



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

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

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STATEMENT OF PURPOSE

The Pinal County Attorney's Office ("PCAO") establishes the following as a county-wide procedural document (hereinafter referred to as the "Protocol"/"s") to guide the investigation of alleged child abuse cases. The Pinal County Attorney's Office recognizes that child abuse is devastating to children, families, and communities, and that no single agency has the knowledge or resources to provide a comprehensive response to those affected in the Pinal County area. The combined knowledge, skills and experience of prosecutors and other professionals in disciplines such as law enforcement, child welfare, victim services, and both physical and mental healthcare will significantly enhance the effectiveness of the investigation and prosecution of child abuse crimes in a manner that emphasizes child safety and well-being.

The Protocols were established in cooperation with the PCAO Family Advocacy Center (the "FAC"), local and county law enforcement agencies as well as the Arizona Department of Economic Security's Child Safety & Family Services ("CSFS") and Office of Child Welfare Investigations ("OCWI"). They reflect a commitment to a comprehensive, multi-disciplinary team response using methods and procedures that maximize obtaining reliable information during an investigation while minimizing duplication of efforts and other potential negative impacts on a child during the investigation and prosecution of child abuse crimes.

The Protocols are intended as a guideline and reference source for interagency cooperation in the investigation, prosecution and management of cases in which children are primary victims or critical witnesses (i.e. child sexual abuse, sexual exploitation; child physical abuse; child neglect; child abductions, kidnapping; child trafficking; child abuse related domestic violence; critical child witness to homicide or attempted homicide). While these Protocols specify best practice methods, each case must be approached individually, taking into account each case's unique factors and the differing resources of the many agencies, operating under the Protocol. However, to the extent possible, consistent compliance with the procedures set forth herein will greatly increase the effectiveness of Pinal County's response to child abuse and neglect cases.

The purpose of the Protocols is to: 1) clarify each agency's duties and responsibilities in this cooperative team approach; 2) limit the number of interviews required of a child victim or critical child witness; and 3) provide a consistent, coordinated and efficient approach to the investigation, prosecution and management of child abuse cases in an environment that emphasizes the best interests of children.

As the Pinal County Attorney, I want to thank the member agencies along with the staff members of the Pinal County FAC and commend them for their commitment and dedication to working cooperatively in the handling of child abuse cases. The delivery of professional services and the treatment within a coordinated framework promotes an environment within which a child can feel safe and secure. We must strive to protect those whom are most vulnerable to abuse and neglect. This Protocol provides a model for intervention and treatment upholding my promise to protect our most vulnerable citizens.

M. Lando Voyles
Pinal County Attorney

STATEMENT OF SUPPORT

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

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

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

MUTLI-DISCIPLINARY TEAM

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

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

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

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

9. MDT members shall be asked for their input and expertise regarding cases. If there are no cases up for review, these meetings shall be utilized for educational updates, planning, general information sharing, and to provide feedback and suggestions regarding the Pinal County Protocols as well as the operations of the MDT and the Pinal County FAC locations.

10. The MDT shall participate in ongoing training and educational opportunities such as peer review, skill based learning, cross discipline training as part of the MDT meetings, and/or through individual agency trainings per their individual licensing requirements and NCA requirements. At monthly case reviews, MDT members will be asked for input regarding training and educational needs. Whenever possible, an educational component will be included as part of the monthly case review. Additionally, the program coordinator at the FAC ("FAC Coordinator"), with input from MDT members and other professionals in the field, will identify relevant, educational opportunities locally and nationally that are cross-discipline in nature (i.e. webinars, conferences).

LAW ENFORCEMENT

The purpose of law enforcement's response to incidents of physical and sexual abuse involving children is to determine if a crime has been committed and to bring to light those facts and circumstances necessary to bring the perpetrators into the criminal justice system.

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

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

Law enforcement members will be notified immediately via telephone or fax when CSFS/OCWI receives a report with criminal conduct allegations or an allegation that indicates a child is in danger. When the information received by CSFS/OCWI indicates the child is not in immediate danger but further investigation is warranted, CSFS/OCWI shall contact the appropriate law enforcement agency directly and request notification be made to a law enforcement officer. As CSFS/OCWI operates under a statutory requirement to respond based on priority within specific time frames, the responsible law enforcement officer will contact the CSFS/OCWI worker as soon as possible and they will coordinate an appropriate response based on the circumstances of the call, individual agency guidelines, availability of resources and the need for a coordinated multi-agency on-scene response. The law enforcement officer is responsible for determining whether or not a criminal investigative response will be initiated.

Effective investigation by law enforcement agencies is enhanced with the establishment of a specialized unit to investigate allegations of criminal conduct against children. Smaller agencies are encouraged to

designate a “specialist” if the number of investigations does not warrant a unit. This specialized unit, whether it consists of a part-time or several full-time officers should:

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

In Pinal County, the PCAO has established the Pinal County FAC in the City of Eloy with plans to open a second facility in the San Tan Valley area. The Eloy and proposed San Tan Valley locations are available for use by all law enforcement agencies and benefit both the investigation and the victim by creating a one-stop facility for the investigative process in environments that emphasize child safety and minimize secondary trauma to the child victim or witness.

The San Tan Valley FAC will serve northern Pinal County and intake cases from Apache Junction Police Department, Coolidge Police Department, Florence Police Department, Superior Police Department, and the Pinal County Sheriff’s Office. The Eloy FAC will intake cases from areas in southern Pinal County including Casa Grande Police Department, Eloy Police Department, Kearny Police Department, Maricopa Police Department, Mammoth Police Department, as well as the cases handled by the Pinal County Sheriff’s office in that area. Until the San Tan Valley FAC opens, Eloy FAC is open to serve all other law enforcement agencies in Pinal County, along with outside agency assists (See **Family Advocacy Center** section). Law enforcement officers may use the child-sensitive, secure FAC facility for coordination of services during the investigative process. Families or those who accompany children will be given access to a private waiting area. Child friendly interview rooms are available for officers who may need to conduct victim interviews. Forensic medical exams (as needed) can be coordinated at FAC in order to minimize travel and duplication of efforts so that treatment for children and families can be initiated as soon as possible. Equipment for preservation of evidence (i.e. DVD’s of forensic interviews; digital/colposcopic photos of medical examinations conducted by Sexual Assault Nurse Examiners or forensic physicians) is available at the FAC. The FAC is equipped with locked, refrigerated storage (as needed) with limited access to preserve the chain of evidence. A clothes closet (clothes and undergarments) is available for child victims as needed. Ample areas of private space are available as needed.

The PCAO helps to staff cases at the FAC and are available for questions or referrals. Victims are less traumatized by the amiable environment, which provides crisis intervention and referral services to both the victim and his/her family.

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

A. Child Sexual Abuse Cases

1. Initial Report: The officer should establish the elements of the crime and jurisdiction.

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

- i. Obtain the facts of the reported crime
 - ii. Determine if the child is in imminent danger
 - iii. Determine if the victim may require medical attention
 - iv. Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per these Protocols
 - (b) If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.
- a. It is strongly recommended that a law enforcement officer or FAC interviewer trained in forensic child interviews conduct interviews of the victim utilizing the guidelines as outlined in **Exhibit E** (*Forensic Interview Guidelines*). The decision regarding which responding officer, investigator, or FAC interviewer will interview the victim, child witnesses, sibling or other children in the home will be made by the law enforcement agency with jurisdiction in the matter. It is recognized that the responding law enforcement officer may not have received the recommended training; nothing in these Protocols shall be interpreted to mean that law enforcement officers cannot conduct investigative interviews without the recommended training. However, it is strongly recommended that only trained forensic interviewers conduct investigative interviews of child victims and critical child witnesses. Responding patrol officers are directed to conduct a brief minimal facts interview and not a forensic interview of the child.
- b. The responding officer should only interview the suspect if the suspect is present and aware of the investigation. If suspect is not aware of the investigation, the suspect should not be contacted without prior consultation with an investigating officer or supervisor.
- c. The responding officer may interview other witnesses. Dates of birth, social security numbers, current phone numbers, physical and mailing addresses and other biographical information will be obtained.
- d. Once it is determined that a crime has been committed, the responding officer may then continue the initial case preparation.
- i. Assess the need for immediate medical evaluation. If the assigned investigator or responding officer has questions regarding whether a medical evaluation is necessary for evidentiary purposes, he/she should promptly consult with a PCAO Deputy County Attorney assigned to the Special Victims Bureau. Note that in cases of sexual abuse in which the incident occurred within the past 120 hours, the victim should receive a forensic medical exam.

- ii. Assess the need for a search warrant. Officers may contact the County Attorney's Office for assistance and in regard to sealing the affidavit of the search warrant.
 - iii. Assess the need for immediate arrest if the suspect is present. The officer should examine:
 - (a) The suspect's risk of flight to avoid prosecution.
 - (b) The suspect's danger to the victim.
 - (c) The suspect's danger to the community.
 - (d) Patrol officers may consult with investigators or the PCAO, if necessary.
 - iv. Assess the need for scene preservation and/or photographs.
 - v. Assess the need for an investigating officer to respond to the crime scene, hospital or other location.
- e. As soon as law enforcement determines that CSFS may have jurisdiction on the matter under investigation law enforcement will notify the CSFS dedicated law enforcement hotline at 1-877-238-4501 and provide sufficient information for CSFS to coordinate their response with law enforcement. Law enforcement responding after regular business hours, on weekends and holidays to child abuse emergencies in which the child is in imminent danger (and in need of access to emergency placement services for a child) should also use the Child Abuse Hotline.
2. The Investigation: It is recognized that it is not always feasible for the investigation of an allegation of criminal conduct against a child victim to be conducted by an investigator. Whether the investigation is conducted by the initial responding officer, a patrol officer or investigator, the law enforcement officer shall:
- a. Interview the reporting source to determine the circumstance of disclosure.
 - b. Interview the victim
 - i. Arrange an interview of the victim at FAC if possible. The child's interview should be conducted per **Exhibit E** (*Forensic Interview Guidelines*). Coordinate the interview with CSFS if they are involved in the case. If a joint interview with CSFS is not feasible and the circumstances dictate CSFS involvement, the victim interview should be shared with CSFS in order to minimize unnecessary or multiple interviews of the child victim.
 - ii. Arrange for a medical examination at one of the PCAO FAC locations if feasible (See **Medical Evaluation** section). Officers shall consult with PCAO for appropriate medical response.
 - c. Conduct crime scene(s) investigation and evidence processing.

- d. Interview the family and other witnesses separately. Obtain dates of birth, social security numbers, phone numbers, physical and mailing addresses and other biographical information including where child witnesses attend school.
- e. Obtain a copy of the medical examination report and interview medical personnel. Send a copy of the medical examination report to CSFS.
- f. Conduct investigative research on:
 - i. Prior convictions of the suspect.
 - ii. Prior police reports involving the suspect, victim(s) or witness(es).
 - iii. Prior unreported allegation involving the suspect, victim(s) or witness(es).
 - iv. Current and prior CSFS reports.
 - v. Any other intelligence information (i.e. place of work, etc.)
- g. Interview the suspect
 - i. The suspect should be interviewed only by law enforcement personnel.
 - ii. CSFS shall, when possible, be notified of the suspect interview and should be aware of the content of the suspect interview.
- h. The interview should be recorded (by video preferably).
- i. Determine the need to arrest the suspect based on:
 - i. The possibility of flight to avoid prosecution;
 - ii. The danger to the victim; and
 - iii. The danger to the community
- j. Conduct any other necessary investigations.

Law enforcement should contact PCAO prior to any initial appearance proceedings.

B. Child Physical Abuse/Neglect Cases

1. Initial Report: The responding officer should establish the elements of the crime of physical abuse or neglect and jurisdiction.
 - a. The responding officer should interview the reporting source, away from the victim, witnesses, or other reporting sources, in order to:
 - i. Obtain the facts of the reported crime.
 - ii. Determine if the child is in imminent danger.
 - iii. Determine if the victim may require medical attention.
 - iv. Determine jurisdiction
 - (a) If within departmental jurisdiction, continue per these Protocols.

- (b) If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.

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

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

- or suspect gives information regarding a weapon, instrument or mechanism of the injury, a search warrant or consent form should be obtained.
- iii. Document any physical injury to the child with photographs. Photographs should depict the child's entire body and face, not just the external manifestations of abuse. Photographs should include ruler and color bar where possible. A law enforcement officer should not take a photograph of a child's genitalia. This will be obtained by medical personnel (See **Medical Evaluation** section). In cases of severe physical abuse and/or severe neglect, a consent form or search warrant should be used to obtain photographs or video of the entire household. Additional photographs of injuries should be taken 24 to 36 hours after the injuries.
 - iv. As soon as law enforcement determines that CSFS may have jurisdiction on the matter under investigation law enforcement will notify the CSFS law enforcement hotline and provide sufficient information for CSFS to coordinate their response with law enforcement. Written reports can also be faxed to the local CSFS office for immediate assistance.
2. The Investigation: It is recognized that some law enforcement agencies in Pinal County may not have adequate resources to use investigators who are solely dedicated to cases of this nature. If a dedicated child abuse investigator is not available, the assigned officer should adhere to these standards.
- a. Non-Hospitalized Children
 - i. An investigator reviews the initial report and continues the investigation by interviewing the family, siblings, other witnesses, etc., as dictated by the facts of the case. If the child victim is interviewed the interview should be conducted per the Forensic Interview Guidelines (**Exhibit E**).
 - ii. If not already done and if appropriate, photographs are taken to document the abuse. An investigator should ensure that additional follow-up photographs are taken as needed.
 - iii. CSFS shall be contacted to obtain prior reports and to determine what action CSFS is taking on the referral. If CSFS is involved, law enforcement shall share information with them.
 - iv. The suspect's prior police history should be determined, paying particular attention to assault and domestic violence contacts.
 - v. Obtain relevant medical records on the child and interview appropriate medical personnel.
 - vi. Interview the suspect if not already interviewed. If the suspect has not invoked his/her rights, re-interview to complete his/her account of the events. If the suspect has not already been booked, the investigator shall assess the risk of flight to avoid prosecution and determine if the suspect should be arrested in light of all the information obtained.

vii. The need for a medical exam should be assessed.

b. Hospitalized Children

- i. A PCAO Deputy County Attorney assigned to the Special Victims Bureau shall be notified as soon as possible on all cases where a child is admitted to a hospital or dies as a result of suspected child abuse.
- ii. Ensure that the scene(s) is (are) identified and secured pending issuance of a search warrant or signed consent.
- iii. Obtain a statement from the initial attending physician as to time frames and mechanisms of injury and symptoms the child would be expected to show, given the injury sustained.
- iv. Interviews should be conducted with all caretakers, suspects and witnesses including specialized physician (e.g., neurosurgeons, pediatric radiologists, etc.). Interviews of the caretakers shall focus not only on the current injury, but also on a thorough background of the child's health and upbringing. Caretakers will be interviewed separately. Interviews with specialized medical personnel should be coordinated through hospital administration staff.
- v. All medical records including recent and previous hospitalizations, doctor or emergency room visits by the child should be requested for the investigation through hospital administration staff.
- vi. Search warrants are to be utilized where appropriate, to ensure a thorough scene investigation. Investigators may contact PCAO regarding assistance with the warrant.
- vii. CSFS shall be contacted to obtain prior reports and to determine what action CSFS is taking on the referral. If CSFS is involved, law enforcement shall share information with them.

