and whether a school official may be held criminally liable for disregarding such a directive;

4. Whether a school official must comply with a parent's demands to (a) inform the parent whenever a law enforcement officer seeks to interview the child/student, and (b) prohibit the officer from interviewing the child/student unless the parent is present; and

5. Whether a school official must advise a student of juvenile *Miranda* rights before interviewing the student regarding acts that constitute crimes.

Summary Answers

1. If law enforcement officers[1] are seeking only to interview a student, the officers are subject to regular school policy regarding access to students. Law enforcement officers making an arrest or serving a subpoena or a search warrant, however, generally have the right to immediate access to a student.

2. Although Arizona law does not require that school officials notify parents before law enforcement officers interview a student, school officials may generally provide such notice. However, in instances where law enforcement officers seek to interview a student in connection with an investigation of child abuse or other criminal activity by the student's parent, insistence on parental notification and/or

[1] Throughout this opinion, the term "law enforcement officer" includes members of federal, state, and local law enforcement agencies, and anyone acting on their behalf, including school resource officers.

consent is improper. A school official who insists on parental notification under these circumstances may be subject to "criminal liability" for hindering prosecution if the school official acts with the "intent to hinder the apprehension, prosecution, conviction or punishment of another for any [crime]." A.R.S. §§ 13-2511 and -2512. Insistence on parental notification is also inappropriate under circumstances in which delay pending parental notification would jeopardize public safety.

3. School officials must comply with a law enforcement officer's directive to refrain from informing a student that the student may consult his or her parents before answering the officer's questions if the proposed interview relates to an investigation of child abuse or other criminal activity by the student's parent or where delay pending notification of a parent would jeopardize public safety. In other circumstances, a school official may inform a student that he or she may consult with a parent prior to questioning.

4. School officials are not required to comply with unconditional demands from parents for prior notice of, or consent to, police interviews of a student. This issue may appropriately be addressed in school policies as described above.

5. A school official is not required to advise a student of juvenile *Miranda* warnings unless the official is conducting a custodial interrogation and acting in the capacity of a law enforcement officer.

Analysis

A. **Authority of School Boards to Set Policies Regarding Law Enforcement Interviews.**

"School boards have only the authority granted by statute, and such authority must be exercised in a manner permitted by statute." *Campbell v. Harris*, 131 Ariz. 109, 112, 638 P.2d 1355, 1358 (App. 1981); *see also* Ariz. Att'y Gen. Op. I88-062. Rules that school boards prescribe and enforce to govern schools must be consistent with law. A.R.S. § 15-341(A)(1).

Law enforcement officers making an arrest or serving a subpoena or search warrant have the right of immediate access to a student. Ariz. Att'y Gen. Op. 177-211; *see also* Ariz. Att'y Gen. Ops. I82-002, I82-094 (addressing procedures for taking a student into temporary custody). However, law enforcement officers seeking only to interview a student are subject to the school's overall policy regarding access to students who are in class. Ariz. Att'y Gen. Op. 177-211. School policies regarding access to students should make this distinction between law enforcement officers arresting a student and those interviewing a student.

B. **School Parental Notification Policies.**

Arizona law neither requires nor prohibits school policies requiring notice to parents before officers interview students. To the extent that schools adopt parental notification policies, they must be flexible enough to take into account a variety of circumstances, including whether the proposed questioning relates to allegations of child abuse or other criminal activity by the student's parent(s), whether the student is suspected of committing a crime or is a possible witness in a criminal investigation, and whether delay pending parental notification will jeopardize public safety.

1. *Questioning regarding possible child abuse or other criminal activity by a parent.*

If a law enforcement officer seeks to interview a student in connection with an investigation

of alleged child abuse by a parent, parental notification is not permitted. *See* Ariz. Att'y Gen. Op. 188-062. Similarly, if a parent or guardian is suspected of some other type of crime and the student has information as a witness, parental notification is inappropriate because it could result in the parent evading arrest, destroying evidence, concealing the crime, or otherwise creating a threat to the community. *See* Wis. Att'y Gen. Op. OAG 5-94. Parental notification under these circumstances could expose school officials to criminal liability, depending on the school official's intent. *See* A.R.S. §§ 13-2511, 13-2512.[3]

2. *Student suspected of criminal activity.*

When a student is suspected of criminal activity, the Fifth Amendment may apply to law enforcement interviews. The Fifth Amendment protection against compelled self-incrimination affords all citizens, including juveniles, the right to refuse to answer questions that a law enforcement officer poses. *State v. Maloney*, 102 Ariz. 495, 498, 433 P.2d 625, 628 (1967). Under *Miranda v. Arizona*, law enforcement officers may not conduct custodial interrogations without first advising criminal suspects that they have the right to remain silent, to consult with an attorney, to have an attorney appointed if they cannot afford an attorney, and that anything they say may be used against them in a court of law. 384 U.S. 436, 444 (1966). Questioning by law enforcement officers may be deemed "custodial" for *Miranda* purposes regardless of the location of the interview if the person being questioned has been deprived of freedom of action in any significant way. *See In re Jorge D.*, 202 Ariz. 277, 280-81, 43 P.3d 605, 608-09 (App. 2002) (custodial questioning of a

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[3] A.R.S. § 13-2512(A) provides: "A person commits hindering prosecution in the first degree if, with the intent to hinder the apprehension, prosecution, conviction or punishment of another for any felony, the person renders assistance to the other person." The definition of "rendering assistance" to the other person--the parent in this scenario--includes knowingly "[w]arning the other person of impending discovery." A.R.S. § 13-2510(2). Hindering prosecution in the second degree is the same crime except that it applies to those who hinder prosecution of persons who have committed misdemeanors rather than felonies. A.R.S. § 13-2511.

juvenile at school).

Confessions to law enforcement officers are presumed involuntary—notwithstanding *Miranda* warnings—and to rebut this presumption, the State must show by a preponderance of the evidence that the suspect made the confession freely and voluntarily. *State v. Jimenez*, 165 Ariz. 444, 448–49, 799 P 2d 785, 789–90 (1990). Courts apply a "totality of the circumstances" test in assessing the validity of a confession or of a juvenile's waiver of his Fifth Amendment right against self-incrimination. *Fare v. Michael C.*, 442 U.S. 707, 724–25 (1979). Arizona courts have attached particular significance to whether a parent was present when police interviewed the juvenile. *See In re. Andre M.*, 2004 WL 875629 ¶ 11 (Ariz. Apr. 23, 2004) (noting that a parent "can help ensure that a juvenile will not be intimidated, coerced or deceived during an interrogation"). Although a parent's absence during questioning does not, in itself, render a juvenile's statement to police inadmissible, in that situation "the State faces a more daunting task of showing that the confession was neither coerced nor the result of 'ignorance of rights or of adolescent fantasy, fright or despair' than if the parent attends the interrogation." *Id.*

In light of the significance that Arizona courts place on having a parent present during a juvenile's custodial interrogation, school districts may appropriately adopt policies requiring parental notification prior to a law enforcement interview of a student suspected of committing a crime.

3. *Student is a possible witness in a criminal investigation.*

Fifth Amendment concerns do not present themselves when a student is a potential witness, rather than a suspect, in a criminal investigation. Although parental notification is not required under Arizona law, it is permissible in this situation (unless the child has witnessed criminal activity

relating to the child's parent), and schools may adopt policies requiring such notification.

4. *Public Safety Concerns.*

Parental notification is inappropriate if delay pending notification creates a significant risk to public safety. Such a situation would exist, for example, if law enforcement officers suspect a student of possessing or having information about a handgun on campus. In other instances, delay attendant to a notification/consent policy may result in destruction of evidence or concealment of a crime. Any parental notification policy should be flexible enough to accommodate these types of circumstances and to allow for the exercise of common sense by school officials.[3]

C. Informing Students that They May Refuse to Participate in a Law Enforcement Interview Without First Speaking with a Parent.

School officials must comply with a law enforcement officer's directive to refrain from informing a student that the student may consult his or her parents before answering the officer's questions if the proposed interview relates to an investigation of child abuse or other criminal activity by the student's parent or if delay pending parental notification would jeopardize public safety. Under other circumstances, a school official may inform a student that he or she may consult with a parent and/or an attorney prior to questioning by the police, notwithstanding a police directive to the contrary.

The parameters regarding these types of communications are not established by caselaw or

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[3] An analysis of potential criminal liability requires specific facts. However, notifying parents under these circumstances, without more, would not subject a person to criminal liability for obstructing criminal investigations or prosecutions. *See* A.R.S. §13-2409. A person violates A.R.S. § 13-2409 when he or she "knowingly attempts by means of bribery, misrepresentation, intimidation or force or threats of force to obstruct, delay or prevent the communication of information or testimony relating to a violation of any criminal statutes to a peace officer . . . ." Under some circumstances, a person could violate A.R.S. § 13-2403 by refusing to aid a peace officer. A person violates A.R.S. § 13-2403 if, "upon a reasonable command by a person reasonably known to be a peace officer," he or she "knowingly refuses or fails to aid" the peace officer in effectuating or securing an arrest or preventing the commission by another of any offense.

by statute but school officials and law enforcement should strive to strike the appropriate balance between the interests of schools in keeping parents informed of matters affecting their children and the needs of law enforcement officers conducting criminal investigations.

D. Complying with Parental Requests for Notification Prior to Law Enforcement Interviews of the Student.

As set forth above, school officials may notify parents of a proposed law enforcement interview of their child except when law enforcement authorities suspect a parent of abuse or some other type of crime or when delay pending notification creates a significant risk to public safety. School officials are not required to comply with parental demands regarding parental notification. This issue may, however, be addressed by school policies.

