

Multi-Disciplinary Protocol for the Joint Investigation of Child Abuse



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STATEMENT OF PURPOSE

The Navajo County Family Advocacy Center understands the devastating impact child abuse, sexual assault and domestic violence can have on our communities. Given the substantial effect these events can have on victims, individuals, families and communities no single agency has the expertise or resources to provide a full circle response to all of those affected.

Combining the skills, knowledge and experience of local law enforcement agencies, the Arizona Department of Child Safety (DCS), prosecutors, forensic interviewers, victim advocates, and specialists in forensic medical and behavioral health in a countywide multi-disciplinary team, the following protocols establish guidelines to include an efficient and empathetic investigation, mindful management, and successful prosecution of these cases. Additionally, the protocols also offer guidelines for collaboration in addressing the needs of children and families struggling with the multiple impacts of traumatic events.

The purpose of the Navajo County Multi-Disciplinary Protocols for the Joint Investigation of Child Abuse is to set the standard of care and practice for agencies involved in these types of cases.

STATEMENT OF SUPPORT

Navajo County Family Advocacy Center (NCFAC), Navajo County law enforcement agencies, DCS, OCWI, and the Navajo County Attorney's Office (NCAO) shall put forth a coordinated effort in the investigation and prosecution of child related, sex related and aggravated domestic violence related crimes. Each Member of the Navajo County Multidisciplinary Team (MDT) agrees to the following premises under the Protocols:

1. Actively participate in the implementation of an MDT approach to the joint investigation of criminal conduct child physical and sexual abuse.

2. Promptly share any relevant information and maintain ongoing contact with the other MDT members
3. Join ongoing cooperative efforts to improve the Protocols and their implementation and use in Navajo County.
4. Make every effort to incorporate these guidelines in their internal policies and practices.
5. Participate in collaborative activities that improve joint investigations including MDT case reviews, forensic interviews, trainings, dispute resolution processes, and case tracking.

*Please refer to attached MDT Participant Agreement for participating MDT member signatures.

MULTI-DISCIPLINARY TEAM

The Navajo County Multi-Disciplinary Team (MDT) Shall consist of professional representation from the following disciplines:

Law Enforcement

1. Apache County Sherriff's Office
2. Eager Police Department
3. Holbrook Police Department
4. Navajo County Sheriff's Office
5. Pinetop-Lakeside Police Department
6. St. Johns Police Department
7. Show Low Police Department
8. Snowflake-Taylor Police Department
9. Winslow Police Department

Department of Child Safety (DCS)

1. Apache County
2. Navajo County North
3. Navajo County South
4. Office of Child Welfare Investigations (OCWI)

Navajo County Family Advocacy Center

1. Forensic Interviewer
2. Family Advocate
3. Crisis Response Advocates
4. Other FAC staff as necessary

Navajo County Attorney's Office

1. Sex Crimes Attorney
2. Child Abuse Attorney
3. Navajo County Victim Services

Northern Arizona Center Against Sexual Assault (NACASA)

1. Program Director
2. Clinical Coordinator
3. Intimate Partner Violence (IPV) Advocates
4. Nurse Examiners

Summit Healthcare

1. Pediatric Sexual Assault Nurse Examiner (SANE) Coordinator
2. Pediatric SANE
3. Emergency Department
4. Social Services
5. Behavioral Health

Winslow Regional Little Colorado Hospital

1. Emergency Department
2. Social Services

ChangePoint Integrated Health

Alice's Place Domestic Violence Shelter

White Mountain SAFE House

*Refer to attached MDT contact list for information about MDT participants.

Professionals from other disciplines such as Navajo County Juvenile and Adult Probation, Adult Protective Services, Arizona Department of Corrections Parole Office, and respective school district personnel may be asked to participate on a case-by-case basis if determined beneficial to the welfare of the victim.

Members of the MDT shall have written memorandums of understanding (MOUs) in place and have a clear understanding of the purpose of and a commitment to the MDT intervention response.

Purpose of the MDT is to Coordinate Intervention Services to:

1. Assist the victims and families of child or vulnerable adult abuse or neglect, domestic violence and sexual assault by reducing additional trauma.
2. Ensure thorough investigation and enhanced prosecution through information gathering and sharing by collaborating in joint investigations.
3. Reduce the potential of duplicative services that may re-victimize children and families.
4. Improve communication among agencies by providing timely services for victims tailored to their needs.
5. Foster support, education, and treatment for children and families that may enhance their willingness to participate and their ability to be effective witnesses.
6. Empower non-offending parents/guardians to protect and support their children, throughout the investigation, prosecution, and beyond.

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.

Members of the MDT will 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, phone conversations and/or email correspondences. Information sharing between individual agencies must adhere to legal, ethical, and professional standards of practice.

MDT members are required to review and sign a confidentiality agreement attached as Confidentiality Pledge, assuring the following:

1. Rights of victim privacy and confidentiality will always be respected and preserved.
2. 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.
3. MDT members will not remove any written information from a case consultation and all such written information will be returned to the Navajo County Family Advocacy Center staff or the appropriate agency after a case consultation.

The MDT shall meet at a minimum once per month to review current cases and to provide updates and follow-up on prior cases. The case review process will be followed as outlined in these Protocols under the *Case Review* section.

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 Navajo County Family Advocacy Center Protocols as well as the operations of the MDT and the Navajo county FAC locations.

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 training per their individual licensing requirements and National Children's Alliance (NCA) requirements. At monthly case reviews MDT members will be asked for input regarding training and educational needs. Whenever possible, an educational component will be

included as part of the monthly case review. Additionally, the case MDT Coordinator at the FAC or designated FAC staff member, with input from MDT members and other professionals in the field, will identify relevant, educational opportunities locally and nationally that are cross-discipline in nature (i.e. webinars, conferences).

The MDT Shall participate in an annual meeting consisting of all member agency department heads and active MDT members. The meeting will be held in June every year to review the Memorandum of Understanding and the Investigative Guidelines. Prior to the meeting, the FAC/MDT Workgroup will provide all department heads with findings or any recommendations for changes to the existing documents. This meeting will also provide the opportunity for MDT members to provide feedback and suggestions regarding the procedures and operations of both the MDT and the FAC.

In effort to enhance collaboration and to educate others about FAC practices and procedures or to inform non-affiliated agencies to the services they offer to the MDT, an MDT member or non-affiliated agency must contact the MDT Coordinator to request to attend a meeting. The MDT Coordinator will review and approve or deny said request. Upon approval the visitor will be requested to review and sign the FAC/MDT Confidentiality Agreement. All MDT members have the prerogative to excuse a visitor if they deem an unforeseen conflict of interest.

The cases MDT shall serve:

1. Child Sexual Abuse
2. Child Physical Abuse
3. Child Fatalities
4. Child Neglect
5. Child Witness

6. Aggravated Domestic Violence
7. Sexual Assault
8. Human Trafficking

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 the facts and circumstances necessary to bring the perpetrators into the criminal justice system and hold them accountable for their actions.

While pursuing the criminal investigation, law enforcement must be concerned with more than just statutory requirements and case law. Law enforcement personnel should 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. When deemed necessary by a responding party, a crisis response advocate may be dispatched to the scene, hospital, or FAC to assist with the emotional needs of the families and/or victim (scene must be secured by law enforcement).

Uniformed law enforcement officers and detectives should avoid conducting interviews with child victims. Law enforcement should make every effort to obtain as much information from parents, caretakers, or witnesses instead of the child whenever possible. However, a brief interview with the child by a law enforcement officer or detective may be necessary to make an initial assessment of the validity of the allegations, the child's ability to participate in a forensic interview based on developmental considerations, whether a referral to the FAC is appropriate, to obtain information necessary to ensure protection of the life, health and safety of the child, or whether there are grounds for law enforcement to take protective custody of the child.

Law enforcement shall interview or interrogate the alleged perpetrator as soon as the

investigation warrants.

Law enforcement is encouraged to coordinate their efforts with those of DCS as well as NCAO and NCFAC. During an investigation, DCS and law enforcement shall 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 DCS receives a report with criminal conduct allegations or an allegation that indicates a child is in danger.

When the information received by DCS indicates the child is not in immediate danger, but further investigation is warranted, DCS shall contact the appropriate law enforcement agency directly and request notification be made to a law enforcement officer. As DCS operates under a statutory requirement to respond based on priority within specific time frames, the responsible law enforcement officer will contact the DCS 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 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:

1. Be a voluntary assignment.
2. Receive training in the investigation of the neglect, physical and sexual abuse of children.
3. Establish and maintain a close working relationship with DCS, the FAC and the NCAO.

4. Encourage trained and skilled officers to be retained for as long as possible.

Navajo County is large geographically. We have two Family Advocacy Centers strategically placed, one in Holbrook and one in Show Low. Neither FAC will turn any Navajo County and/or Apache County law enforcement or DCS away, and outside agency assists are also provided as needed. Both FAC locations serve Federal and Tribal law enforcement as needed (see Family Advocacy Center section). All law enforcement officers may use the child sensitive, secure FAC facilities for coordination of services during the investigative process.

Non-offending family members or those who accompany the children will be given access to a waiting area. Child-friendly interview rooms are available for trained officers or forensic interviewers who may need to conduct victim interviews. Forensic pediatric medical exams (as needed) are provided onsite at the Show Low FAC to minimize travel and duplication of efforts so that treatment for children and families can be initiated as soon as possible. A child-friendly, private medical exam room is designed to maximize the comfort of children who are medically examined. Equipment for preservation of documentation and specimens collected (i.e. recording equipment; DVDs; digital equipment for photos of medical examinations) are available at the FACs. The Show Low FAC is equipped with locked, refrigerated storage (as needed) with limited access to preserve the chain of custody of specimens. A clothes closet (clothes and undergarments) is available for child victims as needed. Victims are less traumatized by the warm, inviting environment, which provides crisis intervention and referral services to both the victim and their 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.