3. Information Law Enforcement to provide the PCAO:

- a. All pertinent information should be submitted to PCAO in a timely manner. The file should include the following information:
 - i. A complete copy of the police report.
 - ii. All medical records of the child.
 - iii. Copy of interview recordings
 - iv. Copy of photographs
 - v. Copy of 911 calls.
 - vi. Prior relevant police reports and any other information obtained during the investigation.
 - vii. Criminal history report.

- b. Upon further request of PCAO a copy of all non-privileged information from the CSFS investigation including:
 - i. The CSFS case file
 - ii. Any relevant, non-privileged, non-duplicative information concerning the victim or witnesses from the Arizona State Attorney General Office's file pertaining to dependency, severance or related investigation or actions.
- c. The CSFS caseworker is responsible for facilitating the delivery of the CSFS information to the law enforcement agency in a timely fashion when requested.
- d. The law enforcement agency should contact the CSFS caseworker prior to submittal for prosecution to ensure all pertinent information is included.
- e. If further investigation post-filing is requested and the suspect is in custody, all requested information should be presented to the assigned PCAO Deputy County Attorney 24 hours prior to any judicial proceedings including Early Disposition Court, Grand Jury or Preliminary Hearing.
- f. If the PCAO Deputy County Attorney refers the case back to the law enforcement agency for further investigation:
 - i. The case should be returned to the original case agent if possible. An in-person consultation between the assigned Deputy County Attorney and case agent should be conducted to discuss the specifics of the further investigation requested by the Deputy County Attorney.
 - ii. A copy of the submittal will be sent to CSFS by the investigating agency.
 - iii. The requested information should be obtained as soon as possible.
 - iv. The PCAO must be advised if the investigating agency decides to investigate/close the case within 30 days.
- g. If the suspect is indicted by the Grand Jury, the law enforcement officer shall notify CSFS.

C. Training

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

CHILD SAFETY AND FAMILY SERVICES (CSFS) & OFFICE OF CHILD WELFARE INVESTIGATIONS (OCWI)

The Arizona Department of Economic Security (“ADES”) oversees both Child Safety & Family Services (previously defined as “CSFS”) and the Office of Child Welfare Investigations (previously defined as “OCWI”). CSFS is primarily responsible for investigating and assessing child safety pertaining to in-home allegations of any act, failure to act, or a pattern of behavior on the part of a parent, guardian or custodian that may result in compromising the safety and well being of a child. OCWI is primarily responsible for investigating allegations of child abuse involving criminal conduct (“Criminal Conduct”).

Pursuant to A.R.S. §8-802, ADES receives reports of dependent, abused, neglected or abandoned children on a 24-hour 7 day per week basis through its law enforcement hotline at 1-877-238-4501 and its general hotline at 1-888-767-2445 and is to direct CSFS workers to conduct a prompt and thorough investigation and assessment of reports received by the department.

OCWI will primarily receive referrals from the CSFS Hotline and can also receive referrals from CSFS staff during the course of a CSFS investigation if it is believed that criminal conduct is present and assistance from OCWI is needed. OCWI maintains criminal justice agency status but does not replace law enforcement’s primary role and duty to investigate crimes against children.

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

At this time, OCWI does not have a significant presence in Pinal County and it is unclear how involved OCWI may become in alleged Criminal Conduct cases of child abuse in Pinal County. As such the procedures and processes related to OCWI may not be applicable in every case. The PCAO welcomes the assistance of OCWI in Pinal County to assist in the joint investigation with any Criminal Conduct child abuse case.

For Pinal County cases, any report from the CSFS Hotline that is designated with Criminal Conduct will be referred to the jurisdictional law enforcement agency and jointly investigated. CSFS Specialists and/or OCWI Investigators will coordinate their investigation and assessment with law enforcement, sharing relevant information, as well as monitoring and participating in forensic interviews. In CSFS reports where there is no Criminal Conduct tracking code from the CSFS Hotline, reports may be jointly investigated and assessed when requested by either CSFS, OCWI, or the local law enforcement agency.

When law enforcement or OCWI does not have sufficient personnel to respond, or a joint interview is otherwise not feasible, CSFS may continue to conduct the investigation and assessment. CSFS should contact the law enforcement agency by telephone or email within 24 hours of determining the status. CSFS shall make available to law enforcement, upon request, all notes, reports, photographs and medical records, including all prior reports of CSFS contacts regarding the child.

A. Pre-Interview Protocols

CSFS & OCWI are to adhere to the following procedures during the pre-interview process:

1. The CSFS Specialist or OCWI Investigator may coordinate the investigation and assessment with law enforcement.
2. During the investigation, CSFS, OCWI and law enforcement investigators will, as soon as practicable, share relevant information, maintain on-going contact and monitor and/or participate in forensic interviews conducted by their counterparts.
 - a. These efforts will clearly be documented in reports prepared by each agency.
 - b. Determine jurisdiction
 - c. Coordination will be stressed when the report alleges or the investigation indicates the child is a victim of sexual abuse and/or criminal investigation of the alleged child maltreatment is in progress or anticipated.
 - d. High priority or high risk reports shall be handled with joint law enforcement/OCWI and/or CSFS investigations where the safety of the child has not been ensured.
 - e. Other CSFS and/or OCWI reports may be handled with joint investigation when requested.
3. Reports of Criminal Conduct allegation
 - a. When CSFS receives information regarding an in-process Criminal Conduct allegation that indicates a child is in danger they shall notify OCWI and the applicable law enforcement agency.
 - b. When the information received by CSFS indicates the child is not in present danger but further investigation is warranted, CSFS shall contact the appropriate OCWI Investigator and law enforcement agency

B. Interview Protocols

The CSFS Specialist and/or OCWI Investigator will ensure that all interviews pertinent to addressing the alleged abuse are completed. In accordance with the Protocols, care should be taken to not duplicate child victim interviews. Permission from the applicable law enforcement agency should be obtained prior to conducting interviews that may compromise an ongoing criminal investigation. Additionally it is strongly recommended that child interviews be conducted at one of the Pinal County FAC locations as appropriate, using the forensic interview guidelines outlined in **Exhibit E** (*Forensic Interview Guidelines*).

- a. In scenarios when a law enforcement agency conducts interviews:
 - i. OCWI Investigators and/or CSFS specialists may monitor all interviews unless it impedes the criminal investigation.
 - ii. OCWI Investigators and/or CSFS Specialists may obtain digital or written records of the interviews.

- b. In scenarios when OCWI and/or CSFS Investigators conduct interviews:
 - i. Approval will be obtained from the applicable law enforcement agency (as practicable) to proceed in interviewing all pertinent parties.
 - ii. The law enforcement investigator and FAC interviewer will be permitted to monitor interviews when appropriate.
 - iii. CSFS Investigators will obtain approval (as practicable) prior to conducting interviews on cases assigned to OCWI Investigators.
- c. The following sequence should be followed for interviewing:
 - i. Source of report;
 - ii. Non-abusing parent/spouse/caretaker (if it will not impede or compromise the criminal investigation);
 - iii. Alleged victim if the child's age and intellectual/emotional acuity permit;
 - iv. Siblings/other children in the home;
 - v. Alleged perpetrator;
 - vi. Other persons who may have information regarding the alleged abuse;

Records from CSFS & OCWI are available to law enforcement and PCAO, upon request, including a summary of all previous reports concerning the child, family or perpetrator, whether substantiated or not.

C. Case Management Protocol

- 1. CSFS Specialist will:
 - a. Obtain a medical examination of the child victim following guidelines outlined in the ***Medical Evaluation*** section of the Protocols.
 - b. Gather and record information from the CSFS

D. Training

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

PINAL COUNTY ATTORNEYS OFFICE

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

A. Review of Submittals

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

1. Arrest of suspect

If suspect is arrested the following applies:

- a. When the suspect is arrested and booked into jail, an attorney may attend the Initial Appearance to argue for an appropriate bond or other specific terms and conditions of release.
- b. If a suspect has been booked, a complaint must be filed within 48 hours (excluding weekends and holidays) of an Initial Appearance, which occurs within 24 hours of booking into jail, in order to maintain the bond or release conditions that were set at the initial appearance proceedings ("Initial Appearance"). This process is subject to change as PCAO develops an Interim Complaint process.
- c. If charges are not filed, the defendant is released from custody and all Initial Appearance conditions no longer apply. If the defendant was released at his Initial Appearance, on his own recognizance or on bond, and no complaint is filed within 48 hours, all release conditions will no longer apply and any bond posted will be exonerated. This process is subject to change as PCAO develops an Interim Complaint process.

2. Submittals returned for further investigation

- a. An in-person consultation between the assigned case agent and PCAO Special Victims Bureau Attorney should be conducted, whenever possible, to discuss the specific additional investigation necessary for prosecution.
- b. The submittal is then returned to the investigating agency to complete the investigation.
- c. The case may either be resubmitted for review with additional investigation or the law enforcement agency may choose to close the investigation.
- d. If the agency does not choose to pursue the investigation, the PCAO as well as CSFS and/or OCWI should be notified in writing.

3. Submittals declined for prosecution

- a. If a case is declined for prosecution, a letter indicating this decision will be mailed to the law enforcement officer and the victim by the PCAO.
 - i. The PCAO shall confer in-person, whenever possible, with the submitting law enforcement agency prior to declining a case for prosecution
 - ii. The victim has a right to confer with the PCAO regarding a decision not to prosecute.
- b. There are various reasons why cases may be declined, including insufficient evidence to prosecute. The ultimate legal authority to prosecute or decline any particular case rests solely with PCAO.
- c. Cases are never rejected solely on the basis of the victim's or family's refusal to cooperate.

- d. All cases that are declined may, of course, be reevaluated if new evidence is presented.
4. Felony cases may be sent to a preliminary hearing or taken before the Grand Jury for a determination of probable cause.
 - a. Grand Jury proceedings are not open to the public.
 - b. If the suspect is indicted, the PCAO shall notify the members of the MDT of the charges.

B. Prosecution

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

1. An investigator may be utilized to assist the assigned PCAO Deputy County Attorney once a case is filed.
2. A victim/witness advocate is also assigned and will act as a liaison between the PCAO prosecutor and the victim.
3. The PCAO Deputy County Attorney, in conjunction with the victim/witness advocate, will work with the victim, parent, guardian ad litem or the victim's attorney on the case.
4. Paralegals and legal support staff members help in research and in the preparation of motions regarding special issues surrounding child sexual and physical abuse prosecutions.
5. CSFS and OCWI are independent state agencies under the ADES. CSFS deals with civil issues involving the child victim and OCWI handles the investigation of Criminal Conduct allegations of child abuse.

All members of the prosecution team are under a continuing obligation to exchange case information.

C. Case Dispositions – Change of Plea or Trial

1. Once a case has been assigned to a PCAO Deputy County Attorney, the attorney, and/or the assigned victim/witness advocate will contact the victim to discuss the process and obtain input as to a possible disposition.
2. While not all cases are appropriate for plea offers, some cases will involve an offer to plead guilty to a lesser charge. Plea offers must comply with the Plea Agreement Principles and Guidelines established by the Pinal County Attorney. All plea offers in cases where the defendant faces a mandatory prison term if convicted at trial must be approved by the Bureau Chief of the Special Victims Bureau or the Chief Deputy Pinal County Attorney.
3. Negotiated plea offers are to be communicated to the victims via the assigned victim/witness advocate and PCAO will afford all victims the right to discuss any plea offer with the assigned PCAO Deputy County Attorney and if necessary the Chief Deputy for PCAO. Victims may notify the pre-sentence probation officer and the court if they are not satisfied with any plea offer. Final disposition of a negotiated plea offer rests with the discretion of the court to either accept or reject the plea offer.

4. In all child sexual abuse cases that involve more than one count, it is anticipated that any plea offer will include lifetime probation. Lifetime probation may be imposed even in cases that include a term of imprisonment.
5. If a case cannot be resolved by way of change of plea, the case will go to trial.

D. Trial Disposition / Victim Preparation

1. PCAO recognizes that many victims and/or their lawful representatives are apprehensive about testifying. Trial apprehension is caused by various factors, including:
 - a. Unfamiliarity with the trial process
 - b. Uncertainty regarding whether or not the case is proceeding to trial.
 - c. Unnecessary delays.
 - d. Fear of testifying
 - e. Affection for the defendant and concern over possible punishment
 - f. Concern over continued disruption of family dynamics and lack of emotional support from other family members
2. The PCAO Deputy County Attorney along with the assigned victim/witness advocate may initially meet the victim in the victim's home, or other location where the victim feels comfortable.
3. Trial preparation is the responsibility of the assigned prosecuting PCAO Deputy County Attorney. The prosecutor should meet with the victim in order to:
 - a. Acquaint the victim with the trial process.
 - b. Develop a rapport with the victim.
 - c. In all but very rare cases, the victim will testify in court if the case is taken to trial. Prior to the trial, the victim will be taken into a courtroom and the PCAO Deputy County Attorney and/or the assigned victim/witness advocate will explain courtroom protocols and procedures to the victim.
 - i. The PCAO Deputy County Attorney is aware that the courtroom may be intimidating to the child/victim.
 - ii. In appropriate cases, the PCAO Deputy County Attorney will request adaptation of the courtroom in order to fit the victim's needs or pursue digitally recorded or closed circuit testimony.
 - iii. When handled properly, trial testimony can be a powerful aid to the victim recovery process.
 - d. The PCAO Deputy County Attorney takes an active role in the victim's recovery process by the manner in which he/she handles a case destined for trial.
 - e. If requested to do so, the PCAO Deputy County Attorney will assist the victim in selecting a support person to be present during the victim's testimony, in addition to the assigned victim/witness advocate. The support person cannot otherwise be a witness in the case. The PCAO Deputy County Attorney will seek appointment of an interpreter or guardian ad litem for a victim in appropriate cases.