E. Advising Students of Juvenile Miranda Rights.

The *Miranda* requirement applies only to custodial interrogation by law enforcement agents. "School principals, though responsible for administration and discipline within the school, are not law enforcement agents." *Navajo County Juvenile Action No. JV91000058*, 183 Ariz. 204, 206, 901 P.2d 1247, 1249 (App. 1995). However, a school official must give *Miranda* warnings if he or she is acting as an agent or instrument of the police. *Id.* Thus, a school official who interviews a student at the request or direction of a law enforcement agency, acts as an instrument of that agency and must advise the student of his or her *Miranda* rights before proceeding with the interview. *Id.*

Conclusion

Generally, school officials may notify parents before police interview their children. Any policy requiring parental notice or consent, however, must not apply when any alleged criminal

conduct involves the parent or when advance parental notification creates an unreasonable risk to public safety.

Terry Goddard
Attorney General

SAFE CHILD CENTER Case Tracking Data Form

DR/File # **Patient #** x **DOB:** **Gender:**

First Name: **Last Name:**

Ethnicity: **Tribe:** **Other Ethnicity:**

Primary Language (If not English): **Insurance:** AHCCCS IHS Private None OK **Family Present?** Y N

Disability? **(type):** **Admit Source:** SCC MU ED

Street/Mailing Address **City** **Zip** **County** **Phone**

School/Emp: **Grade:** **Joint Investigation?** Y N (explain)

Referral Source: **Person:** **Date SCC Received:**

Prior Interview(s)? Y N (date, agency, interviewer):

Suspect M F <13 13-17 18+

First Name **Last Name** **Gender** **Age, if known**

Relationship: Parent/Stepparent Parent boy/girlfriend Other Relative

Other known person: Stranger Unknown

Suspect Residence:

Address, if known **City** **State** **County**

Same Household? Y N **Custody?** Y N **Disability?** Y N

Reason for Referral: **(type):**

Location of Abuse:

Exam **Findings?** Y N

Date Seen **Type** **Examiner**

PA: Redness/Tenderness Bruises Burns Skeletal Injury Internal Injury Other

F/U Needed? Y N

Interview **Observers:**

Date Seen **Names/Agency** **Interviewer**

Disclosure: None SA PA SA/PA Neglect **Witness:** DV SA PA Other

SA: Exhibitionism Non-Genital Contact Genital Contact Oral Sex Vaginal Penetration Anal Penetration UNK

Force? Y N **(degree):**

Family Advocate

Date Seen **Service(s) Provided** **Advocate**

Referrals Made:

Other Agency or Outside Point of Contact: **MDT Referral?** Y N

Confidentiality Statement

Multidisciplinary Case Review on Suspected Child Abuse

I agree to abide by the intent of the Coconino County Interagency Council on Child Abuse Investigation and its members, to protect the confidentiality of the records, the privacy of the person(s) named therein, and the privacy of the family of said person(s).

All information and records acquired by team members through case review are confidential and not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceedings, except that information, documents and records otherwise available from other sources are not immune from subpoena, discovery or introduction into evidence through those sources solely because they were presented to or reviewed by the team.

Members of the team, persons attending a team meeting, and persons who present information to the team may not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting. Nothing in this subsection shall be construed to prevent a person from testifying to information obtained independently of the team or which is public information.

A member of the MDT shall not contact, interview, or obtain information by request or subpoena from a member of a child's family, except that a member of the team who is otherwise a public officer or employee may contact, interview or obtain information from a family member if necessary, as part of the public officer's or employee's other official duties.

I understand the above and agree to maintain the confidentiality of records and discussion of the team. Additionally, I understand that no materials will be taken from the meetings with name(s) or other identifying information.

_____

Printed Name

_____ _____

Signature Date

_____ _____

Witness Date

Coconino County Multidisciplinary Team Case Review

Joint Investigation Protocol Compliance and Case Management Tool **Date of Review:**

Case Name: **Age:** **Race:**

Other Victims/ Siblings: **Ages:**

Date of Incident: **Date of Referral:** **Date Seen at SCC:**
Case Type: **Alleged Offender/s:**
Age: **Race:** **Relationship to Victim:**
Mother of Victim:
Father of Victim:
Referring Agency:
Summary of Allegations/Investigation:

Case Review requested by:

Personnel involved in case:

Name	Agency	Present or represented by	Confidentiality Form?

<u>Law Enforcement response</u> **DR#**

Was questioning limited to 4 W's? _____

Was this an acute case? _____ **If so, was SCC contacted promptly and advised of acute status?**

_____ **If not, provide explanation.** _____

Was evidence collected and preserved: _____

Are there specific pieces of the investigation that need to be completed? _____

Child Protective Services response

Date report received _____

Date investigation started _____

Were interviews conducted by CPS? If so, by whom? _____

Was questioning limited to 4 W's? _____

What is the status of the investigation?

What services were offered and accepted or declined?

Was a safety plan put in place? If so, describe.

Forensic interview by trained interviewer? Y N NA

Interview on by Monitored by:
Information Obtained:

Medical forensic exam by trained provider? Y N
MFE on by Acute Exam?
Information Obtained

Family Advocate information: Contact on _____ **by** _____

Was Victim/Witness notified: Y/N/NA By whom _____ **When** _____
V/W Action

Were any behavioral health needs of the victim and family identified? If so, how were they addressed?

Testimony/prosecution process
Case submitted to CCAO? Yes Date _____
No Explanation _____

_____

Were charges filed? **If yes, what were they?**

Sentencing outcome

Did CPS and LE work in consultation with each other throughout the investigation? Y N NA & explain.

Did LE and CPS document a joint investigation? Y N NA

Were there any issues in coordination of responses?

Were there any safety issues for the victim and/or family identified? If yes, how were they addressed?

Were there any cultural and/or religious issues identified? If yes, how were they addressed?

Was disclosure made to any mandated reporters: Y N Results:

Are there any training needs identified due to Case Review:

Recommendations:

Coconino County Agency Contact List

CPS Flagstaff	(928) 779-3681
CPS Page	(928) 645-8103
CPS Hotline	1-888-767-2445
CPS Hotline (for Law Enforcement)	1-877-238-4501
Coconino County Attorney's Office	(928) 679-8200
On-call Deputy Attorney	(928) 699-4179
Coconino County Sheriff's Office	(928) 226-5198
Department of Public Safety	(928) 773-3600
Flagstaff Police Department	(928) 774-1414
Flagstaff Federal Bureau of Investigation	(928) 774-0631
Fredonia Marshall's Office	(928) 643-7513
Grand Canyon/National Park Service	(928) 638-7805
NAU Police Department	(928) 523-3611
Page Police Department	(928) 645-2461
Sedona Police Department	(928) 282-3100
Williams Police Department	(928) 635-4461
Winslow Police Department	(928) 289-2431
Navajo Nation Police	
Tuba City PD	(928) 283-3111
	(928) 283-3112
Dilcon PD	(928) 657-8075
Safe Child Center (SCC)	(928) 773-2053

After hours/weekends:
Call 928-779-3366, ask for the "Administrative Coordinator".
Ask Administrative Coordinator to contact the SCC medical on-call provider.

Northern Arizona Center	
Against Sexual Assault (NACASA)	(928) 773-7670
Victim Witness Services	(928) 779-6163
Alternatives Center	(928) 214-9050
Northland Family Help Center	(928) 774-4503

Infant Death Investigation Checklist

Arizona Report Form, Version 1.0

CHILD

Name:		SSN:
Home Address:		
Incident Address:		
Date of Birth:	Date of Death:	Estimated Time of Death:

MOTHER OR CAREGIVER #1

Name:	Other Names Used:	SSN:
Address:		DL#:
Date of Birth:	Other States Where Resided:	
Telephone (include area code):		Smoker? ☐ No ☐ Yes
Evidence/History of Substance Use? ☐ No ☐ Yes ☐ Last 24 Hours ☐ Unknown		

FATHER OR CAREGIVER #2

Name:	Other Names Used:	SSN:
Address:		DL#:
Date of Birth:	Other States Where Resided:	
Telephone (include area code):		Smoker? ☐ No ☐ Yes
Evidence/History of Substance Use? ☐ No ☐ Yes ☐ Last 24 Hours ☐ Unknown		

CAREGIVER AT TIME OF DEATH (if other than parent)

Name:	Other Names Used:	SSN:
Address:		DL#:
Date of Birth:	Other States Where Resided:	
Telephone (include area code):		Smoker? ☐ No ☐ Yes
Evidence/History of Substance Use? ☐ No ☐ Yes ☐ Last 24 Hours ☐ Unknown		
Relationship to child:		How long cared for child:

CAREGIVER(S) AT TIME OF DEATH INFORMATION

1. Primary Caregiver
Column 1:
Secondary Caregiver
Column 2:

One	Two	
☐	☐	Biological parent
☐	☐	Adoptive parent
☐	☐	Step parent
☐	☐	Foster parent
☐	☐	Mother's partner
☐	☐	Father's partner
☐	☐	Grandparent
☐	☐	Sibling
☐	☐	Other relative
☐	☐	Friend/Neighbor
☐	☐	Unknown
☐	☐	Daycare Provider
	☐	Licensed
	☐	Unlicensed
☐	☐	Other Specify:

2. Caregiver(s) age in years

One	Two	
___	___	# years
☐	☐	Unknown

3. Caregiver(s) Sex:

One	Two	
☐	☐	Male
☐	☐	Female
☐	☐	Unknown

4 Caregiver(s) employment status:

One	Two	
☐	☐	Employed
☐	☐	Unemployed
☐	☐	On disability
☐	☐	Stay-at-home
☐	☐	Retired
☐	☐	Unknown

5. Caregiver(s) substance use history

One	Two	
☐	☐	No
☐	☐	Yes
☐	☐	Unknown

If yes, check all that apply

☐	☐	Alcohol
☐	☐	Cocaine
☐	☐	Marijuana
☐	☐	Methamphetamine
☐	☐	Opiates
☐	☐	Prescriptions
☐	☐	Over the counter
☐	☐	Unknown
☐	☐	Other, Specify:

6. Caregiver(s) have prior child death:

One	Two	
☐	☐	No
☐	☐	Yes
☐	☐	Unknown

If yes, cause(s)
Check all that apply

☐	☐	Abuse #___
☐	☐	Neglect #___
☐	☐	Accident #___
☐	☐	Suicide #___
☐	☐	SIDS #___
☐	☐	Unknown #___
☐	☐	Other #___

MEDICAL EXAMINERS OFFICE FAX NUMBERS

Apache	(520) 243-8610
Cochise	(520) 452-1011
Coconino	(928) 679-8798
Gila North/South	(520) 243-8610
Graham	(520) 243-8610
Greenlee	(520) 243-8610
La Paz	(520) 243-8610
Maricopa	(602) 506-1546
Mohave	(928) 505-5889
Navajo	(520) 243-8610
Pima	(520) 243-8610
Pinal	(520) 243-8610
Santa Cruz	(520) 243-8610
Yavapai	(928) 771-3504
Yuma	(928) 336-7319

Infant Death Investigation Checklist

Arizona Report Form, Version 1.0

Incident State: ☐ Arizona ☐ Other, Specify	**Was 911 or local emergency number called?** ☐ N/A ☐ No ☐ Yes ☐ Unknown	**CPR performed before EMS arrived?** ☐ N/A ☐ No ☐ Yes ☐ Unknown	**During resuscitation was child:** ☐ Injured ☐ Shaken ☐ Jostled ☐ Other, specify:	**EMS responded to scene?** ☐ N/A ☐ No ☐ Yes ☐ Unknown	**Child's activity at time of incident, check all that apply:** ☐ Sleeping ☐ Playing ☐ Working ☐ Eating ☐ In vehicle ☐ Unknown ☐ Other Specify:	**Total number of deaths at incident event:** Children (Ages 0-18): Adults: ☐ Unknown
Incident County:						

What led someone to check on the infant? _____

Who was in the home when the child was found? _____

Describe child's appearance when found:	**No**	**Yes**	**Unknown**	**Describe/specify location:**	**First Assessed by:**
Discoloration around face/nose/mouth	☐	☐	☐		☐ EMS
Secretions (foam, froth)	☐	☐	☐		☐ ER
Skin discoloration (livor mortis)	☐	☐	☐		☐ PD
Pressure marks (pale areas, blanching)	☐	☐	☐		
Rash or petechiae (small, red blood spots on skin, membranes, or eyes)	☐	☐	☐		
Marks on body (scratches or bruises)	☐	☐	☐		
Infant moved prior to being found	☐	☐	☐		

Time frame information:

_____ **Time Found** _____ **Last Seen Alive** _____ **Time Police Called** **Call Type** ☐ **911** ☐ **Regular** ☐ **Other, specify:** _____

_____ **Last Feeding Time** **Person Calling** _____

What did the child feel like when found? (check all that apply)

☐ **Sweaty** ☐ **Warm to touch** ☐ **Cool to touch** **Surface body temperature:**

☐ **Limp, flexible** ☐ **Rigid, stiff** ☐ **Unknown** **Temperature at hospital:**

☐ **Other, Specify:**

SUFFOCATION/ASPHYXIA

A. Type of Event

☐ Suffocation, go to **B.**

☐ Strangulation, go to **C.**

☐ Choking, go to **D.**

B. If suffocation/asphyxia, action causing event:

☐ Sleep-related (e.g. bedding, overlay, wedged)
☐ Covered in or fell into object, not sleep related
☐ Plastic bag
☐ Dirt/Sand
☐ Unknown
☐ Other, Specify:
☐ Confined in tight space
☐ Refrigerator/freezer
☐ Toy chest
☐ Automobile
☐ Trunk
☐ Unknown
☐ Other, Specify:
☐ Swaddled in tight blanket, not sleep related
☐ Wedged into tight space, but not sleep related
☐ Asphyxia by gas
☐ Unknown
☐ Other, Specify:

C. If strangulation, object causing event:

☐ Clothing ☐ Blind cord ☐ Car seat ☐ Stroller
☐ High chair ☐ Belt ☐ Rope/string ☐ Leash
☐ Electrical cord ☐ Automobile power window or sunroof ☐ Unknown ☐ Other, Specify:
☐ Person

D. If choking, object causing choking:

☐ Food, Specify:
☐ Toy, Specify:
☐ Balloon
☐ Other, Specify:
☐ Unknown

OTHER CIRCUMSTANCES OF INCIDENT – ANSWER RELEVANT SECTIONS

DID DEATH OCCUR WHILE CHILD SLEEPING OR IN A SLEEPING ENVIRONMENT? ☐ **No** ☐ **Yes**

A. INCIDENT sleep place:

☐ Crib ☐ Bassinette ☐ Adult bed ☐ Waterbed
☐ Playpen ☐ Couch ☐ Chair ☐ Floor
☐ Car seat/Stroller ☐ Unknown ☐ Other, Specify:

If adult bed, What type?

☐ Twin ☐ Full ☐ Queen
☐ King ☐ Unknown ☐ Other, Specify:

C. Child put to sleep:

☐ On back ☐ On Stomach ☐ On side ☐ Unknown

By Whom:

D. Child found:

☐ On back ☐ On Stomach ☐ On side ☐ Unknown

By Whom:

E. Was there a crib, bassinette, or port-a-crib in home for child? ☐ No ☐ Yes ☐ Unknown

F. USUAL sleep place:

☐ Crib ☐ Bassinette ☐ Adult bed ☐ Waterbed
☐ Playpen ☐ Couch ☐ Chair ☐ Floor
☐ Car seat/Stroller ☐ Unknown ☐ Other, Specify:

If adult bed, what type?

☐ Twin ☐ Full ☐ Queen
☐ King ☐ Unknown ☐ Other, Specify:

G. USUAL sleep position:

☐ On back ☐ On Stomach ☐ On side ☐ Unknown

H. Child in new or different environment?

☐ No ☐ Yes ☐ Unknown

Infant Death Investigation Checklist

Arizona Report Form, Version 1.0

CIRCUMSTANCES when child found:

Child's airway was:

- ☐ Unobstructed by person or object
- ☐ Fully obstructed by person or object
- ☐ Partially obstructed by person or object
- ☐ Unknown

Child's position most relevant to death:

- ☐ On top of
- ☐ Under
- ☐ Between
- ☐ Wedged into
- ☐ Pressed into
- ☐ Fell or rolled onto
- ☐ Tangled in
- ☐ Unknown
- ☐ Other, Specify:

With what objects or persons? Check all that apply:

- ☐ Adult
- ☐ Child(ren)
- ☐ Animal(s)
- ☐ Blanket
- ☐ Pillow
- ☐ Comforter
- ☐ Mattress
- ☐ Bumper pads
- ☐ Waterbed mattress
- ☐ Air mattress
- ☐ Pillow-top mattress
- ☐ Crib rail
- ☐ Couch
- ☐ Car seat/stroller
- ☐ Stuffed toy
- ☐ Chair, Type:
- ☐ Clothing
- ☐ Cord
- ☐ Plastic bag
- ☐ Wall
- ☐ Unknown
- ☐ Other, Specify:

Child sleeping on same surface with person(s) or animal(s)? Check all that apply:

- ☐ With adults: Number: ____
- ☐ With other child(ren): Number: ____
- ☐ With animal(s): Number: ____
- ☐ Unknown ☐ Number Unknown

Adult obese: ☐ No ☐ Yes ☐ Unknown

Child(ren)'s ages:

Type(s) of animals:

Alcohol/Drugs? ☐ No ☐ Yes

What food/liquids was the child fed in the last 24 hours?	**No**	**Yes**	**Unknown**	**Quantity (Specify type & brand, if applicable)**
Breast milk (one/both sides, length of time)	☐	☐	☐	ounces
Formula (brand, water source – ex. Similac, tap water)	☐	☐	☐	ounces
Was the formula mixed according to directions?	☐	☐	☐	
Cow's milk	☐	☐	☐	ounces
Water (brand, bottled, tap, well)	☐	☐	☐	ounces
Other liquids (juices, teas)	☐	☐	☐	ounces
Solids, specify:	☐	☐	☐	ounces
Other, specify:	☐	☐	☐	ounces

Was a new food introduced in the 24 hours prior the child's death?
☐ No ☐ Yes ☐ Unknown If yes, describe:

Was the child last placed to sleep with a bottle?
☐ No ☐ Yes ☐ Unknown **How was formula prepared:**

Was the bottle propped on object while feeding?
☐ No ☐ Yes ☐ Unknown If yes, what object used?

What was the quantity of liquid (in ounces) in the bottle?

Did the death occur during: ☐ Breastfeeding ☐ Bottle feeding ☐ Eating solid foods ☐ Not during feeding

RECENT MEDICAL HISTORY

Source of medical information:
☐ Mother/primary care giver ☐ Family ☐ Doctor ☐ Medical records ☐ Other healthcare provider ☐ Other, Specify:

In the 72 hours prior to death, did the child have: (check all that apply)

	No	Yes	Unknown		No	Yes	Unknown
Fever	☐	☐	☐	Diarrhea	☐	☐	☐
Excessive sweating	☐	☐	☐	Difficulty breathing	☐	☐	☐
Weakness or sleeping more than usual	☐	☐	☐	Cough/wheezing	☐	☐	☐
Fussiness or excessive crying	☐	☐	☐	Apnea (stopping breathing)	☐	☐	☐
Decrease in appetite	☐	☐	☐	Cyanosis (turned blue/gray)	☐	☐	☐
Vomiting	☐	☐	☐	Seizures or convulsions	☐	☐	☐
Choking	☐	☐	☐	Other, Specify:			

In the 72 hours prior to death, was the child injured or did child have any other condition(s) not mentioned?
☐ No ☐ Yes If yes, describe:

In the 72 hours prior to the death, did the child receive any vaccinations, medications, or exposure to any chemicals?
(Please include any home remedies, herbal medications, prescription medicines or over-the-counter medications including "cough, cold medicine")
☐ No ☐ Yes If yes, describe/list:

Any recent visit to a medical provider?
☐ No ☐ Yes If yes, When? Doctor/Facility: Why?