Law enforcement shall recover and maintain recordings and documentation gathered as a result of the forensic interview, as well as any other evidence or specimens gathered in accordance with criminal and civil statutes and department policy. The law enforcement agency shall follow and adhere to state statutes and department retention policies regarding the disposal of evidence. It will be noted that the Navajo County Family Advocacy is not responsible for maintaining recordings and documentation gathered as a result of the forensic interview.

Law enforcement shall refer the case to the prosecution attorney and/or juvenile officer as soon as the investigation warrants. Law enforcement should attempt to notify the MDT Coordinator when an arrest is made. Law enforcement should notify the MDT Coordinator when the investigation becomes inactive (see contact list). The MDT Coordinator will follow-up monthly with law enforcement on cases where information has not been provided.

LAW ENFORCEMENT GUIDELINES

Child Sexual Abuse Cases

Initial Report:

1. The officer should establish the elements of the crime jurisdiction. The responding officer may interview the reporting source, away from the victim, witness or other reporting sources, to:
 - a. Obtain the facts of the reported crime
 - b. Determine if the child is in imminent danger
 - c. Determine if the victim may require medical attention
 - i. If there is a strangulation allegation the officer shall initiate emergency medical professional response
 - d. Determine jurisdiction

- i. If within departmental jurisdiction
 - ii. If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction.
2. 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 (Forensic Interview Guidelines). The decision regarding which responding officer, investigator or FAC interviewer will interview the victim, child witness, 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 crucial child witnesses. Responding patrol officers are directed to conduct a brief “minimal facts” interview and not a forensic interview of the child.
3. 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 of the investigation officer or supervisor.
4. The responding officer may interview other witnesses. Dates of birth, social security numbers, current phone numbers, physical and mailing addresses, email addresses and other biographical information should be obtained.

5. Once determined that a crime has been committed, the responding officer may then continue the initial case preparation.
6. 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 on-call crisis staff (928) 242-6565.
 - a. In cases of sexual abuse in which the incident occurred within the past 72 hours for pre-pubescent children and 20 hours for pubescent children, the victim should receive a forensic medical exam.
7. Assess the need for a search warrant. Officers may contact the County Attorney's Office for assistance and regarding sealing the affidavit of the search warrant.
8. 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 NCAO, if necessary
9. Assess the need for scene preservation and/or photographs.
10. Assess the need for an investigating officer to respond to the crime scene, hospital or other location.
11. Assess the need for a crisis response advocate.

As soon as law enforcement determines that DCS may have jurisdiction on the matter under investigation, law enforcement will notify the DCS dedicated law enforcement hotline at

(877) 238-4501 or the main hotline at (888) 767-2445 and provide enough information for DCS to coordinate their response with law enforcement. Law enforcement responding after regular business hours, on weekends and holidays to child abuse emergencies in which the child is in imminent danger (and in need of access to emergency placement services for a child) should also use the dedicated DCS Hotline.

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:

1. Attempt to contact the NCAO prosecutor to make them aware of the investigation (see *contact list*).
2. Interview the reporting source to determine the circumstance of disclosure.
3. Interview the victim (minimal facts).
4. Arrange an interview of the victim at the FAC if possible. The child's interview should be conducted (per the *Forensic Interview Guidelines*). Coordinate the interview with DCS if they are involved in the case. If a joint interview with DCS is not feasible and the circumstances dictated DCS involvement, the victim interview should be shared with DCS to minimize unnecessary or multiple interviews of the child victim.
5. Arrange for a medical examination at the Show Low FAC location if feasible (See *Medical Evaluation* section). Officers shall consult with the FAC Crisis Staff for appropriate medical response.

6. Conduct crime scene(s) investigation and evidence processing.
7. Interview the family and other witnesses separately. Obtain dates of birth, social security numbers, phone numbers, physical, mailing, and email addresses, and other biographical information including where child victim and or witnesses attend school.
8. Obtain a copy of the medical examination report. Send a copy of the medical examination to DCS.
9. Conduct investigation research on:
 - a. Prior convictions of the suspect
 - b. Prior police reports involving the suspect(s), victim(s), or witness(es)
 - c. Prior unreported allegation involving the suspect(s), victim(s), or witness(es)
 - d. Current and prior DCS reports
 - e. Any other intelligence information (i.e. place of work, etc.)
10. Interview the suspect
 - a. The suspect should be interviewed only by law enforcement personnel.
 - b. DCS shall, when possible, be notified of the suspect interview and should be aware of the content of the suspect interview.
 - c. The interview should be recorded (by video/MP4 format).
11. Determine the need to arrest the suspect based on:
 - a. The possibility of flight to avoid prosecution.
 - b. The danger to the victim.
 - c. The danger to the community.
12. Conduct any other necessary investigation.

Law enforcement should contact the FAC Advocate prior to any initial appearance proceedings to notify of court hearing. (*see contact list*)

Child Physical Abuse/Neglect Cases

Initial Report:

1. The responding officer should establish the elements of the crime of physical abuse or neglect and jurisdiction.
2. The responding officer should contact the NCAO prosecutor to make them aware of the investigation. (*please see contact list*)
3. The responding officer should interview the reporting source, away from the victim, witnesses, or other reporting sources, to:
 - a. Obtain the facts of the reported crime.
 - b. Determine if the child is in imminent danger.
 - c. Determine if the victim may require medical attention.
 - d. Determine jurisdiction:
 - i. If within departmental jurisdiction, continuer per these Protocols.
 - ii. If not within departmental jurisdiction, the officer will document his/her actions and coordinate with the appropriate jurisdiction
4. 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):
 - a. What happened?

- b. Who did this?
 - c. Where did it happen?
 - d. When did it happen? (ascertain last time to determine if medical exam/physical specimen collection is necessary)
 - e. Where do you go to school?
5. The officer may interview witnesses. Dates of birth, social security numbers, phone numbers, addresses including mailing, physical, and email and other biographical information including where child witnesses attend school will be obtained.

If the suspect is at the scene:

1. 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.
2. The officer should not disclose any medical information to the caretaker(s) regarding the condition of the child or possible mechanisms of injury. If the caretaker(s) are the suspect(s), the officer should also encourage any on-scene medical personnel not to disclose this information to the caretaker(s) until they consult with investigators.
3. If the suspect is unidentified, the officer should interview each parent individually.
4. Document and preserve the scene through photographs if possible.
5. Once it is determined that a crime has been committed, the officer may continue the initial case preparation.
6. 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.
 - a. If strangulation is reported the officer shall initiate emergency medical

professional services regardless if there is no sign of injury.

7. 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.
8. 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 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 occur and the original photographs are taken.
9. As soon as law enforcement determines that DCS may also have jurisdiction of the matter under investigation, law enforcement will notify the DCS law enforcement hotline (see contact list) and provide enough information for DCS to coordinate their response with law enforcement.

The Investigation

It is recognized that some law enforcement agencies in Navajo and Apache 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:

Non-Hospitalized Children

1. 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*.
2. If not already done and appropriate, photographs are taken to document the abuse. An investigator should ensure that additional follow-up photographs are taken as needed.
3. DCS shall be contacted to obtain prior reports and to determine what action DCS is taking on the referral. If DCS is involved, law enforcement shall share information with them.
4. The suspect's prior police history should be determined, paying attention to assault and domestic violence contacts.
5. Obtain relevant medical records on the child and interview appropriate medical personnel.
6. Interview the suspect if not already interviewed. If the suspect has not invoked his/her/their rights, re-interview to complete his/her/their 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 considering all the information obtained.
7. The need for a medical exam should be assessed.

Hospitalized Children

1. NCFAC shall be notified, as soon as possible, on all cases where a child is admitted to a hospital because of suspected child abuse, dies an unexpected death or dies because of suspected child abuse.

2. Ensure that the scene(s) is (are) identified and secured pending issuance of a search warrant or signed consent.
3. Obtain a statement from the initial attending physician as to time frames and given mechanisms of injury and symptoms the child would be expected to show, given the injury sustained.
4. 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.
5. 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.
6. Search warrants are to be utilized where appropriate, to ensure a thorough scene investigation. Investigators may contact NCAO regarding assistance with the warrant.
7. DCS shall be contacted to obtain prior reports and to determine what action DCS is taking on the referral. If DCS is involved, law enforcement shall share information with them.

Information Law Enforcement Provides to the NCAO (also see Sex Crimes Investigations Law Enforcement Checklist and Protocol for Submissions)

All pertinent information should be submitted to NCAO in a timely manner. The file should include the following information:

1. A complete copy of the police report.
2. All medical records of the child.
3. A copy of interview recordings.
4. A copy of photographs.
5. A copy of 9 calls.
6. Prior relevant police report(s) and any other information obtained during the investigation.
7. Criminal history report.
8. Upon further request of the NCAO a copy of all non-privileged information from the DCS investigation including:
 - a. The DCS case file
9. 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.

The DCS caseworker is responsible for facilitating the delivery of the DCS information to the law enforcement agency in a timely fashion when requested, if the DCS case is still open. It is suggested that the law enforcement officer request the records within a timely fashion. If law enforcement does not request these records until further down the road, law enforcement will need to contact the DCS hotline to inquire if a case is still open. If the case has been closed with DCS, law enforcement will need to fill out and submit a DCS Records Request (see DCS Records Request Form). The law enforcement agency should contact the DCS caseworker prior to submittal for prosecution to ensure all pertinent information is included. If further investigation post-filing is requested and the suspect is in custody, all requested information

should be presented to the assigned NCAO Deputy County Attorney 24 hours prior to any judicial proceedings including Early Disposition Court, Grand Jury or Preliminary Hearing. If the NCAO Deputy County Attorney refers the case back or requests follow-up to the law enforcement agency for further investigation:

1. The case should be returned to the original case agent if possible. An in-person or phone consultation between the assigned Deputy County Attorney and case agent may be conducted to discuss the specifics of the further investigation requested by the Deputy County Attorney.
2. A copy of the submittal will be sent to DCS by the investigation agency.
3. The requested information should be obtained as soon as possible.
4. The NCAO must be advised if the investigating agency decides to investigate/close the case within 30 days.