- f. Prior to trial, the PCAO Deputy County Attorney and/or the assigned victim/witness advocate will discuss the possible outcomes of the trial with the victim and the victim's representative.
4. At the option of the victim, he or she may submit to an interview by the defense attorney.
 - a. The victim and/or victim representative will be advised of their right to decline a defense interview.
 - b. The PCAO Deputy County Attorney will be present and will actively participate in any such interview.
 - c. The PCAO Deputy County Attorney will make necessary arrangements for any reasonable conditions requested by the victim, including:
 - i. The presence of a victim/witness advocate who acts as a support person for the victim; or
 - ii. The presence of another support person.
 - d. The PCAO Deputy County Attorney or his/her representative will arrange defense interviews of witnesses at the defense's request.
 - i. The PCAO Deputy County Attorney or his/her representative will be present and will record the interview.
 - e. The PCAO recognizes that child sexual and physical abuse cases often require retention of expert witnesses.
 - i. In those cases, the PCAO will pay reasonable fees for that expertise.
 - ii. A professional witness that has seen and evaluated the child/victim is required to testify because they are material witnesses. In such situations, the professional is not entitled to expert witness compensation.
 - iii. Expert and professional witnesses often have scheduling difficulties. The PCAO Deputy County Attorney shall strive to give adequate notice of a pending trial date to these witnesses.
 - iv. Special consideration will be given to the experts and professional witnesses to accommodate their schedules in coordinating a time for their testimony. Obvious constraints are imposed on the PCAO Deputy County Attorney, but efforts will be made to minimize the inconvenience to the expert or professional witness.

E. Courtroom Protocols

Testifying in court is an emotional experience for most adult witnesses. For a child it may be a frightening experience. In some cases there is a need to adjust the courtroom, for the needs of children. The Rules of Evidence give the Court broad discretion to meet those needs and to promote the search for truth. It is important for judges to take a proactive role when it comes to children in the courtroom, as justice, in many cases, depends on common sense sensitivity to the needs of child witnesses.

The following outline provides some guidelines for PCAO Deputy County Attorneys to follow in accommodating children as witnesses in a criminal justice system that is set up for adults. Many of these suggestions will depend on the individual circumstances of the particular child witness. The court and

PCAO Deputy County Attorneys should always be aware of the dangers in creating error when special procedures are used which may affect the Defendant's rights.

1. Language Abilities

- a. Since in any criminal trial every person is competent to be a witness, there should be no need for a separate hearing on competency (see A.R.S. § 13-4061) If a judge decides to conduct such a competency hearing with a child/witness, the PCAO Deputy County Attorney should be allowed to conduct the questioning.

2. Attorney Conduct

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

3. Reducing Courtroom Trauma

A child friendly courtroom environment should:

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

F. CASE DISPOSITION

1. Jury Verdict

- a. If the case has been presented and the jury returns with a verdict, the PCAO Deputy County Attorney and/or the assigned victim/witness advocate will inform the interested parties and team members of the case outcome.

- b. It is the PCAO Deputy County Attorney’s responsibility to consult with and keep the victim informed of the decision regarding the final disposition of the case.
2. Sentencing
- a. If the accused defendant (the “Defendant”) pleads guilty, no contest or if the jury finds the Defendant guilty, the PCAO Deputy County Attorney and/or the victim/witness advocate will inform the victim of the sentencing procedure.
 - b. The sentencing date is 30 to 60 days after conviction.
 - c. The PCAO Deputy County Attorney’s duties in regards to the sentencing process:
 - i. Submit the Pinal County Adult Probation packet with the following to the Pinal County Adult Probation Officer:
 - (a) Departmental reports; the Indictment, Information, or complaint;
 - (b) Copy of the Plea Agreement (when applicable);
 - (c) Victim’s biographical information; or other relevant information; and
 - (d) The PCAO Deputy County Attorney’s sentencing recommendation
 - (e) Inform the victim of his/her right to restitution
 - (f) Inform the victim of his/her right to view any pre-sentencing report
 - (g) Inform the victim of sentencing procedure options including:
 - (a) The Defendant may seek a continuance of the original sentencing date in order to present mitigating evidence;
 - (b) The State may seek a continuance in order to present aggravating evidence; or
 - (c) Either side may request a mental health examination under Rule 26.5, *Arizona Rules of Criminal Procedure*.
 - ii. Inform the victim of his/her sentencing rights at the sentencing proceeding.
 - (a) The victim or the victim’s lawful representative has the right to be present at the sentencing; and
 - (b) The victim or the victim’s lawful representative has the right to address the court.
 - iii. Assist the victim in addressing the court. The PCAO Deputy County Attorney may assist the victim in preparing a written statement to present to the Court.
3. Post Conviction Relief & Appeals
- a. The PCAO Deputy County Attorney and/or the assigned victim advocate will explain to the victim and his/her representative the possibility of a review via a petition for post-conviction relief (“PCR”) or an appeal. A form to opt-In for post-conviction notification will be provided to the victim.
 - b. PCR review is handled by the PCAO.
 - c. Appeals are handled by the Arizona Attorney General’s Office.

PINAL COUNTY FAMILY ADVOCACY CENTERS

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

1. Services Provided

- a. Case consultation with other MDT professionals
- b. Forensic medical examinations as authorized by the PCAO.
- c. Forensic interviews conducted in child friendly rooms with recording capabilities
- d. Mental health consultation
- e. Victim advocacy services

2. Cases Eligible for Referral

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

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

3. How to refer a case

The Pinal County FAC requires that all referrals are made by a Detective or CSFS/OCWI caseworker. If a family or community member calls requesting services, they will be directed to the appropriate investigative agency or the support service that can help them

contact an investigative agency (i.e. victim services specialist who may assist a community member fearful to report). Contact the Pinal County FAC by phone during normal business hours (M-F 8:00 AM – 5:00PM) at 520-866-7500. For cases requiring immediate emergency response on holidays and during off-hours, the PCAO Deputy County Attorney on-call at the time should be contacted.

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

4. When to refer a case

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

5. What to expect after a referral

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

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

As the needs of the child victim and non-offending family members change through various phases of the MDT response, additional services and resources to support the child victim and family members will be identified and implemented. Case reviews utilizing the expertise of the various disciplines are held monthly at FAC, however, at any time during the MDT response to child abuse, any MDT member can request a case review through the FAC Coordinator at FAC. This collaborative effort is intended to address the wide range of issues that can affect the child victim and family as they progress through multiple, complex systems involved during the MDT response to child abuse and neglect.

FORENSIC INTERVIEWS

A. Overview of Forensic Interviewing

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

Forensic interviews are ideally conducted in safe, child-sensitive environments and electronically preserved in order to preserve evidence and decrease the number of times a child is interviewed. Forensic interviews of children will be conducted at the FACs in the child-friendly interview rooms. In emergency circumstances (i.e. critical child witness to homicide), the forensic interview may be conducted in the field at a safe location. Late night interviews in the field should be considered carefully. If a child is tired, distressed or experiencing shock, the interview may be compromised and scheduling an interview the following day may decrease stress and allow for better responsiveness by the child.

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

Note: Forensic interviews conducted as agency assists for other jurisdictions will be provided within seven days of the agency request.

B. Forensic Interviewers

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

Prior to conducting forensic interviews at FAC, the FAC interviewers must satisfactorily complete forty hours of the National Children's Alliance ("NCA") approved Arizona State recognized forensic interview training that includes components regarding child development and forensic interview methodology. Further, FAC forensic interviewers must: a) attend a minimum of continuing education 3 hours every two years regarding forensic interview updates in accordance with NCA standards, and b) participate in forensic interview peer reviews quarterly or more often as needed.

The FAC is available to other forensic interviewers (i.e. law enforcement officers) to conduct forensic interviews, however, the FAC will require that the interviewer have NCA approved forensic interview training, annual updates and peer reviews per NCA standards. Law enforcement, child welfare personnel, prosecutors and all other MDT members are strongly encouraged to attend the forensic interview competency-based training so that all team members are aware of the forensic interview rationale and methodology. The FAC Coordinator at FAC e-mails all team members when the Arizona State basic and advanced forensic interview trainings are offered in Pinal County and elsewhere in Arizona.

C. Interview Methods and Procedures

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

Phases of the NICHD protocol include:

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

(See “A Structured forensic interview protocol improves the quality and informativeness of investigative interviews of children: A review of research using the NICHD Investigative Interview Protocol,” *Child Abuse and Neglect*, Volume 31, Issues 11-12, Nov-Dec 2007, Pages 1201-1231; Michael E. Lamb, Yael Orbach, Irit Hershkowitz, Phillip W. Esplin and Dvora Horowitz).

It is anticipated that the NICHD revised protocol for reluctant witnesses will be implemented with all child victims/witnesses. See the references contained within **Exhibit E** (*Forensic Interview Guidelines*).

A sound forensic interview reduces the need for multiple interviews and allows for the gathering of information needed by all the MDT members. (Note: While one forensic interview would be ideal, it is recognized that there are circumstances when a follow-up interview may be required. In such instances,

the MDT members will determine whether continuity/familiarity with the original interviewer would be in the child's best interest. If a follow-up forensic interview is required, the purpose, along with specific issues to be addressed will be clearly delineated by the assigned prosecutor along with team members (i.e. law enforcement, forensic interviewer). The follow-up interview will be conducted in a non-leading manner, however some questions may reference information that was presented by the child in the initial interview. The follow-up interview will be electronically preserved, ideally on video/DVD.

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

D. The Forensic Interview Process at FAC

The law enforcement case agent and/or CSFS/OCWI caseworker schedule an appointment with the child's guardian (non-suspect) and call the Eloy FAC staff at 520-866-7500 between 0800 and 1700 hours Monday through Friday at Eloy FAC for the interview appointment. A comprehensive team response requires having all of the MDT investigative agency personnel (i.e. law enforcement and CSFS/OCWI) present during the interview process.

If law enforcement schedules the interview, they will notify CSFS/OCWI and vice versa. Other MDT members, as needed, will be contacted by the appropriate investigative agency. For example, local law enforcement may determine tribal, state or federal agency involvement, etc.). In order to provide culturally competent services, inquiries are made during the initial telephone contact to determine primary language of the child along with any disability concerns. If a translator is needed, FAC will contact a translator (i.e. language translator; translator for hearing impaired, etc.). For translator services involving the hearing impaired, contact the Pinal County Attorney's Office, Community Liaison for Victim Services at 520-866-6813.

Note: If the child has a Guardian ad Litem, consent will be obtained by the forensic interviewer from the GAL before initiating the interview process.

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

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

FAC staff will notify Phoenix Children's Medical Group providers (i.e. Nurse Practitioner) of the appointment if this is not a routine day for the provider at FAC, and also advise of a Pre-Interview meeting time.

The forensic interviewer notifies the victim advocate assigned to the FAC ("FAC Victim Advocate") of the appointment so they are present and welcoming the child and family at FAC. It is not unusual for children and families to be in crisis when an investigation of child abuse is initiated. The FAC Victim Advocate will remain with the family during the time investigative services are provided at FAC and will provide critically important support and information during the ongoing investigation and throughout various points of service as needed (i.e. pre, during and post prosecution). In the unusual circumstance where the FAC Victim Advocate is absent, the FAC Coordinator or other appropriate FAC staff will advise the family of the FAC process and provide any necessary immediate support. The FAC Coordinator, will notify the FAC Victim Advocate via telephonic contact or e-mail that the child and family requires follow-up. The FAC Victim Advocate will contact the family either via telephone or in person within 48 hours of the notification (See **Victim Services** section).

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

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

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

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

Post-interview Meetings: Law enforcement, CSFS/OCWI, the forensic interviewer and other MDT members as needed, discuss the interview findings. Law enforcement and CSFS/OCWI, along with other

MDT members as needed (i.e. translator) then conduct a post interview meeting with the non-offending parents to briefly inform them of the interview results, as well as to ensure a safety plan, and to inform the parents of the next steps of the investigative process. The FAC Victim Advocate will provide (verbally and in writing) resources for crisis intervention services, mental health services and victim support so that prompt intervention can be possible for the child and non-offending family/guardian. Crisis intervention, if needed on premises is provided by Corazon Mental Health providers (See ***Mental Health*** section).

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

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

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

E. Documentation

At the completion of the interview, a label will be placed on the DVD recording which specifies at a minimum, the evidentiary data: name, date and time of the interview. The recording will be noted in the FAC case file. The pertinent statistical information will be maintained by the FAC.

The lead law enforcement agency is responsible for completing a report documenting the results of the interview with the child. CSFS will be responsible for maintaining their necessary records regarding the child's statement. A written report by the forensic interviewer shall be made available to CSFS/OCWI and law enforcement within seven (7) days of the forensic interview or sooner as needed.

FAC staff documents the services provided in the FAC Case Management System (CMS) to track services.

F. Peer Reviews and Ongoing Education

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

The peer review process is designed as a learning experience and an opportunity for further education. No written record will be kept of the peer reviews. Educational updates regarding research and issues related to forensic interviews of children will be provided during forensic interview peer reviews, case reviews, and at a minimum, quarterly by the FAC Coordinator to MDT members (i.e. through the identification of webinars, conferences, disseminated literature, etc.) to reflect current day practices.

G. Release of Information

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

MEDICAL EVALUATION

Medical evaluations of children reporting abuse are considered a vital component of the coordinated MDT response to child abuse and neglect in Pinal County. Child abuse and neglect cases involve complex issues that require the expertise of specialized medical professionals. Coordinated, specialized medical evaluations are intended to minimize trauma during investigations, assessments, treatment, and follow-up care of children. The medical evaluation protocol is intended to provide the highest quality of care for children at the Pinal County FAC.

All children who are suspected victims of child abuse should be assessed to determine the need for a medical evaluation. Screening criteria is in place to assist MDT members in determining the need for medical evaluations of children suspected to be victims of abuse so that competent care can be provided as soon as possible and duplicative and/or intrusive procedures can be minimized. The methods and procedures for specialized medical evaluations of children suspected to be victims of sexual and/or physical abuse are outlined in this protocol. These guidelines are set forth to maximize the opportunity for exams to be conducted in a non-threatening, warm atmosphere while maintaining the integrity of the process for both medical and legal purposes.

A. Purpose of the Medical Evaluation

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

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

B. FAC Providers of Medical Evaluations

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

- a. Child Abuse Pediatrics Sub-Board Eligibility
- b. Child Abuse Fellowship Training or Child Abuse Certificate of Added Qualification
- c. Documentation of satisfactory completion of competency based training in the performance of child abuse evaluations
- d. Documentation of 16 hours of formal medical training in Child Sexual Abuse Evaluation.