Infant Death Investigation Checklist

Arizona Report Form, Version 1.0

[illegible]

Child's Primary Care Physician: Phone: ( ) Last Visit: When? Why:

Allergies: Birth defects:

Medications:

Has the child been immunized? ☐ No ☐ Yes ☐ Unknown Date of last immunization:

Immunizations current? ☐ No ☐ Yes ☐ Unknown If immunized within the last 30 days, specify type:

Does the child use any home monitors? ☐ No ☐ Yes Type/Brand:

If Yes, was child on home monitor at time of death? ☐ No ☐ Yes

Anyone else in household or other contacts (e.g. daycare) recently ill? ☐ No ☐ Yes

Family history of genetic/inheritable disease(s)? ☐ No ☐ Yes, Specify:

[illegible]

Birth place (home, hospital name and location):

Birth complications? ☐ No ☐ Yes If yes, specify:

Gestational Age	Birth Weight:	Multiple Birth?	# of prenatal visits	Month of first prenatal visit
☐ Unknown ____ weeks	☐ Unknown ____ grams ____ pounds/ounces	☐ No ☐ Yes, #____	☐ Unknown # ____	Specify 1-9: ____ ☐ Unknown ☐ None

During pregnancy, did mother (check all that apply):

☐ Smoke tobacco ☐ Experience intimate partner violence ☐ Heavy alcohol use ☐ Misuse OTC or prescription drugs

☐ Use illicit drugs ☐ Child born drug exposed ☐ Child born with fetal alcohol effects or syndrome

☐ During pregnancy, did mother have medical complications/infections? (check all that apply) Specify type, if known

	Type		Type
☐ Lung Disease	____	☐ Preterm Labor	____
☐ Heart Disease	____	☐ Premature Rupture Membrane	____
☐ Blood Disorder	____	☐ Vaginal Bleeding	____
☐ Infectious Disease	____	☐ Diabetes Mellitus	____
☐ Familial Genetic Disorder	____	☐ Other	____

Were there access or compliance issues related to prenatal care?

☐ No ☐ Yes ☐ Unknown

If yes, check all that apply:

☐ Lack of money for care
☐ Limited or no health insurance coverage
☐ Lack of transportation
☐ Lack of child care
☐ No phone
☐ Religious objections to care
☐ Cultural differences
☐ Unwilling to obtain care
☐ Did not know care needed
☐ Other, specify:

[illegible]

Photos of Death Scene Taken? ☐ No ☐ Yes

Property Seized? ☐ No ☐ Yes What Agency Seized Property?

Formula? ☐ No ☐ Yes Bottles/Contents? ☐ No ☐ Yes Bedding? ☐ No ☐ Yes Crib? ☐ No ☐ Yes

Other, Specify:

Was there an open CPS case with child at time of death? ☐ No ☐ Yes ☐ Unk

Was the child ever placed outside of the home prior to death? ☐ No ☐ Yes Date of Placement:

Were any siblings placed outside of the home prior to this child's death? ☐ No ☐ Yes Date of Placement:

[illegible]

Name (please print or type):

Agency:

Telephone: ( ) Fax: ( ) Date:

Signature: Date Signed:

ADDITIONAL COMMENTS: (Include information about additional caregivers/supervisors or circumstances. Attach additional pages as necessary)

UNITED STATES CODE TITLE 25
- INDIANS CHAPTER 21 -
INDIAN CHILD WELFARE
Contents

§ 1901. Congressional findings

Recognizing the special relationship between the United States and the Indian tribes and their members and the Federal responsibility to Indian people, the Congress finds -

(1) that clause 3, section 8, article I of the United States Constitution provides that "The Congress shall have Power * * * To regulate Commerce * * * with Indian tribes (FOOTNOTE 1) " and, through this and other constitutional authority, Congress has plenary power over Indian affairs;

(FOOTNOTE 1) So in original. Probably should be capitalized.

(2) that Congress, through statutes, treaties, and the general course of dealing with Indian tribes, has assumed the responsibility for the protection and preservation of Indian tribes and their resources, (3) that there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children and that

the United States has a direct interest, as trustee, in protecting Indian children who are members of or are eligible for membership in an Indian tribe; (4) that an alarmingly high percentage of Indian families are broken up by the removal, often unwarranted, of their children from them by nontribal public and private agencies and that an alarmingly high percentage of such children are placed in non-Indian foster and adoptive homes and institutions; and (5) that the States, exercising their recognized jurisdiction over Indian child custody proceedings through administrative and judicial bodies, have often failed to recognize the essential tribal relations of Indian people and the cultural and social standards prevailing in Indian communities and families.

§ 1902. Congressional declaration of policy

The Congress hereby declares that it is the policy of this Nation to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum Federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing for assistance to Indian tribes in the operation of child and family service programs.

§ 1903. Definitions

For the purposes of this chapter, except as may be specifically provided otherwise, the term -
(1) "child custody proceeding" shall mean and include - (i) "foster care placement" which shall mean any action removing an Indian child from its parent or Indian custodian for temporary placement in a foster home or institution or the home of a guardian or conservator where the parent or Indian custodian cannot have the child returned upon demand, but where parental rights have not been terminated; (ii) "termination of parental rights" which shall mean any action resulting in the termination of the parent-child relationship; (iii) "preadoptive placement" which shall mean the temporary placement of an Indian child in a foster home or institution after the termination of parental rights, but prior to or in lieu of adoptive placement; and (iv) "adoptive placement" which shall mean the permanent placement of an Indian child for adoption, including any action resulting in a final decree of adoption. Such term or terms shall not include a placement based upon an act which, if committed by an adult, would be deemed a crime or upon an award, in a divorce proceeding, of custody to one of the parents.
(2) "extended family member" shall be as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, shall be a person who has reached the age of eighteen and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent; (3) "Indian" means any person who is a member of an Indian tribe, or who is an Alaska Native and a member of a Regional Corporation as defined in 1606 of title 43; (4) "Indian child" means any unmarried person who is under age eighteen and is either (a) a member of an Indian tribe or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe; (5) "Indian child's tribe" means (a) the Indian tribe in which an Indian child is a member or eligible for membership or (b), in the case of an Indian child who is a member of or eligible for membership in more than one tribe, the Indian tribe with which the Indian child has the more significant contacts; (6) "Indian custodian" means any Indian person who has legal custody of an Indian child under tribal law or custom or under State law or to whom temporary physical care, custody, and control has been transferred by the parent of such child; (7) "Indian organization" means any group, association, partnership, corporation, or other legal entity owned or controlled by Indians, or a majority of whose members are Indians; (8) "Indian tribe" means any Indian tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary because of their status as Indians, including any Alaska Native village as defined in section 1602(c) of title 43; (9) "parent" means any biological parent or parents of an Indian child or any Indian person who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include the unwed father where paternity has not been acknowledged or established; (10) "reservation" means Indian country as defined in section 1151 of title 18 and any lands, not covered under such section, title to which is either held by the United States in trust for the benefit of any Indian tribe or individual or held by any Indian tribe or individual subject to a restriction by the United States against alienation; (11) "Secretary" means the Secretary of the Interior; and (12) "tribal court" means a court with jurisdiction over child custody proceedings and which is either a Court of

Indian Offenses, a court established and operated under the code or custom of an Indian tribe, or any other administrative body of a tribe which is vested with authority over child custody proceedings.

§ 1911. Indian tribe jurisdiction over Indian child custody proceedings

(a) Exclusive jurisdiction

An Indian tribe shall have jurisdiction exclusive as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing Federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.

(b) Transfer of proceedings; declination by tribal court

In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child not domiciled or residing within the reservation of the Indian child's tribe, the court, in the absence of good cause to the contrary, shall transfer such proceeding to the jurisdiction of the tribe, absent objection by either parent, upon the petition of either parent or the Indian custodian or the Indian child's tribe: Provided, That such transfer shall be subject to declination by the tribal court of such tribe.

(c) State court proceedings; intervention

In any State court proceeding for the foster care placement of, or termination of parental rights to, an Indian child, the Indian custodian of the child and the Indian child's tribe shall have a right to intervene at any point in the proceeding.

(d) Full faith and credit to public acts, records, and judicial proceedings of Indian tribes

The United States, every State, every territory or possession of the United States, and every Indian tribe shall give full faith and credit to the public acts, records, and judicial proceedings of any Indian tribe applicable to Indian child custody proceedings to the same extent that such entities give full faith and credit to the public acts, records, and judicial proceedings of any other entity.

§ 1912. Pending court proceedings

(a) Notice; time for commencement of proceedings; additional time for preparation

In any involuntary proceeding in a State court, where the court knows or has reason to know that an Indian child is involved, the party seeking the foster care placement of, or termination of parental rights to, an Indian child shall notify the parent or Indian custodian and the Indian child's tribe, by registered mail with return receipt requested, of the pending proceedings and of their right of intervention. If the identity or location of the parent or Indian custodian and the tribe cannot be determined, such notice shall be given to the Secretary in like manner, who shall have fifteen days after receipt to provide the requisite notice to the parent or Indian custodian and the tribe. No foster care placement or termination of parental rights proceeding shall be held until at least ten days after receipt of notice by the parent or Indian custodian and the tribe or the Secretary: Provided, That the parent or Indian custodian or the tribe shall, upon request, be granted up to twenty additional days to prepare for such proceeding.

(b) Appointment of counsel

In any case in which the court determines indigency, the parent or Indian custodian shall have the right to court-appointed counsel in any removal, placement, or termination proceeding. The court may, in its discretion, appoint counsel for the child upon a finding that such appointment is in the best interest of the child. Where State law makes no provision for appointment of counsel in such proceedings, the court shall promptly notify the Secretary upon appointment of counsel, and the Secretary, upon certification of the presiding judge, shall pay reasonable fees and expenses out of funds which may be appropriated pursuant to section 13 of this title.