If the suspect is indicted by the Grand Jury, the law enforcement officer shall notify DCS.

On scene Crisis Response

Please see *Crisis Response Advocate in the Victim Advocacy Section*

Training

It is recognized that in Navajo County, some law enforcement agencies may have officers who have not had the recommended training prior to responding to investigation 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 (Recommended Trainings). Nothing in the Protocols shall be interpreted to mean that law enforcement officers cannot fully investigate allegations of crimes against children or criminal conduct allegations involving children without the recommended training.

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

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

The Office of Child Welfare (OCWI) was legislated into existence pursuant to House Bill 272 and receives its statutory authority with Arizona Revised Statute 8-47. The OCWI is the latest augmentation to Arizona’s Child Welfare System and was born out of a Child Safety Task Force convened by the Governor of Arizona in 202. The statutory obligation of the OCWI is to assess, respond to, or investigate all criminal conduct allegations, which shall be a priority, but not otherwise exercise the authority of a peace officer, statewide on all criminal conduct reports that involve any child under the age of 8. These investigations are to be conducted with law enforcement to maximize the joint investigation process in coordination with multi-disciplinary team partners. The mission of the OCWI is to provide thorough, uniform joint investigations of child abuse to better protect children and increase the likelihood of

criminal prosecution of offenders.

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

OCWI is contacted by DCS Hotline on all DCS reports regarding a child fatality of any age and will assess each report to determine if a response is needed. OCWI will assist in investigations at the request of DCS or any law enforcement agency in the state asking for assistance.

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

DCS Hotline and Immediate Response

Pursuant to A.R.S. §8-802, DCS receives reports of dependent, abused, neglected or abandoned children on a 24-hour 7 day per week basis through its law enforcement hotline at -877-238- 450 and its general hotline at -888-767-2445 and is to direct DCS workers to conduct a prompt and thorough investigation and assessment of reports received by the department.

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

appropriate law enforcement agency having jurisdiction or call emergency 9.

The DCS Specialist or Supervisor must notify the appropriate municipal or county law enforcement agency when a report alleges a criminal conduct allegation prior to initiating the DCS investigation. DCS should contact the law enforcement agency by telephone or email within 24 hours of determining the status. The DCS Specialist must coordinate the investigation with the identified law enforcement agency. Coordination requires a shared, cooperative approach and ongoing consultation, collaboration and communication. Upon request, DCS shall make available to law enforcement all notes, reports, photographs and medical records, including all prior reports of DCS contact regarding the child so that a joint investigation can occur.

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

1. Developing a plan to initiate and complete the investigation;
2. Responding with law enforcement;
3. Frequent and open communication to discuss the status of the case; and
4. Obtaining and sharing information in a timely manner, particularly at the following critical communication points:
 5. Completion of interviews and other assessments
 6. Return of the child victim to the home (Safety Plan)
 7. Filing of a dependency petition (Team Decision Making Meeting)
 8. Disclosure of information about the criminal conduct
 9. If law enforcement is not able to respond jointly within the response time requirements established for the department, DCS will proceed with its investigation to ensure the child's safety and maintain communication with law

enforcement in a timely manner.

DCS/OCWI Assignments from the Hotline

1. Upon assignment of a report, the DCS Specialist/OCWI Investigator will conduct an initial review of historical information.
2. The DCS Specialist/OCWI Investigator will conduct an initial DPS criminal history on the alleged perpetrators and adults in the home. The criminal history information should be used in developing a strategy to initiate and assist in decision making concerning the safety of the children and DCS/OCWI staff. The DCS Specialist/OCWI Investigator will review the DCS prior history of the family and alleged perpetrators identified in the report.
3. If interpreters are needed for the joint investigation response, DCS/OCWI will arrange assistance from their interpreter list.
4. The DCS Specialist or Supervisor must notify the appropriate municipal or county law enforcement agency when a report alleges a criminal conduct allegation prior to initiating the DCS investigation. DCS should contact the law enforcement agency by telephone or email within 24 hours of determining the status. The DCS Specialist must coordinate the investigation with the identified law enforcement agency.

DCS/OCWI Pre-Interview Process and Procedures

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

following sequence should be considered for interviewing:

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

Interview Protocol

1. The DCS Specialist and/or OCWI Investigator will ensure that all interviews pertinent to addressing the alleged abuse are completed. In accordance with the Protocols, care should be taken to not duplicate child victim interviews. Permission from the applicable law enforcement agency should be obtained prior to conducting interviews that may compromise and ongoing criminal investigations.
2. Additionally, it is strongly recommended that child victim/witness interviews be conducted at one of the Navajo County FAC locations by a trained forensic interviewer, using the forensic interview guidelines outlined in (Forensic Interview Guidelines).
3. In scenarios when law enforcement agency conducts interviews:
4. OCWI Investigators and/or DCS Specialists are encouraged to monitor all interviews unless it impedes the criminal investigation.
5. OCWI Investigators and/or DCS Specialists may obtain digital or written records of the interviews unless such release would cause specific material harm (see below)
6. In scenarios when OCWI and/or DCS Investigators conduct interviews:

7. Approval will be obtained from the applicable law enforcement agency (as practicable) to proceed in interviewing all pertinent parties.
8. The law enforcement investigator or FAC forensic interviewer will be permitted to monitor interviews when appropriate
9. DCS Investigators will obtain approval (as practicable) prior to conducting interviews on cases assigned to OCWI Investigators.
10. DCS/OCWI will coordinate with law enforcement, assignment of other investigative tasks. These coordination efforts will clearly be documented in reports prepared by each agency.

Case Management Protocol

DCS Specialist will:

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

Training

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

Participation on MDT Case Reviews

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

Specific Material Harm

1. Records from DCS & OCWI are available to law enforcement and NCAO, upon request, including a summary of all previous reports concerning the child, family or perpetrator, whether substantiated or not. Regarding other requests, the DCS/OCWI department's case records are confidential and shall not be released, except as specified by law. Information received from the OCWI is subject to the same confidentiality protection afforded all DCS information.
2. In an open dependency case, the Child Safety Specialist has an ongoing duty to disclose information, including information that was received from the OCWI and law enforcement, to the other dependency parties unless disclosure could:
 - a. Endanger a person.
 - b. Identify the reporting source of a DCS report.
 - c. Cause specific, material harm to an investigation.
 - d. Violate a federal or state law.
3. Within 24 hours prior to the preliminary protective hearing, the (DCS) Child Safety Specialist must disclose all DCS information to the other parties in the dependency. The Child Safety Specialist must continue disclosing all DCS information to dependency parties throughout the life of the dependency within five days of creating or receiving the information. In addition, the department is required to promptly provide DCS information

regarding a case of child abuse, abandonment or neglect that has resulted in a fatality or near fatality. The department is not required to release information when such release would cause a specific, material harm to a Department of Child Safety or criminal investigation or when such release would likely endanger the life or safety of any person. If the department releases information, it must take reasonable precautions to protect the identity and safety of the reporting source.

4. If it is believed that the release of records may harm a criminal investigation, the OCWI Investigator (or the Child Safety Specialist in a case not involving the OCWI) will contact the assigned FAC prosecutor with the Navajo County Attorney's Office. If the FAC prosecutor agrees that the disclosure of information would cause a specific, material harm to the criminal investigation, the prosecutor must provide DCS with written documentation supporting his/her assertion.
5. At this time, OCWI is not assigned to the jurisdiction of Navajo County. The OCWI has assisted Navajo County law enforcement during some child fatality investigations. As such the procedures related to OCWI may not be applicable in every case. The NCAO welcomes the assistance of OCWI to assist in the joint investigation with any Criminal Conduct child abuse case. While OCWI is primarily responsible for investigating allegations of child abuse involving criminal conduct, OCWI does not replace law enforcement's primary role and duty to investigate crimes against children.

NAVAJO COUNTY ATTORNEY'S OFFICE

The Navajo County Attorney's Office (previously defined as "NCAO") has created a specialized victim unit (SVU) to handle the prosecution of Sex Crimes and Child Abuse Crimes. An attorney is on call to assist law enforcement agencies in the investigation of

these cases, if needed, and to answer legal questions that may arise during an investigation. The on-call attorney may visit the scene, assist in search warrant preparation or otherwise work with law enforcement. Attorneys assigned to the SVU are experienced sex crimes prosecutors and trial advocates. SVU attorneys are carefully chosen. The SVU will review all child abuse and sex crime investigations submitted by law enforcement agencies for possible filing of criminal charges.

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 NCAO for review. In-person or phone consultations between the assigned case agent and an NCAO SVU Attorney should be conducted, whenever possible, to determine the next best course of action.

Arrest of the Suspect

If suspect is arrested the following applies:

1. 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. It is important to know a victim has the right to make a statement at the Initial Appearance. It is important that law enforcement notifies the on-call attorney if there is a need to attend the Initial Appearance, especially if the attorney has not been involved prior to arrest.
2. 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”).

3. 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.

Submittals Returned for Further Investigation

1. Consultations between the case agent and NCAO deputy may occur, when needed, to address additional investigation necessary for prosecution.
2. The submittal is then returned to the investigating agency to complete the investigation.
3. The case may either be resubmitted for review with additional investigation or the law enforcement agency may choose to close the investigation.
4. If the agency does not choose to pursue the investigation, the NCAO as well as DCS and/or OCWI should be notified in writing.

Submittals Declined for Prosecution

1. NCAO shall provide written notice to the submitting agency when the prosecution of a case is declined.
2. The victim has a right to confer with the NCAO regarding a decision not to prosecute.
3. There are various reasons why cases may be declined, including insufficient evidence to prosecute. The ultimate legal authority to prosecute or decline any case rests solely with NCAO.
4. Cases are never rejected solely based on the victim's or family's refusal to cooperate.
5. All cases that are declined may of course be re-evaluated if new evidence is presented.