Sexual Assault Nurse Examiners (S.A.N.E.) nurses and nurse practitioners will practice within the scope of the Arizona State Board of Nursing guidelines and the Nurse Practice Act.

Providers of medical evaluations for Pinal County Attorney's Office FAC must meet both the training standards of FAC, as well as the ongoing continuing education requirements. Providers of medical evaluations for the FAC will participate in peer review (i.e. case reviews; photo-documentation reviews) are required as per the NCA standards.

The Pinal County Attorney's Office FAC in Eloy has a linkage agreement with Phoenix Children's Medical Group to provide medical evaluations of children suspected to be victims of child abuse and neglect. Phoenix Children's Medical Group, a Pinal County approved vendor, has provided such forensic medical evaluation services since 2007.

The cost of the medical evaluation is covered by the Pinal County Attorney's Office and a child/family's ability to pay is never a factor in determining whether a medical exam is offered.

C. Location of Medical Evaluations

The Phoenix Children's Medical Group provides on-site services as well as medical evaluations off site as determined by the level of acuity (emergent or non-emergent) and circumstances of the specific child and non-offending family member(s).

Medical evaluations onsite at the Eloy FAC are provided on a regularly scheduled basis by the Phoenix Children's Medical Group providers on designated days, Monday through Friday between 0800 and 1700 hours. The designated days for medical evaluations at FAC are provided by Phoenix Children's Medical Group to the FAC staff for scheduling. If an exam is needed on a day when a medical provider is not at FAC, medical evaluations are also provided by the Phoenix Children's Medical Group at the FAC on an as-needed, case by case, basis. Urgent (non-scheduled) medical evaluations are performed by the Phoenix Children's Medical Group at FAC's in Maricopa County (i.e. Childhelp).

To schedule Eloy FAC onsite exams during the regular work week, the lead law enforcement officer and/or CSFS/OCWI (coordinated through law enforcement) will call FAC staff at 520-866-7500 for the appointment. To the extent possible, the appointment is coordinated so that the forensic interview is conducted prior to the medical evaluation. When possible, the medical provider observes the forensic interview through the television monitors along with the law enforcement and CSFS/OCWI case worker.

The FAC medical exam room is a child-sensitive, secure and comfortable environment that helps to reduce further trauma to the victim. Equipment required for the collection, preservation and documentation of evidence is available at the FAC. A clothes closet with new undergarments as well as clothing of various sizes is available for children as needed.

Medical evaluation findings will be provided in a written medical record, along with still and/or video documentation of the exam (in order to decrease the need for repeat exams and provide opportunity for peer review and second opinions if needed). To the extent possible, still and or video documentation of exam findings will be the standard of care, however, recognizing that the well-being of the child/family will take precedence over any mandate for photographs.

Any non-emergency medical evaluations that are conducted offsite will require pre-approval from the Pinal County Attorney's Office in order for such exams to be funded through the Pinal County Attorney's Office.

D. Screening Process

For purposes of this document, the Phoenix Children's Medical Group-FAC team identifies the following circumstances regarding children:

Emergencies

Life Threatening Emergencies: (i.e. difficulty breathing, bleeding, etc.)

Call 911 for ambulance, first responders and field triage

Lead law enforcement officer to notify the on-call deputy county attorney

Other Possible Emergencies:

b. Physical Abuse

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

First responders/field triage arrange transport child immediately to nearest ER, and page the on-call pediatrician with Phoenix Children's Medical Group (602-933-2780 pager) for coordination of care. The lead law enforcement officer will also inform the on-call deputy county attorney of the emergent circumstances.

c. Sexual Abuse

Genital or rectal pain or bleeding.

Any sexual abuse that occurred within the last 120 hours.

Law enforcement will call Phoenix Children's Hospital Medical Group. The victim should be advised not to bathe, change clothing, or brush their teeth prior to the exam so the collection, documentation and preservation of possible evidence (i.e. DNA; debris, etc.) can be completed as needed. Due to the geographical challenges of Pinal County, the Phoenix Children's Medical Group on-call forensic physician will inform law enforcement regarding where to transport the child for the urgent, off-site location of the medical evaluation (i.e. Childhelp). The timing, location and facility for the medication evaluation will be determined by the on-call forensic physician of Phoenix Children's Medical Group so that a thorough medical evaluation is conducted and documented in a medically and legally acceptable manner. When indicated, evidence is collected and preserved (i.e. State of Arizona DPS Sexual Assault Kits).

Other medical evaluations that may require an immediate evaluation and should be discussed with the on-call physician are:

- The need for emergency contraception
- The need for post-exposure prophylaxis for STI (sexually transmitted infections) including HIV
- The child is experiencing significant behavioral or emotional problems and needs evaluation for possible suicidal or homicidal ideation/plan

If law enforcement has any question regarding urgency of the medical evaluation, call the Phoenix Children's Hospital Medical Group (602-933-2780 pager).

Routine Referrals

FAC staff, together with MDT members (lead law enforcement officer/CSFS case manager) will screen all new cases served at the FAC to determine the need for a victim medical exam using the medical screening criteria established by the Phoenix Children's Group-FAC team.

The lead law enforcement officer and/or CSFS will **routinely** make referrals to FAC for medical exams on the following cases:

Sexual Abuse:

Any victim disclosure (or reliable allegation i.e. witness to abuse or suspect admission):

- Anal or vaginal penetration;
- Oral to genital contact;
- Genital fondling skin to skin (if fondling is the only allegation an exam may not be necessary unless there is reason to believe that more has happened or if it is unclear whether there was penetration; to be determined in consultation with medical provider);
- Gonorrhea, Syphilis, Chlamydia, Trichomonas, Genital Herpes and Venereal Warts. Children diagnosed with these infections definitely need to be seen for a forensic exam, even if the diagnosis/treatment has occurred elsewhere. Any lab reports that exist must accompany the child when he/she is seen. 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 forensic exam;

- 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;
- Children who are pre-verbal, non-verbal or developmentally delayed and are suspected to be victims of physical or sexual abuse . The forensic exam is essential to the investigation after a report has been made;
- Pregnant teens. Physicians must consider the possibility of sexual abuse in these cases. If the pregnant teen is under 15 years of age, the physician must make a child abuse report immediately. An abortion should not be done prior to the law enforcement investigation. If an abortion is done, fetal tissue can be used to identify the father of the baby and a forensic exam is not required;
- Molest allegations and concerns during regular medical exams by community/emergency department physicians;

To minimize the likelihood that unnecessary medical evaluations are performed, FAC staff will **consult** with Phoenix Children’s Medical Group on the following to determine if an exam is appropriate:

- Fondling over the clothes
- Physical abuse allegations where no visible injuries are evident and no symptoms are reported
- Suspect has a sexually transmitted disease or concerning history
- Other victims disclosed they observed skin to skin contact of a non-disclosing child
- Child already has seen a pediatrician or gynecologist and medical records and or photo documentation exists that the Phoenix Children’s Group may want to review prior to scheduling exam
- 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 victim, the PCAO should be consulted for advice.
- Custody disputes where a medical evaluation has already been conducted or one has been ordered by the court at a different location
- Any other concerns

Cases will be staffed as needed for medical concerns or forensic purposes. The medical provider will participate either in person or telephonically in monthly case reviews as scheduled by FAC.

Note: When medical evaluations are scheduled at FAC, the FAC staff will be advised if a translator of any type i.e. language, hearing impaired, etc. will be required for the child and/or non-

E. Medical Evaluations Are Available to All FAC Clients

Children requiring medical examinations will receive those exams regardless of ability to pay. Payment will be made by the Pinal County Attorney’s Office to cover the cost of the medical evaluation. In the event that the medical evaluation was completed elsewhere (i.e. prior to any involvement of the MDT),

the FAC Victim Advocate will assist the client in applying for reimbursement through Victim Compensation funding as needed.

F. Avoidance of Duplicate Interviewing and History Taking

At the FAC, the medical provider is an important part of the pre-forensic interview meeting (where the allegations are described by law enforcement and CSFS) and the post-forensic interview team meeting (where the MDT outlines the “next steps” in the team response).

The coordinated MDT response is intended to reduce duplicative interviewing of children and allow for utilization of information from the medical evaluation to provide appropriate follow-up treatment and referrals. When possible, the videotaped forensic interview will be conducted by an FAC forensic interviewer prior to the medical evaluation. Medical personnel conducting the exam should observe the interview (i.e. through observation monitor) or review the interview and/or receive a briefing from the forensic interviewer prior to conducting the exam.

When the medical provider is not on site, the lead law enforcement officer and/or FAC staff will brief the medical provider of the allegations and the results of any statements made by the child during the forensic interview. This does not preclude medical providers from gathering brief information from the child during the history taking portion of the assessment; however the child should not be “re-interviewed.” Medical providers will gather information from the parent or other caretakers regarding the child, past medical history, signs or symptoms and any additional information that may be relevant to the medical assessment, treatment and provision of follow-up care.

G. The Medical Evaluation - Sexual Abuse

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 CSFS approval. This is to insure that the investigation is not compromised. Medical personnel should however, convey to law enforcement and/or CSFS any urgent need for the medical history.
 - b. 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, the medical professional may ask him/her to leave.
 - c. 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. A colposcopy machine can provide both illumination and magnification in addition to photographic capability. Photographic and/or video documentation of the genital/anal areas is recognized as the highest standard of care and to the extent possible, will be the means of medical care documentation. Photographic documentation also allows for peer review, obtaining a second opinion decreases a need for repeat examination. 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 and anal areas. Photographs are a secondary consideration.

d. Carefully examine the entire body to detect any signs of trauma, neglect or abnormal medical conditions. Photographic and/or video documentation of any positive findings is recommended. If the law enforcement photographer is not available to take the photographs, the medical unit should have an appropriate camera.

e. Consider testing for pregnancy and sexually (and non-sexually) transmitted diseases, such as gonorrhea, syphilis, chlamydia, herpes, trichomonas, staph, strep candida, and HIV. These lab tests may be available on site. However, patients thirteen years and older should be offered a referral to the Pinal County Health Department for HIV testing, and thus will have the choice of confidential versus anonymous testing.

When the exam is done within 120 hours of the alleged sexual abuse, in addition to the above medical exam procedures, the medical professional will determine if a sexual assault kit needs to be used during the medical evaluation. Medical documentation will be completed using the Arizona State DPS Sexual Assault Kit form. Chain of evidence procedures will be followed.

H. The Medical Evaluation – Physical Abuse and Neglect

- i. Children suspected by CSFS, law enforcement or medical personnel of having been physically abused or neglected should have an exam as soon as possible. Children with fairly minor visible injuries may have serious internal injuries. This exam should include:
 - a. A complete medical history (including past medical records) and the history of the suspected abuse, which should be obtained from the professional who interviewed the child.
 - b. Because children who experience one type of abuse are at risk for all forms of abuse, a brief examination of the genital/anal areas should be conducted. If the history or exam reveals that sexual abuse is a concern, then the sexual abuse procedure should also be followed (as outlined in the previous sub-section).
 - c. Appropriate lab studies to document the medical conditions caused by injury and to exclude such medical conditions as bleeding disorders.
 - d. 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 2 years of age and in selected children over 2 years old if physical abuse is suspected.
 - e. Labs and radiography will be completed at Phoenix Children's Hospital or at the designated location of the Phoenix Children's Hospital Medical Group on-call physician.
 - f. Medical staff will assist law enforcement with obtaining color photographs to document visible injuries as well as other necessary photographs.

- g. As noted under the sexual abuse section, the medical record is a legal document. The medical report will include medical history and physical exam findings along with photographic documentation using still and or video documentation of the exam. The mandate for photographs will not take precedence over the well-being of the child.

I. Medical Exam Documentation

Upon completion of the medical exam, the medical provider will share with the applicable MDT members the preliminary exam report. Medical providers will provide a final written report, along with still and/or video documentation of the evidence. For emergent cases, a preliminary verbal report will be provided to law enforcement and CSFS as needed. For routine cases, the written report will be provided within seven days. The reports and photos will be kept in accordance with medical and legal requirements with regard to chain of custody.

It is understood that physicians have an obligation to inform the immediate family regarding the health and welfare of the child. However, it is imperative that the physician remain objective in the evaluation and not confront the family or speculate on the nature of an injury.

1. Medical records from this incident must be released to law enforcement and/or CSFS.
 - a. Per A.R.S. 13-3620(C), law enforcement and/or CSFS must make a written request and sign a medical release form.
 - b. Permission from the parent/guardian for release of records is not required.
 - c. The release of medical records should be expeditious, as CSFS and law enforcement will need the records for their investigations.

J. MDT Participation and Education

It is not uncommon for children and families to have questions and anxiety about the methods, procedures and findings of medical evaluations. The Eloy FAC staff has been educated by the Phoenix Children's Medical Group provider(s) regarding the purpose of medical evaluations so they can answer general questions of caretakers and respond to concerns or misconceptions. As members of the FAC multidisciplinary team, The Phoenix Children's Medical Group provides findings of the medical evaluation verbally as needed (i.e. emergent circumstances) to MDT members (i.e. law enforcement; CSFS/OCWI) and via written report within seven days of the medical evaluation.

Phoenix Children's Medical Group provider(s) attend monthly case reviews in person when possible or via telephonic participation. They also provide educational components in monthly case reviews as needed. Additionally, the medical providers are encouraged by the FAC Coordinator to make MDT members aware of updates to current practice. The FAC Coordinator forwards webinars, conferences and literature, as identified by the medical providers, to MDT members via e-mail. All MDT members are encouraged during monthly case reviews to identify medical topics that would further the team's understanding regarding aspects of the medical evaluation and follow-up care.

MENTAL HEALTH INTERVENTION

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

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

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

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

FAC Mental Health Providers/Linkage Agreement

The Pinal County Attorney's Office has a linkage agreement with Corazon Integrated Healthcare Services, a mental health organization in Casa Grande, Arizona, to offer specialized trauma-focused mental health services routinely to children and non-offending family members as part of the FAC's multi-disciplinary team response. Corazon is a mental health group that provides a continuum of mental health care for those with mild to severe mental health issues. Corazon employs forty three (43) direct care staff, but provides for the FAC, a specialized team that responds to the needs of child victims and their non-offending family members.

The Corazon treatment team for the Pinal County FAC in Eloy consists of five (5) direct care staff all trained in trauma-focused, evidence-based, cognitive behavioral treatment (TF-CBT) with children. Two of the therapists are cross-trained in evidence-based practices to aid adult victims of violence. The treatment team that provides trauma-focused care for FAC clients has both male and female therapists available as needed.

The treatment team of **Corazon Integrated Healthcare Services** can be contacted at **520-836-4276** during regular office hours 0800 to 1700 Monday through Friday.