(c) Examination of reports or other documents

Each party to a foster care placement or termination of parental rights proceeding under State law involving an Indian child shall have the right to examine all reports or other documents filed with the court upon which any decision with respect to such action may be based.

(d) Remedial services and rehabilitative programs; preventive measures

Any party seeking to effect a foster care placement of, or termination of parental rights to, an Indian child under

State law shall satisfy the court that active efforts have been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family and that these efforts have proved unsuccessful.

(e) Foster care placement orders; evidence; determination of damage to child

No foster care placement may be ordered in such proceeding in the absence of a determination, supported by clear and convincing evidence, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

(f) Parental rights termination orders; evidence; determination of damage to child

No termination of parental rights may be ordered in such proceeding in the absence of a determination, supported by evidence beyond a reasonable doubt, including testimony of qualified expert witnesses, that the continued custody of the child by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

§ 1913. Parental rights; voluntary termination

(a) Consent; record; certification matters; invalid consents

Where any parent or Indian custodian voluntarily consents to a foster care placement or to termination of parental rights, such consent shall not be valid unless executed in writing and recorded before a judge of a court of competent jurisdiction and accompanied by the presiding judge's certificate that the terms and consequences of the consent were fully explained in detail and were fully understood by the parent or Indian custodian. The court shall also certify that either the parent or Indian custodian fully understood the explanation in English or that it was interpreted into a language that the parent or Indian custodian understood. Any consent given prior to, or within ten days after, birth of the Indian child shall not be valid.

(b) Foster care placement; withdrawal of consent

Any parent or Indian custodian may withdraw consent to a foster care placement under State law at any time and, upon such withdrawal, the child shall be returned to the parent or Indian custodian.

(c) Voluntary termination of parental rights or adoptive placement; withdrawal of consent; return of custody

In any voluntary proceeding for termination of parental rights to, or adoptive placement of, an Indian child, the consent of the parent may be withdrawn for any reason at any time prior to the entry of a final decree of termination or adoption, as the case may be, and the child shall be returned to the parent.

(d) Collateral attack; vacation of decree and return of custody; limitations

After the entry of a final decree of adoption of an Indian child in any State court, the parent may withdraw consent thereto upon the grounds that consent was obtained through fraud or duress and may petition the court to vacate such decree. Upon a finding that such consent was obtained through fraud or duress, the court shall vacate such decree and return the child to the parent. No adoption which has been effective for at least two years may be invalidated under the provisions of this subsection unless otherwise permitted under State law.

§ 1914. Petition to court of competent jurisdiction to invalidate action upon showing of certain violations

Any Indian child who is the subject of any action for foster care placement or termination of parental rights under State law, any parent or Indian custodian from whose custody such child was removed, and the Indian child's tribe may petition any court of competent jurisdiction to invalidate such action upon a showing that such action violated any provision of sections 1911, 1912, and 1913 of this title.

§ 1915. Placement of Indian children

(a) Adoptive placements; preferences

In any adoptive placement of an Indian child under State law, a preference shall be given, in the absence of good cause to the contrary, to a placement with (1) a member of the child's extended family; (2) other members of the Indian child's tribe; or (3) other Indian families.

(b) Foster care or preadoptive placements; criteria; preferences

Any child accepted for foster care or preadoptive placement shall be placed in the least restrictive setting which

most approximates a family and in which his special needs, if any, may be met. The child shall also be placed within reasonable proximity to his or her home, taking into account any special needs of the child. In any foster care or preadoptive placement, a preference shall be given, in the absence of good cause to the contrary, to a placement with -

(i) a member of the Indian child's extended family; (ii) a foster home licensed, approved, or specified by the Indian child's tribe; (iii) an Indian foster home licensed or approved by an authorized non-Indian licensing authority; or (iv) an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child's needs. (c) Tribal resolution for different order of preference; personal preference considered; anonymity in application of preferences

In the case of a placement under subsection (a) or (b) of this section, if the Indian child's tribe shall establish a different order of preference by resolution, the agency or court effecting the placement shall follow such order so long as the placement is the least restrictive setting appropriate to the particular needs of the child, as provided in subsection (b) of this section. Where appropriate, the preference of the Indian child or parent shall be considered: Provided, That where a consenting parent evidences a desire for anonymity, the court or agency shall give weight to such desire in applying the preferences.

(d) Social and cultural standards applicable

The standards to be applied in meeting the preference requirements of this section shall be the prevailing social and cultural standards of the Indian community in which the parent or extended family resides or with which the parent or extended family members maintain social and cultural ties.

(e) Record of placement; availability

A record of each such placement, under State law, of an Indian child shall be maintained by the State in which the placement was made, evidencing the efforts to comply with the order of preference specified in this section. Such record shall be made available at any time upon the request of the Secretary or the Indian child's tribe.

§ 1916. Return of custody

(a) Petition; best interests of child

Notwithstanding State law to the contrary, whenever a final decree of adoption of an Indian child has been vacated or set aside or the adoptive parents voluntarily consent to the termination of their parental rights to the child, a biological parent or prior Indian custodian may petition for return of custody and the court shall grant such petition unless there is a showing, in a proceeding subject to the provisions of section 1912 of this title, that such return of custody is not in the best interests of the child.

(b) Removal from foster care home; placement procedure

Whenever an Indian child is removed from a foster care home or institution for the purpose of further foster care, preadoptive, or adoptive placement, such placement shall be in accordance with the provisions of this chapter, except in the case where an Indian child is being returned to the parent or Indian custodian from whose custody the child was originally removed.

§ 1917. Tribal affiliation information and other information for protection of rights from tribal relationship; application of subject of adoptive placement; disclosure by court

Upon application by an Indian individual who has reached the age of eighteen and who was the subject of an adoptive placement, the court which entered the final decree shall inform such individual of the tribal affiliation, if any, of the individual's biological parents and provide such other information as may be necessary to protect any rights flowing from the individual's tribal relationship.

§ 1918. Reassumption of jurisdiction over child custody proceedings

(a) Petition; suitable plan; approval by Secretary

Any Indian tribe which became subject to State jurisdiction pursuant to the provisions of the Act of August 15, 1953 (67 Stat. 588), as amended by title IV of the Act of April 11, 1968 (82 Stat. 73, 78), or pursuant to any other Federal law, may reassume jurisdiction over child custody proceedings. Before any Indian tribe may reassume jurisdiction over Indian child custody proceedings, such tribe shall present to the Secretary for ap-

proval a petition to reassume such jurisdiction which includes a suitable plan to exercise such jurisdiction.
(b) Criteria applicable to consideration by Secretary; partial retrocession (1) In considering the petition and feasibility of the plan of a tribe under subsection (a) of this section, the Secretary may consider, among other things: (i) whether or not the tribe maintains a membership roll or alternative provision for clearly identifying the persons who will be affected by the reassumption of jurisdiction by the tribe; (ii) the size of the reservation or former reservation area which will be affected by retrocession and reassumption of jurisdiction by the tribe; (iii) the population base of the tribe, or distribution of the population in homogeneous communities or geographic areas; and (iv) the feasibility of the plan in cases of multitribal occupation of a single reservation or geographic area. (2) In those cases where the Secretary determines that the jurisdictional provisions of section 1911(a) of this title are not feasible, he is authorized to accept partial retrocession which will enable tribes to exercise referral jurisdiction as provided in section 1911(b) of this title, or, where appropriate, will allow them to exercise exclusive jurisdiction as provided in section 1911(a) of this title over limited community or geographic areas without regard for the reservation status of the area affected. (c) Approval of petition; publication in Federal Register; notice; reassumption period; correction of causes for disapproval
If the Secretary approves any petition under subsection (a) of this section, the Secretary shall publish notice of such approval in the Federal Register and shall notify the affected State or States of such approval. The Indian tribe concerned shall reassume jurisdiction sixty days after publication in the Federal Register of notice of approval. If the Secretary disapproves any petition under subsection (a) of this section, the Secretary shall provide such technical assistance as may be necessary to enable the tribe to correct any deficiency which the Secretary identified as a cause for disapproval.
(d) Pending actions or proceedings unaffected
Assumption of jurisdiction under this section shall not affect any action or proceeding over which a court has already assumed jurisdiction, except as may be provided pursuant to any agreement under section 1919 of this title.

§ 1919. Agreements between States and Indian tribes
(a) Subject coverage
States and Indian tribes are authorized to enter into agreements with each other respecting care and custody of Indian children and jurisdiction over child custody proceedings, including agreements which may provide for orderly transfer of jurisdiction on a case-by-case basis and agreements which provide for concurrent jurisdiction between States and Indian tribes.
(b) Revocation; notice; actions or proceedings unaffected
Such agreements may be revoked by either party upon one hundred and eighty days' written notice to the other party. Such revocation shall not affect any action or proceeding over which a court has already assumed jurisdiction, unless the agreement provides otherwise.

§ 1920. Improper removal of child from custody; declination of jurisdiction; forthwith return of child: danger exception
Where any petitioner in an Indian child custody proceeding before a State court has improperly removed the child from custody of the parent or Indian custodian or has improperly retained custody after a visit or other temporary relinquishment of custody, the court shall decline jurisdiction over such petition and shall forthwith return the child to his parent or Indian custodian unless returning the child to his parent or custodian would subject the child to a substantial and immediate danger or threat of such danger.

§ 1921. Higher State or Federal standard applicable to protect rights of parent or Indian custodian of Indian child
In any case where State or Federal law applicable to a child custody proceeding under State or Federal law provides a higher standard of protection to the rights of the parent or Indian custodian of an Indian child than the rights provided under this subchapter, the State or Federal court shall apply the State or Federal standard.