Felony cases may be sent to a preliminary hearing or taken before the Grand Jury for a determination of probable cause.

Grand Jury proceedings are not open to the public.

If the suspect is indicted, the NCAO should notify the MDT Coordinator of the charges (see contact list). The MDT Coordinator will inform the MDT members involved in the investigation, including but not limited to the FAC/Crisis Response Advocate(s). The MDT Coordinator will follow-up monthly with the NCAO regarding case status.

Prosecution

It is the policy of the NCAO that the Victim is notified by when the case is submitted to the County Attorney's Office for review. Once the case is opened, the Deputy County Attorney and/or the Victim Advocate will contact the victim as soon as a charging decision on the case is made.

1. NCAO policy is to use a team approach to prosecution, involving the Deputy County Attorney, Victim Services Advocate, Detectives, Legal Assistants and County Attorney Investigator.
2. An NCAO investigator may be utilized to assist the assigned NCAO Deputy County Attorney once a case is filed.
3. A victim/witness advocate is also assigned and will act as a liaison between the NCAO prosecutor and the victim.
4. In conjunction with the victim/witness advocate, the NCAO Deputy County Attorney will comply with all the victim's designated rights listed in Article 2, Section 2. of the Arizona Constitution, defined in Title 3, Chapter 40 of the Arizona Revised Statutes.

5. DCS and OCWI are agencies under the Governor of the State of Arizona. DCS deals with civil issues involving the child victim and OCWI handles the investigation of Criminal Conduct allegations of child abuse.

Case Dispositions-Change of Plea or Trial

Once a case has been assigned to the NCAO Deputy County Attorney, the attorney, and/or the assigned victim/witness advocate will provide the victim a with copy of the plea along with information regarding the victim's right to confer with the prosecutor regarding the plea. If a victim wishes to enforce this right, the victim advocate and/or the prosecutor will make themselves available to allow the victim to consult with the prosecutor about the plea along with any relevant information they would like the prosecutor to know.

While not all cases are appropriate for plea offers, the majority will involve an offer to plead guilty to an original charge or to a lesser charge. The plea agreement also sets forth a range of sentences which may be imposed and may set forth certain agreements regarding terms of sentence. Plea offers should be extended well in advance of the trial date so that cases may be resolved as rapidly as possible.

Negotiated plea offers are to be communicated to the victims and the NCAO will afford all victims the right to discuss any plea offer with the assigned NCAO Deputy County Attorney.

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.

In child sexual abuse cases that involve more than one count, a plea offer may include lifetime probation. Lifetime probation may be imposed even in cases that include a term of imprisonment.

If a case cannot be resolved by way of Change of Plea, the case may go to trial. In circumstances where the defense investigation presents evidence that damages the case to the point prosecution can no longer prove, beyond a reasonable doubt the crime occurred, the case may be dismissed. This does not imply that the victim is not telling the truth or being believed.

Trial Disposition/Victim Preparation

NCAO recognizes that many victims and/or their lawful representatives are apprehensive about testifying. Trial apprehension is caused by various factors, including but not limited to:

1. Unfamiliarity with the trial process.
2. Uncertainty regarding whether the case is proceeding to trial.
3. Unnecessary delays.
4. Fear of testifying.
5. Affection for the defendant and concern over possible punishment.
6. Concern over continued disruption of family dynamics and lack of emotional support from other family members.

The NCAO Deputy County Attorney along with the assigned victim/witness advocate may initially meet the victim at the FAC where the victim may feel more comfortable in a warm environment.

Trial preparation is the responsibility of the assigned prosecuting NCAO Deputy

County Attorney. The prosecutor should meet with the victim to:

1. Acquaint the victim with the trial process
2. Develop a rapport with the victim.

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 NCAO Deputy County Attorney and/or the assigned victim/witness advocate will explain courtroom protocols and procedures to the victim and allow the victim to ask questions.

The NCAO Deputy County Attorney is aware that the courtroom may be intimidating to the child/victim.

In appropriate cases, the NCAO Deputy County Attorney will request adaptation of the courtroom to fit the victim's needs or pursue digitally recorded or closed-circuit testimony.

If requested to do so, the NCAO 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 NCAO Deputy County Attorney will seek appointment of an interpreter or guardian ad litem for a victim in appropriate cases.

Prior to trial, the NCAO Deputy County Attorney or Victim Advocate will provide the victim and/or the victim's representative the opportunity to discuss the possible outcomes of the trial and the sentencing possibilities.

Defense Interview of the Victim

1. The victim and/or victim representative will be advised of their right to decline a defense interview.

2. The NCAO Deputy County Attorney may be present and can actively participate in any such interview. It is advised for the NCAO Deputy County Attorney to use their own discernment in participating in such interviews.
3. The NCAO Deputy County Attorney will make necessary arrangements for any reasonable conditions requested by the victim, including:
 - a. The presence of a victim/witness advocate who acts as a support person for the victim; or
 - b. The presence of another support person.
4. The NCAO Deputy County Attorney or his/her/their representative will record the interview.

Expert/Professional Witness

The NCAO recognizes that child sexual and physical abuse cases often require retention of expert witnesses. In those cases, the NCAO will pay reasonable fees for that expertise. 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. Expert and professional witnesses often have scheduling difficulties. The NCAO Deputy County Attorney shall strive to give adequate notice of a pending trial date to these witnesses. 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 NCAO Deputy County Attorney, but efforts will be made to minimize the inconvenience to the expert or professional witness.

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. 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 NCAO 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 child witness. NCAO Deputy County Attorneys and the court should be advised and aware of the dangers in creating error when special procedures are used, which may affect the defendant's rights.

Language Abilities

In every criminal trial where each person is competent to be a witness, there should be no need for a separate hearing on competency (see A.R.S. § 3-406) If a judge decides to conduct such a competency hearing with a child/witness, the NCAO Deputy County Attorney should be allowed to conduct the questioning.

Attorney Conduct

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

Reducing Courtroom Trauma

A child friendly courtroom environment should:

1. Allow a support person to be nearby/next to child.
2. Allow a child to hold a blanket, a stuffed animal, a doll or other small comforting object.
3. Provide a pillow or booster chair for the witness chair.
4. In some cases, provide a small table and chairs for testimony rather than the witness stand.
5. Work with courtroom bailiff to provide water, tissue, and to adjust the microphone.
6. Be aware of younger children's reduced attention spans and need for breaks.
7. Provide opportunities for the child to use the restroom.
8. Consider whether the child's testimony should be in the early morning or after school. Take the child's schedule or daily routine into consideration when scheduling the child's testimony.
9. Consider the necessity of clearing the courtroom of spectators other than the press (proper findings are a must).
10. Be aware of signs of distress in the child.
11. Let the child know it is okay to tell the attorneys if he/she/they does not understand a question.
12. Provide for the separation of child/victim witnesses and his/her/their family from the defendant and non-supportive family, etc.

Case Disposition

Jury Verdict

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

It is the NCAO Deputy County Attorney's responsibility to consult with and keep the victim informed of the decision regarding the final disposition of the case.

Sentencing

1. If the accused defendant (the "Defendant") pleads guilty, no contest or if the jury finds the Defendant guilty, the NCAO Deputy County Attorney and/or the victim/witness advocate will inform the victim of the sentencing procedure.
2. The sentencing date is 30 to 60 days after conviction
3. The NCAO Deputy County Attorney's Office duties regarding the sentencing process:
 - a. Submit the Navajo County Adult Probation packet with the following to the Navajo County Adult in Probation Officer:
 - i. Departmental reports; the Indictment, Information or Complaint
 - ii. Copy of the Plea Agreement (when applicable);
 - iii. Victim's biographical information; or other relevant information; and
 - iv. The NCAO Deputy County Attorney's Sentencing recommendation when applicable.
 - b. The NCAO Deputy County Attorney and/or victim/witness advocate regarding the sentencing process shall:

- i. Inform the victim of his/her/their right to restitution
- ii. Inform the victim of his/her/their right to view any pre-sentencing report.
- iii. Inform the victim of sentencing procedure options including:
 - The defendant may seek a continuance of the original sentencing date to present mitigating evidence.
 - The State may seek a continuance to present aggravating evidence.
 - Either side may request a mental health examination under Rule 26.5, Arizona Rules of Criminal Procedure.
- iv. Inform the victim of his/her/their sentencing rights at the sentencing proceeding.
- v. The victim or victim's lawful representative has the right to be present at the sentencing.
- vi. The victim or the victim's lawful representative has the right to address the court (impact statement).
- vii. Assist the victim in addressing the court and may assist the victim in preparing a written statement to present to the Court.

Post-Conviction Relief and Appeals

The NCAO Deputy County Attorney and/or the assigned victim advocate will explain to the victim and his/her/their 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.

1. PCR review is handled by the NCAO.
2. Appeals are handled by the Arizona Attorney General's Office.

NAVAJO COUNTY FAMILY ADVOCACY CENTER

The Navajo County Family Advocacy Center exists to aid alleged victims and investigators in the process of child abuse investigations. The assistance of advocacy centers provides a child/family friendly setting where trained professionals work collaboratively to perform the functions of child abuse investigations. This can include forensic interviews and forensic medical examinations. In addition, the FAC will provide resources and services for victims and their non-offending family members/guardians. In Navajo County there are two FAC locations serving child victims and adult victims of sexual assault, domestic violence, and elder abuse.

Services Provided

1. Case consultation with other MDT professionals.
2. Forensic interviews conducted by trained professionals in child-friendly rooms with recording equipment.
3. Forensic medical examinations as authorized by NCAO.
4. Victim advocacy services.