Mental Health Provider Education and Experience

Corazon therapists who provide trauma-focused mental health services to FAC clients meet the NCA professional standards for provision of empirically supported trauma-focused mental health services. The mental health providers meet a minimum of one of the following standards:

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

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

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

Distinctions Between Therapy and Forensic Interviews

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

If a child makes the initial abuse outcry during therapy, the mental health provider is aware of the mandatory reporting statute and the protocol that indicates the child is not to be questioned extensively. Rather, the investigative process will begin (i.e. law enforcement/CSFS) and the forensic interviewer will conduct the taped investigative interview of the child. (Note: The mental health provider is aware that if a “trauma narrative” is deemed necessary in treatment, it will not be obtained prior to the forensic interview or while the child is progressing through the criminal justice system; i.e. testifying). Further, the mental health provider is aware that assessment and treatment methodologies of empirically supported trauma-focused therapies for children differ from forensic interviews with regard to purpose, methods and procedures. Mental health providers at Corazon are made aware of this distinction through their specialized training and via their participation as Pinal County Family Advocacy Center team members (i.e. case reviews, education and training updates through FAC).

How Children and Families Access Services

At the Eloy FAC, all children are offered mental health services irrespective of ability to pay. When children and their caretakers arrive at the FAC, the FAC Victim Advocate welcomes them. All FAC staff, are observant with regard to whether the child and/or family member(s) present in immediate crisis or develop undue anxiety when provided with information during the services provided at FAC (i.e. results

of medical examinations, etc). If immediate de-escalation of a situation is required, there are three FAC staff members with mental health and/or crisis intervention experience to manage crises or diffuse escalation as needed.

If crisis intervention other than de-escalation is required for the child or non-offending family member any FAC member may call Corazon at **520-836-4278** for assistance.

If **crisis intervention is required after hours**, MDT members can call NURSEWISE at **1-866-495-6735**, a 24 hour toll free hotline that can mobilize crisis intervention specialists from their team of interdisciplinary mental health providers.

At the FAC, a victim advocate (previously defined as “FAC Victim Advocate”) provides to the child’s caregiver/family written resources for 24 hour crisis services, as well as other mental health and support services available in Pinal County. Adolescents are provided their own copy of the resource list. The resource list is available in both English and Spanish. The FAC Victim Advocate assigned to the Eloy FAC is fluent in English and Spanish. If the FAC Victim Advocate is absent, the FAC Coordinator at FAC also speaks English and Spanish and will assist. Any other FAC staff member may be assigned to assist in educating families regarding mental health and support services in the County. For families who need information provided in languages other than Spanish or English, the FAC Victim Advocate will consult the Pinal County Sheriff’s Office translator list for assistance. For assistance with clients who are hearing impaired, call Pinal County Attorney’s office, Community Liaison for Victim Services at 520-866-6813.

Mental health therapists at Corazon can be reached at **520-836-4278** between the hours of 8:00 and 5:00 pm Monday through Friday. Providers who speak English and Spanish are available. Confidential mental health services will be offered to FAC clients at the Corazon facility in Casa Grande, Arizona.

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

Prior to leaving the FAC, the FAC Victim Advocate or her designee will obtain permission from the non-offending parent/legal guardian’s permission to provide limited information to the Corazon Treatment Response Team. With permission, the only information provided by FAC to Corazon will be the caretaker’s contact information. The team will make contact with the non-offending family member **within 48 hours** of receiving the referral from FAC. The treatment team will be made aware via telephonic contact by FAC if the family needs to be contacted sooner. Any further sharing of information between Corazon therapists and the FAC will require written consent by the legal guardian/caretaker of the child. (Note – if the family does not have telephone services, face-to-face contact will be attempted by the most appropriate MDT member, i.e. CPS, FAC Victim Advocate, law enforcement for welfare check, etc.)

The following mental health services for children and their families are routinely made available through linkage agreement with **Corazon Integrated Healthcare Services, with services to be provided at their offsite facility:**

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

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

Therapists who specialize in child abuse and neglect issues are aware that non-offending family members (i.e. caregivers, siblings) may also present with complex manifestations of psychological distress that can impact the child victim's recovery and safety. Through our linkage agreement, Corazon will provide assessment, support and mental health treatment of non-offending family members as needed, to address trauma and the impact of the abuse allegations. Through the FAC and Corazon linkage agreement, mental health services for non-offending family members will be routinely made available in a confidential, therapeutic setting at the Corazon mental health agency.

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

Case Review and Education

The FAC will notify the mental health provider of continuing education and MDT cross-training opportunities via e-mail routinely (a minimum of once per month). Monthly cross training events of other MDT members (i.e. basic forensic interviewing; medical evaluations of children reporting abuse; etc.) are forwarded to Corazon via e-mail from the FAC Coordinator on a monthly basis.

The mental health provider will demonstrate the NCA required continuing education or continuous quality improvement activities (i.e. ongoing education in the field of child abuse; peer review either through clinical case review or networks such as traumatic stress network, etc.)

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

The mental health provider will offer expertise with regard to the mental health needs of the child and non-offending family members as the team makes decisions during and in the aftermath of child abuse investigations. The mental health provider will provide input regarding circumstances that could affect a child's mental health and safety at various points in the multidisciplinary team response. The mental health provider will also advise the team regarding factors that affect family members' abilities to impact favorable outcomes for the child's recovery. In addition to the child and family's response to traumatic events, the mental health provider will offer expertise on the wide ranging and possible adverse effects on developmental functioning and physical, social, emotional or spiritual well-being of the child and family members. The mental health provider will be requested by the FAC Coordinator to identify educational opportunities for team members as well as provide educational updates to team members during case reviews.

Caring For Our FAC Staff and Other MDT Members

It should be noted that the FAC is aware of secondary trauma issues and the stresses that can arise from working with human suffering. To this end, the FAC will provide each year, an educational opportunity that addresses secondary trauma that may be experienced by MDT members.

VICTIM ADVOCACY

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

A specifically designated victim advocate (previously defined as "FAC Victim Advocate"), provided by the Pinal County Attorney's Office, is routinely on site at the Eloy FAC. The FAC Victim Advocate is a designated, trained advocate provided by the Pinal County Attorney's Office. The advocate is trained per the NCA advocacy accreditation standards. From the initial outcry or report of abuse on through the various phases of the MDT response, parents may be emotionally upset, confused and at times feel a loss of control. The FAC Victim Advocate will provide education and support throughout the phases of the MDT response in order to empower parents as well as to provide on ongoing assessment of the child and family's needs as they progress through various child abuse intervention systems.

Process at FAC

The FAC Victim Advocate is notified by appropriate FAC staff or forensic interviewer of every child and non-offending family member that is scheduled at the FAC. The FAC Victim Advocate will greet the family and assist FAC staff in orienting the child and family to the FAC. In the unusual circumstance that the FAC Victim Advocate is unable to be physically present when a child and their family arrives, the FAC Victim Advocate will be notified via e-mail by the FAC staff. The FAC Victim Advocate can also be contacted by phone from FAC staff, if immediate assistance is needed.

The FAC Victim Advocate will conduct an initial meeting with the victim's non-offending parent(s) when they are scheduled by law enforcement or CSFS/OCWI for an appointment at FAC. This meeting generally takes place at the meeting preceding the child's forensic interview. The FAC Victim Advocate will explain the advocacy role to the parent(s) and child (as developmentally appropriate) and provide information regarding the following:

- The coordinated MDT response, (i.e. forensic interview process; medical evaluation as needed, etc.)
- Victim rights
- Counseling resources, including the availability of crisis intervention services (24 hour toll free hotline)
- Additional resources (i.e. access to emergency shelters, transportation, legal advocacy in obtaining restraining orders, etc.)
- Safety planning with non-offending family members
- Victim's compensation and benefits (including assistance with application)
- Pre-charging and charging process
- The availability of victim advocacy at any point from the initial outcry through various phases of the MDT response

If a case is charged, a special victim advocate ("Court Victim Advocate") will be assigned to further assist the child and family through the criminal justice process. The FAC Victim Advocate will be sure to introduce the family to the Court Victim Advocate.

Court Victim Advocates

The goal of the Court Victim Advocate is to reduce the impact that the crime and resulting involvement in the criminal justice system have on the lives of victims and witnesses. The Court Victim Advocate will inform the child's parent(s) if and when the case is charged. During the discussion of the charging process, the Court Victim Advocate will explain PCAO's burden of proof and the family's possible needs for advocacy and support given the possibilities of various charging decisions. The Court Victim Advocate will inform the caretaker(s) that PCAO Victim Services are available as needed for resources, or to further review and understand decisions made at various points in the criminal justice system. Services to victims of crime as they move through the criminal justice system include:

- Information on victim rights
- Crisis intervention and support

- Orientation to the criminal justice system
- Case status and disposition
- Court advocacy services
- Property return assistance
- Assistance with victim impact statements
- Education and resource information

In all cases at FAC, even when charges are not filed, or when they may have been dismissed, the FAC Victim Advocate will provide support and resources to FAC children and families. The FAC Victim Advocate will provide brochures and handouts regarding community resources, as well as contacts for the Pinal County Attorney’s Office Victim Services Division and the FAC. These handouts are available in both Spanish and English. The FAC Victim Advocate will advise of the need to keep PCAO Victim Services aware of current contact information.

The FAC Victim Advocate will conduct follow-up contact with the clients usually via telephone within the first month and again at three months after services at FAC. It should be noted that contact is made earlier (i.e. the day after services are provided) as needed. There are cases in which contact is conducted through multiple follow up calls to assist with the completion of a victim compensation application or to provide additional referrals.

Links with Crisis Intervention and Other Resources

For all children and families seen at FAC, the FAC Victim Advocate will offer the non-offending caretaker(s) an appointment with a designated “recovery support therapist” who can provide crisis intervention and assist the family in navigating the mental health system (See **Mental Health** section). Parents/caregivers always have the right to choose whether or not to utilize the support services. Per written agreement of the child’s legal guardian, Corazon will be notified of the non-offending parent(s)’s contact information so that follow-up support can be offered. Information sharing between the FAC Victim Advocate and Corazon will be limited to contact information of the caretaker until further releases of information are secured.

The designated Corazon support therapist will meet with non-offending parent(s) to assist with determining eligibility of their child for ACCESSS (State) counseling services, navigation in finding therapists through insurance, and/or assisting with applications for mental health services. If needed, the FAC Victim Advocate will assist the caretaker(s) in applying for victim compensation funds.

Case Reviews

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

CASE REVIEW

The case review process enhances the effectiveness and efficiency of the investigation and prosecution of a case, provides a cooperative environment for professionals to share information, solve problems and minimizes further trauma to the victim. Case review represents the true multidisciplinary spirit of the FAC model and provides a means for team members to benefit from the expertise of all disciplines participating in the case review process.

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

Case reviews will be scheduled monthly by the FAC Coordinator at a date and time that is convenient (to the extent possible) for the MDT members. The current case review monthly meetings are scheduled for the third Wednesday of every month between 1000 hours to noon. The FAC Coordinator will check with the Special Victims' Unit (SVU) Bureau Chief to determine if there are critical cases that need immediate case review. If so, these will be scheduled. If no critical cases are identified by the SVU Bureau Chief, each police department, together with the identified CSFS/OCWI caseworker (if an in-home case), will be requested on a rotating basis, to provide a case for MDT case review. At the conclusion of each case review meeting, the FAC Coordinator will inquire if there are any cases MDT members determine are a priority for the following month's case review. All MDT members will be encouraged to call the FAC Coordinator at 520-866-7506 if any MDT member desires a case review.

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

Participants should include: prosecutors, law enforcement, CSFS/OCWI, forensic interviewer, FAC Victim Advocate, mental health provider and medical professional as needed. Additional team members, including, but not limited to schools, court appointed providers, and other specialists will be added as needed for individual case consultation.

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

Case reviews generally include the following:

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

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

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

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

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

Second Look Case Review

The Pinal County FAC unit holds scheduled case review meetings. The case can be brought to these reviews by any agency seeking feedback on how to resolve the case. When a case has been reviewed for prosecution and declined, the case can be brought to one of the case review meetings as well for an additional review. Representatives from several agencies attend. The case can be reviewed and discussed to determine further actions that may result in prosecution or final closure of the case.

CASE TRACKING

FAC staff maintains a case tracking system to collect and track data on each child/case served by the FAC. At the initial intake phase, a case tracking form is filled out with the victim's non-offending family member by FAC staff. See **Exhibit G** (*Case Tracking Form*). Information from the Case Tracking Form is then entered into a database maintained by FAC staff. This database is primarily utilized to generate reports for program evaluation, grant reporting and statistical reporting. It contains case data including:

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

FAC staff also maintains access to the case management database utilized by PCAO. This database allows the FAC staff to track criminal case dispositions and periodically update the FAC case tracking database. FAC staff can provide MDT members about the current status and disposition of individual cases. Team members can get access regarding case tracking data by contacting the FAC Coordinator.

REPORTING COMPLIANCE

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

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

DISPUTE RESOLUTION

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

Dispute Resolution Protocol for PCAO employees

1. Attempt resolution by personal communication with the applicable individual.
2. If resolution cannot successfully be reached then the PCAO employee shall contact their immediate supervisor. The immediate supervisor shall contact the applicable individual's supervisor.
3. If issues remain unresolved after contact with the initial supervisor, the PCAO supervisor shall staff the issue with the Pinal County Attorney's Chief Deputy and if necessary the County Attorney to determine what additional steps will be taken. If further review is

desired, the Pinal County Attorney will attempt to follow the review process by the outside agency.

4. Lodging a formal complaint with an outside agency should be done only when informal options have been explored and only as a last resort.
5. No contact with the head of an outside agency shall be made without prior approval by the Pinal County Attorney. In most cases, it will be necessary for such contact to be made by the Pinal County Attorney, Chief Deputy or their designee.

Dispute Resolution Protocol for outside agency with PCAO employees

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

B. Law Enforcement Agencies

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

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

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

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

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

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

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

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

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

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

Dispute Resolution Protocol from outside agency personnel with a CSFS Specialist

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

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit "A"

(Applicable Arizona Laws)

A.R.S. Sec. § 8-801 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.

A.R.S. Sec. § 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 title 41, chapter 12, article 3.1 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 41-1758.03, 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 pursuant to section 8-817.
3. Receive reports of dependent, abused or abandoned children and be prepared to provide temporary foster care for such 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 twenty-one 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 their good faith effort, the child protective services worker shall ask the parent, guardian or custodian under investigation if a current court order exists.

D. No child shall remain in temporary custody for a period exceeding seventy-two hours, excluding Saturdays, Sundays and holidays, unless a dependency petition is filed. If no petition is 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.