§ 1922. Emergency removal or placement of child; termination; appropriate action

Nothing in this subchapter shall be construed to prevent the emergency removal of an Indian child who is a resident of or is domiciled on a reservation, but temporarily located off the reservation, from his parent or Indian custodian or the emergency placement of such child in a foster home or institution, under applicable State law, in order to prevent imminent physical damage or harm to the child. The State authority, official, or agency involved shall insure that the emergency removal or placement terminates immediately when such removal or placement is no longer necessary to prevent imminent physical damage or harm to the child and shall expeditiously initiate a child custody proceeding subject to the provisions of this subchapter, transfer the child to the jurisdiction of the appropriate Indian tribe, or restore the child to the parent or Indian custodian, as may be appropriate.

§ 1923. Effective date

None of the provisions of this subchapter, except sections 1911(a), 1918, and 1919 of this title, shall affect a proceeding under State law for foster care placement, termination of parental rights, preadoptive placement, or adoptive placement which was initiated or completed prior to one hundred and eighty days after November 8, 1978, but shall apply to any subsequent proceeding in the same matter or subsequent proceedings affecting the custody or placement of the same child.

§ 1931. Grants for on or near reservation programs and child welfare codes

(a) Statement of purpose; scope of programs

The Secretary is authorized to make grants to Indian tribes and organizations in the establishment and operation of Indian child and family service programs on or near reservations and in the preparation and implementation of child welfare codes. The objective of every Indian child and family service program shall be to prevent the breakup of Indian families and, in particular, to insure that the permanent removal of an Indian child from the custody of his parent or Indian custodian shall be a last resort. Such child and family service programs may include, but are not limited to -

(1) a system for licensing or otherwise regulating Indian foster and adoptive homes; (2) the operation and maintenance of facilities for the counseling and treatment of Indian families and for the temporary custody of Indian children; (3) family assistance, including homemaker and home counselors, day care, afterschool care, and employment, recreational activities, and respite care; (4) home improvement programs; (5) the employment of professional and other trained personnel to assist the tribal court in the disposition of domestic relations and child welfare matters; (6) education and training of Indians, including tribal court judges and staff, in skills relating to child and family assistance and service programs; (7) a subsidy program under which Indian adoptive children may be provided support comparable to that for which they would be eligible as foster children, taking into account the appropriate State standards of support for maintenance and medical needs; and (8) guidance, legal representation, and advice to Indian families involved in tribal, State, or Federal child custody proceedings.

(b) Non-Federal matching funds for related Social Security or other Federal financial assistance programs; assistance for such programs unaffected; State licensing or approval for qualification for assistance under federally assisted program

Funds appropriated for use by the Secretary in accordance with this section may be utilized as non-Federal matching share in connection with funds provided under titles IV-B and XX of the Social Security Act (42 U.S.C. 620 et seq., 1397 et seq.) or under any other Federal financial assistance programs which contribute to the purpose for which such funds are authorized to be appropriated for use under this chapter. The provision or possibility of assistance under this chapter shall not be a basis for the denial or reduction of any assistance otherwise authorized under titles IV-B and XX of the Social Security Act or any other federally assisted program. For purposes of qualifying for assistance under a federally assisted program, licensing or approval of foster or adoptive homes or institutions by an Indian tribe shall be deemed equivalent to licensing or approval by a State.

§ 1932. Grants for off-reservation programs for additional services

The Secretary is also authorized to make grants to Indian organizations to establish and operate off-reservation

Indian child and family service programs which may include, but are not limited to - (1) a system for regulating, maintaining, and supporting Indian foster and adoptive homes, including a subsidy program under which Indian adoptive children may be provided support comparable to that for which they would be eligible as Indian foster children, taking into account the appropriate State standards of support for maintenance and medical needs; (2) the operation and maintenance of facilities and services for counseling and treatment of Indian families and Indian foster and adoptive children; (3) family assistance, including homemaker and home counselors, day care, afterschool care, and employment, recreational activities, and respite care; and (4) guidance, legal representation, and advice to Indian families involved in child custody proceedings.

§ 1933. Funds for on and off reservation programs

(a) Appropriated funds for similar programs of Department of Health and Human Services; appropriation in advance for payments

In the establishment, operation, and funding of Indian child and family service programs, both on and off reservation, the Secretary may enter into agreements with the Secretary of Health and Human Services, and the latter Secretary is hereby authorized for such purposes to use funds appropriated for similar programs of the Department of Health and Human Services: Provided, That authority to make payments pursuant to such agreements shall be effective only to the extent and in such amounts as may be provided in advance by appropriation Acts.

(b) Appropriation authorization under section 13 of this title

Funds for the purposes of this chapter may be appropriated pursuant to the provisions of section 13 of this title.

§ 1934. "Indian" defined for certain purposes

For the purposes of sections 1932 and 1933 of this title, the term "Indian" shall include persons defined in section 1603(c) of this title.

§ 1951. Information availability to and disclosure by Secretary

(a) Copy of final decree or order; other information; anonymity affidavit; exemption from Freedom of Information Act

Any State court entering a final decree or order in any Indian child adoptive placement after November 8, 1978, shall provide the Secretary with a copy of such decree or order together with such other information as may be necessary to show -

(1) the name and tribal affiliation of the child; (2) the names and addresses of the biological parents; (3) the names and addresses of the adoptive parents; and (4) the identity of any agency having files or information relating to such adoptive placement. Where the court records contain an affidavit of the biological parent or parents that their identity remain confidential, the court shall include such affidavit with the other information. The Secretary shall insure that the confidentiality of such information is maintained and such information shall not be subject to the Freedom of Information Act (5 U.S.C. 552), as amended. (b) Disclosure of information for enrollment of Indian child in tribe or for determination of member rights or benefits; certification of entitlement to enrollment

Upon the request of the adopted Indian child over the age of eighteen, the adoptive or foster parents of an Indian child, or an Indian tribe, the Secretary shall disclose such information as may be necessary for the enrollment of an Indian child in the tribe in which the child may be eligible for enrollment or for determining any rights or benefits associated with that membership. Where the documents relating to such child contain an affidavit from the biological parent or parents requesting anonymity, the Secretary shall certify to the Indian child's tribe, where the information warrants, that the child's parentage and other circumstances of birth entitle the child to enrollment under the criteria established by such tribe.

§ 1952. Rules and regulations

Within one hundred and eighty days after November 8, 1978, the Secretary shall promulgate such rules and regulations as may be necessary to carry out the provisions of this chapter.

§ 1961. Locally convenient day schools

(a) Sense of Congress

It is the sense of Congress that the absence of locally convenient day schools may contribute to the breakup of Indian families.

(b) Report to Congress; contents, etc.

The Secretary is authorized and directed to prepare, in consultation with appropriate agencies in the Department of Health and Human Services, a report on the feasibility of providing Indian children with schools located near their homes, and to submit such report to the Select Committee on Indian Affairs of the United States Senate and the Committee on Interior and Insular Affairs of the United States House of Representatives within two years from November 8, 1978. In developing this report the Secretary shall give particular consideration to the provision of educational facilities for children in the elementary grades.

§ 1962. Copies to the States

Within sixty days after November 8, 1978, the Secretary shall send to the Governor, chief justice of the highest court of appeal, and the attorney general of each State a copy of this chapter, together with committee reports and an explanation of the provisions of this chapter.

§ 1963. Severability

If any provision of this chapter or the applicability thereof is held invalid, the remaining provisions of this chapter shall not be affected thereby.

For more information on public policy issues, contact NICWA staff member David Simmons by e-mail desimmons@nicwa.org or by phone at (503) 222-4044 ext. 19

f. Cognitive interviewing

If the child indicates that something has happened and is developmentally able (usually by around age eight), the interviewer may use cognitive interviewing strategies (Saywitz, Geiselman, & Bornstein, 1992). Using this technique, the interviewer can encourage the child to reconstruct the context of the abuse, by either asking the child to picture him/herself in the situation or by using media (e.g., drawing the place or reconstructing it in a dollhouse). The child is encouraged to provide the interviewer with detailed information about the place where the abuse occurred, then to recount the abusive event from the very beginning, then the middle, and then the end. The child is advised to include all details, no matter how small or apparently insignificant. Older children may also be asked to recount the event again, but from the end to the beginning.

C. Interview Components

The following are common components in many child investigative interviews:

1. Introduction of self and role

Using language and terminology appropriate to the child's developmental level, the interviewer should introduce him/herself and provide a brief, neutral explanation of his/her role (e.g., "My job is to talk to children about . . . ."). It may also be necessary to reassure the child that he/she is not being interviewed because the child is in trouble or has done something wrong.

The interviewer can inform the child about how and why the interview will be documented (e.g., "I have a tape recorder to help me remember what we talked about.").

2. Rapport-building

Generally, rapport-building involves a brief discussion about neutral topics, such as school, friends, and favorite activities. This discussion can provide the child with an opportunity to practice giving narrative responses in preparation for later stages of the interview (Poole & Lamb, 1998; Sternberg et al., 1997).

3. Developmental screening

During conversational interaction with the child, especially in the early stages of the interview, the interviewer may make note of the child's capacity to provide a narrative account, knowledge of relevant concepts (e.g., prepositions), ability to understand and respond to questions, use of language, attentional capacity, and emotional and behavioral reactions to specific interview topics and to the interviewer. These observations enable the interviewer to speak to the child in developmentally appropriate language. The choice of words, sentence structure, and complexity of questions should generally mirror the child's communication style.

4. Competency check

Many jurisdictions require interviewers to assess the young child's understanding of the difference between the truth and a lie and the importance of telling the truth as a demonstration of the child's competency to provide credible testimony (Myers, 1997). If so, interviewers should rely on age-appropriate techniques and use concrete rather than abstract examples in this assessment (refer to Hewitt, 1999; Lyon & Saywitz, 1999).

A second type of indicator of a young child's competency as a witness involves his or her ability to provide accurate information about events known to have occurred (Boat & Everson, 1988). This assessment can be made by questioning the child about a memorable event about which the interviewer has independent knowledge (e.g., a prior interview, a recent birthday party).