Cases Eligible for Referral

Any cases designated as Criminal Conduct involving a child victim/critical witness under the age of 8 years is appropriate for referral to the FAC. Other cases can be referred on a case by case basis. These include:

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

2. 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.
3. 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.
4. 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.
5. 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.
6. Other cases meeting FAC criteria may be referred on a case-by-case basis. (i.e. child labor and/or sex trafficking; critical child witnesses to violence)

How to Refer a Case

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

Contact the Navajo County FAC by phone to schedule a Forensic Interview or Medical Exam at 928-242-6565. For cases requiring immediate emergency response on holidays

and during off-hours, an on-call forensic interviewer is available, contact (928) 242-6565. On-call forensic medical providers from Summit Healthcare are also available via the main phone line (928) 242-6565. In addition, the NCAO Deputy County Attorney on-call at the time may be contacted.

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.

Indicate if the case is an emergency requiring an immediate response.

When to Refer a Case

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

What is to be Expected After a Referral

Following a referral to the Navajo County FAC, a date and time will be established to conduct the initial services requested by law enforcement and/or DCS/OCWI in consultation with other team members as needed (i.e. on-call deputy county attorney).

The initial services requested generally include a forensic interview and medical evaluation, as needed. However, other initial services can be identified (i.e. victim advocacy for out of state child witnesses, etc.). Once the initial services are identified

and scheduled, the following will take place:

1. Briefing of other MDT members.
2. Identification and prioritization of needs.
3. Formulation of plan of action and coordinated investigation.

FORENSIC INTERVIEWS

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 documented in order to preserve documentation 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 DCS or OCWI if the child's mental and emotional status will permit. To the extent possible, a timeframe of 5 days or less after the outcry (depending on urgency) is suggested. The sooner the forensic interview is conducted, the more likely it is that the child victim or witness will have access to needed resources (i.e. medical exams, counseling, etc.).

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

Forensic Interviewers

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

Prior to conducting forensic interviews at FACs, the FAC interviewers must satisfactorily complete 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. It should be noted that an on-site victim advocate meets with each family at the time initial services are provided at the FACs.

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

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

Interview Methods and Procedures

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

Phases of the Semi- Structured Cognitive Interview Method protocol include:

1. Rapport building phase.
2. Training in episodic memory/narrative practice regarding a neutral event
3. Introductory phase- explaining the purpose and ground rules; eliciting promise to tell the truth.
4. Transition to investigative issues using open-ended non-suggestive verbal prompts.
5. 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.

6. Clarification of investigation information provided in free recall with non-leading questions.
7. 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 3, Issues - 2, Nov-Dec 2007, Pages 20-23; Michael E. Lamb, Yael Orbach, Irit Hershkowitz, Phillip W. Esplin and Dvora Horowitz).

The Semi-Structured Cognitive Interview Method protocol for reluctant witnesses has been implemented for all child victims/witnesses. See the references contained within (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.

While the Semi-Structured Cognitive Interview Method protocol emphasizes questions

designed to elicit free recall from children, Navajo County FACs recognize that each child has special circumstances and needs (i.e. reluctant witnesses, intellectually disabled, etc.). The FAC forensic interview protocol does allow for the use of interview aids (i.e. paper and pencil for writing/drawing) for clarification of information already provided by the child. Interview aids are not to be used in a leading or suggestive manner. Further, competing attention tasks during the interview (i.e. child playing versus focusing on investigative questions) are not recommended.

The use of anatomical dolls is not recommended in this protocol.

The Forensic Interview Process at NCFAC

The law enforcement case agent and/or DCS/OCWI caseworker, in consultation with the child's guardian (non-suspect) call the FAC staff at 928-242-6565 for the interview appointment at either FAC location. A comprehensive team response requires having all the MDT investigative agency personnel and MDT members (i.e. law enforcement, DCS/OCWI, medical providers, and victim advocate) present during the interview process.

If law enforcement schedules the interview, they will notify DCS/OCWI and vice versa.

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

In order to provide culturally competent services, inquiries are made during the initial telephone contact to determine primary language of the child along with any disability concerns. If a translator is needed, FAC will contact a translator (i.e. language translator; translator for hearing impaired, etc.). For translation services contact Roxanne Pergeson at (928) 524-4367. If known, law enforcement and/or DCS will notify FAC if the child has developmental challenges in order for the 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 DCS/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.

The FAC staff schedulers also notify via outlook calendar invitation, the FAC onsite victim advocate ("FAC Victim Advocate") of the appointment so they are present and welcoming the child and family at 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, a Justice Court Advocate or other appropriate FAC staff will advise the family of the FAC process and provide any necessary immediate support. The Justice Court Advocate will notify the FAC Victim Advocate via telephonic contact or e-mail that the child and family require 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 staff will welcome the family and provide a comfortable place to relax while screening for suspect presence. Suspects of any age are not allowed on FAC premises. An assigned FAC staff member remains with the family and children in the waiting/play area.

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

Parent Pre-Interview Meeting

Law enforcement, DCS/OCWI and the forensic interviewer will meet with the non-offending parent or guardian for information about the allegations prior to interviewing the child victim or witnesses. FAC staff/victim advocate remain with the child in the waiting area.

Forensic Interview

The forensic interview of the child is conducted by the forensic interviewer following the Forensic Interview Guidelines in the private, child friendly FAC interview room. Law enforcement, DCS/OCWI, and other MDT members as needed (i.e. 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 courtroom 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.)

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

Post-interview meetings: Law enforcement, DCS/OCWI, the forensic interviewer and other MDT members as needed, discuss the interview findings. Law enforcement and DCS/OCWI, and 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, 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 other victim support so that prompt intervention can be possible for the child and non-offending family/guardian. The FAC Victim Advocate also assists non-offending parents with completion of the victim compensation applications. (See Victim Advocacy Section). The forensic interviewer, law enforcement, DCS/OCWI, medical provider, and other MDT members as needed, will meet to discuss findings, next steps and recommendations. The forensic interviewer provides a copy of the recorded interview to law enforcement with a DVD labeled per evidentiary requirements and the DVD will be retained as evidence at each

respective police department per their evidentiary policies. FACs retain a copy of the DVD in a locked case file to allow for report preparation as needed. Any requests to the FAC for copies of the forensic interview DVD's will be forwarded to the Navajo County Attorney's Office or respective Law Enforcement Agency.

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 neither law enforcement nor the DCS worker can attend the forensic interview. The forensic interviewer will notify the respective professional within 48 hours or sooner if 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).

Documentation

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

The lead law enforcement agency is responsible for completing a report documenting the results of the interview with the child. DCS will be responsible for maintaining their necessary records regarding the child's statement. NCFAC does not provide a written report by the forensic interviewer

FAC forensic interviewers or designated staff will document the services provided in the FAC Case Management System (VS Tracking and American Prosecutor) to track services.

Peer Reviews and Ongoing Education

The forensic interviewers (and/or detectives who conduct forensic interviews of children) will participate, at a minimum, in quarterly peer reviews coordinated by the dedicated forensic interviewer of the Navajo County FAC. It is recommended that individuals who are trained forensic interviewers conducting forensic interviews in Navajo 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. A 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 designated FAC staff member to MDT members (i.e. through the identification of webinars, conferences, disseminated literature, etc.) to reflect current practices.

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 Navajo County Attorney's Office or respective Law Enforcement Agency.

MEDICAL EVALUATION

Medical evaluations of children reporting abuse are considered a vital component of the coordinated MDT response to child abuse and neglect in Navajo 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 Navajo 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.

Purpose of the Medical Evaluation

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

1. Ensure the health, safety and well-being of the child.
2. Diagnose, document and address medical conditions resulting from abuse.
3. 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.
4. Assess the child for any developmental, emotional or behavioral problems that require further evaluation and treatment.
5. Collect specimens.

6. Make referrals as necessary for further assessment, treatment and follow-up care.
7. Reassure and educate the child and family.

FAC Providers of Medical Evaluations

Child abuse medical evaluations at the Navajo County FAC in Show Low must be performed by Forensic Nurse Examiners who have both pediatric and child abuse expertise. Forensic Nurse Examiners 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 to conduct the forensic medical evaluation:

1. Child Abuse Pediatrics Sub-Board Eligibility.
2. Child Abuse Fellowship Training or Child Abuse Certificate of Added Qualification.
3. Documentation of satisfactory completion of competency-based training in the performance of child abuse evaluations
4. Documentation of 6 hours of formal medical training in Child Sexual Abuse Evaluation.
5. Sexual Assault Nurse Examiners (S.A.N.E.-A and S.A.N.E.-P) 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 the Navajo County 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) as required per the NCA standards.

The Navajo County FAC has a linkage agreement with Summit Healthcare to provide

medical evaluations of children suspected to be victims of child abuse and neglect.

The cost of the medical evaluation is covered by the Navajo County Attorney's Office and a child/family will never be billed for the service.

Location of Medical Evaluations

Summit Healthcare 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 FAC is provided on an on-call basis by Summit Healthcare providers. If an exam is needed on an emergency basis during evening hours, holidays or weekends, an on-call medical provider is available via the crisis response line at (928) 242-6565. To schedule FAC onsite medical exams during the regular work week, the lead law enforcement officer and/or DCS/OCWI (coordinated through law enforcement) will call (928) 242-6565 so that services are coordinated (e.g. the forensic interview, if needed, 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 DCS/OCWI case worker, minimizing the need for repeated questioning of the child.

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 is available at the FAC. A 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. 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 Navajo County Attorney's Office for such exams to be funded through the Navajo County Attorney's Office.

Screening Process

For purposes of this document, the Summit Healthcare-FAC team identifies the following circumstances regarding children:

1. Life Threatening Emergencies: (i.e. difficulty breathing, bleeding, etc.)
2. Call 9 for ambulance, first responders and field triage.
3. Lead law enforcement officer to notify the on-call deputy county attorney.
4. Other possible emergencies.