A.R.S. Sec. § 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.

A.R.S. Sec. § 8-817 Initial screening and safety assessment and investigation protocols

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

B. In each county, the county attorney, the sheriff, the chief law enforcement officer for each

municipality in the county and the department shall develop and implement protocols for cooperation in investigations of allegations involving extremely serious conduct. The protocols shall include:

1. The process for notification of receipt of extremely serious conduct allegations.
2. The standards for interdisciplinary investigations of specific types of abuse and neglect, including timely forensic medical evaluations.
3. The standards for interdisciplinary investigations involving native American children in compliance with the Indian child welfare act.
4. Procedures for sharing information.
5. Procedures for coordination of screening, response and investigation with other involved professional disciplines and notification of case status.
6. The training required for the involved child protective service workers, law enforcement officers and prosecutors to execute the investigation protocols, including forensic interviewing skills.
7. The process to ensure review of and compliance with the investigation protocols and the reporting of activity under the protocols.
8. Procedures for an annual report to be transmitted within forty-five days after the end of each fiscal year to the governor, the speaker of the house of representatives and the president of the senate.
9. Procedures for dispute resolution.

C. The department, the appropriate county attorney and the appropriate law enforcement agency shall cooperate in the investigation of every extremely serious conduct allegation in accordance with the investigation protocols established pursuant to this section. Before it releases records it receives from the department pursuant to an investigation, the law enforcement agency shall take whatever precautions it determines are reasonably necessary to protect the identity and safety of a person who reports child abuse or neglect and to protect any other person the agency believes could be endangered by the disclosure of the CPS information. The law enforcement agency is not required to disclose CPS information if the disclosure would compromise the integrity of a child protective services or criminal investigation.

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

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

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

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

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

A. A person commits sexual conduct with a minor by intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age.

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

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

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

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

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

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

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

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

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

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

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

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

A.R.S. Sec. § 13-1404 Defenses

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

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

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

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

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

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

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

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

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

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

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

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

B. A peace officer, with or without a warrant, may arrest a person if the officer has probable cause to believe that domestic violence has been committed and the officer has probable cause to believe that the person to be arrested has committed the offense, whether the offense is a felony or a misdemeanor and whether the offense was committed within or without the presence of the peace officer. In cases of

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

C. A peace officer may question the persons who are present to determine if a firearm is present on the premises. On learning or observing that a firearm is present on the premises, the peace officer may temporarily seize the firearm if the firearm is in plain view or was found pursuant to a consent to search and if the officer reasonably believes that the firearm would expose the victim or another person in the household to a risk of serious bodily injury or death. A firearm that is owned or possessed by the victim shall not be seized unless there is probable cause to believe that both parties independently have committed an act of domestic violence.

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

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

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

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

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

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

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

1. An order of protection pursuant to section 13-3602, an injunction pursuant to section 25-315 and an injunction against harassment pursuant to section 12-1809.
2. The emergency telephone number for the local police agency.
3. Telephone numbers for emergency services in the local community.

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

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

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

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

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

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

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

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

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

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
2. Any peace officer, member of the clergy, priest or Christian Science practitioner.
3. The parent, stepparent or guardian of the minor.
4. School personnel or domestic violence victim advocate who develop the reasonable belief in the course of their employment.
5. Any other person who has responsibility for the care or treatment of the minor.

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

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

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

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

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

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

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

or administrative proceeding or investigation resulting from a report required or authorized under this section.

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

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

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

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

1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.
2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.
3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or child protective services in the department of economic security.

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

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

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

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

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

P. For the purposes of this section:

1. "Abuse" has the same meaning prescribed in section 8-201.
2. "Child abuse" means child abuse pursuant to section 13-3623.
3. "Neglect" has the same meaning prescribed in section 8-201.
4. "Reportable offense" means any of the following:
 - (a) Any offense listed in chapters 14 and 35.1 of this title or section 13-3506.01.
 - (b) Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to section 13-3019.
 - (c) Child prostitution pursuant to section 13-3212.
 - (d) Incest pursuant to section 13-3608.

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

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

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

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

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

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

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

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

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

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

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

E. This section does not apply to:

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

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

F. For the purposes of this section:

1. "Abuse", when used in reference to a child, means abuse as defined in section 8-201, except for those acts in the definition that are declared unlawful by another statute of this title and, when used in reference to a vulnerable adult, means:

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

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

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

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

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

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

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

A. Any certificated person or governing board member who reasonably suspects or receives a reasonable allegation that a person certificated by the state board of education has engaged in conduct involving minors that would be subject to the reporting requirements of section 13-3620 shall report or cause reports to be made to the department of education in writing as soon as is reasonably practicable but not later than three business days after the person first suspects or receives an allegation of the conduct.

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

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

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

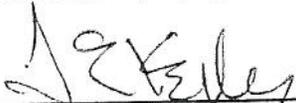
1. Disciplinary action.
2. Transfer or reassignment.
3. Suspension, demotion or dismissal.
4. An unfavorable performance evaluation.
5. Other significant changes in duties or responsibilities that are inconsistent with the employee's salary or employment classification.

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

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

PINAL COUNTY MULTI-DISCIPLINARY PROTOCOLS
FOR THE JOINT INVESTIGATION OF CHILD ABUSE
Exhibit "B"
(Multi-Disciplinary Team Participant Agreement)

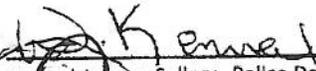
Each under-signed party agrees to the basic premises under the Pinal County Multi-Disciplinary Protocols



Apache Junction Police Department



Casa Grande Police Department



Central Arizona College Police Department



Child Safety & Family Services



Corazon Integrated Healthcare Services



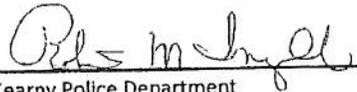
Coolidge Police Department



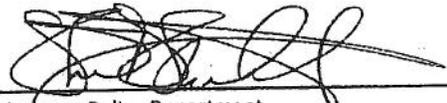
Eloy Police Department



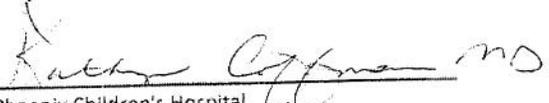
Florence Police Department



Kearny Police Department



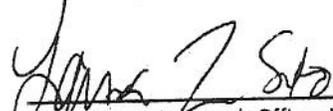
Maricopa Police Department



Phoenix Children's Hospital



Pinal County Attorney's Office



Pinal County Attorney's Office - Victim
Services Division



Pinal County Attorney's Office - Family
Advocacy Center



Pinal County Sheriff's Office



Superior Police Department

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit "C"

(Multi-Disciplinary Team Contact List)

Pinal County Attorney's Office
520-866-6271

Eloy Family Advocacy Center
520-866-7500

Child Safety Family Services Hotline
1-888-SOS-CHILD

CSFS Police Only Hotline
1-877-238-4501

CSFS Apache Junction
1-480-983-0320

CSFS Casa Grande
520-426-1164

CSFS Coolidge
520-723-5351

CSFS Kearny
520-363-5568

CSFS Mammoth
520-487-2366

CSFS District Office
520-836-2351

Apache Junction Police
1-480-982-8260

Casa Grande Police
520-421-8700

Coolidge Police
520-723-5311

Eloy Police
520-466-7324

Florence Police
520-866-7681

Kearny Police
520-363-5566

Mammoth Police
520-487-2248

City of Maricopa Police
520-866-5111

Superior Police
520-689-5254

Corazon Integrated Healthcare Services
520-836-4276

Pinal County Sheriff's Office
520-866-5149

Phoenix Children's Medical Group
1-602-933-2780 (Pager)

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit "E"

(Forensic Interview Guidelines)

APPENDIX

The National Institute of Child Health and Human Development (NICHD) Protocol: Interview Guide

I. INTRODUCTION

1. **'Hello, my name is _____ and I am a police officer.** [Introduce anyone else in the room; ideally, nobody else will be present.] **Today is _____ and it is now _____ o'clock. I am interviewing _____ at _____.'**

'As you can see, we have a video-camera and microphones here. They will record our conversation so I can remember everything you tell me. Sometimes I forget things and the recorder allows me to listen to you without having to write everything down.'

'Part of my job is to talk to children [teenagers] about things that have happened to them. I meet with lots of children [teenagers] so that they can tell me the truth about things that have happened to them. So, before we begin, I want to make sure that you understand how important it is to

tell the truth.' [For younger children, explain: **'What is true and what is not true'**].

'If I say that my shoes are red (or green) is that true or not true?'

[Wait for an answer, then say:]

2. **'That would not be true, because my shoes are really [black/blue/etc.]. And if I say that I am sitting down now, would that be true or not true [right or not right]?''**

[Wait for an answer.]

3. **'It would be [true/right], because you can see I am really sitting down.'**

'I see that you understand what telling the truth means. It is very important that you only tell me the truth today. You should only tell me about things that really happened to you.'

[Pause.]

4. **'If I ask a question that you don't understand, just say, "I don't understand." Okay?'**

[Pause]

'If I don't understand what *you* say, I'll ask you to explain.'

[Pause.]

5. **'If I ask a question, and you don't know the answer, just tell me, "I don't know".'**

'So, if I ask you, "What is my dog's name?" [Or "my son's name"] what would you say?'

[Wait for an answer.]

[If the child says, 'I don't know', say:]

6. **'Right. You don't know, do you?'**

[If the child offers a GUESS, say:]

'No, you don't know because you don't know me. When you don't know the answer, don't guess - say that you don't know.'

[Pause.]

7. **'And if I say things that are wrong, you should tell me. Okay?'**

[Wait for an answer.]

8. **‘So if I said that you are a 2-year-old girl [when interviewing a 5-year-old boy, etc.], what would you say?’**

[If the child denies and does not correct you, say:]

- ‘What would you say if I made a mistake and called you a 2-year-old girl [when interviewing a 5-year-old boy, etc.]?’**

[Wait for an answer.]

9. **‘That’s right. Now you know you should tell me if I make a mistake or say something that is not right.’**

[Pause.]

10. **‘So if I said you were standing up, what would you say?’**

[Wait for an answer.]

‘OK.’

II. RAPPORT BUILDING

‘Now I want to get to know you better.’

1. **‘Tell me about things you like to do.’**

[Wait for child to respond.]

[If the child gives a fairly detailed response, skip to question 3.]

[If the child does not answer, gives a short answer, or gets stuck, you can ask:]

2. **‘I really want to know you better. I need you to tell me about the things you like to do.’**

[Wait for an answer.]

3. **‘Tell me more about [activity the child has mentioned in his/her account. AVOID FOCUSING ON TV, VIDEOS, AND FANTASY].’**

[Wait for an answer.]

III. TRAINING IN EPISODIC MEMORY

Special Event

[NOTE: THIS SECTION CHANGES DEPENDING ON THE INCIDENT.]

[BEFORE THE INTERVIEW, IDENTIFY A RECENT EVENT THE CHILD EXPERIENCED – FIRST DAY OF SCHOOL, BIRTHDAY PARTY, HOLIDAY CELEBRATION, ETC. – THEN ASK THESE QUESTIONS ABOUT THAT EVENT. IF POSSIBLE, CHOOSE AN EVENT THAT TOOK PLACE AT ABOUT THE SAME TIME AS THE ALLEGED OR SUSPECTED ABUSE. IF THE ALLEGED ABUSE TOOK PLACE DURING A SPECIFIC DAY OR EVENT, ASK ABOUT A DIFFERENT EVENT.]

'I want to know more about you and the things you do.'

1. **'A few [days/weeks] ago was [holiday/ birthday party/ the first day of school/ other event]. Tell me everything that happened on [your birthday, Easter, etc].'**

[Wait for an answer.]

- 1a. **'Think hard about [activity or event] and tell me what happened on that day from the time you got up that morning until [some portion of the event mentioned by the child in response to the previous question].'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

- 1b. **'And then what happened?'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

- 1c. **'Tell me everything that happened after [some portion of the event mentioned by the child] until you went to bed that night.'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

- 1d. **'Tell me more about [activity mentioned by the child].'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

- 1e. **'Earlier you mentioned [activity mentioned by the child]. Tell me everything about that.'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

[If the child gives a poor description of the event, continue with questions 2–2e.]

[Note: If the child gives a detailed description of the event, say:

‘It is very important that you tell me everything you remember about things that have happened to you. You can tell me both good things and bad things.’

Yesterday

2. **‘I really want to know about things that happen to you. Tell me everything that happened yesterday, from the time you woke up until you went to bed.’**

[Wait for an answer.]

- 2a. **‘I don’t want you to leave anything out. Tell me everything that happened from the time you woke up until [some activity or portion of the event mentioned by the child in response to the previous question].’**

[Wait for an answer.]

- 2b. **‘Then what happened?’**

[Wait for an answer.]

[Note: Use this question *as often as needed* throughout this section.]

- 2c. **‘Tell me everything that happened after [some activity or portion of the event mentioned by the child] until you went to bed.’**

[Wait for an answer.]

- 2d. **‘Tell me more about [activity mentioned by the child].’**

[Wait for an answer.]

[Note: Use this question *as often as needed* throughout this section.]

- 2e. **‘Earlier you mentioned [activity mentioned by the child]. Tell me everything about that.’**

[Wait for an answer.]

[Note: Use this question *as often as needed* throughout this section.]

Today

IF THE CHILD DOES NOT PROVIDE AN ADEQUATELY DETAILED NARRATIVE ABOUT YESTERDAY, REPEAT QUESTIONS 2–2E ABOUT TODAY, USING ‘THE TIME YOU CAME HERE’ AS THE CLOSING EVENT.

‘It is very important that you tell me everything about things that have *really* happened to you.’

THE SUBSTANTIVE PART OF THE INTERVIEW

IV. TRANSITION TO SUBSTANTIVE ISSUES

‘Now that I know you a little better, I want to talk about why [you are here] today.’

[If the child starts to answer, wait.]

[If the child gives a summary of the allegation (e.g., ‘David touched my wee-pee’, or

‘Daddy hit me’), go to question 10]

[If the child gives a detailed description, go to question 10a]

[If the child does not make an allegation, continue with question 1.]

1. ‘I understand that something may have happened to you. Tell me everything that happened from the beginning to the end.’

[Wait for an answer.]

[If the child makes an allegation, go to question 10.]

[If the child gives a detailed description go to question 10a.]

[If the child does not make an allegation, continue with question 2.]

2. ‘As I told you, my job is to talk to kids about things that might have happened to them. It is very important that you tell me why [you are here/ you came here/ I am here]. Tell me why you think [your mum, your dad, your grandmother] brought you here today [or ‘why you think I came to talk to you today’].’