5. Ground rules

The interviewer may explain the expectations or "rules" of the interview and may practice the rules or attempt a brief assessment to ensure the child's understanding (Reed, 1996; Saywitz et al., 1992). The following are appropriate ground rules:

a. The interviewer may inform the child that the purpose of the interview is to talk about "true things and about things that really happened."

b. The interviewer may say he or she will be asking the child a lot of questions and it is okay if the child does not know or remember all the answers. The child may be told it is important that the child not guess, but tell the interviewer, "I don't know" or "I don't remember."

c. If the interviewer makes a mistake, it is okay for the child to correct the interviewer.

d. If the interviewer asks the child about a topic that is "too hard" or stressful to talk about, the child should let the interviewer know so the interviewer can consider asking the question in a different way.

e. If the child describes a particular event, he or she can be reminded that the interviewer was not present and needs the child's help to understand what happened.

6. Introducing the topic of concern

The topic of possible abuse can be introduced in a number of ways, depending upon case characteristics and the child's developmental level. For example, children may be asked if they know why they are being interviewed or be presented with a statement (e.g.,"I understand something may have happened to you; tell me about it from the beginning to the end.") If a child does not respond to such general prompts, the interviewer may provide more specific information in the opening question (e.g., "I understand you had to go to the doctor. Is there a reason you had to go?").

Another recommended strategy is to focus the discussion primarily through open-ended questions on the likely context or the likely individual(s) involved should maltreatment have occurred (Boat & Everson, 1988; Faller, 2000). The interviewer may use case-specific information, including the specific allegations, in guiding this questioning. Examples of context-focused questions include the following: "Tell me about bathtime. What happens? Does anyone help you? Do you like bathtime?" Person-focused questions include questions on the relationship and activities with a range of individuals in the child's life, such as the following: "What are some things you like/don't like to do with Daddy (Mommy, your brother)?" "Do you and your daddy (mommy, etc.) have any secrets?"

Anatomical drawings and dolls may be useful during this phase to conduct a body part inventory for the purpose of the following: (a) assessing the child's labels and knowledge of (sexual) functions; (b) focusing the discussion from the myriad of possible topics to bodies and body experiences; and (c) conveying permission to the child to discuss sensitive topics like private parts (Everson & Boat, 1994). Dolls and drawings can also be useful as visual aids for more direct inquiries about the child's personal experiences with private parts after other less direct techniques have been tried (e.g., "Do you have one (vagina)?" "Has anything ever happened to yours?" "Has it ever been hurt?") (APSAC, 1995).

7. Eliciting detailed description of concerning events

If children mention or suggest the occurrence of a concerning event, they should ideally be encouraged to provide a narrative description in their own words (Poole & Lamb, 1998; Sternberg, Lamb, Davies, & Wescott, 2002; Sternberg, et al., 1997; Yuille, et al., 1993). Narrative prompts (e.g., "Tell me more about that;" "Then what?") and open-ended questions should be the main questioning strategy, allowing a minimum of interruptions of the child's response by the interviewer. More specific questions, including yes/no and multiple choice questions, may also be necessary, especially later in the interview and for younger children.

Three topics merit special attention in the interviewer's attempt to elicit information:

a. Detailed information about possible abusive event(s)

This includes as many specific details about physically or sexually abusive acts as can be elicited using who, what, where, and when questions as are developmentally appropriate. The interviewer may find it useful to ask the child questions calling for "sensory" detail (e.g., what, if anything, was seen, heard, felt, smelled, or tasted) after first trying narrative prompts to elicit spontaneous details.

b. Contextual detail

Information about the context of the abuse (e.g., when and where the abuse occurred, details about the child or suspect's clothing, and information about any instruments or items present or used in the abuse) is another potential source of corroborative evidence. The latter includes paddles, belts, creams, sex toys, photographs, magazines, videotapes, articles of clothing, costumes, and computer software. If identified in a timely manner, such items may be recovered by law enforcement agents.

c. Other persons' knowledge of possible abuse

The child may be asked whether any other individuals were present before, during, or immediately after the concerning event(s). The child should also be asked whether/whom he or she told about the alleged abuse.

If the child says he or she has told another person about what happened, the interviewer can clarify under what conditions the report was made, and exactly what was said.

Anatomical drawings and dolls may be useful during this phase of the interview to clarify what the child is attempting to describe verbally or as a cross-check on the child's account using a different medium (APSAC, 1995).

It is preferable to focus on one event at a time if more than one concerning event has been suggested. During this phase, the interviewer may also attempt to clarify any unusual or ambiguous elements in the child's account as well as to address plausible, alternative hypotheses about the allegations (Poole & Lamb, 1998; Yuille et al., 1993).

8. Closure

The interviewer should attempt to conclude the interview on a positive note, usually by shifting the discussion to more neutral topics. The child may also be thanked for his/her effort and given the opportunity to ask questions. The interviewer can briefly describe what, if anything, will happen next, but care should be taken not to make promises about events beyond the interviewer's control.

If the child has not made a disclosure and concerns about possible abuse continue to exist, the child should be seen for another interview or referred for another evaluation. The interviewer may also consider helping the child identify an adult from whom the child could seek aid should additional safety concerns arise, and older children might be given the interviewer's business card.

V. Special Issues for Law Enforcement Investigators

A. Line-ups

In the past, children have not done well when confronted with traditional police procedures such a line-ups (Parker & Carranza, 1989; Peters, 1991). Not only is the process unfamiliar to most children, but also many are intimidated by the presence of their offender or even his or her photograph. If the investigator will be conducting a line-up as part of the investigation or will be preparing the child for a post-interview line-up, it is recommended that preliminary exercises be done with the child to enhance his or her knowledge of the process (Goodman et al., 1991). By clarifying expectations, children are better able to respond accurately to questions about the perpetrator's identity.

If in-person line-ups are believed to be too threatening or intimidating to the child, the investigator, after consultation with the prosecuting attorney, can videotape the line-up and have the child view the videotape at a safe location. Care should be taken not to influence the child or make the child feel guilty if he or she cannot identify the suspect.

B. Pretext Conversations

Pretext conversations involve having the victim place a telephone call to the suspect to confront the suspect with the allegation. The call is recorded by investigators. This technique is most often used when the victim is an adolescent, although younger children have also been able to conduct pretext conversations. Investigators must consider several decisions before attempting this technique. First, is it legal? Some states do not allow one-party consent for taping telephone calls. Second, is it necessary for the case? If the same information and investigative goals can be met through other means, those options should be used first. Further, do the child and parent or guardian agree to this? Does the child have the ability to carry on a conversation to elicit incriminating statements from the offender? How can it backfire? What are the emotional risks for the child, and how likely is it that a guilty offender will guess what is going on and use the opportunity to profess his or her innocence?

C. Identification by Child of Physical Evidence

At some point during the investigation, it may be necessary to show the child items for the purpose of identification. If photographs were taken of the child, alone or with the offender, with other children, or with both, the law enforcement officer will need to confirm the identity of those pictured, where the photo was taken, and the presence of any witness to the photography not pictured. If the interviewer has photographs prior to the interview, he or she should not ask the child if photos were taken, but rather state that there are some photographs he or she wishes the child to look at and answer questions about. The investigator should be aware that this may be embarrassing or difficult for the child. The photos may be mounted on typing paper in a folder, one to a page with evidence number or letter beneath each photo. No part of the photograph should be covered. After completion of the interview, this folder should be made a part of the child's interview documentation.

Videotapes can be presented in the same straightforward manner. Prior to this process, the decision on how many photographs or how much of the video should be shown to the child needs to be discussed by the investigator and prosecuting attorney.

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These Guidelines will be updated periodically. Any comments or suggestions should be addressed to Donna Pence, through APSAC, 30 North Michigan Avenue, Suite 1512, Chicago, IL 60602.

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AMERICAN ACADEMY OF PEDIATRICS

CLINICAL REPORT

Guidance for the Clinician in Rendering Pediatric Care

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

The Evaluation of Sexual Abuse in Children

ABSTRACT. This clinical report serves to update the statement titled "Guidelines for the Evaluation of Sexual Abuse of Children," which was first published in 1991 and revised in 1999. The medical assessment of suspected sexual abuse is outlined with respect to obtaining a history, physical examination, and appropriate laboratory data. The role of the physician may include determining the need to report sexual abuse; assessment of the physical, emotional, and behavioral consequences of sexual abuse; and coordination with other professionals to provide comprehensive treatment and follow-up of victims. ***Pediatrics*** **2005;116:506–512;** ***child sexual abuse, sexually transmitted diseases, medical assessment.***

ABBREVIATIONS. AAP, American Academy of Pediatrics; STDs, sexually transmitted disease.

INTRODUCTION

Few areas of pediatrics have expanded so rapidly in clinical importance in recent years as that of sexual abuse of children. What Kempe called a "hidden pediatric problem"[1] in 1977 is certainly less hidden at present. In 2002, more than 88 000 children were confirmed victims of sexual abuse in the United States.[2] Studies have suggested that each year approximately 1% of children experience some form of sexual abuse, resulting in the sexual victimization of 12% to 25% of girls and 8% to 10% of boys by 18 years of age.[3] Children may be sexually abused by family members or nonfamily members and are more frequently abused by males. Boys are reportedly victimized less often than girls but may not be as likely to disclose the abuse. Adolescents are perpetrators in at least 20% of reported cases; women may be perpetrators, but only a small minority of sexual abuse allegations involve women.