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, etc.) for which there is not a clear accidental explanation. First responders/field triage arrange transport for child immediately to nearest ER and call the Crisis Response Line (928) 524-4026 for coordination of care. The lead law enforcement officer will also inform the on-call deputy county attorney of the emergent circumstances.

Physical Abuse

1. Genital or rectal pain or bleeding.

2. Any sexual abuse that occurred within the last 20 hours.

Law enforcement will call the FAC at (928) 242-6565. The victim should be advised not to bathe, change clothing, or brush their teeth prior to the exam so that the collection, documentation and preservation of possible specimens (i.e. DNA, debris, etc.) can be completed as needed. If the victim has already done one or more of these activities, law enforcement should reassure the victim that they have done nothing wrong by taking care of themselves and that potential specimens may still be available and recoverable. The crime may still be reported without the recovery of specimens. Other medical evaluations that may require an immediate evaluation and should be discussed with the on-call SANE are:

1. The need for emergency contraception.
2. The need for post-exposure prophylaxis for STI (sexually transmitted infections) including HIV
3. 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 FAC at (928) 242-6565.

Routine Referrals

FAC staff alongside the MDT members (lead law enforcement officer/DCS 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 Navajo County FAC in collaboration with Summit Healthcare.

The lead law enforcement officer and/or DCS will routinely make referrals to FAC for

medical exams on the following cases:

Sexual Abuse

1. Any victim disclosure (or reliable allegation, witness to abuse or suspect admission).
2. Anal or vaginal penetration;
3. Oral to genital contact;
4. 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).
5. Gonorrhea, Syphilis, Chlamydia, Trichomonas, Genital Herpes, Venereal Warts, Gardnerella or Monilia. Children diagnosed with these infections 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 they are seen. 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.
6. 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 2 months when the positive status is discovered, it should not be assumed that he/she acquired the virus from the HIV positive mother.
7. 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.

8. Molestation accusations and concerns during regular medical exams by community or emergency department physicians.

To minimize the likelihood that unnecessary medical evaluations are performed, FAC staff will consult with Summit Healthcare on the following to determine if an exam is appropriate:

1. Fondling over the clothes.
2. Physical abuse allegations where no visible injuries are evident, and no symptoms are reported.
3. Suspect has a sexually transmitted disease or concerning history.
4. Other victims disclosed they observed skin to skin contact of a non-disclosing child.
5. Child already has seen a pediatrician or gynecologist and medical records and/or photo documentation exists that Summit Healthcare may want to review prior to scheduling exam.
6. If the youth/victim is age 5, 6, or 7, and the partner/alleged perpetrator is less than 9 years of age or attending high school and is no more than 24 months older than the victim, the NCAO should be consulted for advice.
7. Custody disputes where a medical evaluation has already been conducted or one has been ordered by the court at a different location.
8. 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 the 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-offending parent/caregiver.

Medical Evaluations are Available to all FAC Clients

Children requiring Pediatric Forensic Medical Examinations will not be charged for those services. Payment will be made by the Navajo County Attorney's Office to cover the cost of the medical evaluation. If 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.

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 DCS) 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 a 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.

The Medical Evaluation- Sexual Abuse

These aspects of the exam are pertinent to all cases, regardless of the time interval from the incident. 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 DCS approval. This is to ensure that the investigation is not compromised. Medical personnel should, however, convey to law enforcement and/or DCS any urgent need for the medical history.

The child should be given a choice of whether they 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.

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 colposcope or digital camera can provide 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.

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.

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 Navajo County Health Department for HIV testing, and thus will have the choice of confidential versus anonymous testing.

When the exam is done within 20 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 custody procedures will be followed.

The Medical Evaluation- Physical Abuse and Neglect

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

1. 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.
2. 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).
3. Appropriate lab studies to document the medical conditions caused by injury and to exclude such medical conditions as bleeding disorders.
4. 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.
5. Labs and radiography will be completed at Summit Healthcare Regional Hospital.

Medical staff will assist law enforcement with obtaining color photographs to document visible injuries as well as other necessary photographs.

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.

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 their findings. For emergency cases, a preliminary verbal report will be provided to law enforcement and DCS 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 regarding 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.

Medical records from this incident must be released to law enforcement and/or DCS. Per A.R.S. 3-3620(C), law enforcement and/or DCS must make a written request and sign a medical release form.

Permission from the parent/guardian for release of records is not required.

The release of medical records should be expeditious, as DCS and law enforcement will need the records for their investigations.

MDT Participation and Education

Summit Healthcare 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 MDT

Coordinator to make MDT members aware of updates to current practice. The MDT Coordinator or designee 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 Navajo 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 Navajo County communities.

Mental health professionals should be advocates for victims and children. As such, they may provide primary therapeutic intervention, support to families, relevant information about child abuse, and be a source of referral for child abuse allegations because of their contact with children and their families. A primary concern of the mental health professional is to prevent re-victimization of the child. It may be the therapist who hears the initial disclosure, either directly from the victim or indirectly from a third person. Since reporting of child abuse is mandatory for mental health professionals, it is essential for the professional to be familiar with current theory

and research on child physical and sexual abuse.

All caretakers of children who present to the FAC will be provided referrals by the FAC Victim Advocate (or the FAC designee) verbally and in written form. Referrals will include 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 Navajo County. Although team members will try 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 non-offending parent/caretaker(s) choice.

FAC Mental Health Providers/Linkage Agreement

The Navajo County FAC has a linkage agreement with ChangePoint Integrated Health. A mental health organization that offers specialized trauma-focused, evidence-based mental health services to children and non-offending family members. ChangePoint Integrated Health offers services in outpatient facilities throughout Navajo County. These organizations employ therapists trained in trauma-focused, evidence based mental health therapies. Referrals for trauma-focused mental health services will be offered to all children and non-offending family.

Mental Health Provider Education and Experience

Therapists at ChangePoint Integrated Health 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:

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

It is incumbent upon the professional to be familiar with current theory and research on child physical, emotional and sexual abuse, as well as neglect. The mental health provider will also demonstrate continuous ongoing education per NCA standards with ongoing education in the field of child abuse consisting 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 ChangePoint Integrated Health 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 Navajo 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 disclosure during therapy, the mental health provider is aware of the mandatory reporting statute and the protocol that indicates the child is not to be questioned extensively. Rather, the investigative process will begin (i.e. law enforcement/DCS) and the forensic interviewer will conduct the taped investigative interview of the child. (Note: The mental health provider is aware that if a “trauma narrative” is deemed necessary in treatment, it will not be obtained prior to the forensic interview or while the child is progressing through the criminal justice system; i.e. testifying). Further, the mental health provider is aware that assessment and treatment methodologies of empirically supported trauma-focused therapies for children differ from forensic interviews’ purpose, methods and procedures.

Mental health providers at ChangePoint Integrated Health are made aware of this distinction through their specialized training and via their participation as Navajo County Family Advocacy Center team members (i.e. case reviews, education and training updates through FAC).

How Children and Families Access Services

At the 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 regarding 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 FAC staff members with mental health and/or crisis intervention experience to manage crises or diffuse escalation as needed.

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 Navajo County. Referrals are also provided for other types of needs (i.e. food; housing). The resource list is available in both English and Spanish. If the FAC Victim Advocate is absent, a designated FAC staff member or co-located Victim Advocate 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 Victim Services Manager Roxanne Pergeson, for assistance. For assistance with clients who are hearing impaired, call Hearing Impaired Translation Services at 602-53-3533.

The following mental health services for children and their families are routinely made available through a linkage agreement with ChangePoint Integrated Health with services to be provided at their offsite facility, in-home, in the school setting or at one of the two NCFAC locations:

1. Crisis intervention as needed.
2. Initial appointments to assist caretaker(s) in navigating the mental health system (i.e. insurance, state of Arizona ACCESS care, etc.).
3. Trauma-specific assessments.
4. Use of standardized measures initially and periodically as needed.
5. Individualized treatment plans that are periodically re-assessed.
6. Individualized, evidence-based treatment appropriate for the child and family (i.e. trauma focused therapy).
7. 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.)
8. Referral to other community services as needed (i.e. inpatient services; chemical

dependency programs, psychiatrist, etc.)

9. Clinical supervision of others as needed.
10. Participation in case reviews and as MDT members in educational updates.
11. Other victim and non-offending family member support and advocacy as needed (i.e. referrals for respite care, etc.)

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, ChangePoint Integrated Health will provide assessment, support and mental health treatment of non-offending family members as needed, to address trauma and the impact of the abuse allegations. Through the FAC and mental health linkage agreements, mental health services for non-offending family members will be routinely made available in a confidential, therapeutic setting in the organizations' outpatient settings, in-home, or in a school setting, as determined by the therapist and non-offending parent/caretaker.

ChangePoint Integrated Health will maintain their own therapy records maintaining client confidentiality per statute and HIPPA regulations.

Education and Training

The FAC will notify the mental health providers of continuing education and MDT cross-training opportunities via e-mail routinely (a minimum of once per month). Monthly cross-training events of other MDT members (i.e. basic forensic interviewing; medical evaluations of children reporting abuse; etc.) are forwarded to ChangePoint Integrated Health via e-mail from the designated FAC staff member 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.)

Mental Health and Case Reviews

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

The mental health provider will offer expertise regarding the mental health needs of the child and non-offending family members as the team makes decisions during and in the aftermath of child abuse investigations. The mental health provider will provide input regarding circumstances that could affect a child's mental health and safety at various points in the multidisciplinary team response. The mental health provider will also advise the team regarding factors that affect family members' abilities to impact favorable outcomes for the child's recovery. In addition to the child and family's response to traumatic events, the mental health provider will offer expertise on the wide ranging and possible adverse effects on developmental functioning and physical, social, emotional or spiritual well-being of the child and family. The mental health provider will be requested by the MDT 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, each year the FAC will provide an educational opportunity that addresses secondary trauma that may be experienced by MDT members. The FAC has also incorporated flex schedules to assist FAC staff in managing work-related stresses.