[Wait for an answer.]

- [If the child makes an allegation, go to question 10.]
- [If the child gives a detailed description, go to question 10a.]
- [If the child does not make an allegation and you do not know that there was previous contact with the authorities, go to question 4 or 5.]
- [If the child does not make an allegation and you know that there was previous contact with the authorities, go to question 3.]
3. **'I've heard that you talked to [a doctor/a teacher/a social worker/any other professional] at [time/location]. Tell me what you talked about.'**
- [Wait for an answer.]
- [If the child makes an allegation, go to question 10.]
- [If the child gives a detailed description, go to question 10a.]
- [If the child does not make an allegation and there are no visible marks, proceed to question 5.]
- [When marks are visible, the investigator has been shown pictures of or told of marks, or the interview takes place in the hospital or right after the medical examination say:]
4. **'I see [I heard] that you have [marks/ injuries/ bruises] on your _____. Tell me everything about that.'**
- [Wait for an answer.]
- [If the child makes an allegation, go to question 10.]
- [If the child gives a detailed description, go to question 10a.]
- [If the child does not make an allegation, proceed with question 5.]
5. **'Has anybody been bothering you?'**
- [Wait for an answer.]
- [If the child confirms or makes an allegation, go to question 10.]
- [If the child gives a detailed description, go to question 10a.]
- [If the child does not confirm, and does not make an allegation, proceed with question 6.]
6. **'Has anything happened to you at [location/time of alleged incident]?'**

[Note: Do not mention the name of the suspect or any details of the allegation.]

[Wait for an answer.]

[If the child gives a detailed description, go to question 10a.]

[If the child confirms or makes an allegation, go to question 10.]

[If the child does not confirm or does not make an allegation, continue with question 7.]

7. 'Did someone do something to you that you don't think was right.'

[Wait for an answer.]

[If the child confirms, or makes an allegation, go to question 10.]

[If the child gives a detailed description, go to question 10a.]

[If the child does not confirm or does not make an allegation, proceed to question 8.]

PAUSE. ARE YOU READY TO GO ON? WOULD IT BE BETTER TO TAKE A BREAK BEFORE GOING FURTHER?

IN CASE YOU DECIDE TO GO AHEAD, YOU SHOULD HAVE FORMULATED SPECIFIC VERSIONS OF QUESTIONS 8 AND 9, USING THE FACTS AVAILABLE TO YOU, BEFORE THE INTERVIEW. BE SURE THAT THEY SUGGEST AS FEW DETAILS AS POSSIBLE TO THE CHILD. IF YOU HAVE NOT FORMULATED THESE QUESTIONS, TAKE A BREAK NOW TO FORMULATE THEM CAREFULLY BEFORE YOU PROCEED.

8a. 'Did somebody [briefly summarize allegations or suspicions *without* specifying names of alleged perpetrator or providing too many details].' (For example, 'Did somebody hit you?' or 'Did somebody touch your wee-pee [private parts of your body]?')

[Wait for an answer.]

[If the child confirms or makes an allegation, go to question 10.]

[If the child gives a detailed description, go to question 10a.]

[If the child does not confirm or does not make an allegation, proceed to question 9.]

- 9a. **‘Your teacher** [the doctor/psychologist/neighbour] **told me /showed me** [“that you touched other children’s wee-pee”/“a picture that you drew”], **and I want to find out if something may have happened to you. Did anybody** [briefly summarize allegations or suspicions *without* specifying the name of the alleged perpetrator or providing too many details].’ [For example: ‘Did somebody in your family hit you?’ or ‘Did somebody touch your wee-pee or other private parts of your body?’]

[Wait for an answer]

[If the child confirms or makes an allegation, go to question 10.]

[If the child gives a detailed description, go to question 10a.]

[If the child does not confirm or does not make an allegation, go to section XI.]

V. INVESTIGATING THE INCIDENTS

Open-Ended Questions

10. [If the child is *under the age of 6*, REPEAT THE ALLEGATION IN THE CHILD’S OWN WORDS without providing details or names that the child has not mentioned.]

[then say:]

‘Tell me everything about that.’

[Wait for an answer.]

[If the child is *over the age of 6* simply say:]

‘Tell me everything about that.’

[Wait for an answer.]

- 10a. **‘Then what happened?’** or **‘Tell me more about that.’**

[Wait for an answer.]

[Use this question as often as needed until you have a complete description of the alleged incident.]

[NOTE: IF THE CHILD’S DESCRIPTION IS GENERIC, GO TO QUESTION 12 (SEPARATION OF INCIDENTS). IF THE CHILD DESCRIBES A SPECIFIC INCIDENT, CONTINUE WITH QUESTION 10b.]

- 10b. **'Think back to that [day/night] and tell me everything that happened from [some preceding event mentioned by the child] until [alleged abusive incident as described by the child].'**

[Wait for an answer.]

[Note: Use this question as often as needed to ensure that all parts of the incident are elaborated.]

- 10c. **'Tell me more about [person/object/ activity mentioned by the child].'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

- 10d. **'You mentioned [person/ object/ activity mentioned by the child], tell me everything about that.'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

[If you are confused about certain details (for example, about the sequence of events), it may help to say:]

'You've told me a lot, and that's really helpful, but I'm a little confused. To be sure I understand, please start at the beginning and tell me [how it all started/exactly what happened/how it all ended/etc].'

Focused Questions Relating to Information Mentioned by the Child

[If some central details of the allegation are still missing or unclear after exhausting the open-ended questions, use direct questions. It is important to pair open 'invitations' with direct questions whenever appropriate.]

[Note: First focus the child's attention on the detail mentioned, and then ask the direct question.]

Following is the General Format of Direct Questions:

11. **'You mentioned [person/object/activity], [Completion of the direct question].'**

Examples

1. **'You mentioned you were at the shops. Where exactly were you?'** [Pause for a response] **'Tell me about that shop.'**
2. **'Earlier you mentioned that your mother "hit you with this long thing". Tell me about that thing.'**
3. **'You mentioned a neighbour. Do you know his/her name?'** [Pause for a response] **'Tell me about that neighbour.'** [Do not ask for a description.]
4. **'You said that one of your classmates saw that. What was his/her name?'** [Pause for a response] **'Tell me what he/she was doing there.'**

Separation of Incidents

12. **'Did that happen one time or more than one time?'**

[If the incident happened one time, go to the *Break*.]

[If the incident happened more than one time, continue to question 13. REMEMBER TO EXPLORE INDIVIDUAL REPORTED INCIDENTS IN DETAIL AS SHOWN HERE.]

Exploring Specific Incidents When There Were Several

Open-Ended Questioning

13. **'Tell me everything about the last time [the first time / the time in [some location] / the time [some specified activity / another time you remember well] something happened.'**

[Wait for an answer.]

- 13a. **'And then what happened?' Or 'Tell me more about that.'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

- 13b. **'Think back to that [day/night] and tell me everything that happened, from [preceding events mentioned by the child] until [alleged abusive incident as described by the child].'**

[Wait for an answer.]

[Note: Use variants of this question as often as needed until all parts of the incident are elaborated.]

- 13c. **'Tell me more about** [person/object/activity mentioned by the child].'

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

- 13d. **'You mentioned** [person/object/activity mentioned by the child]. **Tell me everything about that.'**

[Wait for an answer.]

[Note: Use this question as often as needed throughout this section.]

Focused Questions Relating to Information Mentioned by the Child

[If some central details of the allegation are still missing or unclear after exhausting the open-ended questions, use direct questions. It is important to pair open 'invitations' with direct questions, whenever appropriate.]

[Note: First focus the child's attention on the detail mentioned, and then ask the direct question.]

Following is the general format of direct questions:

14. **'You mentioned** [person/object/activity], [how/when/where/who/which/what] [completion of the direct question].'

Examples

1. **'You mentioned you were watching TV. Where exactly were you?'**

[Wait for a response]

'Tell me everything about that.'

2. **'Earlier you mentioned that your father 'whacked you'. Tell me exactly what he did.'**

3. **'You mentioned a friend was there. What is her/his name?'**

[Wait for a response]

'Tell me what he/she was doing.'

4. **‘Earlier you said that your uncle “fingered you” [“French kissed”/“had sex with you”/etc.]. Tell me exactly what he did.’**

REPEAT THE ENTIRE SECTION FOR AS MANY OF THE INCIDENTS MENTIONED BY THE CHILD AS YOU WANT DESCRIBED. UNLESS THE CHILD HAS SPECIFIED ONLY TWO INCIDENTS, ASK ABOUT ‘THE LAST’, THEN ‘THE FIRST’, THEN ‘ANOTHER TIME YOU REMEMBER WELL’.

VI. BREAK

[Tell the child:]

‘Now I want to make sure I understood everything and see if there’s anything else I need to ask. I will just [think about what you told me/go over my notes/go and check with?]’

[During the break time, review the information you received, fill out the Forensic Checklist, see if there is any missing information, and plan the rest of the interview. BE SURE TO FORMULATE FOCUSED QUESTIONS IN WRITING.]

After the Break

[To elicit additional important information that has not been mentioned by the child, ask additional direct and open-ended questions, as described above. Go back to open-ended questions (‘Tell me more about that’) after asking each direct question. After finishing these questions, proceed to section VII.]

VII. ELICITING INFORMATION THAT HAS *NOT* BEEN MENTIONED BY THE CHILD

[You should ask these focused questions only if you have already tried other approaches and you still feel that some forensically important information is missing. It is very important to *pair* open invitations (‘Tell me all about that’) whenever possible.]

[Note: In case of multiple incidents, you should direct the child to the relevant incidents in the child’s own words, asking focused questions only after giving the child an opportunity to elaborate on central details.]

[BEFORE YOU MOVE TO THE NEXT INCIDENT, MAKE SURE YOU HAVE OBTAINED ALL THE MISSING DETAILS ABOUT EACH SPECIFIC INCIDENT.]

The General Format of Questions Focused on Information that has *not* been Mentioned by the Child

‘When you told me about [specific incident identified by time or location] you mentioned [person/object/activity]. Did/was [focused questions]?’

[Wait for an answer.]

[Whenever appropriate, follow with an invitation; say:]

‘Tell me all about that.’

Examples

1. **‘When you told me about the time in the basement, you mentioned that he took off his trousers. Did something happen to your clothes?’**

[Wait for an answer.]

[After the child responds, say:]

‘Tell me all about that.’

[Wait for an answer.]

2. **‘When you told me about the last time, you mentioned that he touched you. Did he touch you over your clothes?’**

[Wait for an answer.]

[After the child responds, say:]

‘Tell me all about that.’

[Wait for an answer.]

3. **‘Did he touch you under your clothes?’**

[Wait for an answer.]

[After the child responds, say:]

‘Tell me all about that.’

4. **‘You told me about something that happened on the playground. Did somebody see what happened?’**

[Wait for an answer.]

[When appropriate, say:]

‘Tell me all about that.’

5. **‘Do you know whether something like that happened to other children?’**

[Wait for an answer.]

[When appropriate, say:]

‘Tell me all about that.’

6. **‘You told me about something that happened in the barn. Do you know when that happened?’**

VIII. IF CHILD FAILS TO MENTION INFORMATION YOU EXPECTED

Use only the prompts that are relevant.

If you know of conversations in which the information was mentioned say:

1. **‘I heard that you talked to [] at [time/place]. Tell me what you talked about.’**

[If child does not provide more information, ask question 2; If child does give some more information, say:]

‘Tell me everything about that.’

[Follow up with other open-ended prompts, such as **‘Tell me about that.’** If necessary.]

If you know details about prior disclosures and the information has not been disclosed to you, say:

2. **‘I heard [s/he told me] you said [summarize allegation, specifically but without mentioning incriminating details if possible]. Tell me everything about that.’**

[Follow up with other open-ended prompts, such as **‘Tell me about that.’** If necessary.]

3. If something was observed, say:

a. **‘I heard that someone saw []. Tell me everything about that.’**

[Follow up with other open-ended prompts, such as **‘Tell me about that.’** If necessary.]

If child denies, go to 3b.

b. ‘Has anything happened to you at [place/time]? Tell me everything about that.’

[Follow up with other open-ended prompts, such as **‘Tell me about that.’** If necessary.]

If child has/had injuries or marks say:

4. **‘I see [I heard] that you have [marks/bruises] on your []. Tell me everything about that.’**

[Follow up with other open-ended prompts, such as **‘Tell me about that.’** If necessary.]

5. **‘Did somebody [summarize without naming the perpetrator (unless child already named her/him) or providing most incriminating details]?’**

If child denies, go to next section.

If child acknowledges something say:

‘Tell me everything about that.’

[Follow up with other open-ended prompts, such as **‘Tell me about that’** if necessary.]

IX. INFORMATION ABOUT THE DISCLOSURE

‘You’ve told me why you came to talk to me today. You’ve given me lots of information and that really helps me to understand what happened.’

[If child has mentioned telling someone about the incident(s), go to question 6. If child has not mentioned telling anyone, probe about possible immediate disclosure by saying:]

1. **‘Tell me what happened after [the last incident].’**

[Wait for an answer.]

2. **‘And then what happened?’**

[Note: Use this question as often as needed throughout this section.]

[If the child mentions a disclosure, go to question 6. If not, ask the following questions.]

3. **‘Does anybody else know what happened?’**

[Wait for an answer. If the child identifies someone, go to Question 6.]

[If the child confirms but does not mention the name, ask:]

‘Who?’

[Wait for an answer. If the child identifies someone, go to Question 6.]

4. **‘Now I want to understand how other people found out about [the last incident].’**

[Wait for an answer. If the child identifies someone, go to Question 6.]

[If there is missing information, ask the following questions.]

5. **‘Who was the first person besides you and [the perpetrator] to find out about [alleged abuse as described by the child]?’**

[Wait for an answer.]

6. **‘Tell me everything you can about how [“the first person mentioned by the child”] found out.’**

[Wait for an answer.]

[Then say:]

‘Tell me more about that.’

[Wait for an answer.]

[If the child describes a conversation, say:]

‘Tell me everything you talked about.’

[Wait for an answer.]

7. **‘Does anyone else know about [alleged abuse as described by the child]?’**

[Wait for an answer.]

[Then say:]

‘Tell me more about that.’

[If the child described a conversation, say:]

‘Tell me everything you talked about.’

[Wait for an answer.]

[If the child does not mention that he/she told somebody ask:]

REPEAT ENTIRE SECTION AS NECESSARY FOR EACH OF THE INCIDENTS DESCRIBED BY THE CHILD.

X. CLOSING

[Say:]

'You have told me lots of things today, and I want to thank you for helping me.'