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

Because pediatricians have trusted relationships with patients and families, they may provide essential support and guidance from the time that abuse is detected and subsequently as the child and family recover from the physical and emotional consequences of abuse. Because of this trusted relationship, the pediatrician may also gain information from the child or family that is valuable to the investigation, evaluation, and treatment of the victim. However, a close relationship between the pediatrician and the family may pose potential tension, prompting the pediatrician to refer the child to a specialist to avoid conflict with the family. Furthermore, although pediatricians must care for sexually abused children in their practice, many report inadequate training in the recognition of red flags for sexual abuse and a lack of a consistent approach to evaluating suspected abuse.[7] Consultation with a pediatric specialist who has extensive training and professional experience in the comprehensive assessment of victims of sexual abuse may be necessary. These guidelines are intended for use by all health professionals caring for children. Additional guide-

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lines are published by the American Academy of Pediatrics (AAP) for the evaluation of sexual assault of the adolescent.[8]

DEFINITION

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

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

PRESENTATION

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

The diagnosis of sexual abuse and the protection of the child from additional harm depend in part on the pediatrician's willingness to consider abuse as a possibility. Sexually abused children who have not disclosed abuse may present to medical settings with a variety of symptoms and signs. Because children who are sexually abused are generally coerced into secrecy, the clinician may need a high level of suspicion and may need to carefully and appropriately question the child to detect sexual abuse in these situations. The presenting symptoms may be so general or nonspecific (eg, sleep disturbances, abdominal pain, enuresis, encopresis, or phobias) that caution must be exercised when the pediatrician considers sexual abuse, because the symptoms may indicate physical or emotional abuse or other stressors unrelated to sexual abuse. More specific signs and symptoms of sexual abuse are discussed under "Diagnostic Considerations." Most cases of child sexual abuse are first detected when a child discloses that he or she has been abused. Children presenting with nonspecific symptoms and signs should be questioned carefully and in a nonleading manner about any stressors, including abuse, in their life. Pediatricians who suspect that sexual abuse has occurred are urged to inform the parents of their concerns in a calm, nonaccusatory manner. The individual accompanying the child may have no knowledge of or involvement in the sexual abuse of the child. A complete history, including behavioral symptoms and associated signs of sexual abuse, should be sought. The primary responsibility of the pediatrician is the protection of the child; if there is concern that the parent with the child is abusive or nonsupportive, the pediatrician may delay in informing the parent(s) while a report is made and an expedited investigation by law enforcement and/or child protective services agencies can be conducted. Whenever there is a lack of support or belief in the child, this information should be provided promptly to child protective services.

TAKING A HISTORY/INTERVIEWING THE CHILD

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

should include information helpful in determining what tests should be done and when, how to interpret medical findings when present, and what medical and mental health services should be provided to the child and family.

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

PHYSICAL EXAMINATION

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

When the alleged sexual abuse has occurred within 72 hours or there is an acute injury, the examination should be performed immediately. In this situation, forensic evidence collection may be appropriate and may include body swabs, hair and saliva sampling, collection of clothing or linens, and blood samples. Body swabs collected in prepubertal children more than 24 hours after a sexual assault are unlikely to yield forensic evidence, and nearly two thirds of the forensic evidence may be recovered from clothing and linens.[21] When more than 72 hours have passed and no acute injuries are present, an emergency examination usually is not necessary. As long as the child is in a safe and protective environment, an evaluation can be scheduled at the earliest convenient time for the child, physician, and investigative team. The child should have a thorough pediatric examination performed by a health care provider with appropriate training and experience who is licensed to make medical diagnoses and recommend treatment. This examination should include a careful assessment for signs of physical abuse, neglect, and self-injurious behaviors. Injuries, including bruises incurred on the arms or legs during self-defense, should be documented in victims of acute sexual assault. Sexual maturity should also be assessed. In the rare instance in which the child is unable to cooperate and the examination must be performed because of the likelihood of trauma, infection, and/or the need to collect forensic samples, an examination under sedation with careful monitoring should be considered. Signs of trauma should preferably be documented by photographs; if such equipment is unavailable, detailed diagrams can be used to illustrate the findings. Specific attention should be given to the areas involved in sexual activity: the mouth, breasts, genitals, perineal region, buttocks, and anus. In female children, the examination should include inspection of the medial aspects of the thighs, labia majora and minora, clitoris, urethra, periurethral tissue, hymen, hymenal opening, fossa navicularis, posterior fourchette, perineum, and perianal tissues. The thighs, penis, scrotum, perineum, and perianal tissues in males should be assessed for bruises, scars, bite marks, and discharge. Any abnormalities should be noted and interpreted appropriately with regard to the specificity of the finding to trauma (eg, nonspecific, suggestive, or indicative of trauma). If the interpretation of an abnormal finding is problematic, consultation with an expert physician is advisable.

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

LABORATORY DATA

Depending on the history of abuse, the examiner may decide to conduct tests for sexually transmitted diseases (STDs). Approximately 5% of sexually abused children acquire an STD from their victimization.[25] The following factors should be considered in deciding which STDs to test for, when to test, and which anatomic sites to test: age of the child, type(s) of sexual contact, time lapse from last sexual contact, signs or symptoms suggestive of an STD, family member or sibling with an STD, abuser with risk factors for an STD, request/concerns of child or fam-

ily, prevalence of STDs in the community, presence of other examination findings, and patient/parent request for testing.[25] Although universal screening of postpubertal patients is recommended,[25] more selective criteria are often used for testing prepubertal patients. For example, the yield of positive gonococcal cultures is low in asymptomatic prepubertal children, especially when the history indicates fondling only.[26] Vaginal, rather than cervical, samples are adequate for STD testing in prepubertal children. Considering the prolonged incubation period for human papillomavirus infections, a follow-up examination several weeks or months after the initial examination may be indicated; in addition, the family and patient should be informed about the potential for delayed presentation of lesions. Testing before any prophylactic treatment is preferable to prophylaxis without testing; the identification of an STD in a child may have legal significance as well as implications for treatment, especially if there are other sexual contacts of the child or perpetrator. The implications of various STDs that may be diagnosed in children are summarized in Table 1; guidelines are also provided by the Centers for Disease Control and Prevention[27] and the AAP.[25,28] The most specific and sensitive tests should be used when evaluating children for STDs. Cultures are considered the "gold standard" for diagnosing *Chlamydia trachomatis* (cell culture) and *Neisseria gonorrhoeae* (bacterial culture). New tests, such as nucleic acid–amplification tests, may be more sensitive in detecting vaginal *C trachomatis*, but data regarding use in prepubertal children are limited. Because the prevalence of STDs in children is low, the positive predictive value of these tests is lower than that of adults, so confirmatory testing with an alternative test may be important, especially if such results will be presented in legal settings. When child sexual abuse is suspected and STD testing is indicated, vaginal/urethral samples and/or rectal swabs for isolation of *C trachomatis* and *N gonorrhoeae* are recommended. In addition, vaginal swabs for isolation of *Trichomonas vaginalis* may be obtained. Testing for other STDs, including human immunodeficiency virus (HIV), hepatitis B, hepatitis C, and syphilis, is based on the presence of symptoms and signs, patient/family wishes, detection of another STD, and physician discretion. Venereal warts, caused by human papillomavirus infection, are clinically diagnosed without testing. Any genital or anal lesions suspicious for herpes should be confirmed with a culture, distinguishing between herpes simplex virus types 1 and 2. Guidelines for treatment are published by the Centers for Disease Control and Prevention.[27]

If a child has reached menarche, pregnancy testing should be considered. A negative pregnancy status should be confirmed before administering any medication, including emergency contraception ("morning after" pills). Guidelines for emergency contraception have been published[29,30]; the AAP is in the process of developing its own guidelines.

DIAGNOSTIC CONSIDERATIONS

The diagnosis of child sexual abuse often can be made on the basis of a child's history. Sexual abuse is rarely diagnosed on the basis of only physical examination or laboratory findings. Physical findings are often absent even when the perpetrator admits to penetration of the child's genitalia.[31–33] Many types of abuse leave no physical evidence, and mucosal injuries often heal rapidly and completely.[34–38] In a recent study of pregnant adolescents, only 2 of 36 had evidence of penetration.[39] Occasionally, a child presents with clear evidence of anogenital trauma without an adequate history. Abused children may deny abuse. Findings that are concerning include: (1) abrasions or bruising of the genitalia; (2) an acute or healed tear in the posterior aspect of the hymen that extends to or nearly to the base of the hymen; (3) a markedly decreased amount of hymenal tissue or absent hymenal tissue in the posterior aspect; (4) injury to or scarring of the posterior fourchette, fossa navicularis, or hymen; and (5) anal bruising or lacerations.[31–36] The interpretation of physical findings continues to evolve as evidence-based research becomes available.[40] The physician, the multidisciplinary team evaluating the child, and the courts must establish a level of certainty about whether a child has been sexually abused. Table 2 provides suggested guidelines for making the decision to report sexual abuse of children based on currently available information. For example, the presence of semen, sperm, or acid phosphatase; a positive culture for *N gonorrhoeae* or *C trachomatis*; or a positive

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

STD Confirmed	Sexual Abuse	Suggested Action
Gonorrhea*	Diagnostic†	Report‡
Syphilis*	Diagnostic	Report
HIV infection§	Diagnostic	Report
C trachomatis infection*	Diagnostic†	Report
T vaginalis infection	Highly suspicious	Report
C acuminata infection* (anogenital warts)	Suspicious	Report
Herpes simplex (genital location)	Suspicious	Report‖
Bacterial vaginosis	Inconclusive	Medical follow-up

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

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

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

* If nonsexual transmission is unlikely or excluded.
† If confirmed with various examination techniques and/or peer review with expert consultant.
‡ If behaviors are rare/unusual in normal children.

serologic test for syphilis or HIV infection make the diagnosis of sexual abuse a near medical certainty, even in the absence of a positive history, if perinatal transmission has been excluded for the STDs. The differential diagnosis of genital trauma also includes accidental injury and physical abuse. This differentiation may be difficult and may require a careful history and multidisciplinary approach. Because many normal anatomic variations, congenital malformations and infections, or other medical conditions may be confused with abuse, familiarity with these other causes is important.[41,42]

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

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

TREATMENT

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

LEGAL ISSUES

The medical evaluation is first and foremost just that: an examination by a medical professional with the primary aim of diagnosing and determining treatment for a patient's complaint. When the complaint involves the possible commission of a crime, however, the physician must recognize legal concerns. The legal issues confronting pediatricians in evaluating sexually abused children include manda-