VICTIM ADVOCACY PROTOCOL

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

Specialized Training in Victim Advocacy

A specifically designated, trained victim advocate (previously defined as "FAC Victim Advocate"), provided by the Navajo County Attorney's Office, is on-site full time at each of the FACs. Mandated victim advocacy training is through the Arizona Office of the Attorney General. FAC victim advocates also adhere to training recommended per the NCA advocacy accreditation standards. The victim advocate will have completed a minimum of 24 hours of instruction, including, but not limited to:

1. dynamics of abuse;
2. trauma-informed services;

3. crisis assessment and intervention;
4. risk assessment and safety planning;
5. professional ethics and boundaries;
6. understanding the coordinated multidisciplinary response;
7. assistance in accessing/obtaining victims' rights;
8. court education, support and accompaniment and
9. assistance with access to treatment and other services, including but not limited to:
 - a. protection orders;
 - b. housing/public assistance;
 - c. domestic violence intervention;
 - d. transportation;
 - e. financial assistance;
 - f. interpreters and
 - g. ability to assess other needs for individual clients.

All victim advocates will be fully trained within one year of their hiring date or as soon as the training is available. The victim advocate will demonstrate participation in ongoing education in the field of victim advocacy and child maltreatment a minimum of 8 contact hours every 2 years.

Process at the FAC

From the initial 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 to empower non-offending parents/guardians as well as to provide on ongoing assessment of the child and family's needs as they progress through various child abuse intervention systems.

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

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

1. The coordinated MDT response (i.e. forensic interview process; medical evaluation as needed, etc.)
2. Victim Rights.
3. Possible behaviors/responses of traumatized children and "when to ask for help".
4. Counseling resources, including the availability of crisis intervention services (24-hour toll free hotline).
5. Additional resources (i.e. access to emergency shelters, transportation, legal advocacy in obtaining restraining orders, etc.)

6. Safety planning with non-offending family members.
7. Victim's compensation and benefits (including assistance with application).
8. What to expect next in the investigation process.
9. The availability of victim advocacy at any point from the initial outcry through various phases of the MDT response.

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

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

Prior to families leaving the FACs, the FAC advocate will offer parent(s) the opportunity to complete a survey (OMS on-line) using a computer tablet or paper copy. The survey emphasizes questions regarding enhancing the quality of services at the FAC to best meet victim and non-

offending family members' needs. The FAC Victim Advocate will conduct follow-up contact with the clients usually via telephone within the first week after services are provided at the FACs. It should be noted that contact is made earlier (i.e. the day after services are provided) and more frequently, as needed. There are circumstances in which contact is conducted through multiple follow up calls to assist with the completion of a victim compensation application or to provide additional referrals.

Links with Crisis Intervention and Other Resources

For all children and families seen at the FAC, the FAC Victim Advocate will offer the non-offending caretaker(s) a referral to a mental health specialist who can assist the family in navigating the mental health system. (See *Mental Health* section) Parents/caregivers always have the right to choose whether to utilize the support services. Per information sharing between the FAC Victim Advocate and mental health providers will be limited to contact information of the caretaker until further releases of information are secured. The FAC Victim Advocate will assist the caretaker(s) in applying for compensation funds, as needed.

Case Reviews

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

FAC and 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/when the case is charged. During the discussion of the charging process, the Court Victim Advocate will explain NCAO'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 NCAO 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:

1. Presence at the FAC when child and family arrive as well as during the services offered.
(i.e. forensic interview, forensic medical)
2. Information on victim rights.
3. Assessment of individual needs and cultural considerations for the child and family to ensure those needs are addressed.
4. Crisis intervention and support.
5. Provision of referrals for specialized, trauma-focused, evidence supported mental health services.
6. Orientation to the criminal justice system & engagement in participation in investigation/prosecution.
7. Provision of updates regarding case status and disposition.
8. Facilitation of child and family to court advocacy services.
9. Property return assistance.

10. Assistance with victim impact statements.
11. Education and resource information.
12. Coordinated case management meetings with individuals providing victim advocacy services.
13. Active outreach by follow-up with children and families beyond initial service at the FAC.

Crisis Response Advocates

Currently, there are on-call advocates available on a rotating schedule to respond to crime victims at hospitals, crime scenes, police stations, etc. The goal of the Crisis Response Advocate is to reduce the stress and trauma in the direct aftermath of a crime; to provide crisis intervention, emotional support, safety plans, and other community resources as needed.

1. If called to the scene the advocate will introduce themselves to the crime victim and explain their role. They offer to assist with practical concerns, such as immediate safety of the victim or victim representative.
2. The advocate will remain with the victim and/or non-offending parent during the time that law enforcement is present to provide support and encouragement. It is law enforcement's duty to secure the scene prior to dispatching an advocate.
3. The advocate will not generally be present during the actual interview of the victim or victim representative by law enforcement.
4. The advocate will help the victim, or the victim representative identify immediate needs regarding health and welfare. For instance, the advocate may discuss medical care, intervention with school counselors, referral to social service agencies and temporary housing, if necessary. The victim or victim representative will be encouraged to identify

support systems available to the family.

5. The advocate will briefly discuss the victim compensation program, which may be able to provide funds for counseling, medical expenses, funeral expenses and lost wages as a direct result of the crime. The advocate will leave with the victim the necessary paperwork to fill out and return to the compensation program to apply for these funds.
6. Based on the advocate's observations, he/she/they may identify other immediate needs of the victim and/or the victim representative: encouraging intake of fluids (if all physical exams are completed); asking if they are on any medications which were missed due to crisis reporting; inquiring about other children in the home who need attention (such as being met at the school bus or picked up at a friend's house, etc.). Much crisis intervention work involves remembering those things on behalf of the victims in crisis who may forget the simple day-to-day tasks.
7. The advocate's responsibility is to predict and to prepare. The victim advocate is not charged with gathering information. It may be necessary for the advocate to redefine his or her role frequently during interaction with the victim.
8. The advocate will attempt to secure an arrangement which assures safety for the victim and/or victim representative before the advocate terminates the meeting.
9. The advocate who has responded on the crisis call will be available for follow-up with the victim or will arrange to have someone else contact the victim the next day.

Second Level of Assistance

Once a case is opened, the charging attorney of the Navajo County Attorney's Office shall contact the Victim Services Department and brief them on the status of the case.

1. The advocate will make initial contact, whether by telephone or letter, asking the victim

to contact the office. This will acquaint the victim with the services that are available from the prosecutor's office and an overview of what the victim can expect from the criminal justice system. The advocate will work to establish rapport with the victim.

2. The advocate shall assess any needs the victim may have including safety concerns and provide community resources to obtain those needs.
3. The advocate will discuss the victim compensation program, which may be able to provide funds for counseling, medical expenses, funeral expenses and lost wages as a direct result of the crime. The advocate will leave with the victim the necessary paperwork to fill out and return to the compensation program in order to apply for these funds.
4. The advocate will ascertain what the victim would like to see occur in the case and relay that information to the prosecutor or arrange for a meeting between the prosecutor and victim, where the advocate can be present at the request of the victim or prosecutor.
5. The advocate will offer court escort to any and all court proceedings which the victim is entitled to attend or attend those hearings on behalf of the victim at their request.
6. The advocate will prepare the victim for trial, along with the prosecutor, including introducing them to the courtroom and explaining the trial proceedings.
7. The advocate will work to keep the victim informed regarding the criminal justice process, including any court dates, interviews, depositions, hearings, plea offers or restitution.
8. At the close of the case, the advocate will explain any opportunities for further participation whether it is a post-conviction relief or an appeal.

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 or designated FAC staff member at a date and time that is convenient (to the extent possible) for the MDT members. 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 two weeks prior to the case review. If any MDT team member is unable to attend, it is requested that the respective agency send an alternate to participate in case review.

The FAC Coordinator or their designated representative shall facilitate the review process. Case reviews generally include the following:

1. Summary of the outcry/initial report and the child and family's progress through the system(s) to the current point in time.
2. 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.)

3. Matters or concerns from victim/witness advocates and mental health professionals.
4. 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.)
5. Planning and monitoring the progress of the on-going or active investigation. (i.e. discovery of other victims, witnesses)
6. Review of the medical evaluation if appropriate (i.e. findings; lab results if any; necessary medical follow-up such as repeat testing, etc.)
7. DCS status and process.
8. Prosecution status, sentencing decisions and/or the civil/criminal case disposition.
9. Assessing any court advocacy and/or victim compensation needs.
10. Victim services concerns. (i.e. compensation and court preparation)
11. 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.)
12. Recommended follow-up. (multidisciplinary – “next steps”)
13. An educational presentation, as needed.
14. General discussion.

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 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 way case reviews are conducted. All MDT members will be encouraged to share educational opportunities, positive outcomes, dilemmas, and recommendations for change.

MDT members will be provided a survey (Outcome Measurement System also known as OMS) at a minimum, quarterly, to assess team member interactions, quality of case review, and areas the team could improve upon.

Second Look Case Review

The Navajo County FACs hold scheduled case review meetings. Cases can be brought to these reviews by any agency seeking feedback on how to resolve cases. When a case has been reviewed for prosecution and declined, the case can be brought to the MDT with a request for a “second look.” Relevant team members shall determine if further action 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, an intake form is completed by the FAC answering party (see FAC Intake Forms). This is the preliminary information designed to identify jurisdiction and core team members that need to be notified of all scheduled services.

As the case progresses, additional information, documented by individual team members into case tracking systems identified as “VS Tracking, American Prosecutor and Google Sheets” is entered into the VS Tracking, American Prosecutor, and Google Sheets database maintained by FAC and Victim Services staff. This database is primarily utilized to generate reports for

program evaluation, grant reporting and statistical reporting. It contains case data including:

1. Demographics about the child and family.
2. Information about the offender.
3. Type of abuse.
4. Relationship of perpetrator to child.
5. Assigned MDT members.
6. Charges filed.
7. Criminal case disposition.
8. Child Safety & Family Services outcome.
9. Status of medical, mental health and other referrals.