1. **'Is there anything else you think I should know?'**

[Wait for an answer.]

2. **'Is there anything you want to tell me?'**

[Wait for an answer.]

3. **'Are there any questions you want to ask me?'**

[Wait for an answer.]

4. **'If you want to talk to me again, you can call me at this phone number.'** [Hand the child a card with your name and phone number.]

XI. NEUTRAL TOPIC

'What are you going to do today after you leave here?'

[Talk to the child for a couple of minutes about a neutral topic.]

'It's [specify time] and this interview is now complete.'

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University of Southern California Law

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December 2013

12. Lamb, M.E., Hershkowitz, I., & Lyon, T.D. (2013). Interviewing victims and suspected victims who are reluctant to talk. *APSAC (American Professional Society on the Abuse of Children) Advisor*, 25(4), 16-19.

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Interviewing Victims and Suspected Victims Who Are Reluctant to Talk

Michael E. Lamb, PhD, Irit Hershkowitz, PhD, and Thomas D. Lyon, JD, PhD

Most professionals know that many alleged victims do not disclose abuse when formally interviewed and that disclosure is affected by a variety of factors, among which the relationship between suspects and children appears to be especially important (see Pipe, Lamb, Orbach, & Cederborg, 2007, for reviews). Children—especially boys and preschoolers—are hesitant to report abuse by parents and guardians, particularly when sexual rather than physical abuse is suspected. For example, Pipe, Lamb, Orbach, Stewart, Sternberg, and Esplin (2007) reported that only 38% of the preschoolers interviewed disclosed sexual abuse by a parent even when the allegations were independently substantiated by corroborative evidence. Indeed, only 12% of the preschool-aged boys included in Hershkowitz, Horowitz, and Lamb's (2005) analysis of Israeli national statistics disclosed suspected (not necessarily substantiated) sexual abuse by parents. Even though some nondisclosure by preschoolers may be attributable to immaturity rather than reluctance (Sjöberg & Lindblad, 2002), substantial evidence indicates that large percentages of older abused children will deny abuse as well (Pipe, Lamb, Orbach, & Cederborg, 2007). Laboratory experiments have shown how easy it is to induce denials among children who have themselves transgressed (Lewis, Stanger, & Sullivan, 1989; Polak & Harris, 1999; Talwar, Lee, Bala, & Lindsay, 2002), have witnessed the transgression of others (Bottoms, Goodman, Schwartz-Kenney, & Thomas, 2002; Ceci & Leichtman, 1992; Pipe & Wilson, 1994; Talwar, Lee, Bala, & Lindsay, 2004), or have been jointly implicated in wrongdoing (Lyon & Dorado, 2008; Lyon, Malloy, Quas, & Talwar, 2008).

Factors Affecting Child Behavior and Responsiveness in Interviews

In addition to characteristics of children or of child-suspect relationships, the quality of the interaction between children and forensic interviewers may profoundly affect whether or not victims disclose and how much information these children provide when they do. In a study exploring the dynamics of interviews with children whose victimization had been independently verified, Hershkowitz, Orbach, Lamb, Sternberg, and Horowitz (2006) identified a pattern of escalating uncooperativeness and coercion. In a rapport-building pre-substantive phase, the children's initial uncooperativeness was clearly challenging for the interviewers, but interviewers' responses—in the form of intrusive

questioning, unsupportiveness, and premature discussion of sensitive topics—were counterproductive. Specifically, the children who later failed to disclose abuse seemed to avoid establishing rapport with the interviewers early in the interviews; they were less responsive to interviewers' questions than their disclosing peers and provided fewer personally meaningful details about neutral experiences when invited to do so. In response, interviewers were unsupportive and then attempted to explore the possibility that abuse had taken place by transitioning prematurely into the substantive phase. Interviewers also addressed fewer open-ended questions and fewer supportive comments to uncooperative than to cooperative children. Hershkowitz et al. concluded that the interviewers' strategies were counterproductive because they did not address the children's emotional needs; the researchers recommended that, in such circumstances, interviewers should make increased efforts to establish rapport and should avoid shifting the focus to substantive issues until children appear comfortable and cooperative. Interviewers, they advised, should be more, rather than less, supportive of resistant children.

Because the nondisclosing children had started showing their reluctance early in the rapport-building phase, Hershkowitz et al. (2006) stressed the importance of identifying and addressing reluctance at the very beginning of the interview, before negative dynamics emerged. Subsequent research showed that nondisclosers expressed their initial reluctance nonverbally as well (Katz, Hershkowitz, Malloy, Lamb, Atabaki, & Spindler, 2012), thereby providing interviewers with additional cues for identifying uncooperative interviewees. Although studies such as these show the potential importance of emotional factors affecting children's behavior and responsiveness in the interview context, research-based best practice guidelines such as the NICHD Protocol have to date emphasized cognitive factors associated with children's memory retrieval and reporting in interview contexts. They have also paid much less attention to the motivational factors that may inhibit children's cooperativeness and informativeness.

Rapport-building is clearly important, but interviewers often fail to behave supportively when interviewing children who appear uncooperative. The question is this: Can these dynamics be changed? Fortunately, the answer is "Yes" as shown in our recent studies, which we summarize in this article. In these studies, we have

revised the well-studied NICHD Investigative Interview Protocol by providing interviewers with more guidance about how to behave supportively and build rapport with interviewees. We hoped that adherence to the so-called Revised NICHD Protocol would help interviewers build rapport more effectively with children, and that this would in turn help children overcome any reluctance to cooperate early in the interview, thus enhancing willingness to discuss experiences of abuse, if they had indeed been abused. Of course, the challenge was to increase interviewer support without pairing support with leading or suggestive prompts that might elicit substantive information. Laboratory/analogue research has found that reassurance (telling children that they will not “get in trouble” for disclosing) not only increases children’s disclosure of transgressions but also increases the number of false allegations if the interviewer specifically mentions the transgression (Lyon & Dorado, 2008; Lyon et al., 2008).

The Standard NCHD Protocol

The standard NICHD Protocol (Lamb, Hershkowitz, Orbach, & Esplin, 2008) is fully structured, covering all phases of the investigative interview. In the introductory phase, interviewers introduce themselves, clarify the children’s task (i.e., the need to describe actually experienced events truthfully and in detail), and explain the ground rules and expectations (i.e., that they can and should say “I don’t remember,” “I don’t know,” or “I don’t understand” or correct the interviewers when appropriate). Because lab research has also found that a promise to tell the truth increases children’s disclosures of transgressions without increasing errors (Evans & Lee, 2010; Lyon & Dorado, 2008; Lyon, Malloy et al., 2008, Talwar et al., 2002, 2004) such promises have been incorporated into NICHD Protocol guidelines in some interview centers (Stewart, personal communication, 2013).

The subsequent rapport-building phase comprises two sections. The first is a structured open-ended section designed to encourage children to provide personally meaningful information (e.g., what they like to do). In the second section, children are prompted to describe in detail at least one recently experienced event to further develop rapport between children and interviewers. In addition to its rapport-building function, this phase of the interview is designed to simulate both open-ended investigative strategies and the retrieval of episodic memory employed in the substantive phase as well as the related pattern of interaction between interviewers and children. This phase is also intended to demonstrate to children the specific level of detail expected of them. The productivity of the open-ended rapport-building approach has been supported by field and lab research (Roberts, Lamb, & Sternberg, 2004; Sternberg et al., 1997).

In a transitional phase between the pre-substantive and the substantive parts of the interview, open-ended prompts are used to identify the target event(s) to be investigated (e.g., Tell me why



you came to talk to me today). If the child does not disclose in response to open-ended prompts, the interviewer proceeds to increasingly focused yet nonsuggestive prompts, making reference to available information about previous disclosures, physical marks, or other evidence only as a last resort. As soon as an allegation is obtained, the substantive part of the interview takes place (for a description of the full Protocol, see Lamb et al., 2008).

Revisions to the Protocol

Several changes and additions were made to the rapport-building part of the Protocol when constructing a “revised” Protocol for purposes of our field research. To enhance trust and cooperation, the rapport building preceded (rather than followed) explanation of the ground rules and expectations, and additional guidance was provided to interviewers with respect to building and maintaining rapport. In addition to both inviting free-recall narratives about recent experiences and prompting children to provide more information about personally meaningful topics using open-ended invitations, interviewers were encouraged to express interest in the children’s experiences during the rapport-building phase (“I really want to know you better”), to echo children’s feelings (“You say you were [sad/angry/the feeling mentioned]”), to acknowledge such feelings (“I see/ I understand what you’re saying”), or to explore them (“Tell me more about [the feeling]”). The revised instructions advised interviewers to encourage the children verbally and nonverbally to describe experienced events. Positive reinforcement of the children’s efforts (“Thank you for sharing that with me” or “You’re really helping me understand”), but not of what they said, was recommended. Similarly, expressions of empathy with the children’s expressed feelings regarding the interview experience (“I know [it is a long interview/there are many questions/other difficulties the child expressed]”), but not regarding past experiences, were also encouraged. In other respects, interviewers were encouraged to use all the same cognitively focused strategies that the Protocol comprises.

Comparing the Standard and Revised Protocols

The effects of the Revised Protocol (RP) on children's willingness to be cooperative with interviewers and to report abuse were tested in two recent studies, both concerned with suspected victims of intra-familial abuse because they have been shown to avoid making allegations when abuse is suspected. In one study, we analyzed the rapport-building phase in nearly 200 interviews with children who had made allegations in order to determine whether the youth investigators followed the RP instructions, thus establishing better rapport and providing them with more support than did interviewers using the Standard Protocol (SP) (Hershkowitz, Lamb, Katz, & Malloy, n.d.). Comparisons made clear that interviewers using the RP indeed adhered to the instructions and that, as expected, the RP interviews were characterized by better rapport between the children and interviewers than the SP interviews. Specifically, we found that interviewers provided more supportive and fewer unsupportive comments to reluctant children in RP than in SP interviews and that children in RP interviews showed fewer signs of reluctance: That is, children displayed fewer omission responses, less often failing to respond to interviewers' prompts and to provide the requested information. Suggestive and other risky questions were equally uncommon in both types of interviews. Use of the RP thus changed the negative dynamics between reluctant children and their interviewers that had been observed previously (Hershkowitz et al., 2006).

In the second study, we sought to compare the rates of allegations when either the RP or SP procedures were followed when interviewing suspected victims of intra-familial child abuse. There was independent evidence that all children had indeed been abused, so we had increased confidence in the validity of any allegations made. The study showed that interviewer behavior significantly affected the likelihood that children would make valid allegations. As expected, children were more likely to make (valid) allegations

when the RP rather than the SP was used, presumably because the RP had successfully altered interview dynamics. Allegation rates were significantly higher when the RP (59.8%) rather than the SP (50.3%) was used, representing an increase of 18.8% in the allegation rate. Moreover, the effects were still evident after we controlled for other factors that might affect the likelihood that children make allegations of abuse, including individual differences among interviewers.

Better rapport building and the provision of emotional support seemed to have enhanced the children's motivation and engagement with their interviewers. Effects on disclosure rates were greater for boys than for girls. Surprisingly, however, use of the Revised Protocol did not affect rates of disclosure by the youngest (5- to 7-year-olds) alleged victims, suggesting that older children may recognize social expectations and social dynamics better than do younger children and are therefore more responsive to manifestations of support.

In sum, these studies revealed important effects of interview practices on children's motivation to make allegations of abuse. Although the effects of Protocol type varied in strength depending on individual and case characteristics, emerging differences were always in the same direction, with use of the RP always associated with more allegations than use of the SP. By creating more meaningful rapport with children and providing them with emotional support throughout the interview, forensic interviewers using the RP better helped children overcome their reluctance to communicate. Best practice recommendations clearly need to underscore the importance of supportive yet nonsuggestive practices when investigating possible occurrences of abuse, and the importance of using structured protocols for shaping effectively the relationship with children (Langer, McLeod, & Weisz, 2011). As with use of the established Standard Protocol (e.g., Lamb et al., 2008; Orbach et al., 2000), the changes in interviewer behavior brought about by use of the Revised Protocol were achieved following intensive training supplemented by regular monitoring and supervision throughout the course of the study. Although the use of structured Protocols is clearly associated with improved interview practices (Poole & Dickinson, 2005), such changes are assured only by ongoing monitoring and supervision (Lamb et al., 2002).

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**PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT
INVESTIGATION OF CHILD ABUSE**

Exhibit "F"

(Recommended Trainings)

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

Investigations/Prosecution

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

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

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

Basic Forensic Interviewing

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

Advanced Forensic Interviewing

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

Practice

- 2 child interviews
- Courtroom testimony

PINAL COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

Exhibit "G"

(Case Tracking Form)

**PINAL COUNTY ATTORNEY'S OFFICE
FAMILY ADVOCACY CENTER**

INTAKE / CASE TRACKING FORM

Child's Last Name: _____ Date: _____

Child's First Name: _____ DOB: _____

Primary Language: _____ Gender: M / F

Ethnicity: _____ Disability: _____

Type:	# of child victims	Multiple Incidents	Approx. Date
_____ Child sexual abuse	_____	Y / N	_____
_____ Child physical abuse	_____	Y / N	_____
_____ Child neglect	_____	Y / N	_____
_____ Child exploitation	_____	Y / N	_____
_____ Child death	_____	Y / N	_____
_____ Other	_____	Y / N	_____

Suspect/Offender Last Name: _____ Suspect Age: _____

Suspect/Offender First Name: _____ Relation to Child: _____

Has child described abuse from a different/separate suspect as well? Y / N

Referral Source : _____ Agency Contact : _____

DR# : _____ Ph. # : _____

Date of Initial Report : _____ Email: _____

If CPS/OCWI investigation, was LE contacted? Y / N

If LE investigation, was CPS/OCWI contacted? Y / N

Notification To	Date of Notice	Contact Name
CSFS/OCWI	_____	_____
Medical	_____	_____
Victim Advocate	_____	_____
Other	_____	_____

CASE TRACKING

Case referred to PCAO?	Y / N	Charges filed?	Y / N
Case prosecuted?	Y / N	Conviction	Y / N
Were protocols followed?	Y / N		
Was the case reviewed?	Y / N	Case review date:	_____
Victim advocate assigned?	Y / N	Advocate name:	_____
Date of forensic interviews:	_____	Interviewer agency:	_____
# of forensic interviews:	_____	# of videotaped interviews:	_____
Was a forensic medical exam conducted?	Y / N	Location:	_____
Forensic medical examiner:	_____		
Medical Exam Findings:	Within normal limits / Abnormal limits		
Parental consent for referral to mental health professional?	Y / N		