FAC staff will be able to track criminal case dispositions and periodically update the FAC case tracking database. FAC staff can provide MDT members about the status and disposition of individual cases. Team members can get access regarding case tracking data by contacting the FAC Director or Victim Services Manager. (Note: Data is also entered bi-annually into the on-line NCA database).

DISPUTE RESOLUTION

NCAO/FAC

Navajo County Attorney's Office/Family Advocacy Centers attempt resolution by personal communication with the applicable individual.

If resolution cannot successfully be reached, then the NCAO/Family Advocacy Center employee shall contact their immediate supervisor. The immediate supervisor shall contact the applicable individual's supervisor.

If issues remain unresolved after contact with the initial supervisor, the NCAO supervisor shall

staff the issue with the Navajo 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 Navajo County Attorney will attempt to follow the review process by the outside agency.

Lodging a formal complaint with an outside agency should be done only when informal options have been explored and only as a last resort.

No contact with the head of an outside agency shall be made without prior approval by the Navajo County Attorney. In most cases, it will be necessary for such contact to be made by the Navajo County Attorney, Chief Deputy or their designee.

Dispute Resolution Protocol for Outside Agency with NCAO/FAC Employees

Attempt resolution by personal communication with the NCAO/FAC employee.

If issues remain unresolved, the outside agency worker shall contact the Supervisor of the NCAO/FAC employee and request a review of that employee's decision/action.

If the NCAO/FAC 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.

Law Enforcement Agencies

It is essential that Law Enforcement, Child Safety & Family Services, NCFAC and the Navajo 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

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.

In the event there is no on-duty supervisor, the agency seeking resolution shall contract law enforcement communications (dispatch), and request a supervisor, following that agency's chain of command. All necessary steps will be taken to resolve the complaint. In the event the issue cannot be resolved at that level, the individual seeking resolution may request a meeting at the management level through their respective chain of command conferring may be completed over the phone as necessary to accommodate a timely response.

Dispute Resolution Protocol for Third Party Agency with Patrol

Detectives/Investigators

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.

If this is not enough 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

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

Child Safety & Family Services/Office of Child Welfare

Investigations

Dispute Resolution Protocol between DCS/OCWI and Third-Party Agency

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.

Formal complaints to an outside agency will only be initiated by the DCS Deputy Program Manager or DCS Assistant Program Manager of the applicable region.

Dispute Resolution Protocol from Outside Agency Personnel with a DCS Specialist

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

If this is not enough 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.

DEFINITIONS

A.R.S. Sec. § 8-80: Definitions

In this chapter, unless the context otherwise requires:

1. **Child protective services worker or worker:** 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:** 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 3-3623 involving child abuse.
 - b. A felony offense that constitutes domestic violence as defined in section 3-360.
 - c. A violation of section 3-404 or 3-406 involving a minor.
 - d. A violation of section 3-405, 3-40 or 3-47.
 - e. Any other act of abuse that is classified as a felony.
3. **In-home intervention:** a program of services provided pursuant to article 7 the issue of this chapter while the child is still in the custody of the parent, guardian or custodian.
4. **Protective services:** 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.

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 4, chapter 2, article 3. 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 4- 758.03, subsections B and C in this state or similar offenses in another state or jurisdiction.

The department may cooperate with county agencies and community social service agencies to achieve the purposes of this chapter. 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 8-87.
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 8-87.

After the receipt of any report or information pursuant to paragraph 2, 3 or 4 of these subsections, immediately do both of the following:

1. Notify the municipal or county law enforcement agency.
2. Make a prompt and thorough investigation of the nature, extent and cause of 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 8-87 with the appropriate municipal or county law enforcement agency as provided in section 8-87.

Take a child into temporary custody as provided in section 8-82. 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.

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.

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.

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

1. The department's case management information system within twenty-one days after

receipt of the initial information except as provided in section 8-8. 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.

2. 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.

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

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.

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.

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 8-87 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.

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.

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

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 4-376. 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.

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. 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.

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 8-82.

A.R.S. Sec. § 8-87: Initial screening and safety assessment and investigation protocols

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 tool 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.

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.

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.

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. § 3-404 Sexual abuse; classification.

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

Sexual 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 3-705.

A.R.S. Sec. § 3-405 Sexual conduct with a minor; classification; definition

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

Sexual conduct with a minor who is under fifteen years of age is a class 2 felony and is punishable pursuant to section 3-705. 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 3- 233, subsection A or B until the sentence imposed has been served or commuted.

For the purposes of this section, "teacher" means a certificated teacher as defined in section 5-50 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. § 3-406 Sexual assault; classification; increased punishment

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.

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 3-233, 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 3-705. The presumptive term may be aggravated or mitigated within the range under this section pursuant to section 3-70, subsections C, D and E. If the sexual assault involved the intentional or knowing administration of flunitrazepam, gamma hydroxy butyrate or ketamine hydrochloride without the victim's knowledge, the presumptive, minimum and maximum sentence for the offense shall be increased by three years. The additional sentence imposed pursuant to this subsection is in addition to any enhanced sentence that may be applicable.

The term for a first offense is as follows:

Minimum	Presumptive	Maximum
5.25 years	7 years	4 years

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

Minimum	Presumptive	Maximum
7 years	0.5 years	2 years

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

Minimum	Presumptive	Maximum
4 years	5.75 years	28 years

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.

Notwithstanding section 3-703, section 3-704, section 3-705, section 3-706, subsection A and section 3-708, 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 3- 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 3-705.

A.R.S. Sec. § 3-4044 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.

It is a defense to a prosecution pursuant to sections 3-404 and 3-405 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.

It is a defense to a prosecution pursuant to section 3-402, 3-404, 3-405 or 3- 406 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.

It is a defense to a prosecution pursuant to section 3-404 or 3-405 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 3-406 that the defendant was the spouse of the victim at the time of commission of the act.

It is a defense to a prosecution pursuant to section 3-404 or 3-40 that the defendant was not motivated by a sexual interest. It is a defense to a prosecution pursuant to section 3-404 involving a victim under fifteen years of age that the defendant was not motivated by a sexual interest.

It is a defense to a prosecution pursuant to sections 3-405 and 3-3560 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. §3-40 Molestation of a child; classification

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.

Molestation of a child is a class 2 felony that is punishable pursuant to section 3-705.

A.R.S. Sec. § 3-360 Domestic violence; definition; classification; sentencing option; arrest and procedure for violation; weapon seizure; notice

"Domestic violence" means any act which is a dangerous crime against children as defined in section 3-705 or an offense defined in section 3-20 through 3-204, 3-302 through 3-304, 3-502 through 3-504 or 3-602, section 3-280, section 3-2904, subsection A, paragraph , 2, 3 or 6, section 3-296 or section 3-292, 3-292.0, 3-2923, 3-309, 3-360.02 or 3-3623, 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.

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 2-820.02. 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 3-3883, subsection A, paragraph 4 and section 3- 3903 are not applicable to arrests made pursuant to this subsection.

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.

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 another 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.

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.

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.

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.

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.

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.

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 3-3602, an injunction pursuant to section 25-35 and an injunction against harassment pursuant to section 2-809.
2. The emergency telephone number for the local police agency.
3. Telephone numbers for emergency services in the local community.

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

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 3- 709.04, subsection B applies to the sentence imposed.

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.

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. § 3-3620 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

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 36-228 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.

A report is not required under this section for conduct prescribed by sections 3-404 and 3-405 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.

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.

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.

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 3-340 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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

For the purposes of this section:

1. Abuse" has the same meaning prescribed in section 8-20.
2. "Child abuse" means child abuse pursuant to section 3-3623.
3. "Neglect" has the same meaning prescribed in section 8-20.
4. "Reportable offense" means any of the following:
 - a. Any offense listed in chapters 4 and 35. of this title or section3-3506.0.
 - b. Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to section 3-309.
 - c. Child prostitution pursuant to section 3-322.
 - d. Incest pursuant to section 3-3608.

A.R.S. Sec. § 3-3623 Child or vulnerable adult abuse; emotional abuse;

classification; exceptions; definitions

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 3-705.
2. If done recklessly, the offense is a class 3 felony.

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

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.

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 3- 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.

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.

This section does not apply to:

1. A health care provider as defined in section 36-320 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- 320, through a surrogate pursuant to section 36-323 or through a court appointed guardian as provided for in title 4, 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.

For the purposes of this section:

1. "Abuse", when used in reference to a child, means abuse as defined in section 8-20, 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:
 2. Intentional infliction of physical harm.
 3. Injury caused by criminally negligent acts or omissions.
 4. Unlawful imprisonment, as described in section 3-303.
 5. Sexual abuse or sexual assault.
6. "Child" means an individual who is under eighteen years of age.
7. "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.
8. "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.

9. "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.
10. "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. § 5-54 Reports of immoral or unprofessional conduct; immunity

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 3-3620 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.

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.

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.

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.

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

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 3-3620 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.

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Interviewing Victims and Suspected Victims Who Are Reluctant to Talk

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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 2% 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 inter- views 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, inter- viewers 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 non-disclosing 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 non-disclosers expressed their initial reluctance nonverbally as well (Katz, Hershkowitz, Malloy, Lamb, Atabaki, & Spindler, 202), 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 NCHD 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, 2000; Lyon & Dorado, 2008; Lyon, Malloy et al., 2008, Talwar et al., 2002, 2004) such promises have been incorporated into NCHD Protocol guidelines in some interview centers (Stewart, personal communication, 2003).

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 8.8% 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, 20). 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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NAVAJO COUNTY MULTIDISCIPLINARY PROTOCOLS FOR THE JOINT INVESTIGATION OF CHILD ABUSE

(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 3 – 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
- Fracture
- 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. 3-3620)
- 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